British Society of Gerontology

BSG 2018

47th Annual Conference

The University of Manchester
4 – 6 July 2018

University of Manchester image courtesy of Marketing Manchester

Ageing in an Unequal World

Shaping Environments for the 21st Century

MANCHESTER 1824
The University of Manchester
Institute for Collaborative Research on Ageing

Manchester Metropolitan University

University of Salford MANCHESTER

Conference Programme

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Welcome from Professor Dame Nancy Rothwell, President & Vice-Chancellor, The University of Manchester

It gives me great pleasure to extend a warm welcome to delegates from near and far to Manchester for the 47th Annual Conference of the British Society of Gerontology. Research into ageing is a priority for our University, where we support more than 200 academics who directly investigate ageing across the sciences and humanities, and many more who investigate diseases associated with later life and the social and health systems that support our populations.

Anchored in a city where support for older people is a policy priority, we work with local, regional, national and global stakeholders to deliver research that changes lives.

We have been at the heart of discussions leading to the Ageing Society being named as one of the UK's Grand Challenges, and Healthy Ageing being a core part of the Industrial Strategy Challenge Fund. We know that any solutions that are developed here in the UK will find a ready global market, but also that systems need to change for us all to live well into later life.

We are delighted to join with Manchester Metropolitan University and the University of Salford to host this important scholarly meeting.

Welcome from Professor Malcolm Press, Vice Chancellor, Manchester Metropolitan University

As Vice Chancellor of Manchester Metropolitan University, it is my pleasure to extend a warm welcome to the British Society of Gerontology. I can think of no more appropriate place for this meeting than the UK's first age-friendly city.

Within our University, work to understand the processes and meet the challenges of ageing is part of the research effort and teaching curriculum across all our Faculties: Health, Psychology and Social Care, Arts and Humanities, Business and Law, Education, and Science and Engineering. It is this level of interdisciplinarity, a holistic approach unhampered by boundaries, which is the route to real change and advancement.

The commitment to collaboration and partnership, so characteristic of Greater Manchester, is clearly exemplified by the partnership between our three Universities to host this 47th annual British Society of Gerontology Conference. We are collectively committed to our region's agenda to make a real difference in our approach to all aspects of ageing, and I am confident that your conference will be a purposeful step towards meeting this important challenge.

We look forward to working with you locally, nationally, and internationally, infusing our research and education with thinking and ideas that will translate into real change and improve health and wellbeing throughout life.

Welcome from Professor Helen Marshal, Vice Chancellor, University of Salford

On behalf of the University of Salford, I am delighted to welcome you to Greater Manchester and to the British Society of Gerontology 2018 conference.

At the University of Salford we are proud of our long and distinguished history, from our role in the industrial revolution through to the digital transformation of Media City, our achievements as an institution are all around you in our people, our buildings and in this vibrant city region. We have always remained focussed on our Salford mission to transform lives, stimulate discovery and realise potential, through engaging and collaborating with industry.

In 2017, we celebrated the 50th anniversary of the granting of our University Charter. The University's roots reach back to the 19th century with the establishment of the Salford Technical College. Today the University is a Times Top 200 most international University, with a turnover of more than £200million, 20,000 students and over 140,000 alumni we have grown to serve the ever-growing needs of industry, commerce and education. The development of our Industry Collaboration Zones, which are pioneering partnerships with industry and preparing our students for real world experiences, is the next evolution of that journey.

Ageing and age-related issues have long been an important part of the University's work, reaching beyond disciplinary boundaries to transform lives through our research, teaching and engagement. Our work in the social sciences features prominently alongside that in health and social care, robotics and artificial intelligence, and our Institute for Dementia, as we strive to better understand, and prepare for, an ageing society.

I hope you enjoy the conference.

Welcome from Andy Burnham, Mayor of Greater Manchester

Earlier this year, Greater Manchester was recognised by the World Health Organization as the UK's first age-friendly city-region, making us the perfect hosts for this 47th annual British Society of Gerontology Conference.

We've received international recognition for the plans we've put in place to improve the lives of older people, and that is fantastic. But I am determined to make sure that these policies and strategies are followed through and translate into real changes.

Greater Manchester's population is ageing rapidly. By 2036, 14% of the total population will be 75 and over – an increase of 75% from 2011. If we don't do things differently, those at risk of social isolation and loneliness is forecast to increase, with related impacts on physical and mental health and wellbeing.

Thanks to the work of our internationally renowned Ageing Hub and local universities, Greater Manchester is a global centre of excellence for ageing. Our established partnerships with researchers at MICRA, MMU and the University of Salford, with the Ambition for Ageing programme, and with the Centre for Ageing Better, stand us in good stead as we work together to address the inequalities still faced by some older people.

We still live in a society that can be ageist and, although every person's life experiences are unique, too many older people are disproportionately disregarded or side-lined by mainstream society. This has to change – and in Greater Manchester that change has begun.

From inaccessible transport and physical inactivity, to social exclusion and worklessness, our Age-Friendly Strategy sets out our plans to tackle those challenges that affect us all as we age, including introducing more age-friendly neighbourhoods, encouraging inclusive growth and reduced inequality across the city-region, and strategies for improving integration and tackling social isolation and loneliness.

We've secured £1m funding to help older people in Greater Manchester get more physically and socially active, and over 300 businesses have signed up to our 'Take a Seat' scheme which makes shops and other establishments more accessible to older people. Through our Employers' Charter we're working with employers to provide high-quality work opportunities that will help people stay in work for as long as they want or need, and Greater Manchester Older People's Network is providing us with recommendations for making our transport network more age-friendly.

It's only by listening to people's needs and working with gerontology experts like yourselves that we can fully understand the issues and drive through the new ways of working that are needed to ensure ageing is not an unassailable barrier to life and all its rewards.

That we are living longer is cause for huge celebration, and we are finally beginning to see more positive aspects of ageing being represented in our society and in the media.

During the week of your conference, we are also hosting Greater Manchester's first ever Festival of Ageing – a celebration of life, culture, and growing older. I hope you will be able to enjoy some of the events we have on offer.

Enjoy the conference and enjoy your stay in the UK's first age-friendly city.

Welcome from Professor Debora Price, President of the British Society of Gerontology

Colleagues

It has been another difficult year in the academic community with unprecedented tensions in universities, stresses surrounding the UK's 'Brexit' decision, and many pressures resulting from the funding and governance regimes in which we find ourselves. The UK's uncertain future relationships with the devolved nations, Ireland, Europe, and the rest of the world, are challenged by economic performance, climate change, globalisation and urbanisation, and the pace of social change. In this context, the ageing of populations around the world, maintaining and improving social security, health and care systems, developing better understanding of our mutual dependencies, and reducing social inequalities, remain key challenges of the current era. It is perhaps no surprise that we are seeing growth in claims of intergenerational injustice in public discourse. These are the critical questions that we as researchers, teachers, practitioners and students grapple with every day.

Within the British Society of Gerontology, we can perhaps find some respite to these challenging times, where we can meet, relax, think and debate with our peers; all of us trying to make the world a better place through research, education, and advocacy.

We continue to grow as a Society, with just over 620 members now, and we are proud to welcome almost 600 delegates to our Manchester conference from 27 countries across the world. I am confident that it is in such communities that we will begin to solve the challenges of our time.

There are some very positive signs for research into ageing. Ageing has been named by Mark Walport, head of UKRI, as one of six key societal needs that will shape research priorities. The ageing society has been identified by the UK government as one of four 'Grand Challenges' that we face in coming decades, and 'Healthy Ageing' is one of four themes identified for research investment in the UKRI Industrial Strategy Challenge Fund. Health and Social Care is now a priority research area for the ESRC, and in a speech delivered here in Manchester on 21st May 2018, the Prime Minister pledged to add five healthy years of life by 2035, whilst narrowing the gap between rich and poor. We know that collaboration and interdisciplinarity will become ever-more important to these, and indeed all our research agendas, and in the BSG, we are here to help make that happen.

Welcome to Manchester, and have a great conference!

Welcome from the Conference Committee

Welcome to the 47th Annual Conference of the British Society of Gerontology.

The University of Manchester, Manchester Metropolitan University and the University of Salford are delighted to be jointly hosting the 47th Annual Conference of the British Society of Gerontology in 2018. On behalf of the Society, we warmly welcome you to Manchester – a diverse and vibrant city, rich in history, sport, art, culture and heritage. Manchester was the first UK city to acquire WHO 'age friendly' status and Greater Manchester has recently been recognised by the WHO as the UK's first age-friendly city region. A priority for the Greater Manchester Ageing Hub is to make Manchester a global centre of excellence for ageing, pioneering research, technology and new ideas. Research into ageing is a priority for all the Manchester universities, and in all respects, this is a great city to be hosting the British Society of Gerontology Conference.

Reflecting contemporary concerns from researchers, scholars, practitioners and older people around the world about the injustices associated with ageing in an unequal world, we have chosen as the theme for this year's conference, Ageing in an Unequal World: Shaping Environments for the 21st Century. The conference asks the challenging question: how best to influence and shape environments of ageing for the coming century? Alongside the many parallel presentation streams and posters, we are especially pleased to welcome our keynote speakers, Professors Armando Barrientos, Susanne Iwarrson, Peter Lloyd Sherlock, Francie Lund and James Nazroo.

We hope that you are also able to perhaps stay for a while and participate in the many ageing-related events in and around the City this week that have been organised to coincide with the conference, including events for our Emerging Researchers in Ageing (ERA) network, the Greater Manchester Festival of Ageing, and the many other Conference Fringe events taking place.

We aim at our conferences to foster collaboration across a wide range of academic disciplines, exchange intellectual ideas, communicate across professional practices, and promote participatory methods involving older people and their wider communities. Whether new to research on ageing, a first-time attendee, a PhD student or a long-established member of the Society, we hope you will find the conference challenging, stimulating, and engaging. Thank you for supporting it, and welcome to Manchester!

With best wishes from the Conference Directors

Professor Debora Price, President of the British Society of Gerontology, and Director of the Manchester Institute for Collaborative Research on Ageing The University of Manchester

Professor Josie Tetley, Department of Nursing Manchester Metropolitan University

Dr Andrew Clark, School of Nursing, Midwifery, Social Work and Social Sciences University of Salford

Thanks to Organising Committee

It takes many people to make a successful conference, and we have many people to thank for their contributions which go well above and beyond our reasonable expectations. When we all have such stressed and pressured work lives, the collegiality shown by our colleagues who give their time willingly and graciously is greatly appreciated.

The Conference Directors would especially like to express our gratitude to Claire Ford of Claire Ford AM&C Ltd and Tanya Phillips for their provision of such outstanding conference organisation services, to Mike Leverentz and Suzanne Booth of the Manchester Institute for Collaborative Research on Ageing for their excellent administrative support, and to Dr Emma Koivunen of the Faculty of Health, Psychology and Social Care at Manchester Metropolitan University, for her assistance with organising the ERA conference and SIG meetings. We would also like to thank Oxford Abstracts for working so closely with us to deliver such a user-friendly symposium and abstract submission system.

We would like to thank Jane Pinder, Matthew Foulkes and Julie Cockcroft of Conference Services, University Place, University of Manchester, for hosting the conference in such a great venue and providing us with first-rate services and assistance. We thank Cath Lawson at the Principal Hotel for her assistance with organising the conference dinner, and Tom Elliott of the Northern Chamber Orchestra for providing the music during the drinks reception. We are very grateful to Dr Julian Holder for leading the architectural walking tour, to the John Rylands Library for providing a private tour to delegates, and to Kelly Birtwell and Gail Heathcote-Milner for giving up their time to support the BeeTogether activities.

Thanks also to Mark Epstein for photographing the event and to David Lovesy at Hive Creative and Book Printing UK for producing the printed programme book.

Thanks too to Jo Garsden, the Greater Manchester Ageing Hub, Manchester City Council, and Marketing Manchester for their unwavering support and commitment.

Finally, but not at all least, we extend our special thanks to our colleagues on the Scientific Steering Committee who have worked so hard to organise and support the conference:

Professor Chris Phillipson,
University of Manchester

Dr David Lee,
Manchester Metropolitan University

Dr Tine Buffel, University of Manchester

Sarah Campbell, University of Manchester

Rita Newton, University of Manchester

Hayley James, University of Manchester

Samuele Remillard-Boilard,
University of Manchester

MaoHui Deng, University of Manchester

Jo Garsden, Greater Manchester Ageing Hub

and also to **Professor Debra Street** of SUNY, Buffalo, for her assistance in organising the conference programme.

Very gratefully, from the Conference Directors

Professor Debora Price,
Professor Josie Tetley,
Dr Andrew Clarke

British Society of Gerontology

Wednesday 4 July 2018

Optional - Pre-Bookable Tours:

10:00 - 12:00	Architectural Walking Tour of Manchester
11:00 - 12:00	Tour of the John Rylands Library

14:00 - 15:30	**Welcome Ceremony & Plenary:** Professor James Nazroo, University of Manchester: *Inequalities in later life: a priority for research and policy* **Chair:** Professor Debora Price, MICRA, University of Manchester **Location:** Theatre B
15:30 - 16:30	**Poster Session / Tea & Coffee Break** (Sponsored by Cambridge University Press and Ageing & Society) **Location:** Theatre B Foyer / The Drum
16:30 - 18:00	**Flagship Symposia**
18:15 - 18:45	**BSG AGM (Open to all BSG Members)** **Location:** Theatre B
18:45 - 21:00	**Welcome Reception** **Location:** The Drum

Thursday 5 July 2018

08:30 - 09:00	**Mindfulness with Kelly Birtwell** **Location:** 2nd Floor, University Place - follow the signs
09:00 - 10:30	**Parallel Session 1 (P1)**
10:30 - 11:00	**Tea & Coffee Break** (Sponsored by Cambridge University Press and Ageing & Society) **Location:** The Drum
11:00 - 12:30	**Parallel Session 2 (P2)**
12:30 - 13:30	**Lunch** **Location:** Eats Restaurant
Optional	**Lunchtime Symposium** (Sponsored by Cambridge University Press and Ageing & Society) **Location:** Theatre A **Screening: The Forgotten Generation** (Pop-Up Cinema) **Location:** Room 2.217
12:30 - 13:30	**Walk to Whitworth Park** **Location:** Meet at BeeTogether Area, Ground Floor, University Place
13:30 - 15:00	**Plenary Panel: Ageing in a Global Context** Professor Armando Barrientos, University of Manchester Professor Peter-Lloyd Sherlock, University of East-Anglia Professor Francie Lund, WIEGO **Chair:** Professor Christopher Phillipson, University of Manchester **Location:** Theatre B
15:00 - 15:30	**Tea & Coffee Break** (Sponsored by Cambridge University Press and Ageing & Society) **Book Launch** (Sponsored by Policy Press) **Location:** The Drum Please visit the Policy Press Exhibition Stand
15:30 - 16:30	**Parallel Session 3 (P3)**
16:45 - 18:15	**Parallel Session 4 (P4)**
19:30 - Midnight	**Conference Dinner** **Location:** The Principal Manchester

Friday 6 July 2018

08:30 - 09:00	**(Stand-up) Pilates with Gail Heathcote-Milner** **Location:** 2nd Floor, University Place - follow the signs
09:00 - 10:30	**Parallel Session 5 (P5)**
10:30 - 11:00	**Tea & Coffee Break** (Sponsored by Cambridge University Press and Ageing & Society) **Location:** The Drum
Optional	**Screening: Sound of Cicadas** (Pop-Up Cinema) **Location:** Room 2.217
11:00 - 12:00	**Parallel Session 6 (P6)**
12:00 - 13:00	**Lunch** **Location:** Eats Restaurant
Optional	**Screening: Beti George: Colli David** (Pop-Up Cinema) **Location:** Room 2.217
13:00 - 14:30	**Parallel Session 7 (P7)**
14:45 - 16:00	**Plenary:** Professor Susanne Iwarsson, Lund University: *From Occupational Therapy to Environmental Gerontology - A Tale of Learning by Doing* **Closing Ceremony** **Chair:** Professor Josie Tetley, Manchester Metropolitan University **Location:** Theatre B

47th Annual General Meeting Agenda

Open to all Members of the British Society of Gerontology

18:15 – 18:45
Wednesday 4 July 2018
Theatre B

1.	**Welcome**	Debora Price
2.	**Draft Minutes of the meetings held on 7 July 2016 and 6 July 2017**	Debora Price
3.	**Matters Arising**	Debora Price
4.	**President's Report**	Debora Price
5.	**Honorary Treasurer's Report** 5.1 BSG Finances [Refer to Appendix 1 - Accounts]	Anne Laybourne
6.	**Honorary Secretary's Report** 6.1 Motion 1: This AGM approves the 2017/2018 Accounts. 6.2 Motion 2: This AGM approves the appointment of accountant David Dixie F C A of AIMS Accountants for Business as the Society's auditor and accountant for the financial year 2018-2019.	Louise McCabe
7.	**Reports** 7.1 Ageing & Society 7.2 BSG Archive – Richard Burton Archive, Swansea University	Christina Victor Martin Hyde
8.	**Election Results**	Louise McCabe
9.	**Welcome New Committee & Thanks to Old**	Debora Price
10.	**AOB**	Debora Price
11.	**Next meeting:** The 48th AGM will be held at the Society's Annual Conference in Liverpool, 10 - 12 July 2019.	

British Society of Gerontology

Programme Scheduling and Codes

The outline scientific programme is set out on page 11 to 14 of this book. On Wednesday, there is the first of our plenary lectures, poster sessions and three flagship symposia.

Thursday - Friday, there are 7 parallel sessions taking place with a total of 15 'channels'/themes/topics including a plenary panel and a plenary lecture.

Where possible we have tried to keep the same channel/theme/topic in the same room for the duration of the Conference.

In addition, each abstract submission has its own unique numeric code which is printed in this book.

QR Codes

QR codes have been used to access information whilst in Manchester. For those with a mobile device or tablet we recommend downloading to your device a free to use, QR Reader, such as those available via the iPhone App Store or Android Play Store.

Once downloaded, you will be able to scan the codes with your device to access interactive information.

Don't worry if you don't have access to a device – all the information you need is also printed in the Programme Book.

You will see the following:

Landscape Device

Portrait Device

Using the Interactive Online & Printed Programme

The Scientific Programme can be accessed both online and using this printed programme book. The information is the same and you can choose which you prefer to use - you may wish to use both in parallel!

Accessing the Programme online via a tablet or mobile device.

You can access the Online Programme via https://app.oxfordabstracts.com/events/28/programme-builder/view

or by scanning the QR code below:

Once opened, the Online Programme can be added to the home screen of your device by simply clicking on one of the icons below:

Apple Device

Android Device

Click on the 3 dots and then click on "Open with" and then "Add to Home screen"

How to Search The Programme

There are a number of resources available to search the Programme.

Printed book - the programme is set out in a table on page 18 et seq and all abstracts have been set out in chronological order according to where they are scheduled in the Programme.

There's an authors' index at the back of the book too. If you can't find something – please ask.

Online - you can use your tablet or mobile phone device in either a portrait or landscape orientation.

Landscape means you will see all the grey search boxes as per the images on page 15.

Portrait means you will need to click on the box called 'abstracts' to search the programme by 'titles, authors, presenters, topics' or the box called 'symposia' to search the programme by 'titles, chairs, discussants'. If using the 'programme code' search, please refer to the printed programme for the code at the start of each abstract.

British Society of Gerontology

- Ageing in a global context
- Work, retirement & the economy
- Health & social care practices & contexts
- Theories, methods & critical perspectives
- Environments for ageing in the 21st century
- Social participation, citizenship & the welfare state
- Connections & relationships
- Unequal ageing
- Technology & innovation
- The arts, leisure & consumption
- Pop-Up Cinema

CENTRE FOR AGEING BETTER

Inequality in later life is a complex picture.

We need to better understand our diverse ageing population and do more to tackle the causes and symptoms of inequalities as we age.

Failure to address inequalities risks a future where only a small group of people experience a good later life.

We want everyone to enjoy a good later life.

www.ageing-better.org.uk
@Ageing_Better
info@ageing-better.org.uk

Wednesday 4th July

	Parallel Session Name / Number	Theatre A (C1) Health & social care practices & contexts	Theatre B (C2) Health & social care practices & contexts / Environments for Ageing in the 21st century	1.218 (C3) Health & social care practices & contexts	1.219 (C4) Health & social care practices & contexts	2.218 (C5) Unequal ageing	2.219 (C6) Social participation, citizenship & the welfare state	2.220 (C7) Unequal ageing	3.204 (C8) Ageing in a global context / Connections & relationships
10:00 - 12:00	**Optional - Pre-Bookable Tours: Architectural Walking Tour of Manchester (10.00am-12.00pm) and Tour of the John Rylands Library (11.00am-12.00pm)**								
	See page 50 for details								
14:00 - 15:30	**Welcome Ceremony & Plenary: Inequalities in later life: a priority for research and policy**								
	Theatre B Professor James Nazroo, University of Manchester: *Inequalities in later life: a priority for research and policy* Chair: Professor Debora Price, MICRA, University of Manchester. See page 29 and page 63 for details								
15:30 - 16:30	**Poster Session / Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society)**								
	Theatre B Foyer / The Drum. See page 63 for details								
16:30 - 18:00	**Flagship Symposia**	**Flagship Symposium: Critical Gerontology: Where is it presently, where is it going in the future?** Theatre A Theories, methods & critical perspectives See pages 33 and 64 for details	**Flagship Symposium: Exploring spatial aspects of social exclusion in old age** Theatre B Unequal ageing See pages 34 and 65 for details	**Flagship Symposium: Changing Life Course Transitions: Towards New Balances Between Work and Retirement?** 1.218 Work, retirement & the economy See pages 35 and 68 for details					
18:15 - 18:45	**BSG AGM (Open to all BSG Members)**								
	Theatre B. See page 14 for details								
18:45 - 21:00	**Welcome Reception (Sponsored by Marketing Manchester and The University of Manchester Conferences and Venues)**								
	The Drum. See page 51 for details								

	3.211 (C9) Theories, methods & critical perspectives	4.204 (C10) Environments for ageing in the 21st century	4.205 (C11) Environments for ageing in the 21st century	4.206 (C12) Connections & relationships	4.210 (C13) Work, retirement & the economy	4.211 (C14) Technology & innovation / Work, retirement & the economy	4.212 (C15) The arts, leisure & consumption	2.217 Pop-Up Cinema
10:00 - 12:00	**Optional - Pre-Bookable Tours: Architectural Walking Tour of Manchester (10.00am-12.00pm) and Tour of the John Rylands Library (11.00am-12.00pm)**							
	See page 50 for details							
14:00 - 15:30	**Welcome Ceremony & Plenary: Inequalities in later life: a priority for research and policy**							
	Theatre B Professor James Nazroo, University of Manchester: *Inequalities in later life: a priority for research and policy* Chair: Professor Debora Price, MICRA, University of Manchester. See page 29 and page 63 for details							
15:30 - 16:30	**Poster Session / Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society)**							
	Theatre B Foyer / The Drum. See page 63 for details							
16:30 - 18:00								
18:15 - 18:45	**BSG AGM (Open to all BSG Members)**							
	Theatre B. See page 14 for details							
18:45 - 21:00	**Welcome Reception (Sponsored by Marketing Manchester and The University of Manchester Conferences and Venues)**							
	The Drum. See page 51 for details							

Thursday 5th July

	Parallel Session Name / Number	Theatre A (C1) Health & social care practices & contexts	Theatre B (C2) Health & social care practices & contexts / Environments for Ageing in the 21st century	1.218 (C3) Health & social care practices & contexts	1.219 (C4) Health & social care practices & contexts	2.218 (C5) Unequal ageing	2.219 (C6) Social participation, citizenship & the welfare state	2.220 (C7) Unequal ageing	3.204 (C8) Ageing in a global context / Connections & relationships
09:00 - 10:30	Parallel Session 1 (P1)	Symposium: Psychosocial Interventions to Improve Outcomes in Parkinsonian Dementias Theatre A Health & social care practices & contexts See page 71	Symposium: Measuring the Outcomes of Care Homes Theatre B Health & social care practices & contexts See page 73	Care transitions 1.218 Health & social care practices & contexts See page 76	Health and social care systems (frailty) 1.219 Health & social care practices & contexts See page 78	Symposium: Ageism in an Ageing World: New Perspectives and Investigations 2.218 Unequal ageing See page 80	Symposium: Developing and Using Talking Mats: Including older people in research to evaluate how well care settings are meeting their needs 2.219 Social participation, citizenship & the welfare state See page 83	Symposium: Contextual life course approaches to later life health risks 2.220 Unequal ageing See page 85	Ageing in a global context 3.204 Ageing in a global context See page 87
10:30 - 11:00	Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society) The Drum								
11:00 - 12:30	Parallel Session 2 (P2)	Symposium: Sensory impairment and dementia: Impact, investigation, intervention and involvement Theatre A Health & social care practices & contexts See page 107	Mental health issues in later life Theatre B Health & social care practices & contexts See page 109	Symposium: Ageing well in the right place, results from the D-SCOPE study on frailty and wellbeing in later life 1.218 Health & social care practices & contexts See page 111	Health and social care systems 1.219 Health & social care practices & contexts See page 114	Symposium: Ageing, Equality, Diversity: A Social Justice Approach to Inequalities in Ageing 2.218 Unequal ageing See page 115	Symposium: The Averil Osborn Symposium: Participatory approaches in ageing research - A dialogue between older people and researchers 2.219 Social participation, citizenship & the welfare state See page 118	Symposium: Access to out-of-home mobility, the risks of unequal provision of transport choices on the inclusion or exclusion of older people 2.220 Unequal ageing See page 120	Lifecourse determinants of mortality / disability / illness in later life - global perspectives 3.204 Ageing in a global context See page 122
12:30 - 13:30	Lunch - Eats Restaurant / Optional Lunchtime Symposium - Theatre A - How to get your paper published: A forum with the editors of Ageing & Society (Sponsored by Cambridge University Press and Ageing & Society) This session will provide some general advice on how to get published and how to prepare an article for an academic journal such as Ageing & Society. We will also talk about peer review and what makes a good reviewer. This is an opportunity to ask the editors your questions and get their advice and insight into the publishing process. Lunch will be provided for those attending the Symposium or in Eats Restaurant. Screening: The Forgotten Generation - Pop-Up Cinema Room 2.217 See page 45 for details								
13:30 - 15:00	Plenary Panel: Ageing in a Global Context Theatre B Professor Armando Barrientos, University of Manchester; Professor Peter-Lloyd-Sherlock, University of East Anglia; Professor Francie Lund, WIEGO Chair: Professor Christopher Phillipson, The University of Manchester. See pages 30 - 31 and page 141 for details								

	3.211 (C9) Theories, methods & critical perspectives	4.204 (C10) Environments for ageing in the 21st century	4.205 (C11) Environments for ageing in the 21st century	4.206 (C12) Connections & relationships	4.210 (C13) Work, retirement & the economy	4.211 (C14) Technology & innovation / Work, retirement & the economy	4.212 (C15) The arts, leisure & consumption	2.217 Pop-Up Cinema
09:00 - 10:30	Symposium: Sustainable Care: Theorising well-being in care systems, care workers and family carers 3.211 Theories, methods & critical perspectives See page 89	Symposium: Understanding and Creating Age Friendly Regions, Cities, Neighbourhoods and Homes; Explorations from Manchester, London, Wallonia, Brussels and Newcastle 4.204 Environments for ageing in the 21st century See page 91	Symposium: Placing Dementia 1: Why neighbourhoods matter for people living with dementia 4.205 Environments for ageing in the 21st century See page 94	Symposium: Ageing, Reproduction and Sexualities 4.206 Connections & relationships See page 96	Symposium: Financial Preparations for Later Life (Symposium 1 of 3) 4.210 Work, retirement & the economy See page 99	Symposium: Mobile e-Health: Current Perspectives from National and International Researchers 4.211 Technology & innovation See page 102	Symposium: Resilience and ageing: creativity, culture and community 4.212 The arts, leisure & consumption See page 104	Screening: Ping Pong 2.217 Pop-Up Cinema See page 45
10:30 - 11:00	Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society) The Drum							
11:00 - 12:30	Symposium: Ageing, Materiality, the Body and Everyday Life 3.211 Theories, methods & critical perspectives See page 124	Symposium: Cross-national perspectives on age-friendly initiatives 4.204 Environments for ageing in the 21st century See page 127	Home/care home design for dementia 4.205 Environments for ageing in the 21st century See page 129	Loneliness: quantitative research and systematic reviews 4.206 Connections & relationships See page 132	Symposium: Policy and Industry Perspectives of Retirement (Symposium 2 of 3) 4.210 Work, retirement & the economy See page 134	Health technologies 4.211 Technology & innovation See page 136	Ageing well, health, and arts interventions 4.212 The arts, leisure & consumption See page 138	Screening: Beti and David: Lost for Words 2.217 Pop-Up Cinema See page 45
12:30 - 13:30	Lunch - Eats Restaurant / Optional Lunchtime Symposium - Theatre A - How to get your paper published: A forum with the editors of Ageing & Society (Sponsored by Cambridge University Press and Ageing & Society) This session will provide some general advice on how to get published and how to prepare an article for an academic journal such as Ageing & Society. We will also talk about peer review and what makes a good reviewer. This is an opportunity to ask the editors your questions and get their advice and insight into the publishing process. Lunch will be provided for those attending the Symposium or in Eats Restaurant. Screening: The Forgotten Generation - Pop-Up Cinema Room 2.217 See page 45 for details							
13:30 - 15:00	Plenary Panel: Ageing in a Global Context Theatre B Professor Armando Barrientos, University of Manchester; Professor Peter-Lloyd-Sherlock, University of East Anglia; Professor Francie Lund, WIEGO Chair: Professor Christopher Phillipson, The University of Manchester. See pages 30 - 31 and page 141 for details							

Thursday 5th July (continued)

	Parallel Session Name / Number	Theatre A (C1) Health & social care practices & contexts	Theatre B (C2) Health & social care practices & contexts / Environments for Ageing in the 21st century	1.218 (C3) Health & social care practices & contexts	1.219 (C4) Health & social care practices & contexts	2.218 (C5) Unequal ageing	2.219 (C6) Social participation, citizenship & the welfare state	2.220 (C7) Unequal ageing	3.204 (C8) Ageing in a global context / Connections & relationships
15:00 - 15:30	Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society) & Book Launch (Sponsored by Policy Press) The Ageing in a Global Context series, published in association with the British Society of Gerontology, addresses broad cross-cutting issues around ageing in a global society. Join us at the Policy Press exhibition stand in The Drum, Thursday 5th July 15:00 - 15:30, as we launch the two latest books in the series: Age-friendly cities and communities edited by Tine Buffel, Sophie Handler and Chris Phillipson and Ageing in everyday life edited by Stephen Katz. The Drum. See page 28 for details								
15:30 - 16:30	Parallel Session 3 (P3)	Determinants / pathways into late life care - global perspectives Theatre A Health & social care practices & contexts See page 143	Symposium: Use of the ASCOT in Australia – increasing accountability, improving (quality) and understanding outcomes Theatre B Health & social care practices & contexts See page 145	Symposium: Deciding to move into care? Experiences of people with dementia and carers regarding respite, timing of the move, and using aids to make decisions 1.218 Health & social care practices & contexts See page 146	Self-funded care 1.219 Health & social care practices & contexts See page 148	Enacting older masculinities 2.218 Unequal ageing See page 150	Symposium: Social connections and relationships in Northern Ireland, Wales and Scotland: learning from devolved nations 2.219 Social participation, citizenship & the welfare state See page 151	Ageing with disability 2.220 Unequal ageing See page 153	Symposium: Social exclusion in later life: perspectives from Central and Eastern Europe 3.204 Ageing in a global context See page 154
16:45 - 18:15	Parallel Session 4 (P4)	Symposium: Innovation in care homes – an exploration of evidence and experiences Theatre A Health & social care practices & contexts See page 171	Homecare provision Theatre B Health & social care practices & contexts See page 173	Self-care and chronic conditions 1.218 Health & social care practices & contexts See page 176	Symposium: Warm Words, Cold Front: Research in Social Care Policies and Practices 1.219 Health & social care practices & contexts See page 178	Symposium: Exclusionary processes and marginalised voices: the role of social categor-isations and inter-sectionality in old age social exclusion 2.218 Unequal ageing See page 180	Civic engagement and volunteering 2.219 Social participation, citizenship & the welfare state See page 183	Determinants of physical and mental health in later life 2.220 Unequal ageing See page 185	Inter-generational care in global context 3.204 Ageing in a global context See page 188
19:30 - Midnight	Conference Dinner The Principal Manchester. See page 51 for details								

	3.211 (C9) Theories, methods & critical perspectives	4.204 (C10) Environments for ageing in the 21st century	4.205 (C11) Environments for ageing in the 21st century	4.206 (C12) Connections & relationships	4.210 (C13) Work, retirement & the economy	4.211 (C14) Technology & innovation / Work, retirement & the economy	4.212 (C15) The arts, leisure & consumption	2.217 Pop-Up Cinema
15:00 - 15:30	**Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society) & Book Launch (Sponsored by Policy Press)** The Ageing in a Global Context series, published in association with the British Society of Gerontology, addresses broad cross-cutting issues around ageing in a global society. Join us at the Policy Press exhibition stand in The Drum, Thursday 5th July 15:00 - 15:30, as we launch the two latest books in the series: Age-friendly cities and communities edited by Tine Buffel, Sophie Handler and Chris Phillipson and Ageing in everyday life edited by Stephen Katz. The Drum. See page 28 for details							
15:30 - 16:30	**Critical perspectives on the spatiality of later life** 3.211 Theories, methods & critical perspectives See page 157	**Symposium: Aesthetics and ageing in the 21st century** 4.204 Environments for ageing in the 21st century See page 159	**Symposium: Placing Dementia II: Broadening our understanding of place and environment in the context of dementia** 4.205 Environments for ageing in the 21st century See page 160	**Symposium: Social ties in challenging times: loneliness, isolation and inter-generational relations under the spotlight** 4.206 Connections & relationships See page 162	**Symposium: Financial Experiences in Later Life (Symposium 3 of 3)** 4.210 Work, retirement & the economy See page 165	**Symposium: What is Age Friendly Technology? Exploring technological assumptions, communities, objects and processes** 4.211 Technology & innovation See page 167	**Writing Life** 4.212 The arts, leisure & consumption See page 169	**Screening: 3:30pm - Stormy Weather; 3:40pm - Swans are Not the Only Birds; 3:55pm - Emerging; 4:05pm - Ωuld** 2.217 Pop-Up Cinema See page 45
16:45 - 18:15	**Ageing and the embodied self** 3.211 Theories, methods & critical perspectives See page 190	**Symposium: Exploring unequal ageing in urban environments** 4.204 Environments for ageing in the 21st century See page 192	**Mobility and community** 4.205 Environments for ageing in the 21st century See page 194	**Symposium: Campaign to End Loneliness Symposium on the Future of Loneliness Research: What do we know now and where are we going?** 4.206 Connections & relationships See page 197	**Symposium: Gendered impacts of extended working life on the health and economic wellbeing of older workers in Europe** 4.210 Work, retirement & the economy See page 198	**Planning and preparing for later life** 4.211 Work, retirement & the economy See page 201	**Symposium: Music, ageing, life and wellbeing - the classical world of Manchester** 4.212 The arts, leisure & consumption See page 204	**Roundtable and Screening: Audio-Visual Methods to Gerontology 4:50pm - A Dame's Tale; 5:12pm - CINAGE Documentary; 5:25pm - Coming Home; 5:30pm - This is my Home; 5:46pm - Roundtable begins** 2.217 Pop-Up Cinema See page 46
19:30 - Midnight	**Conference Dinner** The Principal Manchester. See page 51 for details							

Friday 6th July

	Parallel Session Name / Number	Theatre A (C1) Health & social care practices & contexts	Theatre B (C2) Health & social care practices & contexts / Environments for Ageing in the 21st century	1.218 (C3) Health & social care practices & contexts	1.219 (C4) Health & social care practices & contexts	2.218 (C5) Unequal ageing	2.219 (C6) Social participation, citizenship & the welfare state	2.220 (C7) Unequal ageing	3.204 (C8) Ageing in a global context / Connections & relationships
09:00 - 10:30	Parallel Session 5 (P5)	Living and working in residential care Theatre A Health & social care practices & contexts See page 207	Training for carers and care workers Theatre B Health & social care practices & contexts See page 209	Community based health interventions 1.218 Health & social care practices & contexts See page 212	Support for people with dementia and their family carers 1.219 Health & social care practices & contexts See page 215	Global perspectives on health and social care 2.218 Unequal ageing See page 217	Symposium: Collaborative forms of housing for later life 2.219 Social participation, citizenship & the welfare state See page 220	Symposium: Diagnosis and care of minority ethnic people living with dementia 2.220 Unequal ageing See page 223	Informal care and family relationships 3.204 Connections & relationships See page 225
10:30 - 11:00	Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society) / Screening: Sound of Cicadas - Pop-Up Cinema 2.217 The Drum. See page 46 for details								
11:00 - 12:00	Parallel Session 6 (P6)	Symposium: RICH (research in care homes) experiences of four PhD students Theatre A Health & social care practices & contexts See page 246	Measurement tools and instruments in health and social care Theatre B Health & social care practices & contexts See page 248	Older people in hospital 1.218 Health & social care practices & contexts See page 250	Symposium: What can help home care workers support people with dementia living at home? 1.219 Health & social care practices & contexts See page 252	Symposium: Towards meaningful inclusion: building connections to engage with 'harder to reach' people with dementia in Scotland 2.218 Unequal ageing See page 254	Symposium: Lifelong learning and learning about the long life: an exploration of educational gerontology 2.219 Social participation, citizenship & the welfare state See page 256	Culture and diversity in long term care settings 2.220 Unequal ageing See page 258	Inter-generational learning 3.204 Connections & relationships See page 260
12:00 - 13:00	Lunch - Eats Restaurant / Screening: Beti George: Colli David - Pop-Up Cinema 2.217 Eats Restaurant. See page 47 for details								

	3.211 (C9) Theories, methods & critical perspectives	4.204 (C10) Environments for ageing in the 21st century	4.205 (C11) Environments for ageing in the 21st century	4.206 (C12) Connections & relationships	4.210 (C13) Work, retirement & the economy	4.211 (C14) Technology & innovation / Work, retirement & the economy	4.212 (C15) The arts, leisure & consumption	2.217 Pop-Up Cinema
09:00 - 10:30	Participatory approaches and dementia friendly communities 3.211 Theories, methods & critical perspectives See page 227	Symposium: Exploring the social dimension of age-friendly environments 4.204 Environments for ageing in the 21st century See page 231	Symposium: Social relations, space, care and inequality in old age: Introducing CoE AgeCare 4.205 Environments for ageing in the 21st century See page 233	Perspectives on social isolation and loneliness 4.206 Connections & relationships See page 235	Symposium: Unequal ageing: Inequalities in paid work and retirement in later life 4.210 Work, retirement & the economy See page 238	Symposium: Psychogeri-technology' across the life course of dementia: Perspectives from the Japan and the UK 4.211 Technology & innovation See page 241	Arts, leisure and consumption (dementia) 4.212 The arts, leisure & consumption See page 245	Screening: Ping Pong 2.217 Pop-Up Cinema See page 46
10:30 - 11:00	Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society) / Screening: Sound of Cicadas - Pop-Up Cinema 2.217 The Drum. See page 46 for details							
11:00 - 12:00	Symposium: How do we achieve a consistent and coherent approach to measuring outcomes in the field of home adaptations research and practice - Join in the Panel Debate! 3.211 Theories, methods & critical perspectives See page 261	Symposium: Critical Approaches to Age-Friendly Issues: Comparative Perspectives 4.204 Environments for ageing in the 21st century See page 263	Symposium: Mobility and Transitions in Later Life: Designing, Adapting, Relating, and Caring. Findings from the Co-Motion Project 4.205 Environments for ageing in the 21st century See page 265	Symposium: Tackling loneliness and social isolation in the community: Implementation and Impact of the Big Lottery Fulfilling Lives: Ageing Better programme 4.206 Connections & relationships See page 268	Extending working lives 4.210 Work, retirement & the economy See page 270	Symposium: Technology for dementia: Issues of power and identity 4.211 Technology & innovation See page 272	Arts, leisure and consumption (dementia) 4.212 The arts, leisure & consumption See page 273	Screening: 11:00am - Stormy Weather; 11:10am - Swans are Not the Only Birds; 11:25am - CINAGE Documentary; 11:40am - Coming Home; 11:50am Emerging 2.217 Pop-Up Cinema See page 47
12:00 - 13:00	Lunch - Eats Restaurant / Screening: Beti George: Colli David - Pop-Up Cinema 2.217 Eats Restaurant. See page 47 for details							

Friday 6th July (continued)

	Parallel Session Name / Number	Theatre A (C1) Health & social care practices & contexts	Theatre B (C2) Health & social care practices & contexts / Environments for Ageing in the 21st century	1.218 (C3) Health & social care practices & contexts	1.219 (C4) Health & social care practices & contexts	2.218 (C5) Unequal ageing	2.219 (C6) Social participation, citizenship & the welfare state	2.220 (C7) Unequal ageing	3.204 (C8) Ageing in a global context / Connections & relationships
13:00 - 14:30	Parallel Session 7 (P7)	Symposium: Environments for ageing: social spaces and food places Theatre A Health & social care practices & contexts See page 276	Symposium: The growth of the evidence base for housing adaptations and its contribution to the ageing in place agenda - a UK perspective Theatre B Environments for ageing in the 21st century See page 279	Supporting healthy ageing 1.218 Health & social care practices & contexts See page 281	Service delivery for people with dementia 1.219 Health & social care practices & contexts See page 284	Dementia: theoretical perspectives 2.218 Unequal ageing See page 287	Symposium: Neighbour-hoods and Dementia: involving people living with dementia as co-researchers 2.219 Social participation, citizenship & the welfare state See page 289	Symposium: Exclusion to services among older migrants: a stakeholder's perspective 2.220 Unequal ageing See page 291	Sex and sexuality in later life 3.204 Connections & relationships See page 294
14:45 - 16:00	Plenary: From Occupational Therapy to Environmental Gerontology – A Tale of Learning by Doing & Closing Ceremony Theatre B Professor Susanne Iwarsson, Lund University Chair: Professor Josie Tetley, Manchester Metropolitan University Manchester. See page 31 and page 310 for details								

	3.211 (C9) Theories, methods & critical perspectives	4.204 (C10) Environments for ageing in the 21st century	4.205 (C11) Environments for ageing in the 21st century	4.206 (C12) Connections & relationships	4.210 (C13) Work, retirement & the economy	4.211 (C14) Technology & innovation / Work, retirement & the economy	4.212 (C15) The arts, leisure & consumption	2.217 Pop-Up Cinema
13:00 - 14:30	Critical perspectives on ageing and later life 3.211 Theories, methods & critical perspectives See page 296	Ageing and place 4.204 Environments for ageing in the 21st century See page 298	Symposium: Housing with Care at the Crossroads: Exploring the Future of Different Models of Housing with Care 4.205 Environments for ageing in the 21st century See page 300	Symposium: New directions in loneliness research 4.206 Connections & relationships See page 302	Symposium: Health, work and retirement – Advancing research, policy and practice 4.210 Work, retirement & the economy See page 304	Assistive technologies 4.211 Technology & innovation See page 306	Ageing in prison 4.212 Environments for ageing in the 21st century See page 308	Screening: The Forgotten Generation (2013, Deepa Dhanraj) 2.217 Pop-Up Cinema See page 47
14:45 - 16:00	**Plenary: From Occupational Therapy to Environmental Gerontology – A Tale of Learning by Doing & Closing Ceremony** Theatre B Professor Susanne Iwarsson, Lund University Chair: Professor Josie Tetley, Manchester Metropolitan University Manchester. See page 31 and page 310 for details							

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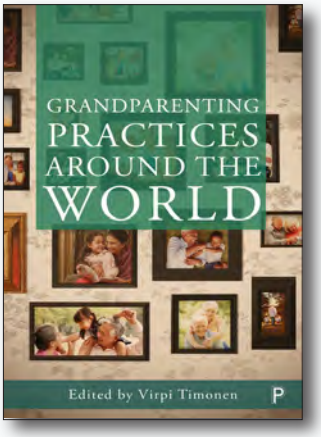

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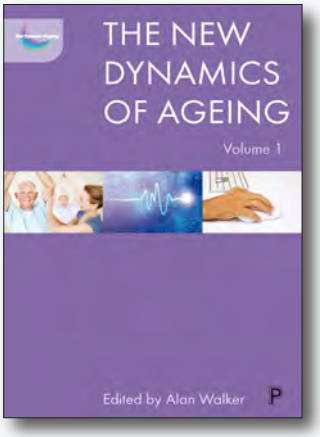

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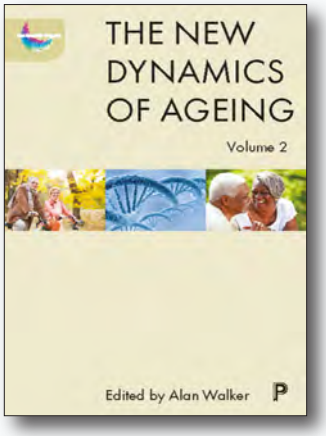

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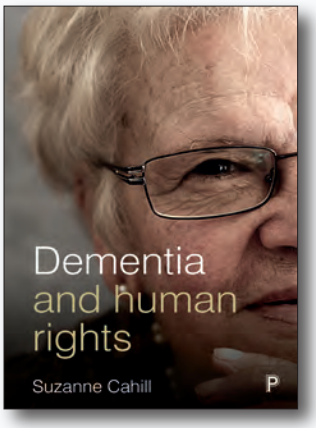

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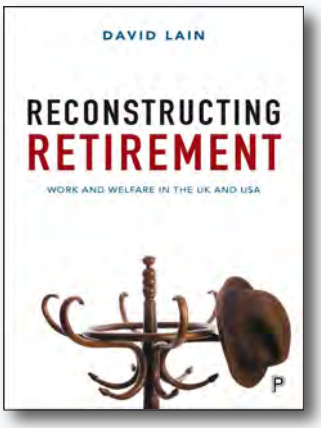

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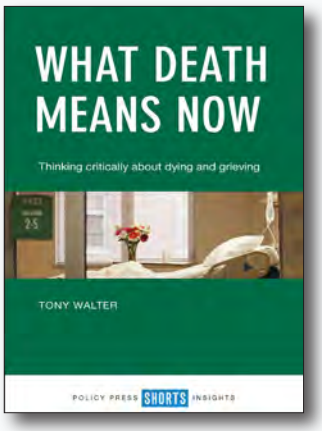

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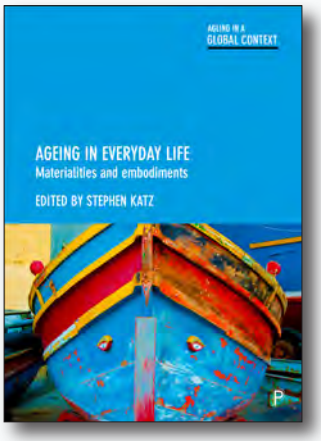

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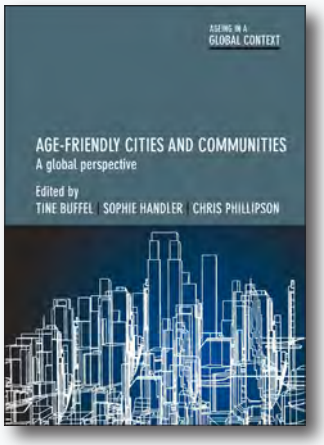

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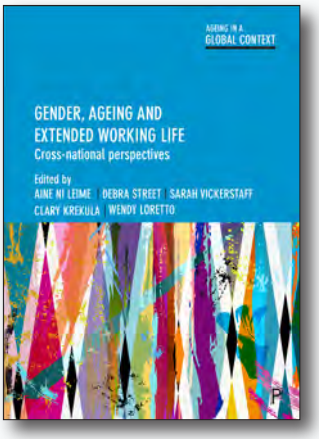

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British Society of Gerontology

It gives us great pleasure to announce our internationally renowned keynote plenary speakers for the annual conference, Professors Armando Barrientos, Susanne Iwarrson, Peter Lloyd Sherlock, Francie Lund and James Nazroo, all of whom provide global leadership and calls to action in thinking about the challenge and promise of an ageing world. We especially welcome to Britain our international speakers, Professor Francie Lund from the University of Kwa-Zulu Natal in South Africa, and Professor Susanne Iwarsson from Lund University in Sweden. All of our speakers will address the conference theme, 'Ageing in an Unequal World: Shaping Environments for the 21st Century'.

Professor James Nazroo

649 - Inequalities in later life: a priority for research and policy

Chair: Professor Debora Price, MICRA, The University of Manchester

4th July 2018 14:00 - 15:30

Location: Theatre B

See page 63 for full abstract

James Nazroo is Professor of Sociology at the University of Manchester and co-Director of the Manchester Institute for Collaborative Research on Ageing. He initially trained at St. George's Hospital Medical School and then studied at Royal Holloway and Bedford New College for a MSc in Sociology of Health and Illness, and at UCL for a PhD in Sociology.

Issues of inequality, social justice and underlying processes of stratification have been the primary focus of his research activities, which have centred on ethnicity, ageing, and the interrelationships between these. His research on ageing has been concerned to understand the patterns and determinants of social and health inequalities in ageing populations, with a particular interest on the 'transmission' of inequalities across the life course and how class operates post-retirement. He is PI of the fRaill programme, an interdisciplinary study of inequalities in later life, and co-PI of the English Longitudinal Study of Aging.

Plenary Panel: Ageing in a Global Context

Chair: Professor Christopher Phillipson, The University of Manchester

5th July 2018 13:30 - 15:00

Location: Theatre B

Professor Armando Barrientos

650 - Income security and social investment in an unequal world: Emerging welfare institutions in the South

See page 141 for full abstract.

Armando Barrientos is Professor of Poverty and Social Justice at the Global Development Institute at the University of Manchester in the UK. His research focuses on the linkages existing between welfare programmes and labour markets in developing countries, and on policies addressing poverty and population ageing. His most recent books are 'Social Protection for the Poor and Poorest' (2008, edited with D. Hulme, Palgrave); 'Just Give Money to the Poor' (2010, with J. Hanlon and D. Hulme, Kumarian Press); 'Demographics, Employment and Old Age Security: Emerging Trends and Challenges in South Asia' (2010, edited with Moneer Alam, MacMillan), and 'Social Assistance in Developing Countries' (2013, Cambridge University Press).

Professor Peter Lloyd-Sherlock

651 - Population ageing in a context of global inequality. Social protection, health and the new care economy

See page 141 for full abstract.

Peter Lloyd-Sherlock is Professor of Social Policy and International Development at the University of East Anglia. Previously, he held posts at The London School of Hygiene and Tropical Medicine and the University of Glasgow. Peter's main interests relate to older people in low and middle-income countries, with a particular focus on policy and interventions. His early research was on pensions and the livelihoods of older people in Latin America. His interests have since expanded, thematically and geographically, to include health and social care in Asia and sub-Saharan Africa. He is currently leading an ESRC project on interventions to enhance the health of older people in Ghana and South Africa.

Professor Francie Lund

652 – Informal workers getting older: towards a framework for understanding age in relation to work activities

See page 142 for full abstract.

Francie Lund is a Senior Adviser to, and former Director of, the Social Protection Programme of the global research and advocacy network, WIEGO (http://www.wiego.org/) - Women in Informal Employment: Globalizing and Organizing. Trained as a sociologist and social worker, she practised as a grassroots organiser in the fields of early childhood development, and in urban infrastructure, with a special interest in participatory research methods as an organising tool. A longstanding research interest has been the impact of South Africa's pensions and grants in mitigating poverty and redressing inequality. This led to her involvement in a range of policy interventions, including chairing the Lund Committee on Child and Family Support, in 1995, that led to the introduction of the Child Support Grant. She has been involved in the global debates around cash transfers as a form of intervention in addressing poverty and inequality. She is engaged locally and globally in research and policy advocacy around informal workers, especially regarding local government intervention, and around the provision of social security, and occupational health and safety.

Professor Susanne Iwarsson

648 - From Occupational Therapy to Environmental Gerontology – A Tale of Learning by Doing

Chair: Professor Josie Tetley, Manchester Metropolitan University

6th July 2018 14:45 - 16:00

Location: Theatre B

See page 310 for full abstract.

Susanne Iwarsson is Professor in Gerontology at the Faculty of Medicine, Lund University, Sweden. She has a PhD in medical science (1997) and is Doctor Honoris Causa at Riga Stradins University, Latvia. She is a registered occupational therapist experienced in geriatrics and primary care. Her Active and Healthy Ageing research group is concentrating on environmental gerontology integrated with health sciences and neuroscience, studying the ageing individual's and population's opportunities for activity and participation in society. Her interdisciplinary publication profile comprises 200 scientific original publications and many other scholarly contributions. She been the main or co-supervisor of 19 completed PhD degrees and six licentiates, in Sweden and abroad, and has PhD students ongoing. She is the Director of the Centre for Ageing and Supportive Environments (CASE), Coordinator of the Swedish National Graduate School for Competitive Science on Ageing and Health (SWEAH), and President of the Swedish Gerontological Society (SGS).

Flagship Symposia

On Wednesday 4 July from 16:30 to 18:00, the British Society of Gerontology is pleased to present three Flagship Symposia in parallel sessions. These symposia each address issues of profound and global importance to current gerontological research agendas. We warmly welcome our Flagship Symposia presenters to Manchester, and we look forward to three thought-provoking sessions comprising research and commentary at the cutting-edge of social scientific thinking in gerontology.

Wednesday 4 July 2018

16:30 - 18:00

Critical Gerontology: Where is it presently, where is it going in the future?

Location: Theatre A

Exploring spatial aspects of social exclusion in old age

Location: Theatre B

Changing life course transitions: Towards new balances between work and retirement?

Location: 1.218

W-FS-C1 - Flagship Symposium: Critical Gerontology: Where is it presently, where is it going in the future?

Chair: Amanda Grenier - McMaster University, Hamilton, Canada

Discussant: Chris Phillipson - University of Manchester, Manchester, United Kingdom

Theories, methods & critical perspectives

Time: 16:30 - 18:00

Location: Theatre A

Symposium abstract

Critical gerontology emerged in the 1980s in the context of crisis affecting the funding of welfare states across Europe and North America, the biomedicalisation of aging, and the development of social and cultural critiques of the discrimination facing groups of older people in capitalist societies. Although initial work was grounded in Marxist and neo-Marxist perspectives, subsequent research broadened to include approaches in sociology and the humanities more generally. Critical gerontology has registered several achievements, including: creating links with feminist perspectives, highlighting the impact of economic and related inequalities (notably through processes of cumulative advantage/disadvantage), exploring the impact of globalisation, and identifying new forms of vulnerability and exclusion. During the 2000s, new debates emerged with regards to representations, lifestyles, and embodiment, illustrated in a variety of work under the heading of 'cultural gerontology'. Yet, not long after, critical perspectives faced fresh challenges following the 2008 economic crash, the social consequences of austerity, and widening social and cultural divisions. Together, these suggested the need to reconsider the theories and methods that underpin critical gerontology. To date, progress has been limited, not helped by what appears to be a retreat from theorising in social gerontology itself. This session engages a number of leading scholars (Calasanti, Twigg, Higgs, Dannefer and Kelly, with Grenier as Chair and Phillipson as discussant) in reflecting on the present state of critical gerontology to identify how it might develop in the future and consider the priorities which need to be set.

See page 64 for biographies

W-FS-C2 - Flagship Symposium: Exploring spatial aspects of social exclusion in old age

Chair: Tine Buffel - The University of Manchester, Manchester, United Kingdom

Discussant: Manfred Huber - WHO Regional Office for Europe, Copenhagen, Denmark

Unequal ageing

Time: 16:30 - 18:00

Location: Theatre B

Symposium abstract

In recent years, there has been increasing interest and literature on experiences of social exclusion in later life. 'Social exclusion' is typically defined as a multifaceted concept involving exclusion from material resources, basic services, social relations, civic participation, as well as a dimension termed 'neighbourhood exclusion'. This symposium contributes to our understanding of the ways in which neighbourhood exclusion operates in later life, and focusses on the connections between place, urbanisation and social exclusion. Jennifer Prattley, Tine Buffel, Alan Marshall and James Nazroo will present findings from a longitudinal study examining the dynamics of social exclusion among older people in England, and the way in which these relate to area characteristics, including the degree of urbanisation and neighbourhood deprivation. Sofie Van Regenmortel, An-Sofie Smetcoren and Liesbeth De Donder will focus on the spatial differences and environmental determinants of old-age social exclusion in 80 municipalities in Belgium. Anna Wanka will discuss qualitative findings from a study exploring the 'spatial exclusion' of 'urban outcasts' such as older homeless persons and economically marginalised elders living in Vienna, Austria. Tine Buffel, Samuèle Rémillard-Boilard, Kieran Walsh, Bernard McDonald, An-Sofie Smetcoren and Liesbeth De Donder will present findings from a cross-national study exploring the ways in which 'age-friendly' strategies and policies in Brussels (Belgium), Dublin (Ireland) and Manchester (UK) have responded to issues associated with social exclusion. The symposium will conclude with a discussion about the future of the age-friendly movement led by Manfred Huber from the WHO Regional Office for Europe.

See page 65 for supporting abstracts.

W-FS-C3 - Flagship Symposium: Changing life course transitions: Towards new balances between work and retirement?

Chair: Harald Künemund - University of Vechta, Institute of Gerontology, Vechta, Germany

Discussant: Hans-Joachim von Kondratowith - University of Vechta, Institute of Gerontology, Vechta, Germany

Work, retirement & the economy

Time: 16:30 - 18:00

Location: 1.218

Symposium abstract

Life expectancy is positively correlated with social class - social inequalities shape life expectancy. Increasing average life expectancy and expectations of significant strains on pension systems have resulted in “active ageing” and “solidarity between generations” policies in many countries, with the emphasis placed on “extending working life”. This is presented as convenient for employers and employees, given financial and labour market pressures facing both sides. In the U.K. and Germany, as in most western European countries, raising the state pension age has been adopted as a major strategy to reduce the expected pension burden. Hence it follows that existing social inequalities will be exacerbated. Reduced pension levels and increasing insecurities concerning individual pension income are further contributing to a widening gap between low and high-income strata. Alternative policies are rarely discussed. The aim of the Symposium is to review developments affecting older workers in Germany and the UK, drawing on a range of empirical and theoretical studies.

Simone Scherger (Bremen) reports findings on work beyond pension age and individual as well as structural factors which shape the phenomenon in Germany and the UK. Sarah Vickerstaff (Kent) provides evidence of a high degree of uncertainty and ambivalence among workers and managers regarding the desirability and feasibility of extending working life. David Lain (Newcastle) questions the idea of flexible work endings and gradual retirement as means for extending working lives. Finally, Harald Künemund (Vechta) widens the scope for designing growth friendly social security systems by discussing alternative life course scenarios.

See page 68 for supporting abstracts.

BSG Special Interest Group Symposia

The British Society of Gerontology with sponsorship from Cambridge University Press and Ageing & Society supports and promotes gerontological Special Interest Groups. These aim to strengthen research, policy and practice impact in ageing related work through knowledge exchange and public involvement. Special Interest Groups host symposia and meet at the Annual Scientific Meeting, and provide year-round opportunities for networking, collaboration on research projects, and increased involvement for those with an interest in the subject. Participants do not need to be members of the British Society of Gerontology (although membership is warmly encouraged).

To join a Special Interest Group or if you have an interest in convening a new group, please contact the Secretariat on info@britishgerontology.org.

T-P1-C12 - Ageing, Reproduction and Sexualities

Chair: Robin Hadley - Consultant, Manchester, United Kingdom

Discussant: Manfred Huber - WHO Regional Office for Europe, Copenhagen, Denmark

Connections & relationships

Time: 09:00 - 10:30

Date: 5th July 2018

Location: 4.206

See page 96 for abstracts.

T-P1-C14 - Mobile e-Health: Current Perspectives from National and International Researchers

Chair: Hannah Marston - The Open University, Milton Keynes, United Kingdom

Discussant: Charles Musselwhite - Swansea University, Swansea, United Kingdom

Technology & innovation

Time: 09:00 - 10:30

Date: 5th July 2018

Location: 4.211

See page 102 for abstracts.

T-P3-C7 Access to out-of-home mobility, the risks of unequal provision of transport choices on the inclusion or exclusion of older people

Chair: Ian Shergold - University of the West of England, Bristol, United Kingdom

Discussant(s): Charles Musselwhite - Swansea University, Swansea, United Kingdom

Unequal ageing

Time: 11:00 - 12:30

Date: 5th July 2018

Location: 2.220

See page 120 for abstracts.

F-P6-C6 Lifelong learning and learning about the long life: an exploration of educational gerontology

Chair: Dr Caroline Holland - The Open University, Milton Keynes, United Kingdom

Social participation, citizenship & the welfare state

Time: 11:00 - 12:00

Date: 5th July 2018

Location: 2.219

See page 256 for abstracts.

F-P5-C13 Unequal ageing: Inequalities in paid work and retirement in later life

Chair: Martin Hyde - Swansea University, Swansea, United Kingdom

Work, retirement & the economy

Time: 9:00 - 10:30

Date: 6th July 2018

Location: 4.210

See page 238 for abstracts.

Inaugural Biennial Age UK Averil Osborn Symposium

The Averil Osborn symposium, supported by AGE UK and BSG, brings together academics and older people who have been involved in participatory research, and promotes an interactive discussion about the benefits and challenges of this type of work. The first presentation will reflect on the process of co-producing research with older people involved in a study focusing on self-funded care experiences. The symposium will then reflect on the benefits and challenges of creative co-production. Finally, it will discuss participatory action research, which involves older people as co-researchers to explore how green infrastructure can be used to support healthy ageing in urban areas.

T-P2-C6 The Averil Osborn Symposium "Participatory Approaches in Ageing Research: A Dialogue between Older People and Researchers"

Social participation, citizenship & the welfare state

Time: 11:00 - 12:30

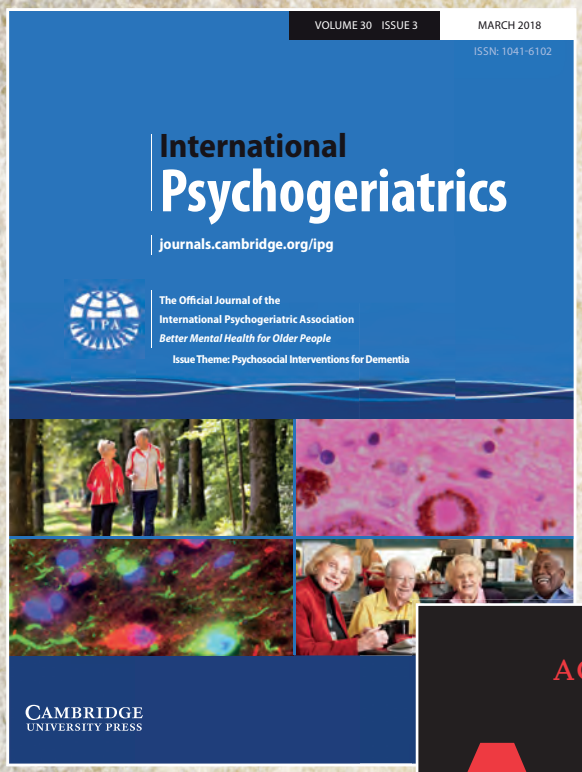
Date: 5th July 2018

Location: 2.219

See page 118 for abstracts.

GERONTOLOGY JOURNALS

from Cambridge



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1	Centre for Ageing Better
2	SPARKO by Geras LTD
3	Policy Press
4	Manchester Metropolitan University
5	Back Burner Cooking School
6	Talking Mats
7	Emerald Group Publishing
8/9	University of Salford
10	Age UK
11	The University of Manchester Institute for Collaborative Research on Ageing (MICRA)
12	Centre for Policy on Ageing
13	Cambridge University Press and Ageing & Society
14/15	The Manchester School of Architecture: What is an Age-Friendly Spatial Framework?
16/17	Greater Manchester Ageing Hub

Exhibition Opening & Closing Times

Date	Open	Closed
Wednesday, 4 July 2018	13:00	21:00
Thursday, 5 July 2018	08:30	18:30
Friday, 6 July 2018	08:30	13:00

Emerging Researchers in Ageing (ERA)

The BSG's Emerging Researchers in Ageing Network provides students, early career academics, researchers and practitioners with opportunities for learning, networking and mentor support. We also welcome academics, researchers and practitioners who are making a mid-career change to ageing studies. An ERA Chair and Executive Committee develop programs and events informed by the suggestions and 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
- Expand international connections and encourage the sharing of ideas and achievements
- Opportunities to connect with mid to late career professionals through informal networks and mentoring programmes
- Apply for member-only bursaries and the Stirling Prize offered by the BSG
- Access to discounted BSG Membership and National Conference registration
- Develop leadership skills

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

For more information:

D.J.Morgan@swansea.ac.uk or
elizabeth.a.evans@swansea.ac.uk

Pre-Conference Event

Tuesday 3 July (PM) - Wednesday 4 July (AM)
Brooks Building, Manchester Metropolitan University, 53 Bonsall Street, Manchester M15 6GX

Creative engAGEment: exploring strategies to maximise public involvement in ageing research

The pre-conference theme as the title suggests will be around engagement and impact. The aim of the ERA pre-BSG annual conference event is to provide the space and opportunity for emerging researchers in ageing to experience meaningful participation and active engagement with their peers. The ERA event is your chance to talk with and listen to your peers, to share ideas and issues, and to practise presenting your research. It is an opportunity for reflection within a supportive environment.

Impact and Engagement: Engaging the public in research Workshop

Time: 13:00 – 16:30 (Registration from 12:00)

Date: Tuesday 3 July 2018

Location: Manchester Metropolitan University, BR 2.18 & BR 2.19

This workshop event will explore and highlight the diverse ways that early career researchers can engage with the public to ensure their research is both relevant and impactful. Steve Huxton from Ageing Well in Wales and Claire Garabedian from Worcester University will facilitate the workshop and present their experiences of how to engage the public, as well as the pitfalls and benefits of public engagement. ERA members will have an opportunity to put this learning into practice by developing an engagement strategy for a new research project, and subsequently pitch this to the group.

Networking event

Time: 16:30 – 17:30

Date: Tuesday 3 July 2018

Location: KRO Bar, 325 Oxford Road, Manchester, M13 9PG

An opportunity for new and existing ERA members to meet up in an informal environment (a local pub) ahead of the main conference. The Networking Event will be at attendees own expense for food and drink.

Developing your Elevator Pitch

Time: 09:00 – 11:00

Date: Wednesday 4 July 2018

Location: Manchester Metropolitan University, BR 2.18 & BR 2.19

Presentations will be in the format of 'Rapid-fire Presentations'- giving an opportunity for early career researchers to present their research to their peers in a concise and engaging way.

British Society of Gerontology

Finding the Event

Key

- Birley Access on foot
- Building Entrances
- Railway Station
- Public Parking
- Staff Parking
- Bus Stops
- Food and Drink

Key to main buildings

1 John Dalton East/Central Tower
Faculty of Science and Engineering

2 John Dalton West
Print Services

3 All Saints Building
University Administration

4 All Saints Library
University library
(open 24-7 during academic year)

5 Sandra Burslem
Manchester Law School

6 Business School & Student Hub
Faculty of Business and Law
Careers and Employability Hub

7 Bellhouse
University Administration

8 Ormond
University Administration

9 Cavendish
Faculty of Arts and Humanities
Faculty of Health, Psychology and Social Care

10 Righton
Faculty of Arts and Humanities
MMU Sport

11 Grosvenor
Manchester School of Art
Holden Gallery

12 Arts and Media
Development site

13 Geoffrey Manton
Faculty of Arts and Humanities

14 Chatham
Manchester School of Art

15 Benzie
Manchester School of Art

16 Students' Union

17 Brooks
Faculty of Education
Faculty of Health, Psychology and Social Care

18 70 Oxford Street
Faculty of Arts and Humanities
Manchester School of Art

Student Accommodation

A Briarfields Hall
B Cambridge Hall
C Cavendish Hall
D Cavendish Place
E Dale
F Dunham House
G Naylor
H Needham Court
I New Medlock
J Oxford Court
K Victoria Hall
L Vine House
M Warde

Manchester Campus

BeeTogether at BSG2018

Whether you are a PhD student, early-career researcher, attending BSG conference for the first time, or a regular attender, there will be a dedicated BeeTogether area where you can meet people and get involved with some fun activities alongside and throughout the conference timetable.

Look out for the BeeTogether logo!

Follow us on Twitter @BSGManchester18

Use any of the following conference #;
#BeeTogether
#BSG18
#BSG2018
#BSG
#ManchesterBee

At BeeTogether we will welcome you at any time during the conference, if you want a place to gather your thoughts, or to try one of our activities or you'd like to share your ideas do visit us in the BeeTogether Area.

Ongoing drop-in activities

- Envisage - How do you picture your later life?
  Get creative in the BeeTogether Area - creative materials will be provided.
- Pollination - Share your ideas and experiences with others!
  Questions and materials provided at the BeeTogether Area.

There will be a prize for the best BeeTogether conference tweet, the best Instagram image of a Manchester Bee that contains all five conference hashtags (#BeeTogether #BSG18 #BSG2018 #BSG #ManchesterBee) and for the best BeeTogether Pollination idea.

Image courtesy of Visit Manchester

Scheduled (yet informal) activities

- Mindfulness with Kelly Birtwell: Thursday, 08:30 – 09:00, 2nd Floor, University Place - follow the signs
- Walk to Whitworth Park: Thursday, 12:30 – 13:30, meet at BeeTogether Area
- Meeting Point before dinner: Thursday, 19:30, look for the logo at the dinner location
- (Stand-up) Pilates with Gail Heathcote-Milner: Friday, 08:30 – 09:00, 2nd Floor, University Place - follow the signs

Pop-Up Cinema

We are very pleased to present continuous screenings of films throughout Thursday and Friday in our pop-up cinema, located throughout the conference in Room 2.217. These include award winning documentaries, shorts, films from research, and films from the world-renowned Granada Centre for Visual Anthropology at the University of Manchester.

We especially thank the producers, directors and filmmakers who have generously agreed to donate their screenings to BSG for your viewing pleasure. Enjoy!

Screening: Ping Pong

Time: 09:00 - 10:30
Date: 5th July 2018
Location: 2.217

Ping Pong
(2012, Hugh Hartford)
75 mins

Terry (81) having been given a week to live, gets in sight of winning gold. Inge (89) has used table tennis to train her way out of the dementia ward she committed herself to. Australian legend Dorothy deLow is 100, and finds herself a mega celebrity in this rarefied world and Texan Lisa Modlich, a new-comer at 85 years old, is determined to do whatever it takes to win her first gold. This film is as much about the tenacity of the human spirit as it is a meditation on mortality.

Screening: Beti and David: Lost for Words

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 2.217

Beti and David: Lost for Words
(2017, Will Davies)

'We need a revolution in dementia care', says Beti George who cared for her late partner David Parry-Jones - an iconic broadcaster once dubbed 'the voice of Welsh rugby'. Filmed over the course of many months, there is both laughter and tears in this moving, honest and hard-hitting film. It is a remarkable record of two people facing a terrible illness together. Through Beti's experience the film reveals the challenges and frustrations faced by thousands of carers across Wales and questions the way society supports dementia carers.

Screening: The Forgotten Generation

Time: 12:30 - 13:30
Date: 5th July 2018
Location: 2.217

The Forgotten Generation
(2013, Deepa Dhanraj)
39 mins 29 sec

In The Forgotten Generation, older people aged over 60 in three settings in India (urban Tamil Nadu, rural Rajasthan and tribal Maharashtra) reveal the realities of their lives, relationships and work as well as their expectations of the future. We learn how they manoeuvre within tight constraints to create new social and economic opportunities for themselves, their families and friends and how targeted social pensions are producing Kafka-esque encounters with the State.

Produced by: Penny Vera-Sanso and Suresh V
Director: Deepa Dhanraj
Camera: Navroze Contractor ISC
Music: Prasanna

Screening: Various (see below)

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 2.217

3:30pm - **Stormy Weather**
(2016, Jayshree Thind and Martin Cook)
7 mins 7 sec

A real-life drama set inside a hospice, capturing the connection between two sisters coming to terms with loss and grief.

3:40pm - **Swans are Not the Only Birds**
(2016, David Pearce)
11 mins 35 sec

George, a retired widower attempts to get used to his newly-installed hearing aids whilst establishing a new life for himself in a different-sounding world.

3:55pm - **Emerging**
(2017, Georg Vitzhum and Francesco Puppini)
6 mins 6 sec

Erdmann seemingly has everything, money, power, status but when an unexpected diagnoses threatens his very existence, Erdmann struggles to make sense of life and a seemingly uncertain future.

4:05pm - **Ωuld**
(2016, Jemma O'Brien and Amelia King)
5 mins 47 sec

Four people in their nineties discuss what it means to be old and what it means to feel old.

Roundtable and Screening: Various (see below)

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 2.217

Audio-Visual Methods in Gerontology

4:50pm - **A Dame's Tale**
(2016, Jemma O'Brien)
22 mins

This (slightly outrageous!) documentary follows Gracy, a resident of a sheltered housing unit in Ancoats, Manchester, who demonstrates that themes of ageing, illness and wellbeing might not always be addressed in ways we might think. Addressing universal themes of life, death and illness I follow his unexpected tales of past, present and future through frocks, flowers and fireworks.

5:12pm - **CINAGE Documentary**
(2016, Melissa Forte)
13 mins 36 sec

A short documentary following the learning, trials and tribulations of senior novice filmmakers.

5:25pm - **Coming Home**
(2017, Penny Hayes and Milda Baginskaite)
5 mins 5 sec

When Jean is admitted to hospital suddenly, her husband John counts down the days until their reunion. But when an error at the hospital threatens Jean's very homecoming will John come home with the 'right' Jean?

5:30pm - **This is my Home**
(2016, Anna Pozzali)
16 min 27 sec

A 15-minute video-essay and a Graphic Novel. These were created in collaboration with a group of ten older inhabitants of Old Moat, Manchester (UK) and attempt to explore what home means to them. All the included photographs were taken by the research participants and used for a series of photo-elicitation interviews.

5:50pm - **Roundtable begins**

Filmmakers will come together to discuss their work, and think about different audio-visual methods in gerontology.

Screening: Ping Pong

Time: 09:00 - 10:30
Date: 6th July 2018
Location: 2.217

Ping Pong
(2012, Hugh Hartford)
75 mins

Terry (81) having been given a week to live, gets in sight of winning gold. Inge (89) has used table tennis to train her way out of the dementia ward she committed herself to. Australian legend Dorothy deLow is 100, and finds herself a mega celebrity in this rarefied world and Texan Lisa Modlich, a new-comer at 85 years old, is determined to do whatever it takes to win her first gold. This film is as much about the tenacity of the human spirit as it is a meditation on mortality.

Screening: Sound of Cicadas

Time: 10:30 - 11:00
Date: 6th July 2018
Location: 2.217

Sound of Cicadas
(Alistair Lomas)

A short film about Japan's declining and ageing population, focusing on Wakioki, a fishing crew in the tiny village of Nakanami, Toyama Prefecture. These men, most of whom are over 65, work long and hard to provide the fresh fish that play a key role in the region's identity.

Screening: Various (see below)

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 2.217

11:00am - **Stormy Weather**
(2016, Jayshree Thind and Martin Cook)
7 mins 7 sec

Stormy Weather, a real-life drama set inside a hospice, capturing the connection between two sisters coming to terms with loss and grief.

11:10am - **Swans are Not the Only Birds**
(2016, David Pearce)
11 mins 35 sec

George, a retired widower attempts to get used to his newly-installed hearing aids whilst establishing a new life for himself in a different-sounding world.

11:25am - **CINAGE Documentary**
(2016, Melissa Forte)
13 mins 36 sec

A short documentary following the learning, trials and tribulations of the senior novice filmmakers.

11:40am - **Coming Home** (2017, Penny Hayes and Milda Baginskaite)
5 mins 5 sec

When Jean is admitted to hospital suddenly, her husband John counts down the days until their reunion. But when an error at the hospital threatens Jean's very homecoming will John come home with the 'right' Jean?

11:50am - **Emerging**
(2017, Georg Vitzhum and Francesco Puppini)
6 mins 6 sec

Erdmann seemingly has everything, money, power, status but when an unexpected diagnoses threatens his very existence, Erdmann struggles to make sense of life and a seemingly uncertain future.

Screening: Beti George: Colli David

Time: 12:00 - 13:00
Date: 6th July 2018
Location: Eats Restaurant

Beti George: Colli David
(2018)

In Beti George: Colli David, Beti George reflects on her personal memories of losing her partner to Alzheimer's disease in addition to her campaign for more support for those living with Alzheimer's.

Screening: The Forgotten Generation

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 2.217

The Forgotten Generation
(2013, Deepa Dhanraj)
39 mins 29 sec

In The Forgotten Generation, older people aged over 60 in three settings in India (urban Tamil Nadu, rural Rajasthan and tribal Maharashtra) reveal the realities of their lives, relationships and work as well as their expectations of the future. We learn how they manoeuvre within tight constraints to create new social and economic opportunities for themselves, their families and friends and how targeted social pensions are producing Kafka-esque encounters with the State.

Produced by: Penny Vera-Sanso and Suresh V
Director: Deepa Dhanraj
Camera: Navroze Contractor ISC
Music: Prasanna

Saturday 30 June 2018 to Sunday 8 July 2018

Alongside the BSG conference, the City will host a range of activities as part of a Conference Fringe running throughout the conference week that will appeal to a broad audience. We are promoting public engagement events, workshops, seminars, exhibitions and even allied conferences that will contribute to a dynamic and exciting mix of activities across Greater Manchester that highlight the importance of, as well as celebrate, ageing.

MICRA Annual Lecture

Professor Christina Victor

Title: Loneliness in later life: social problem, public health problem, or moral panic?
Location: St Peters House, The University of Manchester
Date: Monday 2 July 2018 17.30 - 19:00

Visit https://micra_annual_lecture2018.eventbrite.co.uk

EU Falls Festival 2018

New Solutions to Old Problems: ensuring sustainability of falls prevention interventions

Date: Monday 2 to Tuesday 3 July 2018

To register your interest in attending the 2018 EUFF please email eufallsfestival@manchester.ac.uk or visit the website for more information http://www.eufallsfest.eu

The Greater Manchester Festival of Ageing

Date: Monday 2 to Sunday 15 July 2018

On 16 March, it was announced that Greater Manchester had gained World Health Organization status to become the UK's first age-friendly city region. This means we are a place committed to enabling older people to actively participate in their community, to stay connected, to stay healthy and active, to provide appropriate support to those who need it, and to treat everyone with respect regardless of age.

As part of the celebrations to mark this achievement the region is holding a Festival of Ageing from 2nd to 15th July 2018. The celebratory event will portray a more positive view of ageing as well as encouraging policy-makers to take the action needed to improve the lives of Greater Manchester's older people.

The Festival will offer a range of activities, fun, music, dancing, hobbies, physical activities, information and lots of opportunities to join in or create your own festival fringe event. Individuals, groups and organisations are encouraged to register now to attend, volunteer, perform or to host an event.

The event is funded through the Ambition for Ageing programme, a Big Lottery funded programme delivered through GMCVO.

Online registration and paper copies of the forms are all available to download on the Festival page of the Ambition for Ageing website here: https://www.ambitionforageing.org.uk/festival

For more information email festival.ageing@gmail.com; alternatively, call us on 0161 230 1438 or follow us on Twitter or Facebook.

International Festival of Public Health

The University of Manchester

Date: Thursday 5 July 2018

Visit the website for more information

http://www.festivalofpublichealth.co.uk/.

Age Concerns Photographic Exhibition

Location: 47th Annual Conference of the British Society of Gerontology, Outside University Place, University of Manchester, 176 Oxford Road, Manchester M13 9QQ
Date: Wednesday 4 to Saturday 7 July 2018

Age Concerns is a smattering of stories of people ageing, but not defined by age. Jo & Judy, Len & Babs, Dave & Merryn, Hugh & Roy & Bill. Amrik & Jackie, Anne & Fatima, Sarah, Barbara, Edith & Pat, Marjorie & John & of course Paul. Painting & honouring Donna, travel & hunger, Entebbe, Ireland & getting by, just. Friendship, family, cake, loss, & searching. Folks' stories shown on Mancunian streets.

"Hugh"

Photographer: Mark Epstein

Mark Epstein collects stories and tells them. He uses his camera to get into the nooks and crannies and the stories he winkles out are his favourite bit. And then he remembers that he's supposed to be a photographer so he takes some photos and quite often, if the stories are very sad, funny or exciting, he can't sleep as they bounce round his brain. And then he goes out again and finds more stories and he thinks that everyone he photographs becomes part of his photo-family.

http://www.markepstein.co.uk

Pre-bookable Tours

Architectural Walking Tour of Manchester

Time: 10.00 – 12.00
Date: Wednesday 4 July 2018

We are delighted to welcome Dr Julian Holder to BSG 2018. Julian is a renowned architectural historian, and he will lead us around the sights of Manchester, taking our breath away at some of the secret, and not so secret historical buildings that define Manchester's architectural heritage. Also, there will be lots of opportunity to soak up the life and culture of Manchester, and for you to orientate yourself with getting around, so it's a great way to get to know Manchester.

The tour will start promptly at 10.00am and we will confirm the meeting point approximately one-week prior. We will finish by 12 noon allowing plenty of time before the start of the conference at 13.30pm. The tour is easy walking, and is not strenuous, although we suggest you wear sensible footwear.

Places are limited to 20 people. There is no charge for the tour – it is free. All we ask is that if you book a place, please do notify us in advance if you no longer want a place such that we can allocate it to someone from the waiting list because we know that this will be a popular event!

Bookings were available online. Unfortunately we are unable to book tours during the Conference.

Tour of the John Rylands Library

Time: 11.00 – 12.00
Date: Wednesday 4 July 2018

We are privileged to have secured a private tour to Manchester's most visited attraction (according to Trip Advisor), and John Rylands is much more than a library and is a real gem! It was founded by Enriqueta Rylands in memory of her husband John Rylands. In 1889 the architect Basil Champneys designed the striking gothic building, which took ten years to build and was opened to public readers on 1 January 1900. The library became part of the University of Manchester in 1972 and currently holds the Special Collections of the University library. So, come with us, step back in time, and marvel at the gothic architecture, the ambiance, and try out the Victorian toilets! And who knows, Harry Potter might even appear (although not in the toilet!).

We will meet at 10.45am and we will confirm the meeting point approximately one-week prior. We will finish by 12 noon allowing plenty of time before the start of the conference at 13.30pm. Places are limited to 20 people. There is no charge for the tour – it is free. All we ask is that if you book a place, please do notify us in advance if you no longer want a place such that we can allocate it to someone from the waiting list because we know that this will be a very popular event!

Bookings were available online. Unfortunately we are unable to book tours during the Conference.

If you are undecided then there are public tours of the library throughout the conference and details are at http://www.library.manchester.ac.uk/rylands

Welcome Reception

Time: 18:45 – 21:00
Date: Wednesday 4 July 2018
Location: The Drum, University Place

BSG would like to thank Marketing Manchester and The University of Manchester Conferences and Venues for their support towards the Welcome Reception.

The Welcome Reception will be held at University Place in 'The Drum' on Wednesday 4 July, following our three flagship symposia and the BSG AGM.

During the evening, the presentation of the Stirling Student Poster Prize will be made.

We hope you enjoy the informal setting and take time to meet with friends and colleagues and visit all of the exhibition stands.

Light refreshment and two drinks per person are included in the cost of the full registration fee and are also for any day delegates who have purchased them in advance.

When collecting your name badge at registration, please collect your drinks tokens for the event. Unfortunately drinks tokens cannot be re-issued if lost. A cash bar is also available throughout the evening serving wine, beer and soft drinks and will be open at 18:15 for anyone who is not attending the BSG AGM.

Conference Dinner

Time: 19:30 – 20:00 Reception and 20:00 – Midnight Dinner
Date: Thursday 5 July 2018
Location: The Principal Manchester, Oxford Street, Manchester, M60 7HA Tel: 0161 2881111

The Conference Dinner will be held at the Principal Manchester. With its clock tower and striking Victorian architecture, Principal Manchester is an unmistakable landmark in the city's skyline. A magnificent, terracotta Grade II listed building, the hotel has a history dating back to 1890, when it first opened as The Refuge Assurance Company headquarters.

Join us for what is always an enjoyable evening. The cost of a drink on arrival, 3 course dinner with coffee and 2 glasses of wine are included in the full registration fee and for anyone who has pre-booked a place. Tickets will be given out upon registration.

There will be a cash bar available throughout the evening.

The Northern Chamber Orchestra will provide pre-dinner music, the 'Orchestra in Residence' at Manchester Metropolitan University, Faculty of Education. There will be a disco and dancing after dinner too!

Please ensure you bring your ticket with you on the evening.

Tickets were available online until 13 June, unfortunately we are unable to sell additional tickets during the Conference.

Please refer to the map on page 55 for directions.

Please use the 'Events Entrance' on Whitworth Street.

For step-free access, please use the front entrance of the Hotel and refer to the Concierge Desk for assistance.

Attendees wishing to book taxis back to their hotel post-dinner should do so with the hotel Concierge.

Conference & Venue Information

Accommodation

Attendees are reminded to book their accommodation requirements in advance of arriving in Manchester.

Car Parking

The closest public car park is Booth Street West Multi Storey (maximum height 1.8 m), rates are:

- Up to 3 hours £3
- Up to 6 hours £5
- Up to 10 hours £8
- Up to 24 hours £10
- After 4pm and weekends £2

Drivers using this car park should collect a ticket on entry and pay at one of the machines prior to collecting their vehicle at the end of the day.

The car park is located on Booth Street West and can be found using postcode M15 6PB.

Cash Machine

NatWest Bank is located within a 2-3-minute walk of University Place, heading south along Oxford Road.

Catering

The following catering is included in the cost of the full registration:

Wednesday
Rolling tea and coffee (afternoon) – sponsored by Cambridge University Press and Ageing & Society

Welcome reception

Thursday
Rolling tea and coffee (morning and afternoon) – sponsored by Cambridge University Press and Ageing & Society

Lunch

Conference dinner

Friday
Rolling tea and coffee (morning and afternoon) – sponsored by Cambridge University Press and Ageing & Society

Lunch

There is a small shop in University Place open 09:00 – 17:00. Alternative cash catering options are available in Simon Building, Sainsbury's and Morrison's all located within walking distance.

Cloakroom

Room 3.205:

Date	Open	Closed
Wednesday, 4 July 2018	09:30	21:30
Thursday, 5 July 2018	09:00	19:00
Friday, 6 July 2018	08:15	16:15

Contacts

Conference Secretariat

Address:
C/O British Society of Gerontology
PO Box 2265
Pulborough RH20 6BB

Telephone: +44 (0) 1798 875653
Mobile: +44 (0) 7769 635523
Email: bsgconference2018@britishgerontology.org
Website: https://www.britishgerontology.org

Security

Address:
Security Lodge: The University of Manchester

Internal line: 69966
Telephone: +44 (0) 161 306 9966

Venue

Address:
The University of Manchester
University Place
Oxford Road
Manchester M13 9PL

Telephone: +44 (0) 161 306 4100
Web: http://www.conference.manchester.ac.uk

Dietary Requirements

Every reasonable effort has been made to organise dietary requirements if notified at the time of registration. Please provide your name to the Catering Staff who will assist you.

Fire Evacuation Procedures

ON DISCOVERING A FIRE

- Give alarm - break glass at the nearest point
- Telephone the Security Lodge with the details on 69966 (internal line) or 0161 306 9966
- DO NOT attempt to extinguish the fire yourself
- Close doors and windows before evacuating
- Warn people in nearby rooms.

ON HEARING AN INTERMITTENT ALARM

The alarm first stage is indicated by a short, audible, electronic alarm punctuated by the verbal message; “this is an emergency alert – await further instructions.”

You need not take any action during this stage of the alarm.

ON HEARING A CONTINUOUS ALARM

The alarm second stage is indicated by a longer, audible, electronic alarm punctuated by the verbal instructions “We have an emergency situation, please leave the building by the nearest exit”.

- Evacuate to the assembly point (the paved area in front of the Williamson Building)
- Close doors and windows
- Do not rush
- Do not wait to collect personal belongings
- DO NOT USE LIFTS
- Do not re-enter the building without permission

PLEASE NOTE alarms are tested at:

- 09:00 Friday - Classrooms (Block 2)

Fire Evacuation procedures are clearly displayed throughout the exhibition area.

Should you require assistance in the event of an evacuation, please contact the nearest member of University Staff.

First Aid

University of Manchester will provide first aid support. Please contact the registration desk if required.

Smoking

Smoking or electronic cigarettes / vaping is not permitted anywhere within the venue.

Transport

By Air
Manchester Airport is located via the M56 at Junction 5. The M56 provides direct links to the M6 and the M60, ensuring ease of accessibility whether travelling from the North or South.

If travelling to the airport from local areas or Manchester city centre itself, follow signs for the A34 or A5103.

Terminals are clearly signposted on approach, while the postcode for the airport is M90 1QX if wishing to use satellite navigation.

Manchester airport is very convenient for getting to the University of Manchester. There are buses and taxis outside the terminal buildings as well as Manchester airport train station. Trains run every 10 minutes to or from Manchester Oxford Street, with an average journey time of 20 minutes.

By Train
There are 5 main railway stations in Manchester which are on 2 separate railway lines. Manchester Piccadilly is the main station, and this has a direct service to Manchester airport, and to other Manchester stations (Oxford Road, Deansgate and Salford Crescent).

Manchester Piccadilly also has a railway line which links with Manchester Victoria Station and with Salford Crescent Railway Station. From all of these stations there are regular train services to other parts of the UK, and full details can be found at https://www.thetrainline.com

Manchester Piccadilly station is a 20-minute walk to the conference venue.

Oxford Road station is a 10-minute walk to the conference venue.

Scan the QR codes above or download a detailed walking route from Walkit.Com

By Bus
The conference venue is on Oxford Road which has a bus going along it every 2-3 minutes. Tickets can be purchased on the bus, and travel is inexpensive (typically £1-£2 for a single journey within the city centre). Full details of routes etc at http://www.tfgm.com/buses

Additionally there are 3 free bus routes in the City on the Metroshuttle buses, full details at http://www.tfgm.com/buses/pages/metroshuttle.aspx

Further information can be found at

https://www.visitmanchester.com/visitor-information/travel-information/getting-here

Hearing Loop

The University of Manchester operates an infrared hearing loop which can be made available. Please ask at the registration desk for more information.

Internet Access

Each registered attendee will be allocated with a unique username and password to access the Internet (printed on the back of the name badge).

To connect to the Internet please follow the instructions below:

1) Ensure that Wi-Fi is enabled on your device
2) Search for available networks and connect to 'UoM wifi'
3) Once connected open up your preferred web browser (i.e. Internet Explorer/Google Chrome)
4) You should now be redirected to a holding page
5) Click on the small tick box at the top left of the screen that states that you agree to the 'Acceptable Use Policy'
6) Agreeing to the 'Acceptable Use Policy' will create a drop-down box where you can enter your unique username and password
7) You will now be connected to the UoM wifi network

Please note, both the username and password are case sensitive and must be entered in full. After 10 minutes of inactivity you will be automatically logged out.

Registration Opening & Closing Times

Date	Open	Closed
Wednesday, 4 July 2018	10:00	17:00
Thursday, 5 July 2018	08:30	18:30
Friday, 6 July 2018	08:30	13:00

Taxis

Taxis are readily available on Oxford Road but can be pre-booked via Mantax Taxis http://www.mantax.co.uk/ or 0161 230 3333.

Area Map

British Society of Gerontology

City Maps are available at the Registration Desk.

BSG 2018: Welcome to the City of Manchester

Youthful, diverse, energetic and bursting with character; Manchester is one of the most exciting places to visit in the UK. Known throughout the world as the birthplace of the industrial revolution, Manchester has a proud history in science, politics, music, arts and sport, and today the city combines this heritage with a progressive vision to be a city that delivers surprise and delight in equal measures. Manchester city centre is jam-packed with unique and eclectic restaurants, bars, shops, museums, galleries and hotels whilst the surrounding Greater Manchester boroughs offer a patch-work of visitor experiences including quaint market towns, traditional pubs and beautiful green spaces and waterways to be explored on foot or bike.

As an organising committee, we love Manchester! The city has a lot to offer our conference participants, and because the conference venue is in the heart of the city, there are many things to see and do on your doorstep. Below we give our carefully selected top tips of things to do in the city whilst enjoying your time with us. Each of the suggestions has been tried and tested by Committee members, and we've had great fun in doing so!

Additionally, if you want to look up the huge range on culture, music, sports, heritage, shopping activities etc, then visit https://www.visitmanchester.com/. That said, a really good and insightful website on things to do and places to go is http://www.manchester.ac.uk/study/experience/student-life/city

If you fancy learning more about the University of Manchester, and its heritage, and its amazing gothic buildings, then you can download an App for a self-guided tour in the sunshine.

http://www.manchester.ac.uk/discover/history-heritage/tours-events/mobile-tours/

If you fancy a self-guided walking tour this app is an audio-visual experience that allows you to explore the city and discover its defining moments and untold stories using routes created by the people who know Manchester best. Each tour is enhanced with layers of extra content and images from the city archives all waiting to be discovered as you stroll.

https://itunes.apple.com/gb/app/manchester-walking-tours/id919089077?mt=8

For those participants who prefer to take a self-guided walking tour using a paper-based map, we will have some available at the registration desk.

Our Top 10 Things to See and Do in Manchester

The Manchester Museum

(directly opposite the conference venue)

We love the museum! It is the UK's largest university museum displaying works of archaeology, anthropology and natural history providing access to about 4.5 million items from every continent. It is owned by the University of Manchester and is at the heart of the neo-gothic university buildings.

Details: A 2 minute stroll from the conference venue. Open 7 days a week 10:00 – 17:00. Admission is free. There's also a nice café and shop. http://www.museum.manchester.ac.uk

Photograph courtesy of Elizabeth Gaskells House

Elizabeth Gaskell's House

84 Plymouth Grove, M13 9LW

A Grade II listed neoclassical villa in Manchester, England, which was the residence of William and Elizabeth Gaskell from 1850 till their deaths in 1884 and 1865 respectively. Elizabeth Gaskell's House is the former home of the famous author and her family. Her novels include Mary Barton, Cranford, North and South, Ruth and Wives and Daughters and are enjoyed on television, stage and radio.

Details: A 10 minute walk from the conference venue. Open Wednesday / Thursday / Sunday from 11:00 – 16:00. Entrance fee is £4.95. No need to book. They have a café serving cake (not other food) and drink, and a nice bookshop.
http://www.elizabethgaskellhouse.co.uk/

John Rylands Library

150 Deansgate, M3 3EH

What a gem! The John Rylands Library was founded by Enriqueta Rylands in memory of her husband John Rylands. In 1889 the architect Basil Champneys designed the striking gothic building, which took ten years to build and was opened to public readers on 1 January 1900. The library became part of the University of Manchester in 1972 and currently holds the Special Collections of the University library.

Details: A 20 - 30 minute walk from the conference venue, or catch any bus going to Deansgate. Just wander round and enjoy the building (which is amazing) and the ambience, the café, and the shop. Make sure you visit the fully restored Victorian toilets! Open 7 days a week from 10:00 – 17:00 except Sundays and Mondays when it doesn't open until 12 noon. Admission is free. http://www.library.manchester.ac.uk/rylands

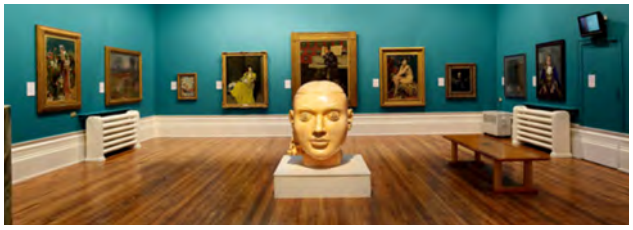
There's also the opportunity to access the specialist collection reader service of many items including rare books and manuscripts, but you do need to book in advance, full details at http://www.library.manchester.ac.uk/special-collections/access-the-special-collections

Museum of Science and Industry

Liverpool Rd, Deansgate, M3 4FP

Situated at a globally important heritage site in the middle of Manchester comprising 5 listed heritage buildings, two of them listed Grade 1. Amazingly, the site was the original terminus of the world's first inter-city railway and the characteristic 1830 Warehouse epitomises Manchester's 19th-century reputation as the "warehouse of the western world." If you are into aircraft, railways, industrial heritage, computing but all set within a very modern approach to an extensive museum, then this is for you, and its great for wandering around especially if the weather is damp!

Details: A 20 - 30 minute walk from the conference venue, or catch any bus going to Deansgate. Open 7 days a week from 09:00 – 17:00. Admission is free. There's also a large café and a shop. http://msimanchester.org.uk



Manchester Art Gallery

Moseley Street, M2 3JL

This publicly owned art gallery houses many works of local and international significance and has a collection of over 25,000 objects displayed in permanent and specialist temporary exhibitions often on tour. The main gallery premises were built for a learned society in 1823 and today its collection occupies three connected buildings, the most recent of which was built in 2002 following a major renovation and expansion project.

Details: A 15 minute walk from the conference venue or catch any bus going to Piccadilly. Open 7 days a week from 10:00 – 17:00, and open until 21:00 on Thursdays. Admission is free. We love the café and shop. Public 'Highlight' tours are held from 14:00 – 15:00 each Thursday / Friday / Saturday / Sunday – no need to book, just turn up. http://www.manchesterartgallery.org

The Royal Exchange Theatre

St Anns Square, M2 7DH

Previously the Cotton Exchange, where Manchester merchants would meet and do business with each other. Resembling a lunar space craft set down amidst the glass domes and towering columns of this Grade II listed building, the Royal Exchange is the largest theatre in the round in the country, seating up to 750 people on three levels. With story-telling at its heart, the theatre showcases an ambitious programme inspired by the world's greatest stories: stories that have the power to change the way we see the world.

Details: A 20-minute walk from the conference venue, or catch any bus going to St Anns Square. The Mezzanine Gallery holds a rolling programme of exhibitions, and you can also access some of the wonderful areas of the theatre (outside of performances). A 'behind the scenes' 1-hour tour costing £6.50 can be booked in advance via the box office, details at https://www.royalexchange.co.uk/backstage-tours

The Comedy Store

Arches 3 and 4 Deansgate Locks, Whitworth Street West, M1 5LH

"The best in stand-up show..... you may laugh so hard that your head may indeed fall off" according to TripAdvisor! A purpose built 500 seat theatre-style comedy venue and home to the finest stand-up comedy in the land.

Details: A 20-minute walk from the conference venue, or catch any bus going to Deansgate. Now in its sixteenth year there is live comedy Thursday / Friday / Saturday/ Sunday nights starting at 8pm. The premises are licensed so you can eat and drink there too. Tickets cost in the region of £12 and should be booked in advance (and there's generally good last-minute availability). http://thecomedystore.co.uk/manchester

Manchester Jewish Museum

190 Cheetham Hill Road, M8 8LW

Manchester Jewish Museum is located in a former Spanish and Portuguese Synagogue. It is the only Jewish Museum outside London and is housed in the oldest surviving synagogue building in Manchester, completed in 1874.

Details: A 50 minute walk from the conference venue or catch the direct bus from the conference venue to Cheetham Hill, journey time is about 20 minutes, cost is £2 single. Open 6 days a week Sunday-Thursday from 10:00 - 16:00 and Friday from 10:00 – 13:00. Admission is £4.50. No need to book.

Additionally, museum volunteers offer the following guided tours which are included in the admission price (so no extra charge). There's no need to book onto a tour in advance, you can just turn up at the times below. The museum recommends calling them on the day of your visit just to ensure a volunteer guide is available – call 0161 834 9879.

Tour 1: Jewish Manchester in 1912: Sweat Shops, Charity and the Titanic

Sunday-Thursday tours at 11:00, 13:00 and 15:00, and every Friday at 11:00. No tours on Saturday.

Tour 2: Faith and the Synagogue (kosher food, festivals and the synagogue itself)

Sunday-Thursday tours at 12:00 and 14:00, and every Friday at 12:00. No tours on Saturdays. https://www.visitmanchester.com/things-to-see-and-do/manchester-jewish-museum-p203171

Chetham's Library

Long Millgate, Manchester M3 1SB

Founded in 1653, Chetham's is the oldest public library in the English-speaking world, and it has been in continuous use since this date. It is housed in a beautiful sandstone building dating from 1421 which was built to accommodate the priests of Manchester's Collegiate Church. The entire collection at Chetham's Library has been designated as one of national and international importance. The Library began acquiring books in 1655, and has been adding to its collections ever since. As well as a fine collection of early printed books, the collections include a wealth of ephemera, manuscript diaries, letters and deeds, prints, paintings and glass lantern slides.

Details: Situated near Victoria Railway station. A 35-minute walk from the conference venue to the library, or catch any bus going to Victoria Station. The Library is open for self-guided tours at set times (10:00, 11:00, 12:00, 13:30, 14:30, 15:30) Monday – Friday. Admission is free but there is a suggested minimum donation of £3. No need to book, just meet at the Long Millgate entrance 5 minutes before tour time.
http://library.chethams.com

The National Football Museum

Urbis Building, Cathedral Gardens, M4 3BG

Located in one of Manchester's most striking modern buildings, the museum is a must for anyone interested in football memorabilia – and there's a huge amount of it spread over 4 levels in a very modern and interactive environment in which to be immersed and to have fun.

Details: A 30 - 35 minute walk from the conference venue. Open 7 days a week from 10:00 – 17:00. Admission is free but there is a suggested donation of £3. If you upgrade to a £6 donation this includes a visitor guide, an opportunity to take your photos with some of the most famous trophies, and a 40 minute guided tour at selected times during the week (daily Monday – Friday at 10:30, 11:30, 12:30, 13:30, 14:30 & 15:30). Weekend tours cost £3.50 and need to be booked either directly at the museum or on eventbrite (link on the museum website).
http://www.nationalfootballmuseum.com

Local Restaurants

Manchester has a great reputation for food and drink.

The Visit Manchester Website has a large list of recommended restaurants that can be accessed via https://www.visitmanchester.com/food-and-drink/restaurants or by scanning the QR code below:

The list is a little too large to print in this book. If you would like any help in accessing the list of local restaurants, please ask at the registration desk.

Conference Discounts

Annies Restaurant

Annies Restaurant have offered 25% off their 'main restaurant food menu' on 4 - 6 July (from 12pm onwards each day). This special offer does not include the afternoon tea menu. This offer is valid to BSG delegates who show their conference badge on arrival. To book in advance or for more information please visit http://anniesmanchester.co.uk/ or scan the QR code:

5 Old Bank Street,
Manchester M2 7PE

Grafene Restaurant

20% off at 2AA Rosette Awarded Grafene, Manchester (when you present your delegate badge). The 2 AA Rosette awarded Grafene, located in Manchester's King Street, offers a stylish-urban setting in which to experience the creative British fine-dining offered by chef, Ben Mounsey.

Celebrated by food critics, the menu is his reflection of modern British life. Showing eccentricity with an eclectic combination of ingredients. Infused with inspiration from his region - and what he feels it means to live in the North West.

55 King Street, Manchester, M2 4LQ 0161 696 9700

www.grafene.co.uk
T/F- @grafenemcr
I- @grafene

*not available in conjunction with other promotions/discounts. Subject to availability.

Brodsky Restaurant

Come to the Brodsky Restaurant, situated in the RNCM for 10% discount on food. Please show your Delegate ID Badge before placing the order with our staff. We are open from 12pm until 4pm for lunch, and on performance nights only in the evening from 5:30pm until 7pm. Please telephone 0161 907 5353/5252 for a reservation.

https://www.rncm.ac.uk/visit-us/food-and-drink/brodsky/

124 Oxford Road,
Manchester, M13 9RD

The Eighth Day Co-op

10% discount on hot food (when you present your delegate badge).
Cafe offering fresh, wholesome and exciting vegetarian and vegan meals.
111 Oxford Road, Manchester, M1 7DU | http://8thday.coop

Invitation to Join BSG

This is an exciting and dynamic time for the British Society of Gerontology. Established nearly fifty years ago, the BSG is a learned society affiliated to the Academy of Social Sciences and a registered charity. The Society was created to increase, disseminate and apply knowledge of the social and behavioural aspects of ageing in human beings by means of research, teaching and education; to support, encourage and raise standards of research, service and teaching in gerontology; and to aid researchers, teachers and practitioners in their professional work. Joining the BSG means joining a vibrant community of academics, researchers, practitioners, policymakers, students, service users and older people. As research, policy and practice communities, we exchange intellectual ideas, share our understandings of the world, inform each other of our research, stimulate and test new ideas, and foster collaboration across a wide range of academic disciplines and professional practices.

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.

Joining the BSG brings you into our growing and active network, and confers several benefits:

- Networking events, conferences and participation in Special Interest Groups
- Member bulletins including news, jobs, events, courses, research opportunities and other items of interest to the gerontological community
- Free online access to leading academic journal Ageing & Society
- Reduced rate print subscriptions to: Ageing & Society, the Journal of Population Ageing and the Canadian Journal on Aging
- Reduced rates at the Annual Conference of the British Society of Gerontology
- Access to the Society's network of social media channels, including our blog Ageing Issues, our YouTube channel Ageing Bites, Twitter @britgerontology & our closed LinkedIn group British Society of Gerontology Members on LI
- Eligibility for prestigious awards including nomination as a Fellow of the Academy of Social Sciences (FAcSS), the annual BSG Outstanding Achievement Award, and for students, the Stirling Prize
- If you are a student, postdoctoral or unwaged member, entitlement to apply for a full conference bursary
- Access to all areas of the BSG website, including 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**
Special membership subscription to the Canadian Journal of Aging	**$25.00**

How to Join – simply visit our website today!
www.britishgerontology.org

British Society of Gerontology

British Society of Gerontology

Welcome Ceremony & Plenary: Inequalities in later life: a priority for research and policy

Chair: Professor Debora Price, MICRA, University of Manchester Manchester, United Kingdom

Time: 14:00 - 15:30
Date: 4th July 2018
Location: Theatre B

649 - Inequalities in later life: a priority for research and policy

Professor James Nazroo
University of Manchester, Manchester, United Kingdom

Abstract

The presence of dramatic inequalities in later life, and their consequences for health and wellbeing, has largely been underplayed, including by those working within social gerontology and health inequalities. This is perhaps a result of two complementary theoretical concerns – that inequalities in later life are a consequence of early life experiences, so research and policy should focus there; and that class and other processes of stratification, at least as traditionally conceptualised, become increasingly irrelevant to understanding inequalities post-retirement, particularly as life courses become increasingly destandardised.

This paper will begin by illustrating the patterning of inequality in later life. It will then investigate the importance of later life contexts and events in shaping inequality through and after the retirement process. In doing so it will examine the extent to which an apparently increasingly destandardised life course continues to reflect stable social structures that shape social and economic inequalities and, consequently, health in later life. Following this, the paper will illustrate how empirical findings in relation to the effects of socioeconomic position on health in later life are best theorised as a product of class processes, borrowing in part from Bourdieu. Other dimensions of inequality, particularly ethnicity and gender, will be briefly discussed and explored in relation to the persistence of underlying drivers of these dimensions of inequality into later life. The paper will conclude with a discussion of the need for a close focus on inequalities in later life in research, policy and practice.

Poster Session / Tea & Coffee Break (Sponsored by Cambridge University Press and Ageing & Society)

Time: 15:30 - 16:30
Date: 4th July 2018
Location: Theatre B Foyer / The Drum

Refer to pages 311-335 for poster abstracts.

Flagship Symposia

Time: 16:30 - 18:00
Date: 4th July 2018
Theatre A: Theories, methods & critical perspectives

Critical Gerontology: Where is it presently, where is it going in the future?

Theatre B: Unequal ageing

Exploring spatial aspects of social exclusion in old age

1.218: Work, retirement & the economy

Changing Life Course Transitions: Towards New Balances Between Work and Retirement?

In chronological order
Underline denotes presenting Author

Flagship Symposium: Critical Gerontology: Where is it presently, where is it going in the future?

Theories, methods & critical perspectives

Time: 16:30 - 18:00
Date: 4th July 2018
Location: Theatre A

W-FS-C1 - Critical Gerontology: Where is it presently, where is it going in the future?

Symposium Abstract

Critical gerontology emerged in the 1980s in the context of crisis affecting the funding of welfare states across Europe and North America, the biomedicalisation of aging, and the development of social and cultural critiques of the discrimination facing groups of older people in capitalist societies. Although initial work was grounded in Marxist and neo-Marxist perspectives, subsequent research broadened to include approaches in sociology and the humanities more generally. Critical gerontology has registered several achievements, including: creating links with feminist perspectives, highlighting the impact of economic and related inequalities (notably through processes of cumulative advantage/disadvantage), exploring the impact of globalisation, and identifying new forms of vulnerability and exclusion. During the 2000s, new debates emerged with regards to representations, lifestyles, and embodiment, illustrated in a variety of work under the heading of 'cultural gerontology'. Yet, not long after, critical perspectives faced fresh challenges following the 2008 economic crash, the social consequences of austerity, and widening social and cultural divisions. Together, these suggested the need to reconsider the theories and methods that underpin critical gerontology. To date, progress has been limited, not helped by what appears to be a retreat from theorising in social gerontology itself. This session engages a number of leading scholars (Calasanti, Twigg, Higgs, Dannefer and Kelly with Grenier as Chair and Phillipson as discussant) in reflecting on the present state of critical gerontology to identify how it might develop in the future and consider the priorities which need to be set.

Chair

Amanda Grenier - McMaster University, Hamilton, Canada

Discussant(s)

Chris Phillipson - University of Manchester, Manchester, United Kingdom

88 - Toni Calasanti - Biography

Toni Calasanti

Virginia Tech, Blacksburg, USA

Abstract

Toni Calasanti, PhD, is Professor of Sociology at Virginia Tech, U.S.A., where she is also a faculty affiliate of both the Center for Gerontology and Women's and Gender Studies. Her research on the intersections of age, gender and social inequalities has appeared in several journals in aging and sociology as well as in the books *Gender, Social Inequalities, and Aging* (2001), *Age Matters: Re-Aligning Feminist Thinking* (2006), and *Nobody's Burden: Lessons from the Great Depression on the Struggle for Old-Age Security* (2011). Recent explorations of the intersectional approach and of age, gender and sexuality appear in *Handbook of Theories of Aging* (2nd ed.) and the *Handbook of Cultural Gerontology*, and lay the foundation for her present research on same-sex partner caregiving.

82 - Julia Twigg - Biography

Julia Twigg

University of Kent, Canterbury, United Kingdom

Abstract

Julia Twigg is Professor of Social Policy and Sociology at the University of Kent, Canterbury, UK. She has written widely on age and embodiment, recently focusing on the role of dress in the material constitution of age. Her earlier work centred on bodywork and care. She is actively engaged in debates around cultural gerontology,

and in 2015 co-edited, with Wendy Martin, *The Routledge Handbook of Cultural Gerontology*. In 2016 she received the BSG's Outstanding Achievement Award.

201 - Paul Higgs - Biography

Paul Higgs

UCL, London, United Kingdom

Abstract

Paul Higgs is Professor of the Sociology of Ageing at UCL in the Faculty of Brain Sciences. He co-authored with Chris Gilleard *Rethinking Old Age: Theorising the Fourth Age* (2015) and *Personhood, Identity and Care in Advanced Old Age* (2016). He is editor of *Social Theory and Health* and has published in both social gerontology and medical sociology. He is currently involved in researching the social effects of dementia through two UK government funded projects MARQUE and PRIDE. He is also a collaborator on the EU funded INDUCT international training network.

203 - Dale Dannefer - Biography

Dale Dannefer

Case Western, Cleveland, USA

Abstract

Dale Dannefer is Professor of Sociology and departmental chair of sociology at Case Western Researve University, Cleveland, USA. His scholarly work is concerned with the links between social dynamics and life course processes. A pioneer in developing cumulative advantage theory as an explanatory life-course framework, he has published more than 90 articles, monographs and chapters in sociology, psychology, human development, education and gerontology. Dannefer's current scholarship focuses on the effects of globalization on life course patterns and the problem of age segregation. Dannefer teaches courses on life course and human development, the sociology of work and education, and social theory. Dannefer has been a research fellow in the Social Control program at Yale University, at the Andrus Gerontology Center at the University of Southern California, and at the Max Planck Institute for Human Development and Education in Berlin.

205 - Jessica A. Kelley - Biography

Jessica Kelley

Case Western, Cleveland, USA

Abstract

Jessica A. Kelley is Professor of Sociology at Case Western Reserve University, Cleveland, USA. She studies the causes and consequences of health disparities over the life course, particularly those related to race, socioeconomic status, and disability. She has expertise in the quantitative analysis of longitudinal and panel data, including latent trajectories and multilevel modelling. Her recent research has focused on: life course influences on later-life functional disparities among Black and White adults; US-England comparisons of health and wealth inequality with age; social influences on the experience of disability; neighborhoods and older adults.

Flagship Symposium: Exploring spatial aspects of social exclusion in old age

Unequal ageing

Time: 16:30 - 18:00
Date: 4th July 2018
Location: Theatre B

W-FS-C2 - Exploring spatial aspects of social exclusion in old age

Symposium Abstract

In recent years, there has been increasing interest and literature on experiences of social exclusion in later life. 'Social exclusion' is typically defined as a multifaceted concept involving exclusion from material resources, basic services, social relations, civic participation, as well as a dimension termed 'neighbourhood exclusion'. This symposium contributes to our understanding of the ways in which neighbourhood exclusion operates in later life, and focusses on the connections between place, urbanisation and social exclusion. Jennifer Prattley, Tine Buffel, Alan Marshall and James Nazroo will present findings from a longitudinal

study examining the dynamics of social exclusion among older people in England, and the way in which these relate to area characteristics, including the degree of urbanisation and neighbourhood deprivation. Sofie Van Regenmortel, An-Sofie Smetcoren and Liesbeth De Donder will focus on the spatial differences and environmental determinants of old-age social exclusion in 80 municipalities in Belgium. Anna Wanka will discuss qualitative findings from a study exploring the 'spatial exclusion' of 'urban outcasts' such as older homeless persons and economically marginalised elders living in Vienna, Austria. Tine Buffel, Samuèle Rémillard-Boilard, Kieran Walsh, Bernard McDonald, An-Sofie Smetcoren and Liesbeth De Donder will present findings from a cross-national study exploring the ways in which 'age-friendly' strategies and policies in Brussels (Belgium), Dublin (Ireland) and Manchester (UK) have responded to issues associated with social exclusion. The symposium will conclude with a discussion about the future of the age-friendly movement led by Manfred Huber from the WHO Regional Office for Europe.

Chair

Tine Buffel - The University of Manchester, Manchester, United Kingdom

Discussant(s)

Manfred Huber - WHO Regional Office for Europe, Copenhagen, Denmark

96 - How do 'age-friendly' cities respond to social exclusion among older people? A comparison between Manchester, Brussels and Dublin

Tine Buffel[1], Samuèle Rémillard-Boilard[1], Kieran Walsh[2], Bernard McDonald[2], An-Sofie Smetcoren[3], Liesbeth De Donder[3]

[1]The University of Manchester, Manchester, United Kingdom. [2]NUI Galway, Galway, Ireland. [3]Vrije Universiteit Brussel, Brussels, Belgium

Abstract

Developing 'Age-Friendly Cities and Communities (AFCC)' has become a key part of policies aimed at improving the quality of life of older people in urban areas. The World Health Organization has been particularly influential in driving the 'Age-Friendly' agenda, notably through its Global Network of AFCC, connecting over 500 cities and communities worldwide. Despite the expansion and achievements of the Network, little is known about the potential and limitations of the age-friendly model to reduce social inequalities and tackle social exclusion in later life. This article addresses this research gap by comparing the ageing strategies in three European cities that are a member of the Global Network of AFCC, with a particular focus on how these have responded to issues associated with old-age exclusion. The presentation examines, first, the origins and goals of the age-friendly approach in Brussels, Dublin and Manchester; second, citywide stakeholders' perspectives on the relationship between the city's ageing strategies and the goal of reducing social exclusion; and third, barriers to developing age-friendly policies. The presentation concludes by discussing the key elements and resources needed for age-friendly cities to be effective in responding to the growth of inequality within and between cities and the impact of economic austerity on ageing policies.

97 - Exploring the spatial differences and determinants in old-age social exclusion: are some municipalities more age-friendly than others?

Sofie Van Regenmortel, An-Sofie Smetcoren, Liesbeth De Donder

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

The environmental perspective is a relevant perspective in studying social aspects of ageing as older people tend to age in place. Research has already pointed to the association between living environment and income, feelings of safety, wellbeing and social participation of older people. It is clear from these studies that the living environment has a role to play in inequalities in later life. The main aim of this study is to explore this further and focus on old-age social exclusion. First, descriptive statistics on the Belgian Ageing Studies data (N = 19,217) in 80 municipalities show that Belgian municipalities differ in the prevalence of different categories of old-age social exclusion. Second, multilevel analyses including both individual and environmental determinants

(objective and subjective) show that individual characteristics such as age, gender, educational level, home ownership, and length of residence, influence one's likelihood to be excluded. Their influence however varies according to old-age social exclusion category. Furthermore, the role of different environmental determinants in old-age social exclusion supports the hypothesis that residents living in resource poor municipalities are more likely to experience old-age social exclusion. Objective indicators (such as average income and crime rate) combined with subjective indicators (such as perceived service provision and busy traffic) show to significantly increase old-age social exclusion. The discussion emphasises the role of coordinated action on both the local and national level in combating old-age social exclusion and highlights that age-friendly programmes could be enhanced or developed to tackle old-age social exclusion.

116 - Urban outsiders: the complexity of spatial exclusion

Anna Wanka

Goethe-University Frankfurt, Frankfurt on the Main, Germany

Abstract

Environmental gerontology is concerned with the relationship between to residential environment and the quality of life of older adults in various dimensions, and its results have been widely taken up by political stakeholders (cf. WHO, 2007). But even though there is a consensus that the environment should function as a resource, not a barrier, there is no clear definition of spatial exclusion in later life.

This paper tries to challenge the assumption that older residents are mere victims of their environments whose exclusion must be tackled top-down. It does so by discussing qualitative case studies of older adults living in Vienna. The presented cases might be considered as urban outcasts (Wacquant, 2007): older homeless persons, alcoholics, economically marginalised persons or older persons with mental disorders.

Results show how complex the relationship between older adults and their socio-spatial environment are: People might be socio-economically disadvantaged, but very much integrated into their neighbourhoods; they might be at risk of losing access to certain places, but they are also able to reclaim such places by taking collective action. Finally, the paper discusses how such potentials might be translated into political considerations of age-friendly cities.

180 - Individual and area influences on the development of social exclusion among urban elders

Jennifer Prattley[1], Tine Buffel[1], James Nazroo[1], Alan Marshall[2]

[1]The University of Manchester, Manchester, United Kingdom.
[2]The University of Edinburgh, Edinburgh, United Kingdom

Abstract

Social exclusion in later life is associated with decreased quality of life and poorer health outcomes. Reducing the number of people at risk of exclusion is a key theme in social policy but there is limited understanding of the relationship between neighbourhood characteristics, area deprivation and the level and development of social exclusion amongst older urban dwellers. Multilevel growth curve models for predicting exclusion are fitted to seven waves of data from the English Longitudinal Study of Ageing. Repeated observations of an individual's health, socioeconomic status and wealth are considered along with measures of neighbourhood and area deprivation. This multilevel structure has not previously been applied to studies of social exclusion in the United Kingdom and allows for the investigation of causal mechanisms linking area deprivation and exclusion. This research contributes new insight into the development and predictors of exclusion pathways across diverse groups of elders in urban environments.

In chronological order
Underline denotes presenting Author

Flagship Symposium: Changing Life Course Transitions: Towards New Balances Between Work and Retirement?

Work, retirement & the economy

Time: 16:30 - 18:00
Date: 4th July 2018
Location: 1.218

W-FS-C3 - Changing life course transitions: Towards new balances between work and retirement?

Symposium Abstract

Life expectancy is positively correlated with social class - social inequalities shape life expectancy. Increasing average life expectancy and expectations of significant strains on pension systems have resulted in “active ageing” and “solidarity between generations” policies in many countries, with the emphasis placed on “extending working life”. This is presented as convenient for employers and employees, given financial and labour market pressures facing both sides. In the U.K. and Germany, as in most western European countries, raising the state pension age has been adopted as a major strategy to reduce the expected pension burden. Hence it follows that existing social inequalities will be exacerbated. Reduced pension levels and increasing insecurities concerning individual pension income are further contributing to a widening gap between low and high-income strata. Alternative policies rarely discussed. The aim of the Symposium is to review developments affecting older workers in Germany and the UK, drawing on a range of empirical and theoretical studies.

Simone Scherger (Bremen) reports findings on work beyond pension age and individual as well as structural factors which shape the phenomenon in Germany and the UK. Sarah Vickerstaff (Kent) provides evidence of a high degree of uncertainty and ambivalence among workers and managers regarding the desirability and feasibility of extending working life. David Lain (Newcastle) questions the idea of flexible work endings and gradual retirement as means for extending working lives. Finally, Harald Künemund (Vechta) widens the scope for designing growth friendly social security systems by discussing alternative life course scenarios.

Chair

Harald Künemund - University of Vechta, Institute of Gerontology, Vechta, Germany

Discussant(s)

Hans-Joachim von Kondratowith - University of Vechta, Institute of Gerontology, Vechta, Germany

72 - Life Expectancy, Retirement Age and Social Inequalities: Options for the Institutionalized Life Course

Harald Künemund

University of Vechta, Institute of Gerontology, Vechta, Germany

Abstract

The institutionalized tripartition of the (male) life course has been interpreted as a process accompanying the “Freisetzung” of individuals (Kohli), replacing external with internal control (as for example Elias and Foucault have argued), and compensating this historical process of individualization by providing social institutions (in the way that Gehlen and Schelsky used the term). Moving further in that direction, namely releasing individuals from the strict norms of an institutionalized life course, could therefore be interpreted as a continuation of this historical process of individualization. However, individualization and flexibilization of the life course most probably exacerbate existing social inequalities. A number of alternative life course scenarios are briefly reviewed and a scenario that increases mean productivity of the (ageing) workforce and that reduces social inequalities at the same time is presented – a redistribution of education, work, and retirement phases in the life course. Discussing such alternatives widens the scope for designing growth friendly social security systems that help to reduce existing social inequalities and alleviate poverty in old age.

73 - Towards New Balances Between Work and Retirement: The Employer Role

Sarah Vickerstaff[1], David Wainwright[2], Andrew Weyman[2]

[1]University of Kent, Canterbury, United Kingdom. [2]University of Bath, Bath, United Kingdom

Abstract

Increasing longevity and the strain on state and occupational pensions have brought into question long held assumptions about the age of retirement, and raised the prospect of a workplace populated by ageing workers. In the United Kingdom the default retirement age has gone, incremental increases in state pension age are being implemented, and ageism has been added to workplace anti-discrimination laws. These changes are yet to bring about the anticipated transformation in workplace demographics, but it is coming, making it timely to ask if the workplace is ready for the ageing worker and how the extension of working life will be managed.

We report findings from qualitative case studies of five large organisations located in the United Kingdom. Interviews and focus groups were conducted with employees, line managers, occupational health staff and human resource managers. Our findings reveal a high degree of uncertainty and ambivalence among workers and managers regarding the desirability and feasibility of extending working life; wide variations in how older workers are managed within workplaces and a gap between policies and practices. We conclude that in a liberal welfare state such as the UK the onus is on employers to deliver extended working lives and that there are significant challenges facing employers and policy-makers in making the modern workplace fit for the ageing worker.

84 - Employment beyond pension age: Causes and consequences of prolonged transitions between main career and complete retirement

Simone Scherger

SOCIUM, University of Bremen, Bremen, Germany

Abstract

The increasing trend towards paid employment beyond pension age in many European and other Western countries challenges traditional notions of retirement, meaning both the retirement phase itself and the (clear-cut) transition to this phase. The trend raises both hope and fears, as it chimes with the aim to prolong working lives for the supposed good of all, as well as with the apprehension that the social achievement of a work-free retirement will become the privilege of a few. Drawing on a project comparing Germany and the UK (and selectively on evidence from other countries), the presentation will report findings with regard to the question of who is likely to work beyond pension age, in which constellations this is done, and which individual as well as structural factors shape this probability. Individual and social implications of paid work beyond pension age will be discussed from a social policy perspective and relating to the issue of inequalities in old age.

Literature: Scherger, Simone (Ed.) (2015). Paid work beyond pension age. Comparative perspectives. Basingstoke: Palgrave Macmillan (especially chapter 1).

182 - Late careers in England: gradual paths to retirement or continued gender roles?

David Lain[1], Mariska van der Horst[2], Sarah Vickerstaff[3], Charlotte Clark[4], Ben Baumberg Geiger[3]

[1]Newcastle University, Newcastle, United Kingdom. [2]Vrije Universiteit, Amsterdam, Netherlands. [3]University of Kent, Canterbury, United Kingdom. [4]Queen Mary University of London, London, United Kingdom

Abstract

With state pension ages rising rapidly, the UK government is promoting the idea of more "gradual" transitions into retirement as a key means for extending working lives. This would involve movements from full-time employment to part-time work to retirement. Pointing to *relatively* high rates of part-time employment among older workers, it has previously been argued that this trend is already underway. Part-time employment in older age may, however, be largely due to women working part-time *before* older age, as per a U.K. "modified male breadwinner" model. This article therefore separately examines the extent to which men and women make transitions into part-time work in older age, and whether such transitions are influenced by marital status. Following older men and women over a 10-year period using the English Longitudinal Study of Ageing, this article presents sequence, cluster, and multinomial logistic regression analyses. Little evidence is found for people moving into part-time work in older age. Typically, women did not work at all or they worked part-time (with some remaining in part-time work and some retiring/exiting from this activity). Consistent with a "modified male breadwinner" logic, marriage was positively related to the likelihood of women belonging to typically "female employment pathway clusters," which mostly consist of part-time work or not being employed. Men were mostly working full-time regardless of marital status. Attempts to extend working lives among older women are therefore likely to be complicated by the influence of traditional gender roles on employment.

Parallel Session 1 (P1)

Time: 9:00 - 10:30
Date: 5th July 2018

Symposium: Psychosocial Interventions to Improve Outcomes in Parkinsonian Dementias

Health & social care practices & contexts

Time: 9:00 - 10:30
Date: 5th July 2018
Location: Theatre A

T-P1-C1 - Psychosocial Interventions to Improve Outcomes in Parkinsonian Dementias

Symposium Abstract

Treatment for people with Parkinson's disease with mild cognitive impairment or dementia, and dementia with Lewy bodies is generally limited to pharmacological approaches. There may, however, be a role for non-pharmacological therapies. Evidence suggests that psychosocial interventions improve outcomes such as cognition, quality of life and care partner burden in this group of people.

Cognitive stimulation therapy for Parkinsonian dementias (CST-PD) has recently been developed and feasibility tested in a single-blind randomised controlled trial (RCT), with an embedded exploratory component. Preliminary findings suggest the therapy is acceptable and tolerable, however, we have observed that subtle fluctuations in mood, apathy and motivation are not being captured by the standard outcome measures. These fluctuations can be captured through electronic devices such as wearables and smartphones. Novel approaches can rely on these data sources to infer continuous markers and build a detailed model of symptoms' fluctuations that might be correlated with therapeutic effects.

In this symposium we will describe the development of CST-PD and report initial findings from the recent RCT. We will then discuss the use of continuous markers to address the challenges associated with traditional assessment methods in Parkinson's disease. In our third presentation, we will consider the role of the care partner in Parkinsonian dementia-related outcomes and the responsiveness of psychosocial therapies. To conclude, we will share the lessons we have learned from the INVEST study, and present novel ways to quantify the user experience in Parkinson's disease dementia so that therapies can be designed to meet users' needs.

Chair

Judith Bek - University of Manchester, Manchester, United Kingdom

252 - A Psychosocial Intervention to Improve Outcomes in Parkinsonian Dementias

Iracema Leroi

University of Manchester, Manchester Health Alliance Science Centre, Manchester, United Kingdom. Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

Abstract

Treatment for people with Parkinson's disease with mild cognitive impairment (MCI-PD) or dementia (PDD), and dementia with Lewy bodies (DLB) is generally limited to pharmacological approaches. Thus, there may be a role for non-pharmacological therapies. Evidence suggests that psychosocial interventions improve outcomes such as cognition, quality of life and care partner burden in this population. Here, we describe the development of a cognitive stimulation intervention, specifically adapted for Parkinsonian dementias (CST-PD), and report the initial findings of a randomised controlled trial (RCT) of the intervention. The intervention was adapted using an iterative process involving a literature review and consultations with patient and care partners, and stakeholders. The adapted intervention was then evaluated in a single-blind RCT with an embedded feasibility and exploratory component. The intervention was either 'treatment as usual' or CST-PD (30-minute

partner-delivered sessions, two to three times per week over 10 weeks), delivered by trained care partners. Results revealed that the intervention was well tolerated, and the study was feasible and safe. Important trends and qualitative findings favoured CST-PD over control. In conclusion, this study has provided rich data to drive necessary modifications to the intervention, trial design and choice of outcomes to inform a definitive RCT.

This abstract presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0613-31058). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

452 - Real time monitoring of symptoms in Parkinson's

Ellen Poliakoff[1], Julio Vega[1], Samuel Couth[1], Sonia Kotz[2], Caroline Jay[1], Simon Harper[1]

[1]University of Manchester, Manchester, United Kingdom. [2]Maastrict University, Maastrict, Netherlands

Abstract

Typical methods for capturing symptoms in Parkinson's and measuring the outcomes of interventions use either (i) snap-shot clinical measurement or scales completed on a particular day (e.g. every 6 months); or (ii) self-report measures that rely on patients (or their carers) to accurately remember and report symptoms over several days, weeks or months. Since many people with Parkinson's experience significant day-to-day fluctuations in their condition, these typical methods are likely to miss important information. Using lap-top based tests conducted within participants' homes, we were able to show day-to-day fluctuations in motor, cognitive and emotional measures over a 30 day period in people with Parkinson's, as well as individual differences in the type and severity of symptoms. We are working to develop a technological solution to unobtrusively monitor everyday behaviours, from which we can infer changes in a person's condition; a digital biomarker. We are collecting inertial, location, environmental, usage (e.g. calls and apps) and interaction (proximity to other devices) data 24/7 from smartphones used by people with mild to moderate Parkinson's (N=9; Hoen & Yahr 1-2, mean (SD) age 64±7.1). We are examining longitudinal changes, as well as those occurring between days. We will present preliminary data linking the smartphone measures to daily self-report ratings of symptom severity and to regular clinical (e.g. the Unified Parkinson's Disease Rating Scale) and cognitive measurements (e.g. digit span). We will also discuss the application of this approach to people with Parkinson's and dementia, reducing the burden on the patient and their carer.

426 - The role of the care partner in Parkinson's-related dementia outcomes

Sabina Vatter

University of Manchester, Manchester, United Kingdom. Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

Abstract

The INVEST study recently evaluated a novel, home-based companion-guided Cognitive Stimulation Therapy with people with Parkinson's-related dementia and their study partners (CST-PD). Including care partners as study companions in non-pharmacological interventions is often seen as a cost-effective method of delivering health interventions; however, little is known about how contextual micro-level factors, for example the dyadic relationship and level of companion burden, affect the implementation of the therapy and its potential to bring about desired outcomes.

People with a diagnosis of Parkinson's-related dementia can experience motor and non-motor symptoms which require assistance and support from care partners, a role that is frequently fulfilled by spouses and adult children. Care partners provide help and support with everyday activities, personal care, disease management and attending specialist appointments, yet this can significantly contribute to burden, distress, depression and poorer quality of life for care partners, leading to negative repercussions for both individuals. On the other hand, receiving social support and learning efficient coping strategies may reduce the negative consequences of care provision and increase care partners' resilience and positive feelings, which could be of benefit to both members of the dyad.

This study highlights the impact of Parkinson's-related dementia on care partners and how, in turn, this may affect outcomes when care partners are involved in delivering home-based interventions.

250 - Are psychosocial interventions acceptable to people with Parkinsonian dementias? Moving the field forward.

Sheree McCormick

University of Manchester, Manchester Health Alliance Science Centre, Manchester, United Kingdom

Abstract

Current methods to evaluate key parameters such as acceptability, usability and meaningfulness of healthcare interventions for people with dementia are limited. Consideration of how to evaluate these factors is particularly important in the context of dementia since people may be less able to express their needs. These issues need to be carefully addressed prior to efficacy testing using standard methods in health care, such as randomised controlled trials (RCTs).

User-centred design (UCD) is one approach that can ensure that interventions meet the needs and capabilities of the person with dementia. Interventions that are user-centred help people achieve the most appropriate outcomes, improve adherence to the intervention, and are more cost-effective through the reduction in time and money spent on resolving problems. For types of dementias with particular challenges, such as the Lewy body spectrum disorders, which present with complex behavioural, cognitive, communication and physical challenges, a UCD approach can play an important role.

Principles of UCD were adopted in the development of a novel psychosocial intervention to improve outcomes for dementia related to Lewy body spectrum disorders (CST-PD). Here, we outline how workshops, surveys, observations, and semi-structured interviews were conducted with participants, researchers, clinicians, as well as those who chose not to engage in the intervention, to gather diverse perspectives on usability, acceptability and adherence. We will also describe how personas and journey mapping were used to generate solutions to identified problems. This study showcases the opportunities for design scholarship to improve the overall experience of psychosocial interventions in dementia.

Symposium: Measuring the Outcomes of Care Homes

Health & social care practices & contexts

Time: 9:00 - 10:30
Date: 5th July 2018
Location: Theatre B

T-P1-C2 - Measuring the Outcomes of Care Homes

Symposium Abstract

There is significant policy emphasis on outcome measurement across health and social care to support service evaluation and planning. Quality of life outcomes are considered an important indicator of service quality in both national outcomes frameworks and the care regulator's standards. In this session we present four linked papers from an NIHR School for Social Care funded research study *Measuring the Outcomes of Care Homes* (MOOCH). Together these papers tackle a range of issues relevant to researchers, practitioners and policy makers with an interest in care homes for older people. Paper one gives an overview of the strategies used to successfully recruit 34 homes and 293 care home residents, approximately half of whom had dementia, and reports managers' own motivations for taking part in the research. Paper two presents the findings of a multi-level model exploring the relationship between residents' care-related quality of life outcomes and the star quality ratings awarded by CQC, and discusses the implications for service users and their families when choosing a home. Paper three, explores the relationship between care staff's attitudes towards ageing and residents' quality of life and the implications of these findings for practice. Finally, recognising that care homes impact on people's lives 24 hours

a day, seven days a week, paper four raises the question of *when* data is collected in care homes. Data collected on the evenings and weekends is compared to data collected during 'office hours' and the implications for future research discussed.

Chair

Ann-Marie Towers - University of Kent, Canterbury, United Kingdom

193 - Engaging Care Home Managers in Research

Grace Collins, Ann-Marie Towers, Nick Smith, Sinead Palmer, Jacinta Babaian

University of Kent, Canterbury, United Kingdom

Abstract

The challenges of engaging care homes in health and social care research is well reported (Bower et al., 2009; Patel et al., 2003). Managers and owners have competing pressures on their time (e.g. providing high quality and compassionate care, recruiting and retaining staff, complying with the requirements of the regulator, commissioners and their own auditing systems, liaising with family members and supporting informal carers). It is understandable that under these conditions, research is not always a priority. Mechanisms are being set up in the UK to help care homes become 'research ready' and guidelines for best practice are becoming available to facilitate engagement as much as possible (ENRICH website/reports). However, recruitment remains a significant challenge for many studies (Bower et al., 2009).

Since 2015, the Measuring Outcomes in Care Homes Study (MOOCH) has successfully recruited 34 care homes (including nursing homes) and 293 residents, including those lacking the capacity to consent. The project faced numerous challenges early on, including local authority partners withdrawing from the research due to restructuring within their organisation. This paper shares our learning, reflecting on which strategies worked and which did not (and why), including; research ready homes, partnership working, payment to care homes, presenting at provider events, having support from CQC and local commissioning teams and providing care homes with feedback reports. We will also present the results from our care home manager debrief interviews, where managers were asked their motivations for taking part in the study and their experiences of being research participants.

191 - Exploring the relationship between CQC star ratings and care home residents' quality of life.

Ann-Marie Towers, Sinead Palmer, Nick Smith, Grace Collins

University of Kent, Canterbury, United Kingdom

Abstract

Quality of life outcomes are considered an important indicator of service quality in both national outcomes frameworks and the care regulator's standards. Previous research, conducted under the previous care regulator, the Commission for Social Care Inspection (CSCI), indicated a significant positive relationship for residential but not nursing homes (Netten et al, 2012). However, the degree to which the new CQC quality ratings reflect residents' quality of life outcomes is unknown.

We collected data about 293 care home residents' quality of life outcomes, using the Adult Social Care Outcomes Toolkit (ASCOT). The mean age of residents in our sample was 85 years old and approximately 50% had a diagnosis of dementia. Just over half of the residents in our sample were self-funding or topping up, with the remainder being wholly publicly funded. Fourteen residential and 20 nursing homes in the South East of England took part in the study. Although they represented a mix of providers, the majority were not-for-profit. This paper will present the results of a significant multi-level model investigating the relationship between residents' quality of life outcomes and the new CQC star ratings, controlling for resident and home characteristics. Given that consultations with members of the public have suggested that prospective care home residents and their families would value an indicator of residents' quality of life when choosing a care home (Trigg et al, 2013), the implications for user choice are discussed.

168 - Ageism in care home staff: Do staff attitudes towards ageing affect the quality of life of care home residents?

Sinead Palmer, Ann-Marie Towers, Hannah Swift, Dominic Abrams, Nick Smith, Grace Collins

University of Kent, Canterbury, United Kingdom

Abstract

A report by the Centre for Policy on Ageing found ageism to be prevalent in health and social care, both in terms of the structure of services, as well as the attitudes and behaviours of professionals (CPA, 2009). Within a care home setting, where residents are reliant on staff for many aspects of their lives, there is a risk that resident quality of life could be affected by ageist attitudes held by the people who care for them. There is empirical evidence to support this, as exposure to ageism can increase loneliness (Coudin & Aleopoulos, 2010) and reduce the will to live (Marques et al., 2015) in older people in care.

This paper will report findings from a study carried out across 23 care homes, which collected data on both staff attitudes towards ageing and the Social Care Related Quality of Life (SCRQoL) of the residents. The aims were two-fold: to identify which factors were associated with staff attitudes, and to look at the impact these attitudes had on resident SCRQoL. Multiple regression analysis revealed that contact with care home residents played a key role in determining attitudes; more frequent reported instances of negative contact was associated with more stereotyping, whereas positive contact was related to lower ageing anxiety. Multilevel analysis found evidence that residents had poorer SCRQoL in homes where staff felt more anxious about their own ageing. The paper ends by discussing the implications of these findings on practice.

189 - Quality of life in older adult care homes at weekends and evenings

Nick Smith, Ann-Marie Towers, Sinead Palmer, Grace Collins

PSSRU, The University of Kent, Canterbury, United Kingdom

Abstract

Older adult residential and nursing homes provide support to their residents twenty-four hours a day, seven days a week. Traditionally, however, research and regulatory inspections have tended to occur between nine and five-thirty, Monday to Friday. Consequently, what we know about the lives of those who reside in older adult care homes is informed primarily by investigation that takes place in what we might call 'office hours'. This presentation shares the findings of a stream of work within the MOOCH project which looked at the quality of life experienced by residents in older adult homes at weekends and in the evenings. The main focus of this stream was to compare quality of life experienced during these times with quality of life experienced during 'office hours'. This work used the mixed methods version of the Adult Social Outcomes Toolkit (ASCOT) and collected outcomes data gathered during evenings and weekends on a hundred residents, who had also participated in the main study. As well as exploring differences in overall quality life and differences in specific areas of residents' lives, the presentation will consider some of the methodological challenges of collecting data outside of 'office hours', before ending with concluding remarks about what considering quality of life outside of 'office hours' brings to our understanding of the lived experience of those residing in older adult care home.

In chronological order
Underline denotes presenting Author

Care transitions

Health & social care practices & contexts

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 1.218

30 - Residents' and family members' perspectives on shift handover in care homes for older people

Katharine Orellana[1], Caroline Norrie[1], Jill Manthorpe[1], Jo Moriarty[1], Valerie Lipman[1], Rekha Elaswarapu[2]

[1]King's College London, London, United Kingdom. [2]Independent Consultant, London, United Kingdom

Abstract

Quality of care in residential homes for older people is currently an important issue in the media and for policy makers, and consideration of how shift handovers are conducted in care homes is part of this debate. However, the abundance of literature on handovers in hospitals and healthcare settings is not replicated in the care home sector which is surprising given the substantial time taken up in handovers and the interest taken in handovers by the Care Quality Commission.

Complementing our previous study of staff perspectives of the content, purpose and effectiveness of handovers, this study investigated care home residents' and their visiting relatives' views and experiences of handovers in care homes for older people. Without exploring residents' and relatives' views and observing handovers from the residents' 'eyes', a full picture of them cannot be built.

The study consists of a literature review and qualitative research undertaken in five English care homes of different types. Residents were asked for their views about handovers at the start and end of shifts and how they felt about what happened. Relatives' awareness of handover practice was explored and they, too, were asked about their views on shift handovers and how they thought these affected their resident family members. We also observed residents during handovers to discover what can be learnt from seeing their reactions and interactions, and how these could add to the understandings of the home's culture and working practices.

This presentation shares emerging findings and the ethical and practical challenges faced.

537 - Partners At Care Transitions? A qualitative study exploring the experience of older people transitioning from hospital to home.

Natasha Hardicre[7], Rosemary Shannon[1], Lesley Hughes[1], Jenni Murray[1], Rebecca Lawton[2],[1]

[1]Bradford Institute for Health Research, Bradford, United Kingdom. [2]University of Leeds, Leeds, United Kingdom

Abstract

Reduced patient stays means 'discharge' from hospital is often a stage in a highly variable and complex transitions process, and one that is contingent upon several factors, including service provision, resource capacity, and knowledge transfer within and between multiple teams. The patient, as the only constant presence throughout the care journey, has the potential to positively contribute to key aspects of the process, e.g. enabling knowledge transfer between providers.

We report the findings of a longitudinal focused-ethnography undertaken with 32 adult patients aged 75+, in order to explore the transitions process from the older patient's perspective. Participants were recruited from various wards upon admission and followed up on multiple occasions from discharge, to three months post-discharge.

Interestingly, people *reported* positive overall experiences. However, hospital environments and standard care processes often had negative impacts on people's sense of autonomy and ability to do things upon returning home. Gaining information was also challenging and often relied on active carer involvement; moreover, written information was often second-hand, thereby minimising its utility to patients and carers. This was especially true regarding medicines, resulting in poor understanding and consequently unintentional 'non-compliance' at home. Sudden discharges, coupled with lack of receipt back

into community services, also led to uncertainty about who was now responsible for their care. Unfortunately, these factors were barriers to involvement, resulting in limited patient influence. We will propose ideas to promote patient involvement in ways acceptable to older people, enabling them to partner with professionals and contribute to the transitions process.

186 - 'Choosing' or 'Being Managed': Using social constructivist grounded theory to explore the transition of older people and their carers to a hospice day service.

Fiona Wilson, Clare Gardiner

University of Sheffield, Sheffield, United Kingdom

Abstract

'Choice' is foregrounded as a key objective within UK palliative and end of life care policy from the 'End of Life Care Strategy' (Department of Health, 2008) to the 'Review of Choice' (Choice in End of Life Care Programme Board, 2015). There is growing evidence however, that despite a choice agenda, older people experience challenges when accessing palliative care services.

This study aimed to explore experiences of accessing a UK hospice day unit using a social constructivist grounded theory approach.

Semi structured interviews using a Pictor approach were conducted with older people (n=8 over 60 years) and carers (n=6) who attended a hospice day unit. Hospice and referring staff took part in ten semi structured interviews and two focus groups (n=3, n=7). Interviews were analysed using an iterative process of memoing and coding.

The overarching theme of 'transition and transience' captured patient, carer and staff perspectives around referral and suggests that accessing hospice care is a symbolic transition to 'becoming terminal' which is experienced as an uncertain and transient 'journey'. Staff perceptions of need and resource availability, as well mixed understandings by patients, carers and staff of what hospice services offer informed referral processes. This contributed to a 'managed' approach to choice, with the potential to undermine and overlook the priorities of older people and their carers.

Greater transparency around referral processes, and a review of palliative care services for older people is required to ensure that care is equitable and meets the needs of older people and their carers.

536 - The State Change Model of Involvement: a new way of conceptualising older people's involvement in their own care.

Natasha Hardicre[1], Jenni Murray[1], Yvonne Birks[2], Jane O'Hara[1,3], Rebecca Lawton[3,1]

[1]Bradford Institute for Health Research, Bradford, United Kingdom. [2]University of York, York, United Kingdom. [3]University of Leeds, Leeds, United Kingdom

Abstract

To date, two narratives have dominated how patient involvement in their care has been conceptualised: self-management and shared-decision-making in treatment options. However, there is limited understanding about how people *enact* their involvement throughout their care journey, especially when this includes multiple care providers and locations, rather than the day to management of a long-term condition (self-management) or decisions about a particular treatment (shared-decision-making). Our work sought to explore how older people transitioning from hospital to home enact involvement, as they represent a vulnerable group for whom involvement might be particularly challenging.

Using qualitative studies, identified systematically, we extracted findings associated with involvement, initially coding deductively against an existing framework. However, when this failed to capture the nuances of involvement we began inductively coding; a new conceptual model emerged.

We identified four types (non-involvement; information acting; challenging and chasing; and autonomous acting) and 12 sub-types of 'involvement work' that patients engage in. Importantly, involvement work is not only about decision-making, but about ways of being (someone's disposition) and ways of acting (their behaviour). Within the model, each type/

sub-type represents a state of involvement, inhabited by people at various times. We argue that involvement should be (re)conceptualised as a dynamic, rather than a static, process, changing over time and mediated by contextual factors; a crucial mediator being a health professional's response to the 'involvement work' that patients do. We offer ideas about how this re-conceptualisation could inform practice and new ways of promoting involvement of older people in their care.

Health and social care systems (frailty)

Health & social care practices & contexts

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 1.219

259 - RemoAge: support for frail older people in remote and rural areas in Europe

Louise McCabe, Alison Bowes, Alison Dawson

University of Stirling, Stirling, United Kingdom

Abstract

The paper presents the findings from an evaluation of a three year project to improve support to frail older people living in remote and rural areas in Europe through innovative care solutions, many involving the use of ICT. The project involved fieldsites in remote regions of Norway, Sweden and Scotland including 11 municipalities in the region of Norbotten in Sweden, Tromso and an adjacent municipality in Norway, and the Shetland Islands and the Western Isles in Scotland. The evaluation presented here draws together primary data collected by the research team through interviews and focus groups along with data collected in the individual fieldsites by local staff working in each area. A range of new services and interventions were implemented many incorporating ICT devices such as tablet computers and GPS tracking devices. Technology was found to enhance care delivery in a number of ways, for example, it was key in enhancing communication between different stakeholders including older people and their carers and promoting collaboration within multidisciplinary teams. The project further supported transnational learning with fieldsites providing support and sharing ideas with each other. The project demonstrates the potential of innovative care solutions to improve quality of life for older people and enhance staff experiences in remote and rural areas and the benefits of working cross-nationally to achieve this.

228 - "Intense vulnerability is not a good bargaining position": risks and responsibilities in self-funded care

Mo Ray[1], Lizzie Ward[2], Denise Tanner[3]

[1]University of Lincoln, Lincoln, United Kingdom. [2]University of Brighton, Brighton, United Kingdom. [3]University of Birmingham, Birmingham, United Kingdom

Abstract

The organisation, delivery and funding of social care in England has been transformed over the last two decades. As marketisation of publicly funded care has intensified, social care is now predicated on notions of consumer choice, individual responsibility and market-based principles of service delivery. Since 2010, this has coincided with central government's ideological commitment to 'austerity' as a response to the financial crisis, entailing large-scale funding cuts to local government, which still maintains a degree of statutory responsibility for social care. For older people who need social care, in either their own home or residential accommodation, the eligibility threshold for statutory care and support is so high that increasing numbers of older people are expected to find, manage and fund their own care through a growing private care market. Older people are often faced with finding and managing care at times of change and crisis, without access to reliable information and support. This generates potential risks to their health and wellbeing through poor purchasing decisions, their care needs not being adequately met and/or exploitation or abuse from agencies whose prime concern may be profit and survival. Negotiating and managing business relationships can be challenging for people who are vulnerable or have complex needs, who need to feel trust and confidence in care providers. Drawing on empirical

research, this paper explores how care ethics can assist understanding of the relationship between risk and responsibility in the context of policy orthodoxy that prioritises market principles and individual responsibility.

289 - Lay and professional understandings of integrated care for older people with frailty

Euan Sadler, Nick Sevdalis, Jane Sandall

King's College London, London, United Kingdom

Abstract

Older people with frailty commonly have complex health and social care needs but are likely to receive less coordinated care and fragmented service provision. Integrated care is a proposed solution to address this, but how integrated care is understood by different stakeholders has been little addressed. We examined lay and professional understandings of integrated care for older people with frailty. Interviews were conducted with 10 older people with frailty, 4 carers and 17 providers of integrated care in South London, UK. A thematic analysis approach was used to identify emerging themes. Older people with frailty and their carers understood integrated care as timely access and coordination of health and social care and continuity of care with a professional who knew them and could trust. Providers understood integrated care as collaborative partnership working between different care providers and sectors, placing the older person at the centre of care planning, multidisciplinary team assessment and management of holistic needs and complexity, and integrated patient care record systems. Outcomes important for older people included improved confidence accessing services, quality of life and independence in daily activities. Providers also emphasised outcomes defined by the older person, improved coordination of care, provider satisfaction, and reduced health and social care utilisation and costs. Thus, similarities and differences in lay and professional understandings of integrated care for older people with frailty were evident. Greater attention needs to be given to privileging the voices of older people with frailty and carers in the co-design and implementation of integrated care.

85 - Understanding frailty: a qualitative study of European healthcare policy-makers' approaches to frailty screening and management

Holly Gwyther[1], Rachel Shaw[1], Eva-Amparo Jaime Dauden[2], Barbara D'Avanzo[3], Donata Kurpas[4], Maria Bujnowska-Fedak[4], Tomasz Kujawa[4], Maura Marcucci[5], Antonio Cano[2], Carol Holland[6]

[1]Aston University, Birmingham, United Kingdom. [2]University of Valencia, Valencia, Spain. [3]Istituto di Ricerche Farmacologiche Mario Negri, Milan, Italy. [4]Wroclaw Medical University, Wroclaw, Poland. [5]McMaster University, Hamilton, Canada. [6]Lancaster University, Lancaster, United Kingdom

Abstract

The aim of this study was to elicit European healthcare policy-makers' views about frailty management strategies. We interviewed seven policy-makers representing the European Union (n=2), UK (n=2), Italy, Spain and Poland. Participants were required to be in an active healthcare policy or decision-making role. Thematic analysis revealed seven themes. We determined a 'knowledge gap', around frailty and *awareness of the malleability of frailty*, which has resulted in restricted *ownership of frailty* by specialists. Policy-makers emphasised the need to recognise frailty as a clinical syndrome but stressed that it should be managed via an integrated and interdisciplinary response to chronicity and ageing, that is, through social co-production. This would require a *culture shift in care* with redeployment of existing resources to deliver intervention services. Policy-makers proposed *barriers to a culture shift*, specifying a need to be innovative with solutions to empower older adults to optimise their health and well-being, while still engaging in the social environment. *Cultural acceptance of an integrated care system* described the complexities of institutional change management, as well as issues relating to democratic working, while in *signposting adult care*, the need for a personal navigator to help older adults to access appropriate services was proposed. Policy-makers believed that *screening for frailty* could be effective. We conclude that there is potential for frailty to be managed in a more integrated and person-centred manner but most importantly, we

need to develop a common understanding of its malleability, as well as consistency in how and when it is measured.

251 - Vitality in spite of Frailty – a Study of Dutch people aged 75+

Sophie Bouwens, Marleen Mares, Louis Neven

Avans University of Applied Sciences, Breda, Netherlands

Abstract

Old age is often seen as a phase in life characterised by dependency, decline and loss of agency. This view has been criticised by pointing at the diversity of experiences elderly people and their ability to maintain agency, dignity and identity (Lloyd et al., 2014). In our research we have interviewed 32 people aged 75+, whose self-reported vitality is high. Starting from the concept of positive health (Huber, et al., 2011) and vitality (Strijk et al., 2015), we've asked them how they define vital ageing, what they think has contributed to their vitality and what their daily life is like. After the interview we filled out the Tilburg Frailty Indicator (TFI) (Gobbens et al., 2010). Strikingly, seven participants scored as frail. Nine other interviewees suffered of disease and chronic disorders. Often vitality and frailty are seen as opposites, but our research shows self-reported vitality and frailty can also co-exist (e.g. Grenier 2006). The concept of positive health, as the ability to adapt and self-manage in the face of social, physical and emotional challenges (Huber, et al., 2011) is used to understand this paradox. It shows that there need not be a dichotomy between frailty and vitality. However, despite experiencing a sense of vitality, our participants also need a supporting social infrastructure for maintaining this.

Symposium: Ageism in an Ageing World: New Perspectives and Investigations

Unequal ageing

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 2.218

T-P1-C5 - Ageism in an Ageing World: New Perspectives and Investigations

Symposium Abstract

There has been growing recognition in ageing research around the diversity of experiences that affect different groups of older people, stimulating work on later life inequalities in areas such as socioeconomic circumstances, gender, or ethnicity. However, age itself is a protected characteristic in the UK and elsewhere, while less work has been done to investigate the extent to which ageism plays a role in influencing negative outcomes in later life. Fortunately, this is changing, and this symposium will feature recent efforts to shed light on the extent and nature of ageism within various contexts.

The symposium begins with some of the conceptual and methodological aspects of ageism based on two systematic reviews in the context of health and social care (São José). The next presentation draws on social psychology to highlight empirical evidence for ageism's role in impacting active ageing outcomes, again in health and social care (Swift), followed by exploratory work on ageism in the breast cancer care pathways in five European countries (Beach). The symposium then moves to discuss how ageism manifests within later life itself, specifically among younger cohorts of older people toward those classed as the oldest old (Kydd). The next presentation discusses the concept of loneliness within ageism and its negative contribution to poorer wellbeing (McDonnell-Naughton), while the final presentation explores how ageism impacts wellbeing as well as the factors that may

counteract age-based discrimination, drawing on examples in the context of workplaces and informal care (Lagacé).

Chair

Brian Beach - International Longevity Centre - UK, London, United Kingdom

Discussant(s)

Angela Kydd - Edinburgh Napier University, Edinburgh, United Kingdom

449 - Researching Ageism: exploring a sociological perspective

José São José

University of Algarve, Faro, Portugal. Interdisciplinary Centre of Social Sciences (CICS.Nova), Lisbon, Portugal

Abstract

Ageism is more prevalent than sexism and racism but it has been less studied than these two other "isms". Nevertheless, it is expected that research on ageism will increase significantly in the coming years due, *inter alia*, to the population ageing and the implementation of a recent COST Action on ageism. Several studies have pointed out that ageism is difficult to define, as there is no broad consensus on the definition and operationalization of this phenomenon. Furthermore, the same studies have underlined that ageism is difficult to identify and fight in practice. Therefore, research on ageism faces an important challenge: to develop a better conceptualization and operationalization of ageism. However, firstly we need to know how ageism has been conceptualized, operationalized and captured in previous studies. This paper compares the results of two systematic reviews on ageism (one in health care and the other on long-term care) and concludes that ageism has been narrowly conceptualized and undertheorized. It also concludes that there are methodological limitations and that some components of ageism have not been covered at all or have been under-covered. Based on these conclusions, this paper delineates some recommendations for future research, exploring in particular a sociological perspective on ageism inspired mainly by the concept of age relations developed by Toni Calasanti and colleagues, and the Strong Structuration Theory proposed by Rob Stones.

411 - The Risks of Ageism in Health and Social Care

Hannah Swift

University of Kent, Canterbury, United Kingdom

Abstract

Taking a social psychological perspective, the Risks of Ageism Model (RAM; Swift et al. 2017) outlines how ageism and attitudes towards age can impact on the World Health Organization's (WHO) six proposed determinants of active ageing via three pathways; (1) stereotype embodiment, the process through which stereotypes are internalized and become self-relevant, (2) stereotype threat, the perceived risk of conforming to negative stereotypes about one's group, and (3) age discrimination, unfair treatment based on age. Here we focus on the health and social care domain of active ageing and review the mounting empirical evidence that ageism can impact on active ageing outcomes of autonomy, independence and quality of life. Specifically, I draw attention to three empirical studies (study 1, n = 115; study 2, n = 56; study 3, n = 56), which provide evidence for the RAM and the pathways through which ageism can manifest. Drawing on intergroup contact theory, Study 3 also provides evidence for how care workers' attitudes to age can be influenced by quality of contact with service users (older adults receiving care). The results of the review and empirical studies highlight how the perpetuation of negative representations of ageing in health and social care settings can impact, and be a risk to, all individuals as we age.

403 - Ageism in the Breast Cancer Care Pathway: Investigation in Five European Countries

Brian Beach, Sally Bowell

International Longevity Centre - UK, London, United Kingdom

Abstract

Breast cancer claims the lives of more European women than any other cancer. Around 1 in 8 women in the EU-28 will develop breast cancer

before the age of 85, with nearly 20% of cases in those younger than 50. However, when it comes to cancer survival, there is significant variation across Europe as well as age groups. Questions also linger on whether current practice in breast cancer care that is applied differently according to age is fully based on clinically accepted guidelines or influenced by implicit or explicit ageism.

This research explored whether aspects of the breast cancer care pathway might relate to disparity in outcomes, and whether any differences might suggest evidence for ageism within screening, diagnosis, or treatment. Descriptive statistics related to incidence, mortality, and survival patterns were examined at the national level across the EU. This data informed the selection of five countries for more in-depth exploration of care pathways and national cancer plans. The investigation looked for age-based variation in practice and policy, considering the extent to which such variation was clinically informed. It further explored the available evidence for ageism within the provision of care. The research concludes by highlighting areas where ageism – whether manifesting as stereotypes, prejudice, or discrimination – may potentially explain differences in breast cancer care and its associated outcomes.

412 - Ageism in the Third Age

Angela Kydd[1], Anne Fleming[2], Sue Gardner[3], Patricia Hafford-Letchfield[4]

[1]Edinburgh Napier University, Edinburgh, United Kingdom. [2]Independent Researcher, Glasgow, United Kingdom. [3]Independent Researcher, Thame, United Kingdom. [4]Middlesex University, London, United Kingdom

Abstract

The world is ageing, with the number of people classed as the 'oldest old' growing at a faster rate than any other age group. Yet, much of the literature on 'older people' classifies 'old' in so many different ways as to render it a fairly useless term. A drive to address negative attitudes towards 'older people' has resulted in many policy documents referring to 'successful' and 'active' ageing and in doing so, has created a distinction between the 'third' (60-79) and 'fourth' age (80+). People in the third age have more opportunities to contribute to society and pursue personal goals outside the role of paid work, which provides less stigma and greater recognition of their worth. But these values do not necessarily extend to people in the fourth age where some people, aged 80 and over, continue to face increasing stigma and societal stereotypes, most often from those in the third age. Ageism between these two cohorts is rarely discussed in the literature and this paper reports on a chapter prepared for the COST action on Ageism which explored the potential ageism of stereotypical perceptions of the feared 'fourth age'. Such ageism may prove detrimental to those transitioning from the third to the fourth age if a resultant resistance to maintain engagement and independence into older age occurs. This paper explores the subtleties of inter-cohort ageism and considers the implications for transitions of older people between the third and fourth age.

409 - Social issues related to Loneliness in Later Life

Mary McDonnell/Naughton[1], Sharon Shiovitz-Ezra[2], Jonathan Shemesh,[2]

[1]Athlone Institute of Technology, Athlone, Ireland. [2]Paul Baerwald School of Social Work and Social Welfare, Jonathan Shemesh, The Hebrew University of Jerusalem, Israel

Abstract

Many older adults in our society suffer from the consequences of loneliness, as they age. People are living longer with less disability and fewer limitations (Kenny, 2017). The impact of loneliness as one ages is equivalent to smoking 15 cigarettes a day (Spence, 2017). The level of loneliness is compounded by various losses. There are two elements to loneliness: emotional and social (Weiss, 1973).

Loneliness develops when one's social relationships are not accompanied by the degree of intimacy that they wish for themselves. Human engagement and interaction is essential for the older person as they may withdraw from activities thereby losing their social connectedness. Retirement in some cases, equates with the sudden loss of friends which can result in failing physical and mental wellbeing. De Jong Gierveld (1998) defines loneliness within the construct of three elements such as "deprivation", "time" and its "emotional" aspects. Tackling those elements within ageism needs to become a priority both in ethical and economic terms, placing moral

responsibility on Governments and society to ensure that the older person's quality of life is not diminished by loneliness. Appropriate public policy is needed to address the factors associated with loneliness and ageism. "Aging is not a problem to be fixed or a disease to be cured, it is a natural powerful, lifelong process that unites us all" (Ashton Applewhite, 2017). Social support endorsed by public policy is essential to combat loneliness for the older person. The presentation will discuss loneliness within ageism, focussing on key factors.

643 - Understanding Ageism from a Psychosocial Perspective: Where do we stand in terms of knowledge?

Martine Lagacé

University of Ottawa, Ottawa, Canada

Abstract

While ageism remains under explored in comparison to other types of discrimination, scholarly research aiming to understand the sources and consequences age-based discrimination has substantially increased over the last decade. The goal of this conference is to reflect on the current state of knowledge on the issue of ageist stereotypes and discrimination based on age, from a psychosocial perspective. The sources, manifestations and consequences of ageism will be discussed, precisely as for the situation of older workers, retirees and older patients. Finally, relying on Intergroup Contact Theory, factors that may counteract ageism will be examined.

Symposium: Developing and Using Talking Mats: Including older people in research to evaluate how well care settings are meeting their needs

Social participation, citizenship & the welfare state

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 2.219

T-P1-C6 - Developing and Using Talking Mats: Including older people in research to evaluate how well care settings are meeting their needs

Symposium Abstract

This symposium is made up of three interlinked presentations. This session presents Talking Mats, an interactive visual communication resource, and brings together two recent research projects that have developed and used Talking Mats as a method of supporting conversations for older people with cognitive impairments or communication difficulties during interviews. This is presented by research academics from across three disciplines: Speech and Language Therapy, Occupational Therapy and Psychology. Together this symposia introduces the relevancy of Talking Mats to both researchers and practitioners working in the field of social care. The first presentation will give an overview of Talking Mats, explain the background, how it works, the research behind it and some of its uses with older people. The second presentation explores the development and use of Talking Mats symbols to support interviews about social care related quality of life. It considers factors that influence effective use of the Talking Mat. The final presentation discusses the use of Talking Mats to inform transformational garden designs, reporting on the development of a symbol set, and initial findings from Talking Mats assisted interviews with care setting users living with dementia.

Implications for informing and evaluating intervention projects are considered. This symposium will also include video examples of older people using Talking Mats, illustrations from our different resources and hands-on practice with some of our materials. It will also allow time for questions and discussion.

Chair

Joan Murphy - Talking Mats Ltd, Stirling, United Kingdom

135 - Talking Mats, an interactive communication framework to support people to express their views: Theory, research background and uses

Joan Murphy

Talking Mats, Stirling, United Kingdom

Abstract

This presentation will explain the background to Talking Mats, how it works, the research behind it and some of its uses with older people.

Talking Mats is an interactive communication resource that uses three sets of picture symbols – topics, options and a visual scale – and a space on which to display them. It provides a structure in which information is presented in small chunks supported by picture symbols and gives people time and space to think about the issue, work out what it means to them and say what they feel in a visual way that can be easily recorded

Talking Mats was developed by research Speech and Language Therapists who have combined their clinical experience with extensive research which includes over 100 publications http://www.talkingmats.com/projects/. We will highlight the key findings of our research with older people and discuss how to determine the communicative capacity and language needs of people with diminishing cognition.

Our research has led to the development of specific Talking Mats resources for use in a variety of settings such Health, Social Care, Mealtimes and Advance Care Planning. This first presentation will include video examples of older people using Talking Mats, illustrations from our different resources and hands-on practice with some of our materials.

The Talking Mats team also work with other organisations and one such collaboration has been with the University of Kent to develop i) a resource for older people based on social care related quality of Life domains and ii) to inform garden design.

328 - Developing and testing a Talking Mats symbol set to support conversations about social care-related quality of life with care home residents.

Madeline Naick, Ann-Marie Towers, Nick Smith, Sinead Palmer, Grace Collins

PSSRU, University of Kent, Canterbury, United Kingdom

Abstract

Talking Mats (Murphy et al, 2010) uses symbols to aid conversations with people who have communication difficulties or cognitive impairments and is increasingly being used with older adults living with dementia (Murphy, Gray and Cox 2007). This paper reports on the development and testing of a new symbol set, designed to support conversations about social care-related quality of life (SCRQoL) (Netten et al, 2012) with older care home residents living with dementia. Symbols were developed to support conversations about eight domains of SCRQoL and iteratively tested over two phases, with changes being made to the pictorial symbols and labelling in between. This resulted in the development of two complementary talking mat symbol sets, one of which focused on an area of frequently unmet need for frail older people: engagement in valued activities (occupation). Altogether, we attempted interviews with thirty-three residents and were able to complete at least one mat with nineteen. The second sub-mat for occupation was completed with a further seven residents. Not every participant could use the talking mat successfully. Unsuccessful interviews failed due to residents' levels of cognitive impairment, disorientation to the care home environment meant that focusing on their support and care in the home was not meaningful. For other residents, the iconicity of some symbols

and concreteness of the topic may have been too abstract (Murphy and Cameron 2008). The relationship is explored between residents' level of communication and their ability to engage with SCRQoL talking mat symbols.

407 - The use of Talking Mats to assist communication with service users in care settings in the Living through Landscapes Dementia Garden Project.

Jacinta Babaian, Hannah Swift, Ann-Marie Towers

University of Kent, Canterbury, United Kingdom

Abstract

The World Health Organization (WHO) has recognised Dementia as a public health priority, and endorses the use of safe and well-maintained green spaces to promote wellbeing in later life (WHO, 2007), for which positive benefits to health and wellbeing have been found (Rappe & Kivelä, 2005). The Living through Landscapes Garden Project is a nationwide initiative aiming to transform the outside spaces of 30 care settings across the UK, to improve the functionality and use of outside spaces. Utilising principles of patient and public involvement (PPI) the intervention consults with users of the care settings to capture their views and preferences for the garden, which informs the transformational garden designs and activity packages. As Dementia can affect verbal communication, interviews with service users were assisted with Talking Mats (TMs, Murphy, Gray & Cox, 2007; Murphy, Oliver & Cox, 2010). Here we report on the development and validation of garden-related activities TM, and discuss initial findings from 72 TM interviews conducted across 18 care settings. Fifteen picture symbols were used to explore views on feature and activity preferences for the gardens. We report on the reflection questionnaires completed post-interview to explore the reliability and validity of the TM interviews. Overall findings suggest a preference for visually stimulating garden spaces which promote and facilitate social interaction and leisurely outdoor activities. Implications for how the TMs can be used as an evaluative tool for intervention projects, as well as enabling PPI engagement, are discussed.

Symposium: Contextual life course approaches to later life health risks

Unequal ageing

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 2.220

T-P1-C7 - Contextual life course approaches to later life health risks

Symposium Abstract

The life-course approach has increased the attention to the dynamic aspect of human development in the social sciences. Glen Elder and colleagues argue in their well-known principles that "time and place" affects individual development. While the role of time, in its various conceptualisations as either timing, duration, order in a generational perspective, has received plenty of attention, less consideration has been given to the role of context. This symposium addresses this issue, understanding context as systematic power on different levels of society. The authors present research on how context might dynamically affect life courses focussing in particular on health outcomes, one of the most personal and incisive characteristics of older people, addressing the question how context might affect health developments on different levels. Stephen Jivraj and colleagues argue on a micro-level that neighbourhoods might affect health and well-being, separating this influence from the influx of healthier people moving to better neighbourhoods. Bram Vanhoutte argues that vulnerabilities in ageing differ markedly across countries, and that patterns linked with welfare regimes and cultural values can be distinguished, using SHARE data. Finally, Martin Wetzel and Bram Vanhoutte argue that welfare states affect the development of health, and of health differences in later life. With data from England and Germany they show that developments of different social groups differ in different country contexts.

In chronological order
Underline denotes presenting Author

Chair

Bram Vanhoutte - University Of Manchester, Manchester, United Kingdom

Discussant(s)

Andreas Motel-Klingebiel - Linkoeping University, Linkoeping, Sweden

483 - Personal troubles or public issues? Vulnerabilities in ageing across gender, cohort and educational level

Bram Vanhoutte

University of Manchester, Manchester, United Kingdom

Abstract

Ageing in the public eye can be distilled to a limited number of adverse events, such as loss of health, partnership and wealth. While these events are a part of "normal ageing", they do not happen uniformly at the same time point in the life course for everyone, and therefore might have a widely differing impact. There is a high degree of variability as to when exactly these events happen, increasing with age. Furthermore, ageing is different for each generation, as period changes combine with life course circumstances engrained in each birth cohort. As such, the study firstly examines how strongly the occurrence of these "personal troubles" is linked with structural and life course aspects. Secondly, it has been illustrated that the prevalence of risk factors for vulnerability in old age differ substantially across Europe. This study wants to strengthen the evidence that these vulnerabilities are modifiable by policy, and as such are "public issues", by comparatively examining their prevalence using a systematic and analytic European framework. I combine several waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) to examine the occurrence of these adverse events in a survival analysis framework. The analysis shows that being less educated, female and belonging to a younger cohort puts you at higher risk of experiencing an adverse event. Marked differences in risk occur between different European countries, and country pattern, that can be linked to differences in both welfare systems and cultural values.

488 - Quantifying the importance of selective migration on neighbourhood effects. A life course approach.

Stephen Jivraj[1], Emily Murray[1], Owen Nicholas[1], Paul Norman[2]

[1]UCL, London, United Kingdom. [2]University of Leeds, Leeds, United Kingdom

Abstract

Neighbourhood effects research is plagued by the inability to circumvent selection effects – the process of people sorting into neighbourhoods they can afford. In this paper we directly test this hypothesis by determining whether negative neighbourhood effects can be counterbalanced by moving to a less deprived areas of residence, or whether movement is a selection effect of healthier people moving to less deprived places. Our project has conducted new linkage of the 1958 National Child Development Study [NCDS] and the 1970 British Cohort Study cohorts [BCS70] - comprising more than 17,000 births in each study - to historical census socioeconomic data (1971, 1981, 1991, 2001 and 2011) that has been re-calculated to reflect consistent 2011 lower super output area boundaries. Neighbourhood deprivation is based on the Townsend Index, a summary measure incorporates four variables: Unemployment (as a percentage of those aged 16 and over who are economically active); Non-car ownership (as a percentage of all households); Non-home ownership (as a percentage of all households); and Household overcrowding.
We use this new data to test residential health selection using Jokela's (2014) approach of modelling movement to a more or less deprived neighbourhood by health characteristics. We will then model our health and well-being outcomes including and excluding movers, and by including effects for type of move and length of residence in a deprived neighbourhood to better understand the importance of selective migration.

491 - Putting cumulative (dis) advantages in context: Comparing social inequality in later-life health trajectories in England and Germany

Martin Wetzel[1], Bram Vanhoutte[2]

[1]University of Cologne, Cologne, Germany. [2]University of Manchester, Manchester, United Kingdom

Abstract

Background: Health disparities are a long-standing topic of interest in social sciences. The current study puts cumulative (dis)advantage (CAD) in health into context by comparing how education-stratified health unfolds in later life in England and Germany.

Method: Data were from the ELSA-study (bi-annual between 2002 and 2014; 8,394 individuals) and the German subsample of the SHARE-study (2004, 2006, 2010, 2012; 5,570 individuals). We used multi-level models and vector-age-cohort plots to compare 12 year trajectories of functional health for people aged 50 to 90 with different levels of education in England and Germany.

Results: At age 50, people in Germany had fewer health limitations than in England. In England, there was an educational gradient in functional health already at age 50, and the difference between higher and lower educated people remained stable throughout later life. In Germany, there was no educational gradient at age 50, but social inequality increased with age.

Discussion: In Germany, CAD processes increase social inequality in health as people age. Although there was no increasing inequality in England, a social gradient exists for a longer part of the life course. Accordingly, CAD processes appear to be country-specific and their interpretation profits from a comparative perspective.

Ageing in a global context

Ageing in a global context

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 3.204

8 - Institutional and Cultural Perspectives in Elder Care in Asia: A comparison of Japan and Vietnam

Thi Minh Thi Tran[1,2], Van Chuong Luong[3,2]

[1]Institute for Family and Gender Studies, Hanoi, Vietnam. [2]. [3]Saint Paul Hospital, Hanoi, Vietnam

Abstract

Traditional norms in Asian societies of filial piety, including Japan and Vietnam, emphasize care roles of children upward their elderly parents. Especially, caregiving is often responsibilities of women, who are increasingly migrating and participating in the labor market, leading to an increasing withdrawal of family caregivers from caregiving upward their parents. Though experiencing different stages of reforms and development, Japan and Vietnam share similarities and differentials in care patterns toward their elder population.

Japan relies on the public long-term care insurance program in elder care. Japan is changing the balance of care towards home, community-based services, and marketization to provide alternative care options for their elderly population. Vietnam is enhancing institutional care in collaboration with local mass organizations and stakeholders. Community is playing key role in emotional support to the elder. Taking into account the Confucian-influenced traditional family structure, the responsibility for elderly care is still a family matter.

Using dataset from a collaboration survey among 450 elders between the Kumamoto Gakuen University in Japan and the Institute for Family and Gender Studies in Hanoi in 2017, the paper aims to examine and analyze roles, challenges and difficulties of family, community, private and public social services and policy in care provision to the elderly and gaps; to understand the processes of the reconstruction of those formal and informal sectors in order to bear the increasing care responsibilities, and the ways they provide care to elders and the linkages with policies and institutional in Japan and Vietnam, using care diamond model.

497 - Unpacking living arrangements among older people in India

Aravinda Guntupalli, Manik Gopinath

The Open University, Milton Keynes, United Kingdom

Abstract

In India, the second most populous country with more than 100 million older adults, living together with wider family in later life is portrayed as the 'golden model' with simplistic living arrangement categorisations such as 'living alone with or without partner' and 'living with wider family'. Such categorisations ignore the heterogeneity within living arrangements, such as, proximity to children and childlessness. Hence, we unpack further, living arrangements in India using data from 'Building a Knowledge Base on Population Ageing in India' project. The 2011 national survey covered 9852 older people aged 60+. In the first instance, we divided living arrangements into living alone, living with partner and living with wider family members. Then, we further divided these categories by childlessness and proximity to children. The third category, living with family, included couples and widowed people.

Majority of older people live with wider family (79%) of which 34% are widowed (mostly female). Among 15% living with partner, half have children living faraway while 6.5% have a child living nearby. 6% (mostly widowed female) live alone. Most childless older adults living alone rely on social pensions. 50% widowed older adults living with family report no income and 20% report reliance on social pensions. Patterns of living arrangements show associations with widowhood and gender. Living alone childless and living away from children negatively impacts various health indicators pointing to a possibility that living alone could translate to ageing alone in the Indian context for some.

256 - Children's migration and chronic illness among older parents 'left behind' in China

Maria Evandrou[1], Jane Falkingham[2], Min Qin[2], Athina Vlachantoni[1]

[1]Centre for Research on Ageing and ESRC Centre for Population Change, University of Southampton, Southampton, United Kingdom. [2]ESRC Centre for Population Change, University of Southampton, Southampton, United Kingdom

Abstract

The relationship between adult children's migration and the health of their older parents 'left behind' is an emerging research area and existing studies reflect mixed findings. This study aims to investigate the association between having migrant (adult) children and older parents' chronic illness in China, using chronic stomach or other digestive diseases as a proxy. Secondary analysis of the national baseline survey of the 2011 China Health and Retirement Longitudinal Study (CHARLS) was conducted. Analyses were conducted in a total of sample of 6495 individuals aged 60 years and above from 28 out of 31 provinces in China, who had at least one child at the baseline survey. Binary logistic regression was used. The prevalence of any of the diagnosed conditions of chronic stomach or other digestive diseases was higher among older people with a migrant son than among those without (27 percent vs 21 percent). More specifically, the odds ratio of reporting a disease was higher among older adults with at least one adult son living in another county or province than among those with all their sons living closer (OR = 1.29). The results from this large sample of older adults support the hypothesis that migration of sons significantly increases the risk of chronic stomach and other digestive diseases among 'left behind' elderly parents in contemporary China.

210 - Experiences of people living with dementia in Pakistan

Rosalind Willis[1], Asghar Zaidi[1], Nicolas Farina[2], Sara Balouch[2]

[1]University of Southampton, Southampton, United Kingdom. [2]Brighton & Sussex Medical School, Brighton, United Kingdom

Abstract

Stigma around dementia acts as a barrier to timely diagnosis, treatment, and support. The public understanding of dementia has been improving in the UK due to initiatives like Dementia Friends and other national policies. Dementia is less well-recognised in many developing countries, even though the largest future projected increase in dementia is expected to occur in these contexts. In Pakistan there is limited awareness about dementia, and it is often misunderstood to be part of the normal ageing process, caused by lifetime stress, or reflects neglect on the part of family members. Although specialist health services for dementia do exist in Pakistan, they are few in number. This presentation reports on a part of a larger project conducted in Pakistan

about understandings of dementia among people who have a diagnosis of mild dementia, their family carers, the general population, and key stakeholders. In this presentation, qualitative data from 20 people with dementia, supported in the interviews by their family carers, will be discussed. It will present their understanding of the condition, the experience of help seeking, and the reactions of family and wider community members. The impact of dementia symptoms on religious obligations will be discussed, drawing out features of dementia that may cause particular distress to Muslims. Recommendations for development of awareness campaigns and policies in Pakistan will be made.

Symposium: Sustainable Care: Theorising well-being in care systems, care workers and family carers

Theories, methods & critical perspectives

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 3.211

T-P1-C9 - Sustainable Care: Theorising well-being in care systems, care workers and family carers

Symposium Abstract

In recent years, we have engaged in national debates around creating sustainable systems of chronic care in the face of population ageing and increasing needs for support. These debates often are fragmented and our solutions fraught. In the public sector, we speak of person-centred care but are driven by fiscal exigencies with associated risks of reduced quality of care and increased demands on family carers. Care workers are viewed as essential in the delivery of care, but are employed in contexts of low wages and job security and precarious immigration status. We speak of well-being but have no clear road maps to effect well-being processes and outcomes.

In this symposium, we articulate the bold agenda that forms the basis of our ESRC large grant on sustainable social care. It is to theorise sustainable well-being and to understand its' operationalization and experience among care systems, care providers and users of care. McGregor sets the stage with a framework for sustainable well-being; while Clements reviews representations of well-being in legislation. Two papers are presented on the operationalization of well-being. Needham and Cheshire Allen discuss how UK care systems are developing well-being agendas. Keating et al theorise family care across the life course and its outcomes, challenging us to evaluate critically the likelihood of well-being outcomes for family carers. Yeandle weaves these narratives of sustainable care into our goal of creating well-being across systems and people so that no one is left behind.

Chair

Norah Keating - Swansea University, Swansea, United Kingdom

Discussant(s)

Sue Yeandle - University of Sheffield, Sheffield, United Kingdom

431 - Theorising Sustainable Wellbeing

Allister McGregor

University of Sheffield, Sheffield, United Kingdom

Abstract

This paper explores how we might theorize the notion of 'sustainable care' in the context of care relationships and systems. Care is central to the wellbeing of the person. The receipt of care is essential for the maintenance of wellbeing at all stages of the life course (albeit at some stages more than others) and the giving of care is also regarded by most as important for our sense of wellbeing. Care is also important for understanding sustainability. Since care is fundamentally a relationship it has important roles to play in the ongoing reproduction of our communities and society. These relationships of care are important for the sustainability of

our social arrangements over time (vertically - between generations) but also across our communities and society at any particular point in time (horizontally – across different groups in our society). Taking both of these considerations into account the idea of 'sustainable care' provides an important concept with which to explore the tensions between 'living well' (as individuals) and 'living well together' (as social human beings). This paper will review the ways in which different conceptions of wellbeing have been used in understanding care relationships and care systems. It will consider how a conception of sustainable wellbeing can be operationalized for both empirical research and policy and practice.

374 - Reshaping the law: well-being legislation and its limits

Luke Clements

Leeds University, Leeds, United Kingdom

Abstract

The UK has been at the forefront of enacting 'carer specific' legislation: legislation that has served as a template for other jurisdictions. The English Care Act 2014 and the Welsh Social Services and Well-being (Wales) Act 2014 are further examples of legislation with a specific carer focus. Both Acts set a precedent, giving carers the same social care rights as disabled people and at their core create a duty to promote carer 'well-being'. What is the point of legislation of this kind: what are public bodies, the ombudsmen and the courts to make of these new obligations?

The paper critically analyses the extent to which 'well-being legislation' has the potential to alter constitutional space and create tangible new 'rights' for carers. Using measures propounded by vulnerability theory the paper assesses whether 'well-being' obligations have the potential to reframe our understanding of the nature and extent of a state's welfare obligations – or whether they amount to little more than a cynical political opiate: an exercise to placate an increasingly radicalised group that has taken the strain of reduced state provision and an aging population – the 'elastic that has accommodated the contradictions in neoliberalism'.

290 - Well-being in social care systems: The case of Wales

Maria Cheshire-Allen[1], Catherine Needham[2]

[1]Swansea University, Swansea, United Kingdom. [2]University of Birmingham, Birmingham, United Kingdom

Abstract

Well-being is a principle underpinning approaches to social care in the four UK nations (England, Scotland, Wales and Northern Ireland). This paper focuses on the concept of well-being in the policy and legal approaches of the four nations, and on how it has come to be so central to the policy framing of good care outcomes. Twenty years since devolution the paper is a timely account of how and why four systems that increasingly differ from each other in care policy and structure have converged on a well-being agenda. Given that there has been little systematic work comparing the care systems of the four nations, the paper covers new ground in comparative analysis.

As well as setting out how each of the administrations defines and gives legal weight to well-being, the paper will discuss how the different areas have sought to operationalise the concept when measuring care performance and outcomes. In particular, the paper will focus on the case of Wales where well-being has taken centre stage in two landmark pieces of legislation; the Social Services and Well-being (Wales) Act 2014, and the Well-being of Future Generations Act (Wales) 2015. Drawing upon evidence provided by Age Cymru and others, this paper provides an alternative look at the case for well-being in care, analysing the evidence used to date to measure well-being in care, and suggest how other sources of local data can be used to generate a more accurate reflection of well-being within social care in Wales.

119 - Lifecourse trajectories of family care: Implications for well-being

Norah Keating[1], Jacquie Eales[2], Laura Funk[3], Janet Fast[2], Joohong Min[4,5]

[1]Swansea University, Swansea, United Kingdom. [2]University of Alberta, Edmonton, Canada. [3]University of Manitoba, Winnipeg, Canada. [4]Jeju National University, Jeju, Korea, Republic of. [5]

Abstract

The short-term consequences of family care are well documented. Even a single episode of care to a family member can affect carers' health, income, paid work and social connections. Yet there also is growing evidence that these snapshots of care may under-represent the extent of caring across the life course, rendering invisible the cumulative advantage/disadvantage that may accrue. We have little sense, for example, of the extent to which loneliness in later life might result from truncation over time of social relations that cannot be maintained in the face of long-term caring commitments. Nor do we know the ways in which early exit from the labour force to provide care might influence late-life wealth and income. In this presentation, we propose a framework for understanding patterns of family care across the life course. Based on key life course principles of transitions and linked lives and the extant research literature on care, we theorise three care trajectories. These are: Serial in which carers have a number of episodes of care to different people across the lifecourse; Continuous in which the main care experience is a long episode of care to a single individual; and Generational in which care is provided in turn to older and same-generation close family members. We consider how different care trajectories may lead to diversity in carers' late-life well-being.

Symposium: Understanding and Creating Age Friendly Regions, Cities, Neighbourhoods and Homes; Explorations from Manchester, London, Wallonia, Brussels and Newcastle

Environments for ageing in the 21st century

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 4.204

T-P1-C10 - Understanding and Creating Age Friendly Regions, Cities, Neighbourhoods and Homes; *Explorations from Manchester, London, Wallonia, Brussels and Newcastle*

Symposium Abstract

WHO Age Friendly City and Communities principles are now guiding over 500 sites in 37 countries around the world. The WHO make clear that membership of the Age Friendly Network is not an accreditation for age-friendliness, but reflects three key commitments: 1) 'to listen to the needs of their ageing population'; 2) to 'assess and monitor age-friendliness' and; 3) 'work collaboratively with older people and across sectors to create age-friendly physical and social environments'. Over 5 linked papers this symposium explores how these commitments are currently being addressed across different scales of social and physical environment and discusses some of the key planning, design, research and engagement mechanisms and methods that are being explored in order to address the goal of making our cities and communities increasingly Age-Friendly. Hammond and White examine the relationships between strategic scale regional planning and interventions at a range of other scales. Bowering investigates modes of occupation, agency and conflict within changing assemblages of civic spaces and practices, Smetcoren and De Donder present findings from efforts to create an Age Friendly community while Moulaert et al. explore these interrelationships through a significant – partial - object: 'the bench' across different situations. The final paper explores the social and political landscape affecting the production of 'Age Friendly' houses.

Chair

Stefan White - Manchester School of Architecture, Manchester, United Kingdom

185 - What does an Age Friendly Spatial Framework look like? Understanding and Creating Age Friendly Regions, Cities, Neighbourhoods and Homes in Greater Manchester

Stefan White, Mark Hammond

Manchester School of Architecture, Manchester, United Kingdom

Abstract

WHO Age Friendly City and Communities principle are now guiding over 500 sites in 37 countries around the world. Manchester City and the Greater Manchester region represent a location that is attempting to apply these principles at the scale of the home, the neighbourhood, the city and the region. The WHO make clear that membership of the Age Friendly Network is not an accreditation for age-friendliness, but reflects three key commitments: 1) 'to listen to the needs of their ageing population'; 2) to 'assess and monitor age-friendliness' and; 3) 'work collaboratively with older people and across sectors to create age-friendly physical and social environments. This paper describes how these commitments are currently being addressed across these different scales of social and physical environment and discusses some of the key planning, design, research and engagement mechanisms and methods that are being explored in order to address the goal of making our cities and communities increasingly Age-Friendly. This ambition is placed in the Greater Manchester context of regional health and social care devolution and the creation of the Combined Authority creating an unprecedented structural and strategic reorganization of services and approaches, a context that offers great potential and challenges.

400 - Ageing, Mobility and Memory in the City: Changing Assemblages of Civic Spaces and Practices in East London

Theodora Bowering

University of Cambridge, Cambridge, United Kingdom

Abstract

Ageing is a heterogeneous process, key aspects of which are played out in the civic spaces of cities. In their everyday routines older people inhabit, observe, avoid and contest civic sites – streets, transport infrastructures, markets – assembling their own personal territories and networks. Readings of these assemblages offer insights into the existing spatial, temporal and social accessibility of civic spaces for older people. This research argues that age should be engaged in its urban and spatial dimensions and that older people need to be included in discussions of marginalisation in cities. A questioning of age as a factor of marginality in urban studies opens up debates on spaces and practices of exclusion, isolation, loneliness and fear, as well as mobility, visibility and memory, that link with ageing studies. While ageing studies address the complexities of ageing and point to the importance of urban environments, this research is yet to be properly connected to and critiqued within urban and architectural disciplines. These disciplines offer a unique contribution and challenge to ageing and urban debates through concrete empirical analyses of space that act to ground the abstract in descriptions of everyday physical places. Along with empirical ethnography and spatial mappings of the London Borough of Newham, this research reveals how ordinary urban spaces are transformed through their quotidian occupation into civic places. They then demonstrate how fundamental these places are to older people, especially when vulnerable, and how they impact their ability to resist their marginalisation and be a part of the city.

229 - Benches as Mediations of Age in Public Space – *A critical case study from Age-friendly Wallonia, Belgium*

Thibauld Moulaert[1], Myriam Leleu[2], Olivier Masson[2], Robert Grabczan[3]

[1]University of Grenoble Alpes, PACTE Social Sciences Laboratory UMR CNRS [5194], Grenoble, France. [2]Université Catholique de Louvain (UCL), Faculty of Architecture, Architectural Engineering and Urban Planning (LOCI), Louvain-la-Neuve, Belgium. [3]Université Catholique de Louvain (UCL), Faculty of Architecture, Architectural Engineering and Urban Planning (LOCI), Louvain-la-Neuve, France

Abstract

In its promotion of “active ageing” through Age Friendly Cities and Communities (AFCC), the World Health Organization (WHO) develops a vision of ageing linking environments to personal lifestyle and community support. To exemplify the mediation of the individual and the social, an image and materialised practice is often used: the benches. This paper asks: How are benches framed within local Age-friendly initiatives?

Our exploratory study is based on recurrent observations of the presence of benches not only in documents supporting AFCC at international level but also in local practices. In this paper, we specifically use material from Age-friendly Wallonia, a pilot-project led by Université Catholique de Louvain (UCL). We compare experiences and representations of benches for older people, public employees and elected officials from three contrasted case studies: a urban center, a lower-economic remote neighborhood and a semi-rural area.

Benches can be seen as an ideal-type to understand how powerful actors like WHO, planners and architects, but also older adults themselves understand and enact ageing. While they mainly refer to their material dimensions for public employees and to the symbolic action of local authorities for elected officials, they illustrate a variety of mediations of ageing in public space for older people. For some, benches are indeed a tool to rest or sit and relax. For others, benches are a tool for socialization, against exclusion. Benches might even be a mediation to stay connected with their physical and social environment. Conclusions explore the limits and the promise of this exploratory research.

181 - Future Homes: challenging the mould

Rose Gilroy

Newcastle University, Newcastle, United Kingdom

Abstract

Arising from a deep frustration at the response of developers to the housing needs of an ageing society, Future Homes arose as a quadruple helix model (academy; business; community and local government) that aims to co-create the future and drive structural changes far beyond the scope of what any one organization or person could do alone. Our shared commitment was to develop and test new housing models. This paper explores the complex societal challenges that the project addresses and charts its progress from one person’s ambition to a social enterprise with development sites and finance that will build dwellings in central Newcastle. The paper considers the role of the academy in leading change and how meaningful co-creation and knowledge transfer practices led to new thinking.

355 - Findings from the ‘Entourage-Noord’-project: towards new housing models in Brussels.

An-Sofie Smetcoren, Liesbeth De Donder

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

In response to the challenge of an ageing population and the housing crisis in Brussels, the project ‘Entour-Age Noord: Inspiring and innovative housing & work’ was launched. A main objective of this project was to develop various innovative and small-scaled housing models for older adults. The new housing models were designed to reinforce quality of life of older people who are ageing in the neighbourhood whilst allowing them to choose the models best suited to their needs and wishes. By doing this, the project contributed to the development of an Active Caring Community - a neighbourhood-organised model of care. Given the complexity and multidimensionality, the project was divided into six different ‘work packages’ (WP’s). Within these WP’s different stakeholders and end users (older people, informal caregivers, neighbourhood residents, Community Land Trust, etc.) were involved during various activities (service design methodology, architectural workshops, inspiring visits, etc.) in order to co-create the answers. Several architectural and spatial design characteristics were detected that are important for the development of future housing models focusing on older people (e.g. provide common/shared spaces that stimulate encounter (entrance hall). Based on the characteristics, two prototypes of new housing models were conceptually elaborated on paper and two were operationalized and prepared in practice. The

In chronological order
Underline denotes presenting Author

spatial and architectural characteristics are not limited to old age but can be of interest of any age group. Future housing developments could take these suggestions into consideration. Most important conclusion is to involve the future residents in the decision-making process.

Symposium: Placing Dementia 1: Why neighbourhoods matter for people living with dementia

Environments for ageing in the 21st century

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 4.205

T-P1-C11 - Placing Dementia 1: Why neighbourhoods matter for people living with dementia

Symposium Abstract

The rise of the idea of a 'dementia friendly community' has heralded fresh interest into the importance of local places for people affected by dementia and their carers. Yet while policy rhetoric might be flourishing, research that details neighbourhood life is still emerging. The papers will draw on methodological insights and empirical data to provide critical perspectives on the realities of realities of life with dementia in neighbourhood settings. Informed by new international longitudinal research, and innovative community interventions that have been developed from that work, the papers offer a collective insight into how people meet the challenges of life with dementia in local places.

Chair

Andrew Clark - University of Salford, Salford, United Kingdom

160 - The 'Neighbourhoods: our people, our places' project - exploring the relationship between people and place in a context of living with dementia.

Richard Ward

University of Stirling, Stirling, United Kingdom

Abstract

This paper provides an overview of the Neighbourhoods: our people, our places project, a five-year study of the relationship that people with dementia have to their neighbourhood. The project employed a qualitatively-led mix of methods aimed at exploring the role and meaning of both the social and physical environments inhabited by people as they seek to manage life with dementia. Spread over three fieldsites we examined the experience of community-based living to find out how people make use of their local environments, the people and places that play a role in their lives and the meanings attached to everyday spaces and encounters. In this paper, we outline the methods used and how these worked together to provide a framework for better understanding the fluid and changeable relationship between person-home-neighbourhood. The research addresses a current gap in knowledge and evidence concerning the lived experience of dementia in a neighbourhood context. Our challenge was to find ways of learning about neighbourhood living in a way that supported people with dementia to participate meaningfully in the research process. Here we discuss the project design, the thinking that informed it and the outcomes for our learning.

179 - Meaning of the neighbourhood among people living with dementia: a phenomenological study

Elzana Odzakovic[1], Ingrid Hellström[2], Richard Ward[3], Agneta Kullberg[4]

[1]Department of Social, Norrköping, Sweden. [2]Depar, Norrköping, Sweden. [3]Faculty of Social Science, Stirling, United Kingdom. [4]Institu, Linköping, Sweden

Abstract

In the next decade, the ageing population will

increase steadily and more people living with dementia will age in place in their own homes. As such, there is a need for the further development of public healthcare directed at the neighbourhood context. To inform this development, it is important to consider the lived experiences, and interactions with the neighbourhood of people with dementia. Currently, there is limited research into what neighbourhood means to people with dementia. This study aims to explore the lived experience and meaning of the neighbourhood by walking interviews among people living with dementia. In this study, we recruited 14 community-dwelling people with dementia including, 11 men and 3 women. All interviews were analyzed using an interpretative phenomenology method (Moustakas, 1994). Four themes were identified developed from Bullington, 2013: *psychological structure, cognitive structure, social structure and bodily structure*. The essence: *essential to be part of life in neighbourhood* emerged from the themes. The lived experience of the neighbourhood appeared through walking as people with dementia moved through and integrated with spaces and places in the neighbourhood. A key benefit of the neighbourhood for people with dementia is the opportunities offered to get outdoors, experience and to be a part of the life of their local community. This knowledge is a key message for all health care professionals in planning home care services.

Bullington, J. (2013). *The expression of the Psychosomatic Body from a Phenomenological Perspective.* Dordrecht: Springer.
Moustakas, C. (1994). *Phenomenological Research Methods.* Sage Publications. Thousand Oaks.

543 - Neighbourhoods: Our People, Our Places: How People Living with Dementia Experience Everyday Neighbourhood Life

Sarah Campbell[1], Andrew Clark[2]

[1]University of Manchester, Manchester, United Kingdom.
[2]University of Salford, Manchester, United Kingdom

Abstract

This paper presents the findings from an on-going 5 year research project funded through the ESRC/ NIHR. The research study: Neighbourhoods: Our People, Our Places is a multi-site study exploring the role of neighbourhood in the lives of people living with dementia and their families. We have sought to understand the ways that people are supported or not within their neighbourhoods. The study has taken place over three fieldsites: Forth Valley, Scotland, Östergötland, Sweden and Greater Manchester, England. This paper presents findings from Greater Manchester. Through a suite of visual and participatory methods participants showed us how they lived their everyday lives supported via a series of connections between friends, family, neighbours and familiar strangers. Great value was placed on staying connected and getting out and about. Alongside this participant's placed importance on acts of recognition which supported a sense of belonging, and described how small, reciprocal acts of kindness enabled them to remain independent. The findings give helpful understandings of how people respond creatively, adapt and manage their everyday lives despite the sometimes challenging experiences of living with dementia. As the growth of policies supporting the concept of Dementia Friendly Communities continue to evolve the research demonstrates how neighbourhoods can be understood as sites of active citizenship.

364 - 'Creating dementia-enabled neighbourhoods – translating research into practice'

Kainde Manji

University of Stirling, Stirling, United Kingdom

Abstract

Abstract Submission to Symposium - Placing Dementia 1: Why neighbourhoods matter for people living with dementia, in the conference: British Society of Gerontology 47th Annual Conference - Ageing in an Unequal World: Shaping Environments for the 21st Century.

The Neighbourhoods: Our People, Our Places project aims to find out how neighbourhoods and local communities can support people with dementia to remain physically and socially active. This ambition is underpinned by a desire to ensure that research informs both policy and practice to enable individuals to 'live well with dementia.'

This paper will explore how key findings from the Neighbourhoods project are being used to inform the development of innovative place-based dementia interventions in Linkoping (Sweeden), Greater Manchester (England), and the Forth Valley (Scotland).

The paper will demonstrate the ways emerging research findings have informed the approach taken in each of these interventions. The place based approach of the project has enabled researchers at each site to work closely with people with dementia and their carers as well as local voluntary organisations and the statutory sector to develop interventions that are reflective of experiences at a neighbourhood level. At the same time, the international focus of the project has enabled each intervention to benefit from more universal findings from across the three sites. The paper will reflect on some of the benefits and challenges of the approach taken, and in doing so will highlight the importance of placing those with live experience of dementia at the centre of research, policy and practice.

Symposium: Ageing, Reproduction and Sexualities

Connections & relationships

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 4.206

T-P1-C12 - Ageing, Reproduction and Sexualities

Symposium Abstract

This symposium is organised by the BSG's Ageing, Reproduction, and Sexualities Special Interest Group. The group aims to raise the profile of reproduction and sexualities and of gerontology, as a significant subject in the discussions surrounding peoples experience of ageing. In this initial symposium, the group invites an exploration of the important implications of the demographic and social change facing our ageing population, institutions, stakeholders, and policy makers, and the role of gerontologists in the field.

The demographic challenges that are facing ageing populations with a falling fertility rate and increased longevity have important implications for individuals, institutions, stakeholders, and policy makers. This symposium displays the latest research and practice concerning ageing, reproduction, and sexualities. Work in these areas tend to be scattered and this symposium gives an opportunity provides an opportunity for knowledge exchange and the building of networks between individuals and institutions. Subjects covered will interest a wide range people from grassroots activists, charities and other stakeholder organisations, academics, researchers, policymakers, and practitioners from the UK and internationally. The diversity of subject areas and fields covered makes this an especially unique opportunity for early career researchers.

Chair

Robin Hadley - Consultant, Manchester, United Kingdom

455 - "You know, do you take the smutty fridge magnets off or not?" Hypervisibility, hypervigilance and invisibility in the homespaces of older LGBT*Q people

Andrew King

University of Surrey, Guildford, United Kingdom

Abstract

This presentation draws on data collected from several studies concerning older lesbian, gay, bisexual, trans* and queer (LGBT*Q) people conducted by the presenter and others. The focus of this presentation concerns how participants in these studies respond to questions about their homespaces – whether these are privately owned or rented homes, or forms of sheltered housing or housing with care. Previous studies have suggested that LGBT people experience particular fears about their homes as they get older – such as: who will come to my home? Will they be prejudiced and discriminate against me? Am I safe in my home? Will I have to leave my home and move somewhere else? Whilst these issues will be addressed in this presentation, it

will focus predominantly of practices of identity management that take place in the homespaces of older LGBT*Q people. The presentation will then draw on notions of hypervisibility, hypervigilance and invisibility to make sense of these findings. The presentation will also suggest that taking into account these identity practices has implications for both policy and practice related to those working with older LGBT*Q people.
To be presented in the 'Ageing, Reproduction and Sexuality' symposium

464 - Challenges and changes: promoting sexual health and wellbeing in later life. Taking a different perspective.

Josie Tetley[1], David Lee[1], Sharron Hinchliff[2]

[1]Manchester Metropolitan University, Manchester, United Kingdom. [2]University of Sheffield, Sheffield, United Kingdom

Abstract

Understanding the importance of sexual relations, health and wellbeing, in the context of a coupled relationship is important as gerontology often struggles to deal with the issues of how male and female partners interact in an intimate partnership. Our research, using data from the English Longitudinal Study of Ageing (ELSA), has highlighted the obstacles some older couples face in maintaining fulfilling sexual lives, how they adapt to these barriers, and how older people perceive that their sexual problems and desires are being dismissed by health practitioners due to their age.

Our data has illustrated that more than half of men and almost a third of women over the age of 70 reported they were still sexually active, but that chronic health conditions and poor self-rated health have negative impacts on the sexual health of men compared to women. However, the qualitative data has also identified how long-term health conditions also impact on people's sexual relations and activities in later life. Bringing together both quantitative and qualitative findings has improved our understanding of how changing age, health and relationships interrelate to impact sexual health and satisfaction in later life.

Our ongoing research continues to add to the evidence base identifying the determinants of positive sexuality in later life and will inform policy and practice, as well as provide positive health messages and lifestyle guidance to maximise the quality of sexual and intimate relations irrespective of age. We will provide recommendations for practice, policy and education as part of our symposia.

466 - Older people's personal attitudes to sex: interrelationships with sexual health and moderation by socioeconomic status

David Lee, Josie Tetley

Manchester Metropolitan University, Manchester, United Kingdom

Abstract

Little is known about how personal attitudes to sex influence later-life sexuality. We examined associations between sexual activities, functioning, and satisfaction, and attitudes to sex among a representative sample of older people, and how different measures of socioeconomic status (SES) moderated these relationships. The analysis sample consisted of 6000 community-dwelling men and women (50 to >90 years) from the English Longitudinal Study of Ageing who completed a sexual relationships and activities questionnaire. Participants were asked about sexual activities, problems and satisfaction with questions on attitudes to sex covering topics such as extramarital sex, sex in the media, importance of sex to relationships and gender differences in sex drive. Associations between sexual health and personal attitudes were modelled using logistic regression, with path analysis used to examine moderation effects by SES. Principle components analysis revealed four latent factors describing attitudes to sex: 'judgements', 'benefits', 'pressures' and 'gender/age difference'. Predictors of sexual attitudes included age, gender, religiosity, marital status and sexual history. Patterns of association between attitudes and sexual health were broadly similar in men and women, with less permissive attitudes to 'judgements', 'pressures' and 'gender/age difference' independently associated with poorer sexual health and lower levels of satisfaction. Moderation by SES measure was most pronounced for education, as compared to occupation or wealth. Attitudes to sex remained

independently associated with sexual health after accounting for health, lifestyle and relationship factors, but were moderated by SES. Implications to influence sexual health and wellbeing by affecting attitudes and beliefs will be discussed.

494 - AGEDLGBT*: Social Networks and Long-Term Care amongst older LGBT* people

Ralf Lottmann

Herr, London, United Kingdom

Abstract

This presentation discusses findings of the AGEDLGBT* project, which compares and synthesizes data from three research projects conducted in Germany and UK concerning lesbian, gay, bisexual and trans* (LGBT*) people, housing and care, later in life. This presentation focuses on two main questions from the project that have been examined so far. Firstly, in what ways, if at all, do older LGBT* people's life course experiences, such as their experiences of discrimination, prejudice and/or resilience appear in their choices and expectations regarding housing and long-term care facilities later in life? Secondly, how reliable are social networks of older LGBT* people, who are more likely to be childless, single and to live alone than their heterosexual peers, in terms of social support and care in old age?

The specific projects used to answer these questions are: *GLESA*, which examined the challenges and risks of LGBT* housing projects, based on interviews with experts and older LGBT* tenants in Berlin, Germany; *GLEPA*, which investigated the needs of older LGBT* people in long-term care facilities, using narrative interviews with older LGBT* people in need of care and interviews and focus groups with experts in the field; and *SAFE*, which used a mixed methods design of focus groups and a survey to produce the largest study of older LGBT* housing experiences, preferences and concerns in the UK.

[It is an abstract for the symposium "Ageing, Reproduction and Sexuality"]

546 - Older people are happier whether they have children or not, but happiness is impacted by health and childhood attachment style

John Barry[1], Chloe Newby[2], Robin Hadley[3]

[1]University College London, London, United Kingdom. [2]Male Psychology Network, London, United Kingdom. [3]Consultant, Manchester, United Kingdom

Abstract

Childlessness has increased substantially in recent decades. Although the psychological consequences for women have been explored, those of men have been little researched. This study asked the views of heterosexual men and women, aged over 50, on parenthood and childlessness. An online survey of 235 men and 157 women aged 50 years and over was conducted. The sample had a mean age (SD) for men of 76.9 (+ 7.6) and for women 77.0 (+ 7.4). Men and women who were childless due to 'not finding the right person' had the lowest Positive Mindset Index (PMI) scores. The variable that had the greatest impact on mental health was Health Related Quality of Life. After controlling for seven covariates using ANCOVA, the main effects of PMI for Sex and Reasons for having children or not, and their interaction, were non significant. Post-hoc LSD tests (2-tailed) showed that the Childfree men had borderline significantly higher PMI than men who were parents ($p<.071$) and men who were Childless ($p<.063$). Although the subgroups were small, making it difficult to detect statistically significant results, the findings arguably shed new light on the mental positivity of older people who don't have children. We believe the findings might inform improved ways of delivering psychological therapy services to people experiencing distress due to childless-by-circumstance.
Please consider for the symposium on Ageing, Reproduction and Sexualities

38 - Revisiting sexuality: women's experiences of sexuality in later life explored through an intersectional approach

Rhiannon Jones, Lorna Warren

University of Sheffield, Sheffield, United Kingdom

Abstract

Recent literature reviews have attested to sexuality in later life as a growing area of research, especially in applied fields (Hinchliff, 2016) but one characterised by a dearth of theoretical work and the tendency to present counternarratives to the dominant discourse of sexual decline in older age (Jen, 2017). In this paper we offer an exploration of older women's sexuality using an intersectional approach to age and gender, combined with an affirmative framing of ageing. The presentation draws on findings from a qualitative study in which 16 women aged 70+ discussed their experiences of sexuality through in-depth interviews, which were thematically analysed. The key focus of our talk is the notion of 'revisiting' sexuality, expressed in relation to themes of embracing new positions, the ebb and flow of sexuality, and living with ageism and sexism. Situations were identified that variably enabled, but also structurally oppressed, the exercise of sexual agency. Participants highlighted feelings about sexuality that were apparently divergent yet simultaneously held, revealing new and unforeseen experiences of sexuality in later life. We conclude by reflecting on the more general contribution made by the study to the understanding of ageing in terms of its intersection with other social divisions.

References:

Sarah Jen (2017): Sexuality of midlife and older women: A review of theory use, Journal of Women & Aging, https://doi.org/10.1080/08952841.2017.1295680 (accessed 18.12.17)
Sharron Hinchliff (2016) Sexual health and older adults: suggestions for social science research, Reproductive Health Matters, 24:48, 52-54

563 - 'With HIV, there's a limit': Sexual and romantic relations, ageing, and HIV

Dana Rosenfeld

Keele University, Keele, United Kingdom

Abstract

People living with HIV with access to effective treatment are living longer and having healthier lives than before, but they continue to experience psychological and social challenges introduced by their HIV status, age, and their overlap. These include the severe stigmatization of HIV and its intersection with ageist expectation that sexual activity diminish with age. Taken together, these cultural biases undermine the ability of older people living with HIV (OPLWH) to form sexual and romantic attachments. Drawing on interviews with 76 OPLWH (aged 50+) living in the United Kingdom, collected through the HIV and Later Life (HALL) project, this presentation explores the lived experience of these biases and the challenges (e.g. pressures of disclosure, concerns over transmission of HIV, and fears of abandonment or rejection) to sexual and romantic relations that they introduce, and documents the strategies that OPLWH use to navigate this complex relational field. These strategies include refraining from sexual and romantic relations, and seeking romantic partners who were themselves living with HIV to form sero-concordant relationships. This latter strategy entailed finding and connecting with other PLWH, which demanded social and cultural capital that was unequally distributed across our sample, with gay men more likely, and heterosexual men and women much less likely, to know other PLWH – or know how to safely connect with them. Thus, for this population, navigating sexual and romantic relations in later life is deeply shaped by social, cultural, and clinical factors (the stigmatization of HIV, physical health, ageism, and community membership).

Symposium: Financial Preparations for Later Life (Symposium 1 of 3)

Work, retirement & the economy

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 4.210

T-P1-C13 - Financial Preparations for Later Life (Symposium 1 of 3)

Symposium Abstract

Changing pension and retirement policies are limiting public support available to individuals in later life. Combined with the effects of demographic ageing, individuals are increasingly

responsible for their own financial well-being throughout their entire lives. This has significant implications for social inequalities, as life histories and opportunities may result in different experiences in terms of health, wealth and status in later life. In this series of three symposia, we examine the implications of changing environments from different disciplinary perspectives.

In the first symposium, we look at financial preparations for later life amongst individuals before retirement age. (1) Jo Grady outlines two distinctive waves of pension financialization in the UK - the first before the 2008 financial crisis and the second after - and the impact of these waves on workers, and their pension arrangements and pension value. (2) Hayley James considers time planning horizons amongst individuals and how this affects pension saving, based on qualitative interviews. (3) Liam Foster presents research which explores gender differentials in pension accumulation through 30 semi-structured interviews and a focus group with women (aged 24-39). (4) Ellie Suh discusses the role of individuals' attitudinal and behavioural characteristics in their retirement saving activity among adults in their 30s and 40s, drawing on analysis using the latest wave of the Wealth and Assets Survey (5) Lynne Robertson-Rose's presentation will discuss findings from a mixed-methods case study at a large UK company, focussing on the employment context and the impact of insecure employment on retirement saving.

Chair

Liam Foster - University of Sheffield, Sheffield, United Kingdom

277 - Time planning horizons in pension decision-making

Hayley James

University of Manchester, Manchester, United Kingdom

Abstract

The recent review of automatic enrolment into workplace pensions in the UK suggests as many as 12 million people are under-saving for their retirement and may be at risk of having an inadequate income in later life. Much literature focusses on behavioural short-termism in decision-making, such as present bias or myopia, as the cause of under-saving and suggests that encouraging individuals to think about their future may help to overcome these biases. However, we know very little about how and why these decision-making biases are experienced and understood by the individuals themselves, which is fundamental to addressing the challenge of under-saving.

This paper is based on qualitative research interviews with 40 individuals aged 25 to 45 years old who have been automatically enrolled into workplace pensions. Present bias featured strongly in participant's accounts, with many highlighting the importance of maintaining their current standard of living in the face of significant uncertainty regarding the future. Participants described the feeling of detachment to their future, and evidenced discomfort with the topic. This was common across all levels of pension participation – those who did pay a lot of money had not necessarily overcome detachment or present bias, but felt they were 'fortunate' to be able to participate in a workplace pension while still accommodating their present needs. These findings suggest that encouraging individuals to connect to their future may not increase pension participation alone, and raises the need to better understand what does drive pension decisions.

457 - Gender, Pension Planning and Policy in the UK

Liam Foster, Martin Heneghan

University of Sheffield, Sheffield, United Kingdom

Abstract

Increased longevity is a positive development. However, it also creates challenges, not least in relation to pension provision and future sustainability. These challenges have been exacerbated by the fact that many people, and women in particular, are 'under-saving' for retirement. Gender differences in the accumulation of pension savings are well documented, although less emphasis has been placed on gender and pension planning. Work in this area has concluded that while differing lifetime work profiles (and family history) explains much of the differences

in men and women's pensions, other factors such as pension knowledge and confidence in decision-making, may also have an impact on pensions accumulation. This research, funded by the Fawcett Society in association with Scottish Widows, explores some of these factors through the use of 30 semi-structured interviews and a focus group with women (aged 24-39) about their attitudes and motivations towards pension saving. It concentrates on discussions around pension knowledge, advice and decision-making, and identifies challenges in relation to women's pension knowledge and the use of male 'role models' in making decisions. It then explores potential policy mechanisms to enhance women's pension saving for retirement, including the manner in which information and advice is provided, strategies to improve confidence in pension decision-making and the potential to development a less gendered pension scheme.

514 - Can't save or won't save – examining retirement saving activity among British adults in their 30s and 40s.

Ellie Suh

London School of Economics and Political Science (LSE), London, United Kingdom

Abstract

Recent changes in the pension landscape in the UK have fundamentally altered how younger generations, mostly in their 30s and 40s, save for retirement. Due to decreasing state pension entitlement and the shift from Defined Benefit to Defined Contribution workplace pension schemes, individuals are expected to accumulate sufficiently to provide for themselves, rendering the persistent under-saving among this age group particularly problematic. This study examines retirement saving activity using a modified version of the *model of financial planning* (Hershey et al. 2007), which incorporates individuals' attitudinal and behavioural tendencies in examining retirement saving behaviour. The fourth wave of the Wealth and Asset Survey is used, and the analysis is conducted using Structural Equation Modelling. The attitudinal and behavioural measures are constructed using factor analysis. Their roles in the retirement saving decision-making are tested in the structural model, accounting for the broader economic circumstances, such as income, homeownership and inheritance receipts. Results show that less than one in ten adults aged between 30 and 49 saves for retirement independent of their workplace saving schemes. The most reliable predictor for identifying a retirement saver is *financial resilience* – a behavioural factor representing how financially resilient and responsible individuals are with their money today. However, it is important to note that *financial resilience* is closely connected to broader economic circumstances, such as income, homeownership and inheritance receipt. These factors also have more substantial effects than myopia on financial resilience as well as thinking about saving for retirement.

287 - Understanding the impact of automatic enrolment on retirement savings behaviour in DC workplace pensions.

Lynne Robertson-Rose

University of Edinburgh, Edinburgh, United Kingdom

Abstract

The paper introduces the results of an investigating into retirement savings behaviour within the context of automatic enrolment. The exploratory mixed-methods study investigated employees' responses to the pension scheme defaults and focusses on three areas - financial planning, social relations, and the employment context. The research was conducted at a major UK employer who had been automatically enrolling new employees into their workplace pension scheme for several years.

The study uncovered different motives underpinning how individuals reacted to membership, contribution levels, and investment fund choice. Continued membership of the workplace pension scheme following automatic enrolment appeared to be driven by social pressures - which came both from the family and from workplace colleagues. Saving strategies were influenced by parental accumulation of retirement assets and parental financial literacy.

The life-stage of the individual influenced how

they reacted to the minimum contribution default: motives for increasing contributions included household formation and parental ageing. Employer-matching contributions were implicated in participants' willingness to increase pension contributions beyond the minimum default; investment in share option schemes was offered as justification for limiting contributions to the maximum match. Employer endorsement effects, driven by trust in the employer's intentions, were strongly implicated in fund default adherence and in investment diversification strategies:

However, non-membership and low contribution rates appeared to be linked to unsettled personal lives and career insecurity. Respondents highlighted potential job changes, low-grade employment and short-term contracts as being reasons not to engage with saving for retirement.

Symposium: Mobile e-Health: Current Perspectives from National and International Researchers

Technology & innovation

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 4.211

T-P1-C14 - Mobile e-Health: Current Perspectives from National and International Researchers

Symposium Abstract

This symposium, organised by the BSG Technology & Ageing Special Interest Group, will discuss the multi-disciplinary collection of essays in Mobile E-Health (2017), a new book from Springer edited by Drs. Marston, Freeman & Musselwhite. The book equips readers in understanding the current state of art in technologies, associated to digital health and well-being across the lifespan. The collection brings together the latest thinking and cutting edge contemporary research from leading thinkers and academics in the field of human computer interaction, health and gerontology. In taking a social approach, it highlights how technological practices fit within wider gerontological, political and cultural perspectives. It therefore has potential to influence those working in human computer interaction, digital humanities, sociology, psychology and gerontology. It can help change the practice of people working in the health and social care field, in computer and product design, and in the digital and creative industries.

This symposium provides an overview of the fourteen book chapters, covering topics including mHealth Apps, QS, Games for Health, Ageing Perspectives to the Barriers and Enablers of Technology Use, Ethics, Theory and Service Provision, Privacy and Legal Requirements, as well as three presentations from contributors to the edited collection.

Chair

Hannah Marston - The Open University, Milton Keynes, United Kingdom

Discussant(s)

Charles Musselwhite - Swansea University, Swansea, United Kingdom

60 - Contemporary & Future Insights into Digital Game Technology for Ageing Populations:

Hannah Marston[1], Michael Kroll[2], Dennis Fink[3], Rakel Poveda-Puente[4], Yves Gschwind[5]

[1]The Open University, Milton Keynes, United Kingdom. [2]German Sport University Cologne, Cologne, Germany. [3]DJK Sports Association, Langenfeld, Germany. [4]University of Valencia, Valencia, Spain. [5]Neuroscience Research Australia, Sydney, Australia

Abstract

This presentation will provide an overview of the work published in Chapter 7 of the Mobile e-Health edited book by Springer. The presentation will cover an overview of digital gaming trends across Europe and Australia, including gaming preferences, demographics and ICT use and ownership. An overview of current literature in the field of digital gaming and ageing will be presented, encapsulating several domains including: health rehabilitation and gaming, fall

prevention and active ageing. The presentation will look at the use and deployment of mobile health apps and gamification, and how this new development could impact on the area of digital gaming and ageing, relating to active and healthy ageing, interaction and engagement by users. Findings from the EU project – iStoppFalls project are presented, whereby an ICT survey was deployed to ascertain participants ICT usage, ownership and behaviours. Findings primarily focus on the digital games section of the technology survey completed by participant prior to undertaking the iStoppFalls randomized control trial, culminating in areas such as: how participants learnt to play games, what were their preferred game genres and online gaming habits. Finally, the presentation will conclude exploring the common challenges associated to digital game research, and a series of recommendations are proposed coupled with future insights and areas of what researchers in this field should consider for future work.

148 - Transcendent Mobile health for an ageing population: an introduction

Charles Musselwhite

Swansea University, Swansea, United Kingdom

Abstract

eHealth is the use of technology to serve and promote health and wellbeing needs of a population. Mobile health (mhealth) is the use of wireless technologies to connect, communicate and promote this amongst different stakeholders within the population. This presentation will introduce the concept of mhealth for an ageing population. It will discuss key concerns including security and privacy, information overload, following a medical approach and not fully understanding how technology might fit into everyday lives of older people. Complementing computer science and technological research, more focus is needed on acceptability of such systems and developing standards and design and usability guidance. Mhealth can be seen as both an enabler and a disrupter, with the potential to revolutionise interactions older people have with their own health but there is a need to reflect on the human and social context surrounding such technology. For example, more needs to be done to involve the end users of the technology in the design of technology itself and move towards a bottom up transcendent rather than technocratic approach to technology. In addition, there should be more space for understanding how technology, such as mhealth, can change society, examining how it challenges moral dilemmas and ethics. Regulation is important when developing new technology, but it needs to cover changes in practice not just the technology itself. More research is needed in the area of mhealth but the research must continue to be multi-disciplinary and fully involve stakeholders and end-users for full potential to be realised.

227 - Use of the Splashboard Virtual Art System by Older Adults

Alexander Paczynski, Laura Diment, David Hobbs, Karen Reynolds

Flinders University, Adelaide, Australia

Abstract

Traditional art practices can be challenging for older adults, but virtual reality systems may play a role in encouraging physical activity, creativity and providing a leisurely experience. Studies have shown the potential benefits of engaging older people in visual arts. These include: a sense of achievement and satisfaction; improved mood, self-esteem and morale; improved physical health.

Splashboard is a gesture-based system that uses a Microsoft Kinect camera to enable participation in art through arm and body movements. *Splashboard* creates a digital multi-coloured canvas in response to movements, and incorporates visual and auditory responses to encourage activity and creativity. The system continuously records quantitative data about limb movements and range of motion.

In this study, *Splashboard* was trialled with 15 older adults (average age 84 ± 8 years, range 69 to 96 years) within a residential aged care setting. The system was set up in a spacious day room through a widescreen television screen. Participants were free to use the program whenever they desired under staff supervision. Quantitative data in the form of upper limb and spine movement, and the length of time that *Splashboard* was used was automatically tracked

and stored. Participant feedback was collected via questionnaires pre- and post- trial.

Average session length was 11.6 min, and average number of sessions per participant was four. For all but one participant, average session length was >5 min. Results indicated that the software successfully engaged most participants, encouraged physical activity, and allowed the residents to enjoy the process of creating art.

Symposium: Resilience and ageing: creativity, culture and community

The arts, leisure & consumption

Time: 9:00 - 10:30
Date: 5th July 2018
Location: 4.212

T-P1-C15 - Resilience and ageing: creativity, culture and community

Symposium Abstract

This symposium addresses the relationship between taking part in different forms of creative and cultural practice and the development of resilience in older people. The papers presented feature in a book to be published by Policy Press later in the year. We both consider research where the creative activity is the focus of the study and where the creative activity is part of the research methodology. The papers draw upon a number of creative interventions and participatory methods including a cultural animation exercise, arts activities for those with dementia, craft and reading.

McFadden and Basting (2010) proposed that creativity fosters emotional experiences and social interactions which contribute to a person's resilience. We view resilience as a combination of 'both environmental and individual factors' and as a 'negotiated process', rather than as a trait which some people are fortunate enough to possess (Wild et al, 2013 p.144). The papers examine the cultural means through which people make sense of the normal transitions and experiences associated with ageing, alongside more acute stresses. Rather than focusing on mitigating risk factors, we examine how older people use culture to bounce back despite adversity, and perhaps even because of it.

McFadden, S. and Basting, A. (2010) 'Healthy aging persons and their brains: Promoting resilience through creative engagement', *Clinical Geriatric Medicine*, 26: 149-161.

Wild, K., Wiles, J. and Allen, R. (2013) 'Resilience: Thoughts on the value of the concept for critical gerontology', *Ageing and Society*, 33(01): 137-158.

Chair

Anna Goulding - Newcastle University, Newcastle-upon-Tyne, United Kingdom

102 - Setting the field: Older people's conceptualisation of resilience and its relationship to cultural engagement

Anna Goulding

Newcastle University, Newcastle-upon-Tyne, United Kingdom

Abstract

This paper introduces new understandings of the relationship between cultural engagement and resilience in older age. It uses data from a cultural animation (Keleman et al, 2015) workshop and qualitative interviews with a range of older people to understand their conceptualisation of resilience and the strategies they have used to overcome challenges experienced throughout the life course. Findings develop the field of cultural gerontology by revealing how cultural participation, as defined by the participants themselves, can foster psychological, social and cultural resilience (Wild et al, 2013). The chapter explores the 'aesthetic encounter', which has been described as the interaction between the participant and the aural, visual and narrative properties of the cultural object (Varriale, 2016). This is necessary to articulate what is specific to engaging the arts as opposed to other activities involving social interaction. Engagement with the arts has been found to aid personal reflection and provide pleasure, appreciative experience and the development of knowledge. However, the extent to which such opportunities are open to all is questioned.

Kelemen, M., Mangan, A., Phillips, M., Moffat, S. and Jochum, V. (2015) *Untold stories of volunteering: A cultural animation project*, AHRC Connected Communities programme report.

Varriale, S. (2016). 'Beyond distinction: Theorising cultural evaluation as a social encounter', *Cultural Sociology*, 10(2): 160-177.

Wild, K., Wiles, J. and Allen, R. (2013) 'Resilience: Thoughts on the value of the concept for critical gerontology', *Ageing and Society*, 33(01): 137-158.

106 - Narrative agency and resilience: Visual arts activities for older people with dementia

Andrew Newman[1], Teri Howson-Griffiths[2]

[1]Newcastle University, Newcastle upon Tyne, United Kingdom. [2]Liverpool John Moores University, Liverpool, United Kingdom

Abstract

This paper explores the role that visual arts enrichment activities have in supporting narrative agency and how that might facilitate resilience in older people living with dementia in care homes (Randall, 2013). This is viewed as a way through which the personhood of a person living with dementia might be supported or enhanced (Kitwood and Bredin, 1992). This paper explores data from the *Dementia and Imagination* research project that examined how arts enrichment activities might improve the lives of people in later life living with dementia. The arts enrichment activities supported the resilience of those who took part through facilitating narrative expression. This paper makes a distinction between textural narratives and visual embodied narratives which are more possible for those with dementia who have lost verbal language. The research makes a wider contribution to the field in providing an understanding of the potential of narrative care, where 'people make sense of their experiences, and indeed their identity, through the creation and sharing of stories' (Villar and Serrat, 2017, p.44), to improve the lives of people in later life with dementia.

Kitwood, T. and Bredin, K. (1992) 'Towards a theory of dementia care: Personhood and well-being', *Ageing and Society*, 12(3): 269-287.

Randall, W. (2013) 'The Importance of being ironic: Narrative openness and personal resilience in later life', *The Gerontologist*, 53(1): 9-16.

Villar, F. and Serrat, R. (2017) 'Changing the culture of long-term care through narrative care: Individual, interpersonal, and institutional dimensions', *Journal of Aging Studies*, 40: 44-48.

108 - Play and social connectivity in dementia care: Resilience through a poetry intervention

Kate de Medeiros[1], Aagje Swinnen[2,3]

[1]Miami University, Oxford, USA. [2]Maastricht University, Maastricht, Netherlands. [3]University of Humanistic Studies, Utrecht, Netherlands

Abstract

This paper explores the idea that the arts, such as poetry, offer a style of communication and self-expression that is particularly able to capitalize on the emotional and social capabilities of people with dementia. We conducted six interactive poetry sessions using guidelines from the Alzheimer's Poetry Project (Glazner, 2005) with a group of 8 residents living with dementia in a secure long-term care facility in the U.S. Our goals were to: 1) understand the daily lives of the residents prior to our intervention (week 1); 2) determine what types of behaviors were observable through close observation and thorough note taking; 3) introduce an 6-week poetry intervention (weeks 2-7); and 4) observe behaviors the week following the intervention (week 8). Sessions were audiorecorded and supplemented with detailed observational notes. Findings indicated a positive shift in the group during the eight weeks as demonstrated through spontaneous storytelling by several participants, increased laughter and conversation, reduction of disruptive behavior by one participant, and new engagement by two otherwise silent participants. During the post-intervention week, observed behaviors returned to those from the pre-intervention period. Overall, we argue that while arts interventions may not be able to reverse cognitive decline, arts interventions, through use of imaginative thinking and new opportunities for language and social connectivity, may create a time-space in which people can be resilient, express affinity with others and foster

social bonds thereby contributing to meaningful moments in people's lives.

Glazner, G. (2005). *Sparking Memories: The Alzheimer's Poetry Project Anthology*: Poem Factory.

167 - Crafting Resilience for Later Life

Jackie Reynolds

Keele University, Newcastle-under-Lyme, United Kingdom

Abstract

This paper draws on doctoral research (awarded 2011) examining the meanings that older people attach to their participation in group arts activities throughout their lives. The study focused on understanding the relationship between arts participation and social capital in later life. Social capital is increasingly recognised as a resource for resilience, and can be a characteristic of individuals or communities (Zautra et al. 2008). Reflecting a narrative approach, influenced by life course perspectives, the study involved qualitative interviews with 24 participants connected with a case study town in the English Midlands. Whilst participants were involved in a range of different arts groups, this paper highlights findings from ten interviews with female participants who took part in craft activities. I highlight the importance of life course perspectives in understanding later life arts participation and the value of people's participation in terms of maintaining a sense of meaning and purpose: this can be particularly significant when people face challenges such as ill-health, loss and bereavement. I discuss ways in which arts-generated social capital may be seen as distinctive and how it can contribute to both individual and community resilience. I argue that the study's focus on ordinary, everyday aspects of people's lives challenges the exclusionary and aspirational focus often seen in discussions of 'successful ageing'.

Reference:
Zautra, A., Hall, J. and Murray, K. (2008) 'Resilience: a new integrative approach to health and mental health research', *Health Psychology Review*, 2(1): 41-64.

Parallel Session 2 (P2)

Time: 11:00 - 12:30
Date: 5th July 2018

Symposium: Sensory impairment and dementia: Impact, investigation, intervention and involvement

Health & social care practices & contexts

Time: 11:00 - 12:30
Date: 5th July 2018
Location: Theatre A

T-P2-C1 - Sensory impairment and dementia: Impact, investigation, intervention and involvement

Symposium Abstract

Seven in ten adults over the age of 65 live with vision or hearing problems, and more than six in ten live with depression or dementia. Sensory impairments are commonly comorbid and interact with cognitive impairments to worsen quality of life. The scale of comorbid sensory and cognitive problems is substantial, but poorly understood. The SENSE-cog project investigates the combined impact of sensory and cognitive problems to improve quality of life and help optimise health and social care budgets and resource allocation across Europe.

In this seminar, we present four key areas of work from the SENSE-cog project: i) investigating the combined impact of sensory impairment on and the benefits of treating sensory impairments on cognitive health, ii) developing new assessments of cognition that are appropriate for people with hearing or vision impairment, iii) developing and evaluating a sensory support intervention to improve outcomes for people with dementia and sensory impairment and iv) involving people with dementia and sensory impairment in research.

Acknowledgements

The SENSE-Cog programme is funded by the EC Horizon 2020 research and innovation programme under grant agreement N°668648.

Chair

Iracema Leroi - University of Manchester, Manchester, United Kingdom

144 - The impact of sensory impairment on screening tools for identification of dementia (and what to do about it)

Piers Dawes[1], Annie Pye[1], Anna Pavlina Charalambous[2], Iracema Leroi[1], Chyrsoulla Thodi[2], Wai Yeung[1]

[1]University of Manchester, Manchester, United Kingdom.
[2]European University Cyprus, Nicosia, Cyprus

Abstract

Sensory impairments are common in older adults and hearing and vision impairments commonly go unrecognised and untreated. Sensory impairments are a challenge in relation to dementia assessment because it may be difficult to tell how much someone's difficulties are due to sensory problems or due to a cognitive problem. Additionally, tests used to identify dementia are affected by sensory functioning, so that someone might do poorly because they have sensory problems rather than a cognitive problem. Some people may end up with an incorrect diagnosis of 'dementia', or the severity of dementia may appear worse than it actually is because someone's difficulties may be at least partly due to sensory problems rather than dementia. Sensory impairment may result in people not getting the most appropriate treatment or support.

We conducted a systematic review of screening tools for the identification of dementia in adults with acquired hearing or vision impairment. 1,551 papers were identified, and 13 met inclusion criteria. Four papers related to tests adapted for hearing impairment; 11 papers related to tests adapted for vision impairment.

Adaptations for hearing impairment involved deleting or creating written versions for hearing-dependent items. Adaptations for vision impairment involved deleting vision-dependent

items or spoken/tactile versions of visual tasks. The primary limitation of these adaptations is that their validity in detecting dementia among those with acquired hearing or vision impairment is yet to be established. A solution would involve item substitution in an alternative sensory modality followed by re-validation of the adapted test.

176 - Patient and Public Voice - Involving older people with dementia, hearing and vision problems in multi-site research across Europe

Jahanara Miah[1,2], Anna Charalambous[3], Piers Dawes[1], Iracema Leroi[1], Valeria Manera[4], Suzanne Parsons[2]

[1]University of Manchester, Manchester, United Kingdom. [2]Public Programmes Team, Manchester, United Kingdom. [3]European University Cyprus, Nicosia, Cyprus. [4]Universite de Nice Sophia Antipolis, Nice, France

Abstract

We involved older people with dementia, hearing and vision problems to inform our multi-site European research programme in sensory impairment and mental well-being (SENSE-Cog) via three research user groups (RUGs) in the UK, France and Cyprus.

Older adults with lived experience of cognitive, vision and/or hearing problems (n=15) and carers (n=10) were recruited via advertisements in the general community to RUGs at three SENSE-cog research sites in Manchester, Nice, and Nicosia. RUG members received research awareness training to increase their understanding of research to support meaningful involvement. We supported RUG members by taking a tailored approach taking into account the cognitive, vision and hearing problems of RUG members. Tailored approaches included environmental modifications (e.g. room lighting, layout and acoustics) and presentation of material (e.g. in simplified, large format written form to accompany verbal explanations).

RUG members offered views on key design aspects of the SENSE-cog study including usability aspects of an online hearing and vision test, a protocol for a controlled trial of a sensory support intervention for people with dementia and study recruitment materials.

Findings from the evaluation of the research awareness training using a questionnaire survey to assess RUG member's satisfaction with the training will be presented, alongside focus groups and interviews findings to evaluate impact of involvement in the SENSE-Cog project from the RUG member's perspective.

Meaningful involvement of people with dementia, hearing and vision problems is feasible provided that a tailored approach is taken to support the needs of people with cognitive and sensory problems.

190 - The impact of sensory impairments and benefits of treating sensory impairment in promoting cognitive health and preventing dementia

Asri Maharani, Piers Dawes, James Nazroo, Gindo Tampubolon, Neil Pendleton

University of Manchester, Manchester, United Kingdom

Abstract

Identifying potentially modifiable risk factors for dementia among older adults is a public health priority as the world population continues aging. We investigated whether single and dual sensory impairment (hearing and/or vision) is independently associated with the risk of dementia, and whether hearing aid use and cataract surgery alter cognitive trajectories in older adults. Data for individuals aged 50 and older were drawn from two longitudinal surveys: English Longitudinal Study of Ageing (ELSA) and the Health and Retirement Study (HRS). We used episodic memory (10 word immediate and delayed recall scores) to measure cognitive function and the 27-point Telephone Interview for Cognitive Status (TICS) to identify dementia cases. Sensory impairment was measured using self-reported hearing and vision. Our study has three main findings. Firstly, using proportional hazards model analysis, we found that individuals with single (HR, 1.2, $p<0.001$) and dual sensory impairments (HR, 1.45, $p<0.001$) had higher risk for dementia than in those with no impairment. Secondly, using the spline methods, we showed that the decline in episodic memory scores was slower after cataract surgery ($\beta=-0.04$, $p<0.001$) than before

cataract surgery (β=-0.09, $p<0.001$). Finally, we found that the slope of episodic memory scores after the beginning of hearing aid use (β=-0.02, $p<0.001$) showed slower decline than that before using hearing aids (β=-0.1, $p<0.001$). This study is among the first to provide evidence of the slower rate of cognitive decline with hearing aid use and cataract surgery.

281 - Developing a sensory intervention to improve outcomes for Europeans living with dementia and vision or hearing loss

Emma Hooper

University of Manchester, Manchester, United Kingdom

Abstract

We developed a complex individualised 'sensory intervention' to improve outcomes for people with dementia (PwD).

A mixed methods approach was taken to build understanding of the needs of PwD, in order to inform the intervention. This included: (i) systematic literature review; (ii) expert reference group consultation with dementia and sensory health care professionals; (iii) focus groups with PwD, caregivers, and professionals; and (iv) needs analysis surveys completed with PwD and their caregivers in the UK, Cyprus and France.

The development process revealed key findings which guided the refinement of a prototype 'sensory intervention' for field testing. The intervention consisted of several components, including assessment of hearing and vision function, correction of hearing and/or vision deficits with hearing aids and/or glasses, adherence support, communication training, and signposting to key support services. The field test consisted of a single arm, open label study evaluating the feasibility, acceptability and tolerability of the draft sensory intervention. This confirmed: (i) the need for an individualised intervention including both the PwD and caregiver; (ii) that receiving the intervention aids adherence to corrective sensory devices; (iii) the need for flexibility in the implementation of the intervention due to varying logistics circuits; (iv) that the intervention is feasible to deliver in the home and acceptable to participants; and (v) that recruitment and other delivery aspects of a future efficacy trial is possible. The protocol for a fully powered randomised controlled trial (RCT), 'The SENSE-Cog RCT' has therefore been developed, with recruitment commencing in spring 2018.

Mental health issues in later life

Health & social care practices & contexts

Time: 11:00 - 12:30
Date: 5th July 2018
Location: Theatre B

74 - A systematic review of self-harm in older adults

Isabela Troya[1], Kay Polidano[1], Opeyemi Babatunde[1], Bernadette Bartlam[1], Carolyn Chew-Graham[1,2,3]

[1]Research Institute for Primary Care and Health Sciences Keele University, Keele, United Kingdom. [2]South Staffordshire and Shropshire Healthcare NHS Foundation Trust, Stafford, United Kingdom. [3]West Midlands Collaboration for Leadership in Applied Health Research and Care, Stafford, United Kingdom

Abstract

Background: Self-harm is a major public health concern with significant health and social costs. Increasing prevalence of mental health problems and risk of suicide in later life necessitates identification of the particular characteristics of self-harm in older adults.

Aim: To systematically review the characteristics of self-harm in older adults.

Methods: Comprehensive search for observational studies was conducted. Using predefined criteria, articles were independently screened. Eligible studies were quality assessed using the NIH Assessment Toolkit. Data was extracted and a thematic analysis was conducted to draw together findings in a narrative synthesis. A Patient and Public Involvement group was involved in the design, conduct and interpretation of review findings.

Results: 11 studies were included, mostly of average quality. Yearly self-harm rates varied from

19.3 to 65 per 100,000 people. Risk repetition and subsequent suicide was high. Self-poisoning was the most commonly reported method. Increased self-harm was reported amongst women, older adults living alone, with previous psychiatric history, and comorbid physical problems. Contact with health-services prior to self-harm episode was common.

Conclusions: Self-harm in older adults holds exclusive characteristics to this age group compared to younger populations. Whilst risk of further self-harm and suicide is high in all populations that self-harm, the risk of suicide is higher in older adults. Comorbidities and increased contact with health-services are specific to older adults who self-harm. Given the high risk of repetition in older adults, an opportunity exists in primary care for the detection and prevention of self-harm and subsequent suicide, particularly those with comorbidities.

197 - Treating depression and anxiety in older adults with functional impairments: systematic review and meta-analysis of non-pharmacological interventions

Rachael Frost, Yehudit Bauernfreund, Kate Walters

University College London, London, United Kingdom

Abstract

Depression and anxiety are common in later life, particularly when people have impairments affecting their functioning (e.g. mobility difficulties, mild cognitive impairment). This leads to reduced quality of life, increased disability and increased health/social care use. Treatments are commonly not tailored to those with functional impairments. We aimed to review the effectiveness of non-pharmacological interventions for depression or anxiety in this population. We searched ten databases (inception-Jul 2017) and included randomised controlled trials of non-pharmacological interventions targeted at depression or anxiety in older people aged 60+ with functional impairments. We used meta-analysis to pool study data where possible and assessed risk of bias.

We identified 14 eligible trials including 2099 randomised participants and two subgroup analyses. Problem-solving therapy (PST) reduced short-term clinician-rated depressive symptoms (n=5 trials, mean difference -4.94 (95% CI -7.90 to -1.98)) but not remission rates, with limited evidence for effects on quality of life and functioning. Collaborative care may increase short-term self-reported and clinician-rated remission of depression, but not depressive symptoms, functioning or quality of life, however these data had methodological limitations. Bibliotherapy and life review had only single, small studies. No intervention consistently affected service use, although trials were limited by small sample sizes and short follow-up periods. No anxiety interventions were identified in this population.

In older people with depression and functional impairments, PST may reduce depressive symptoms and collaborative care may increase the odds of remission short-term. Future research needs to evaluate cost-effectiveness, long-term outcomes and anxiety interventions for this population.

127 - Supporting older people experiencing gambling-related harm: Insights from practitioners

Stephanie Bramley, Caroline Norrie, Jill Manthorpe

Social Care Workforce Research Unit, King's College London, London, United Kingdom

Abstract

Opportunities to gamble have boomed in the UK since the Gambling Act 2005 came into force. The introduction of online and mobile gambling means that gambling is an activity increasingly undertaken by older people. Half of 55+ year olds gamble and 13.5 per cent gamble online (Gambling Commission, 2017). The majority of older people gamble without problem; however, some may experience gambling-related harm - adverse financial, social and personal consequences to themselves, their families and the wider community (Responsible Gambling Strategy Board, 2009). Furthermore, older people may become victims of abuse or exploitation by those with a gambling addiction. Our study investigated the nature of gambling-related harm for older people, by conducting a scoping review (Bramley,

Norrie and Manthorpe, 2017), a set of interviews with 23 stakeholders, and then interviewing 21 practitioners in England working within social work, safeguarding and gambling support services about their knowledge of gambling-related harm and experiences of supporting older people in particular. Interview data were analysed thematically. Emerging findings were discussed at a seminar and with a group of older people and carers. Many practitioners expressed concern about gambling's pervasiveness in society but were uncertain about how to provide support or signposting to help. Practitioners called for professional development activities to help them to work with individuals experiencing gambling-related harm and seemed supportive of public health messages to reduce gambling-related harms.

196 - How do healthcare professionals manage depression and refer older people to psychological therapies? A systematic review of qualitative studies

Rachael Frost[1], Angela Beattie[2], Cini Bhanu[1], Kate Walters[1], Yoav Ben-Shlomo[2]

[1]University College London, London, United Kingdom.
[2]University of Bristol, Bristol, United Kingdom

Abstract

Previous studies suggest that the 'older old' are less likely to be referred to psychological therapies than the 'younger old', but are more likely to be prescribed antidepressants or psychotropic drugs. We aimed to investigate the reasons for this inequity through exploring how healthcare professionals manage older people in relation to depression and referrals to psychological therapies. We systematically reviewed qualitative studies exploring healthcare professionals' views regarding depression in older people and its management across primary and secondary care settings. We excluded studies relating to management across all ages or patients' views. Twelve studies were included, predominately focussing on general practitioners' and primary and community care nurses' views. Across most studies, late-life depression was principally attributed to age-associated functional decline and social isolation. Clinicians perceived depression to have an associated stigma for older people. Healthcare professionals within the majority of papers believed that physical health needs were prioritised over mental health needs, due to limited appointment times and the complexity of older people's needs. Most GPs felt confident being the main healthcare professional managing depression, although some nurses thought further training would be helpful. Psychological therapy referrals were limited by a lack of availability and perceptions that they were unsuitable for either older people in general or their associated social/functional issues. Clinicians therefore more frequently utilised the therapeutic relationship and/or prescribed antidepressants. Increased prioritisation of mental health in later life and greater provision of tailored late-life psychological services may facilitate clinicians' identification, diagnosis and management of depression.

Symposium: Ageing well in the right place, results from the D-SCOPE study on frailty and wellbeing in later life

Health & social care practices & contexts

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 1.218

T-P3-C4 - Ageing well in the right place, results from the D-SCOPE study on frailty and wellbeing in later life

Symposium Abstract

This symposium addresses key findings from the D-SCOPE research project. For four years, 7 researchers from 5 research groups in Belgium and the Netherlands collaborated to find strategies to detect and prevent a negative frailty-

balance. The aim of the D-SCOPE project is to detect frail community-dwelling older adults who previously went unnoticed. Goal is to increase their frailty-balance, quality of life, life satisfaction, meaning in life, community inclusion, mastery and ageing well in place.

First, Liesbeth De Donder will discuss the methodology of the D-SCOPE study, and give an overview of the results on how to pro-actively detect frail older people and their need for care and support? Second, Bram Fret examines barriers these frail, community-dwelling older adults experience to access care and support services. Why are people still lacking (access to) care? In the last 2 presentations, the researchers aim to answer one of the main question in the D-SCOPE project: what makes a frailty-balance? Using the concept of 'balance' implies a dynamic vision on frailty, indicating the potential of restoring the state of 'imbalance'. Lise Switsers examines the (positive) life-events older people experience and how this influences on the wellbeing of frail older adults. Finally, Daan Duppen will discuss the balancing effect of neighbourhood characteristics on the relation frailty and mastery, life satisfaction and meaning in life. The discussion highlights how several social and health care organisations adopted some of the developed strategies for the detection of frail older adults, and their guidance to appropriate care and support.

Chair

Liesbeth De Donder - Vrije Universiteit Brussel, Brussels, Belgium

Discussant(s)

An-Sofie Smetcoren - Vrije Universiteit Brussel, Brussels, Belgium

530 - Detecting and preventing frailty to age well in the right place

Liesbeth De Donder, Eva Dierckx

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

The D-SCOPE project consists of 3 phases. First, risk-profiles to detect frail older adults were developed. Second, potential balancing factors were identified by analysing 121 interviews. Based on the results of phase 1 and 2, a detection and prevention program was developed. This presentation aims 1) to present key-findings of phase 1 and 2 and how this informed this program and 2) to evaluate its efficacy and experiences.

A randomized controlled trial with follow-up at 6 months was developed and executed, including 872 community-dwelling older adults (at baseline) aged 60 years and over (selection based on the developed risk profiles for frailty). At baseline, participants with an elevated score on the Comprehensive Frailty Assessment Instrument were randomly assigned to (1) the experimental group or (2) the control group. In the experimental group, older adults were guided to the right care such as befriending projects for socially frail older adults, financial help and more.

The results demonstrate that using the specific D-SCOPE risk profiles increases the odds (significantly) to detect older people who experience physical, social and psychological frailty, but not for environmental frailty. Data-analyses reveal that also older people in the experimental group who experience limited levels of frailty express positive experiences of the presented care and support interventions. Both older people as the professionals involved emphasize the added-value of these "really" preventive measures in terms of wellbeing.

The discussion formulates specific recommendations on valorisation and how to translate these insights into practical tools.

472 - Access to care of frail community-dwelling older adults

Bram Fret

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

Universal access to healthcare has been set by the World Health Organization (WHO) as a main goal for the post-2015 development agenda. Nevertheless, regarding access to care, particular attention has to be paid to so-called vulnerable groups, such as (frail) older adults. This paper aims to identify barriers frail community-dwelling older adults experience regarding access to formal care and support.

A deductive content analysis was performed on 22 individual interviews with frail community-

dwelling older adults who indicated they lacked care and support. Codes were generated from the conceptual framework '6 A's of access to care and support' (referring to work of Penchansky and Thomas, 1981; Wyszewianski, 2002; Saurman, 2016).

Results indicate that (despite all policy measures) access to a broad spectrum of care and support services remains a challenge for older people in Belgium. The respondents' barriers concern: 'affordability' referring to a lot of Belgian older adults having limited pensions, 'accessibility' going beyond geographical accessibility but also concerning waiting lists, 'availability' referring to the lack of having someone around, 'adequacy' addressing the insufficiency of motivated staff, the absence of trust in care providers influencing 'acceptability' and 'awareness' referring to limited health literacy.

The discussion develops the argument that in order to make care and support more accessible for people in order to be able to age in place, governments should take measures to overcome these access limitations and should take into account a broad description of access.

482 - Exploring old-age life events within frail older people

Lise Switsers, Sarah Dury, Eva Dierickx, Liesbeth De Donder

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

Adverse life events in childhood and adulthood have long-term influences on older adults' health and well-being. However, the degree to which events that take place in later life have an impact on the ageing process cannot be deduced from literature. In studying the influence of life events, research has mainly focused on the adverse life events. Though, positive life events may also impact older adults. Moreover, scarce attention is given to the lived experiences. This study aims to investigate both adverse and positive old-age life events of frail older people's experiences, and how these might have an impact on their social participation. In order to do so, this study uses 56 individual qualitative interviews with home-dwelling frail older people aged 60 and above, collected in the D-SCOPE research project. Older people experience a variety of old-age life events (i.e. health, financial status, social relationships, change in loved-ones, living situation), which are dynamic and can be both negative and positive. Such transitions can take place gradually or as a breaking point. The nature of these events is hard to predict and take place at different levels; micro, meso, exo and macro level. This research gains insights on old-age life events, with a focus on adverse and positive life events.

471 - Social environment as balancing factor for frailty and frailty outcomes

Daan Duppen[1], Sarah Dury[1,2], Liesbeth De Donder[1]

[1]Vrije Universiteit Brussel, Brussels, Belgium. [2]Research Foundation Flanders, Brussels, Belgium

Abstract

Frail older adults depend heavily on their social environment and there is a relationship between frailty and neighbourhood experiences such as feelings of safety and social cohesion. To date it is unclear if these environmental aspects can balance frailty. The present study investigates whether social (i.e. social cohesion, low-key participation and feelings of safety) or physical neighbourhood aspects (i.e. presence of basic services, traffic, walkability) might moderate the relationship between frailty and dimensions of wellbeing (i.e. life satisfaction, meaning in life, mastery) for frail older adults. Data were derived from the first wave of the D-SCOPE study (n=872). The Comprehensive Frailty Assessment Instrument (CFAI-plus) was used for the assessment of multidimensional frailty. Overall, results indicate a difference of moderating effects between the different dimensions of frailty. For the social environment, interaction effects were found between social cohesion and mastery. For the physical environment, most interaction effects were found for basic services in the neighbourhood and outcomes life satisfaction, meaning in life and mastery. This paper contributes to the larger D-SCOPE study and shows that both physical and social aspects of the living environment of older adults are balancing factors for frailty in later life and are important

elements to age well in the right place. (*Findings will be further developed once the final data of the longitudinal study are gathered in April 2018*).

Health and social care systems

Health & social care practices & contexts

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 1.219

166 - One-size-fits-all, a figment of our imagination? The INClusive CAre framework as a blueprint for adequate health and social services

Emily Verté

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

Ageing in place requires a care and support infrastructure that is adapted to the complex needs of frail people. However, the organisation of health and social services do not succeed in the provision of comprehensive care for all. An integrated care framework was developed based on a mixed-method approach. Both qualitative (N=237) and quantitative (N=602) measures were used to achieve insights in both the supply and demand side of health and social practices, aiming at effective frailty management. The INClusive CAre framework stresses the importance of the neighbourhood in frailty management. It offers each neighbourhood an action list of needs to be tackled on two levels: (1) the micro level, and (2) the meso level. Moreover, the application of modularity enables responding to the changing needs of frail people and their context. Additionally, access to care is positioned at the core of the model, for all forces in the care process congregate in one central access point. As the framework recognises the multidisciplinary aspect of frailty management, it transcends the unilateral focus of health care. It takes both an ecological approach and an empowering perspective by guiding people in their frailty management through the adoption of a more active management style and by redefining the boundaries between formal and informal care. Hence, the framework for inclusive care allows responding to the diversity in demand through customising the care contents to a specific neighbourhood and its inhabitants.

569 - Foundational economy and domiciliary care for older people

Shane Doheny, Ian Jones

Cardiff University, Cardiff, United Kingdom

Abstract

Despite moves towards more managed forms of social care for older people, such care continues to be shaped by professional dominance and poor infrastructural development. Nevertheless, ideas and concepts are being put forward that aim to incorporate a focus on the individual older person with broader familial, social and economic concerns. Among these is the concept of the Foundational Economy; a concept that has gained some traction in the Welsh Assembly and in civil society in Wales more broadly. Drawing on recently conducted interviews with people working in and around domiciliary care for older people in Wales, this paper critically assesses the extent to which there is a capacity to adapt and change local organisation in line with foundational thinking. The underlying logic of the Foundational Economy, which draws attention to the need to develop ecologies of care around older people, clearly chimes with the views and experiences of these interviewees. However, the interviews show how the prevalence of market ideologies alongside a managerialisation of voluntary sector activity impede the potential contributions of Foundational Economy thinking. We reflect on the implications of these findings for the development and implementation of policy change.

515 - Care coordination for older people in the Non-Statutory Sector: content costs and time use

Jane Hughes, Rowan Jasper, Nik Loynes, Caroline Sutcliffe, Michele Abendstern, David Challis

University of Manchester, Manchester, United Kingdom

Abstract

Supporting frail older people at home is a global

imperative. In England, this was traditionally the remit of local government, responsible for both commissioning and delivering services. However, following a series of social work pilot projects greater diversity in provision was signalled in the Care Act (2014). This promoted some outsourcing of service provision to the non-statutory sector, to promote greater flexibility and efficiency in service delivery.

The aim of this study was to investigate the care coordination activities undertaken by practitioners in the non-statutory sector to support older people at home. Three research questions guided the enquiry:

What activities were undertaken?

What costs could be attributed to these activities?

How did practitioners use their time?

This was part of a broader research project investigating the provision of care coordination for older people in the non-statutory sector in England. It was funded by the NIHR SSCR.

A case study approach comprising semi-structured interviews with practitioners in seventeen services was undertaken in 2015. Data were analysed to: explore targeting on entry into service; calculate a cost per case for each service based on the care coordination activities undertaken; and describe practitioner time use. Findings will be presented and implications for policy and practice discussed.

435 - Integrating mental, physical and social care in long term conditions with a focus on the ageing population: 3 Dimensions for Long-Term Conditions (3DLC).

Iliatha Papachristou[1], Lindsay Ip[2], Abi Smith[2], Esther Tolani[1], Hugh Baille[3], Carol Gayle[4], Sean Cross[2], Khalida Ismail[1]

[1]King's College London, London, United Kingdom. [2]South London and Maudsley Hospital, London, United Kingdom. [3]Thames Reach, London, United Kingdom. [4]King's College Hospital, London, United Kingdom

Abstract

The NHS five year forward view has prioritised integrating physical and mental health particularly for people with long-term conditions (LTCs). LTC patients experience high rates of mental health issues which results in poor self-management, poor quality of life and reduced life expectancy. Through integrating psychological and social care into medical care, this can lead to better quality and value for the patient, carer and the health care system. LTCs are most prevalent with age and therefore an important area of focus.

3 Dimensions for Long-term Conditions (3DLC) model aims to provide integrated mental, social and physical health care for patients with long-term conditions within South London. This is achieved through providing commissioned psychiatry, psychology and social support within LTC clinical teams in secondary care, providing an integrated care-pathway supporting multi-morbidity at all levels of severity.

The 3DLC model has so far focused on heart failure, COPD and resistant hypertension, screening 910 patients for depression and anxiety with 403 of these patients being referred to the 3DLC service. These patients are then offered psychosocial assessments by the 3DLC team and/or provide advice to the LTC clinical teams.

37% of these patients are 65 years and over with an overall total mean age of 61.

3DLC will demonstrate that an integrated approach to the management of co-morbidities in LTCs will produce improvements in physical, psychological and social functioning and associated cost-savings. This is achieved through collecting data from patients at baseline and six month follow-up.

Symposium: Ageing, Equality, Diversity: A Social Justice Approach to Inequalities in Ageing

Unequal ageing

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 2.218

In chronological order
Underline denotes presenting Author

T-P2-C5 - Ageing, Equality, Diversity: A Social Justice Approach to Inequalities in Ageing

Symposium Abstract

This symposium will showcase four chapters appearing in a forthcoming (Autumn 2018) edited volume (Sue Westwood, Editor; Routledge) entitled *Ageing, Diversity and Equality*. This volume applies Fraser's (2013) social justice approach, considering how ageing is shaped by Fraser's three intersecting (resources/recognition/representation) domains: economic resources; social status, cultural visibility, and cultural worth ('recognition'); and social/political participation and access to justice ('representation').

Applying Frasers' theoretical frame to various aspects of later life and to various social settings in which it plays out, both the volume and the symposium will highlight ageing's heterogeneity and diversity. Each presentation's explicit focus on inequalities in ageing, and ways of overcoming them, will produce a symposium that is directly connected to and resonant with this year's conference's theme.

The symposium would begin with a brief introduction to Fraser's theoretical framework and to the edited volume (Dana Rosenfeld), followed by four presentations, as below. The symposium will end with a brief response to the chapters, drawing out common foci and findings and linking them to the conference theme, followed by questions from the audience.

1) Socio-economic inequalities in later life: The role of gender. Dr Athina Vlachantoni

2) Ageing with HIV. Dr Dana Rosenfeld

3) Migration, gender and care in older age long-term care contexts. Dr Shereen Hussein

4) Ageing and spatial equality. Dr Martin Hyde

Fraser, N. (2013). *Fortunes of feminism: From state-managed capitalism to neoliberal crisis*. London: Verso.

Chair

Dana Rosenfeld - Keele University, Keele, United Kingdom

263 - Socio-economic inequalities in later life: the role of gender, as part of Symposium: Ageing, Equality, Diversity: A Social Justice Approach to Inequalities in Ageing

Athina Vlachantoni

Centre for Research on Ageing and ESRC Centre for Population Change, University of Southampton, Southampton, United Kingdom

Abstract

Women's greater likelihood of providing informal care towards young children and older parents often results in interrupted employment records which can have an adverse effect on individual income both over women's life course and especially in later life. Such an effect manifests itself in the form of a higher poverty risk among older women compared to older men, which can be experienced over longer periods due to the persistent gendered gap in life expectancy. This paper explores gender differentials in socio-economic resources in later life, drawing on evidence primarily from the UK but also the broader European context. In particular, the paper discusses the interaction between women's atypical life courses compared to men's and the role of the evolving pension system leading up to increasing state pension ages for both sexes in the near future. Against the background of policy challenges associated with the continuing ageing of the population, addressing socio-economic inequalities both over the life course and in later life is pivotal in order to safeguard and promote the wellbeing of older individuals in future cohorts.

288 - HIV and Ageing: Inequalities in Resources, Recognition, and Representation

Dana Rosenfeld

Keele University, Keele, United Kingdom

Abstract

Drawing on qualitative data gathered for the 2011-2013 HIV and Later Life (HALL) study, this presentation brings empirical knowledge about ageing with HIV into Fraser's inequalities framework for the first time, showing that HIV

intersects with ethnicity, sex, sexuality, stigma, ageism, and statutory policy to subject older people living with HIV (OPLWH) to socioeconomic and cultural injustice.

These injustices are grounded in three intersecting domains. The **first** is the stigmatization of HIV and this stigma's exacerbation by ageist expectations of reduced or no sexual activity in later life. Taken together, these threaten social relationships and make relations with others living with HIV, whose personal knowledge of HIV allows for mutual understand and support, critical for mental health and wellbeing. The **second** is a set of statutory policies and shifts that intensify OPLWH's precarious financial position. These are (a) migration policies that impoverish black African OPLWH receiving medical care in the UK, and who are separated from family who remain in their countries of origin; (b) the recent shift from Disability Living Allowance, on which OPLWH are disproportionately reliant, to Personal Independence Payments (PIP) whose criteria disadvantage PLWH; and (c) the defunding of HIV service organisation that provide critically-needed access to and contact with other PLWH (see above). The **third** is HIV-related stigma and homophobia in long-term care settings, which, our participants said, would undermine the quality of long-term care. These intersecting injustices offer an opportunity to consider how cultural and socio-political factors combine to produce inequality in older age.

376 - Ageing and spatial inequality

Martin Hyde

Swansea University, Swansea, United Kingdom

Abstract

For the first time in history, most people throughout the world can expect to live into their 60s and beyond. This tremendous demographic achievement has been accompanied by the increased diversity of older people. It also foregrounds the importance of space for our understanding of ageing and later life. On the one hand population ageing is seen as a global phenomenon. Yet there are significant differences in the timing, speed and level of population ageing as well as the in the spatial distribution of older populations and the ageing of the older population itself. In this presentation I will draw on data from official statistics and international surveys to critically explore the spatial patterning of the 3 dimensions of Fraser's theory of justice, i) redistribution/maldistribution; ii) recognition/misrecognition, and iii) representation/misrepresentation, and the extent to which they help us understand ageing in the context of globalization. Overall the data show that there is a high degree of international variation in the extent to which older people are excluded from process of redistribution, recognition and representation. The data clearly point to the persistence of inequalities and a lack of justice for groups of older people around the world. However, the analyses also show that there appears to be little evidence that globalization per se has had a uniformly negative impact on the production and re-production of these inequalities.

578 - Migration, ageing and social inclusion: A case study of Turkish older migrants in the UK

Shereen Hussein

King's College London, London, United Kingdom

Abstract

In this presentation, I consider the experience of migrants growing older in a 'new', host community focusing on the roles of migration trajectories, social networks and culture in shaping the experience of social inclusion among older migrants. I draw on data obtained from life history interviews with 66 older Turkish migrants, aged 65 years or more collected in 2012-2013 and 30 interviews with community workers and care workers supporting Turkish older people. The analysis is based on Nancy Fraser's trilogy of interrelated factors of social justice: resources, recognition and representation. Here, I will focus on social networks as a key resource in migrants' life course. For recognition, I will discuss the cultural visibility and social status of this particular group of migrants and how these interact with wider recognition of 'migrants' and 'older people' as integrated groups within the wider society. In relation to representation, I will include participation within and outside the 'community' and draw attention to the vexed impact of 'strong social networks' and solidarity in creating

support as well as potential of social inclusion. The findings show that for Turkish older migrants, social networks were key resource that provided them with significant safety nets at crucial times in their lives. However, the same 'resource' created unintentional isolating bubbles from the wider society for prolonged periods of time, which had negative implications on the way they felt they are recognised and on how they actively sought representation.

Symposium: The Averil Osborn Symposium: Participatory approaches in ageing research - A dialogue between older people and researchers

Social participation, citizenship & the welfare state

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 2.219

T-P2-C6 - The Averil Osborn Symposium: Participatory approaches in ageing research - A dialogue between older people and researchers

Symposium Abstract

The ageing of the population, together with the need for more inclusive policies, services and practices, has contributed to a burgeoning interest in co-production and co-research with older people. To date, however, there is only limited knowledge about how the participation of older persons in research can be practically realised, and the benefits and challenges involved. Learning from existing projects is therefore essential, especially given the support for co-production that now exists within funding bodies and policy organisations.

Against this background, this symposium aims to reflect on the legacy of Averil Osborn, by contributing to the discussion around promoting and enhancing the participation and leadership of older people in research. The symposium brings together both academics and older people who have been involved in participatory research, and promote an interactive discussion about the benefits and challenges of this type of work.

In a first presentation, developed with co-researchers, Lizzie Ward, Denise Tanner and Mo Ray will reflect on the process of co-producing research with older people involved in a study focusing on self-funded care experiences. Building on the involvement of members of the Ages & Stages Theatre Company as long-term co-researchers into arts and cultural involvement, Mim Bernard, Jackie Reynolds and Jill Rezzano will then reflect on the benefits and challenges of creative co-production. Finally, Ruth Colton and Jenna Ashton will discuss a participatory action research, which involves older people as co-researchers to explore how green infrastructure can be used to support healthy ageing in urban areas.

Chair

Tine Buffel - The University of Manchester, Manchester, United Kingdom

Discussant(s)

Robin Means - University of West England, Bristol, United Kingdom

107 - 'Ages and Stages': Creative Participatory Research with Older People

Miriam Bernard[1], Jackie Reynolds[1], Jill Rezzano[2], Ages and Stages Theatre Company[2]

[1]Keele University, Stoke-on-Trent, United Kingdom. [2]New Vic Theatre, Newcastle-under-Lyme, United Kingdom

Abstract

This contribution focuses on the involvement of members of the Ages & Stages Theatre Company as long-term co-researchers into arts and cultural involvement in later life. The Company is a continuing outcome of the Ages and Stages project, originally funded by the national cross-council New Dynamics of Ageing programme (2009-12). BSG members may

recall a performance by Ages & Stages at the New Vic as part of the 2012 BSG Conference at Keele. This was a piece of documentary theatre using the words of research participants. Further successful funding awards from the AHRC led to the engagement of members of Ages & Stages in a variety of ways, including receiving training as co-researchers and interviewing each other about the cultural value of older people's theatre making. Members have also played a key role in the development of the now annual Live Age Festival – a major community event celebrating late life creativity which again originated in Ages & Stages work. Live Age is currently funded by an Arts Council England/Baring Foundation 'Celebrating Age' award, which has resulted in an all-year-round programme of outreach work called 'Meet Me at Live Age'. Meet Me is led by the New Vic Theatre in partnership with Keele University and Age UK North Staffordshire. Members of Ages & Stages support commissioned artists and project participants by volunteering as Live Age Ambassadors, and also as co-researchers in the evaluation of the programme. In this presentation, we consider the insights, benefits and challenges of creative co-production from a range of perspectives.

291 - Co-research and care ethics: working with older co-researchers to explore older people's experiences of self-funding social care

Mo Ray[1], Lizzie Ward[2], Denise Tanner[3]

[1]University of Lincoln, Lincoln, United Kingdom. [2]University of Brighton, Brighton, United Kingdom. [3]University of Birmingham, Birmingham, United Kingdom

Abstract

There has, over the past decade, been a significant growth in the number of older people who self-fund all or part of their care. Yet, older people's perspectives of self-funding are virtually invisible within a policy and research context. This project, funded by the Wellcome Trust, sets out to understand the lived experience of older people as they negotiate the process of purchasing and managing self-funded care, as well as the perspectives of key stakeholders, such as care providers and commissioners. The study is located in three sites: Brighton and Hove, Solihull and Lincolnshire. Underpinned by an ethic of care and the principles of co-production, older citizens as co-researchers are involved in the design, fieldwork, interpretation and presentation of findings. Our approach is situated within an ethic of care framework, building on earlier work which centred on relational ethics in co-research (Ward and Gahagan, 2010) and the creation of opportunities for deliberation in which 'professional' and 'lay' perspectives are equally valued in exchanging knowledge (Ward and Barnes, 2015).

Our aim is to make transparent the methods that we have developed to support co-production. The presentation focuses on the reflections of co-researchers and academic researchers on the experience of establishing and working together in a research team. We will consider the ways in which our teams are evolving and developing, opportunities and challenges in the process of mutual learning and action and some preliminary reflections on the value of an ethic of care framework to inform our approaches.

319 - Urban Ageing and Green Infrastructure: the role of participatory arts practice and co-production

Jenna Ashton[1], Ruth Colton[2]

[1]Manchester Metropolitan University, Manchester, United Kingdom. [2]University of Manchester, Manchester, United Kingdom

Abstract

Green Infrastructure (GI), including blue (water-based) and green public spaces, can directly and indirectly influence health and wellbeing. However, access to GI is not shared equally amongst the population, particularly in urban areas. People over 65 are most likely to suffer from poor health, yet this group may be the least likely to benefit from GI.

The Green Infrastructure and the Health and Wellbeing Influences on an Ageing Population (GHIA) project aims to aims to understand the benefits and values of urban green spaces for older people and how green infrastructure can be best used to support healthy ageing in urban

areas. Jointly funded by all three research councils (AHRC, NERC, ESRC) under the Valuing Nature Programme, it is a large-scale collaborative research project contributed to by researchers from all three Greater Manchester Universities (UoM, MMU, Salford).

As part of this project, Work Package Two is undertaking socially-engaged, participatory action research, working alongside older people as co-researchers to explore the experiences of ageing, in particular where these intersect with perceptions of the values and benefits of urban green infrastructure. A programme of participatory arts and/or heritage activities is being developed to confront and challenge issues such as barriers to participation, social isolation and narratives of decline and loss, and as methods for evidencing key value indicators.

Symposium: Access to out-of-home mobility, the risks of unequal provision of transport choices on the inclusion or exclusion of older people

Unequal ageing

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 2.220

T-P3-C7 - Access to out-of-home mobility, the risks of unequal provision of transport choices on the inclusion or exclusion of older people

Symposium Abstract

Across all age groups, the ability to reach services and facilities, and engage in the activities that make a community work, are important. This can be particularly relevant for older people for example in staying active, facilitating access to healthcare, or allowing grandparents to provide child-care.

This group though face a range of potential issues in later life which may affect their access to such mobility. These include the normal, predictable impacts of physical and mental decline, which may limit the ability to use a car – now the key mode of transport in countries such as the UK. The growing importance of the car, evidenced by rapid growth in licence holding by those in their 70s and 80s (particularly women), and reductions in both public and private sector alternatives means that those without a car can face significant disadvantages in their travel.

Many decades of research have highlighted the issues faced by those who experience mobility-shortfalls, and how this can put them at risk of being less active, less engaged, and more at risk of exclusion and isolation. This impacts not just on individual wellbeing (with mental and physical health consequences) but also on the social cohesion of the community that they live in.

This symposium, organised by the BSG's Transport and Mobility Special Interest Group, explores these issues from a range of perspectives, looking at the provision of transport choices for older people, and in particular, where inequity in provision has implications for wellbeing and community cohesion.

Chair

Ian Shergold - University of the West of England, Bristol, United Kingdom

Discussant(s)

Charles Musselwhite - Swansea University, Swansea, United Kingdom

264 - Will new technology-driven transport solutions risk the risk of continuing mobility inequalities and exclusion amongst the older population?

Ian Shergold

University of the West of England, Bristol, United Kingdom

Abstract

Driverless vehicles hold great promise as a solution to older people's mobility shortfalls, culminating in door-to-door transport without the need for either a licence or (current) capability to

drive. Such a solution would remove many of the barriers to mobility faced by those experiencing physical and cognitive impairment in later life, providing mobility to those who may otherwise be without transport and at risk of exclusion from family and friends, facilities and services. It would also alleviate demand for lifts, or mobility services afforded by the state or social providers.

This future is though uncertain, and such vehicles might actually end up reinforcing (or possibly exacerbating) current mobility deficits. Evidence for this view emerges from research with participants aged from 50 to 90 exposed to usage scenarios, vehicle simulators, and 'live' driverless cars. One key barrier involves the method of deployment. Many proponents suggest that 'shared', taxi-like vehicles will be the first manifestation of truly driverless vehicles, yet a strong aversion to sharing with strangers without the moderating presence of a 'driver' emerges amongst older cohorts. However, with driverless vehicles likely to attract a premium price – reflecting levels of technology, it is unlikely that many other than the particularly affluent will own them outright. Alongside the reluctance to share, are concerns about the complexity of control (even if the vehicle is driving itself). Experience of the latter from the study trials provides more doubt over whether driverless cars really are the 'silver bullet' in respect of resolving mobility-related exclusion.

270 - Older people's mobility, new transport technologies and user-centred innovation

Charles Musselwhite

Centre for Innovative Ageing, Swansea University, Swansea, United Kingdom

Abstract

This presentation outlines findings from 4 interactive, user-led focus groups with 36 people aged over 65 who used different forms of mobility. Participants discussed the importance of mobility, attitudes towards potential future changes in mobility and transport (including real-time transport information, smart ticketing, interfaces between technology and paratransit (e.g. Uber, Lyft), mobility as a service, automated vehicles and driverless cars) and also their own transport innovations.

Older people were generally sceptical of potential transport futures, though they welcome technologies that reduce physical difficulty in mobility, gave real-time information, and reduced issues with interchange (including accessibility between modes but also smart and joined-up ticketing and timetabling). There were mixed feelings of automated vehicles and driverless cars, often dependent upon the individuals willingness to accept technology taking over their own skills and abilities, trust in the technology and concerns over the future built environment.

Current transport innovations stemming from older people, included elements that built up social capital including reciprocation, for example someone took the parcels in for their street while people were out at work and in return got visits, presents and even given lifts to places. Older people who still drove often provided lifts for others, which not only helped keep people connected but was also a source of pride and an affirmation of role in the community. Overall, it is suggested that older people's transport innovation could be better utilised and older people need to be more involved in decisions regarding transport planning and service provision.

293 - The Process of Driving Cessation in Later Life: A Focus on Informal Support

Amy Murray

Swansea University, Swansea, United Kingdom

Abstract

The ageing of the UK's population presents a cohort of adults with increased transport and mobility needs. In order to meet these needs, driving has been highlighted as a crucial skill to maintain in later life, which often serves as a 'lifeline' to the outside world for many older adults *(Ward et al, 2013)*. Nevertheless, inevitable physiological changes which often accompany the ageing process result in a growing number of older people giving up driving. Research has found driving cessation to be a traumatic experience with significant negative outcomes to health and wellbeing. Depression, loneliness, and reduced

out-of-home activities frequently follow this major later life transition *(Musselwhite & Shergold, 2012; Whitehead et al, 2006)*.

Informal support has been highlighted as an imperative factor throughout the driving cessation process, with one study finding that older adults without support from family and friends returned to driving shortly after giving up *(Johnson, 2008)*. Nevertheless, there is a lack of literature which has explored the nature, or outcomes of informal support throughout the process of driving cessation, particularly from the perspective of both older adults as support receivers, and informal network members as support providers.

The following presentation will draw upon data collected from 30 qualitative semi-structured interviews with older adults and their family, friends & neighbours. Findings relating to the outcomes of informal support throughout the driving cessation process will be discussed. These will include issues of burden, emotional burnout, and meaningful purpose. Findings have the potential to inform UK policy and practice.

346 - Is the free bus pass in England equitable and does it encourage public transport use among older people?

Anthony Laverty[1], Elizabeth Webb[2]

[1]Imperial College London, London, United Kingdom. [2]University of Southampton, Southampton, United Kingdom

Abstract

Since 2006 England has had a bus pass scheme which provides free bus travel for older people. The scheme is universal but there are questions over whether take up is equitable and whether it is linked to more mobility in terms of using public transport. We used data from English Longitudinal Study of Ageing collected in 2012 and 2014. Logistic regression assessed factors associated with take up of a free bus pass by 2014 among eligible people without a pass in 2012, and associations of this with public transport use in 2014. Of those eligible for a free bus pass in 2012, 16.1% did not have one. 18.8% of these people had taken up a bus pass by 2014. Take up was equitable according to wealth and other individual characteristics but was more common among people retiring from paid work (AOR 2.33, p=0.025), and moving house (AOR 2.76, p=0.014). People who took up a free bus pass were more likely to use public transport in 2014 (AOR 3.23, p<0.001). Additionally, women initiating public transport use were more likely to undertake at least some physical activity in 2012 (AOR 1.67, p=0.023). Take up of the free bus pass is equitable across groups, and is strongly linked to public transport use among older people. Subsidised public transport schemes have the potential to reduce existing inequalities in mobility between groups.

Lifecourse determinants of mortality / disability / illness in later life - global perspectives

Ageing in a global context

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 3.204

532 - Social Inequalities in Life Expectancy – Accumulation, Continuity and Destructuring of Social Inequalities in Retirement

Vera Gallistl[1], Tobias Göllner[2]

[1]University of Vienna, Vienna, Austria. [2]Statistik Austria, Vienna, Austria

Abstract

Social inequalities in life expectancy are well documented in western societies. From a life-course perspective, these persisting patterns can be explained through two different theoretical frameworks: The cumulative advantage/ disadvantage theory describes an accumulation of social inequalities across the life course (Dannefer, 2002), while other theorists have argued in favour of continuity or even destructuring of social inequalities after working life (Clemens, 2008). This paper explores how life conditions in different life stages determine mortality after working life. Using multiple regression models,

this paper explores mortality of older adults under consideration of 1) their childhood living conditions, 2) their integration in the labour market and 3) living conditions after working life.

Using the Austrian EU-SILC database, we extracted data from 4300 older adults (50+) from 2005 until 2011. Variables included information on socioeconomic status in different life phases. Those cases were linked deterministically with the national death register to follow them up their vital status until 2016. We then calculated multiple Cox Regressions to contrast the two theories.

The childhood variables were no significant predictor of survival in our sample. However, variables of working life and retirement were significant (education and health status). Those were also significant in the combined Cox regression. This evidence points to the theory of continuity or destructuration rather than accumulation of social inequalities. However, the used sample is slightly selective, and the follow-up may be too short. Date suggests a permanent panel to accurately assess both theories.

524 - What equality? Life course diversity and inequality in later life in times of change

Andreas Motel-Klingebiel, Susanne Kelfve

Linköping University, Division Ageing and Social Change, Norkköping, Sweden

Abstract

This presentation discusses shifts in inequality over time in Sweden, which serves as a case example of a quickly changing welfare society. Its 60+ population of today faced the golden age of capitalism, prosperity and welfare but also crises, new uncertainties, erosions and shifts in social norms and organisation of labour. These changes add to life course inhomogeneity, generate asynchronies, and create winners and losers regarding life chances and inclusion. Transformations in life courses and social institutions exacerbate the accumulation of (dis)advantage and have crucial impacts on employment, retirement transitions and later life. Aspects like gender, cohort, education, ethnicity and others moderate these dynamics. Increasing disparities between societies give rise to migration and contribute in turn to differences within countries.

The study focusses on inter- and intra-cohort disparities in Sweden and deals with changing population compositions, patterns and later-life consequences of life courses in Sweden. By taking an international comparative perspective, Swedish trends are contrasted with those in other European societies. Based on extensive Swedish registry information and European survey data from EU-SILC this study assesses changes in trajectories and distributions in a cohort sequential perspective.

Results find significant shifts in life course patterns that are fortified by variations in population compositions with disadvantaged groups as forerunners in overall relative declines in later-life economic positions, and increasing intra-cohort inequalities corresponding with unexpected drawbacks for many as well as new possibilities for others.

469 - Family and household composition and mortality risks among European old men and women

Pilar Zueras[1], Sergi Trias-Llimós[2]

[1]Centre for Demographic Studies (CED), Barcelona, Spain. [2]Population Research Centre, Faculty of Spatial Sciencies, University of Groningen, Groningen, Netherlands

Abstract

Survival in adult and old ages is strongly associated with social relationships and support. The partner and children play a crucial role in this association. The benefits of being married and being a parent on mortality are well known and persist after controlling for socioeconomic factors and measured health. This study examines the association between family composition and mortality risks among old men and women to explore potential gender differences as an exercise to assess the advantages and drawbacks of using the Survey of Health, Ageing and Retirement in Europe (SHARE) data to study mortality.

We examine the quality of mortality data from SHARE by comparing the drop-out and the followed samples, and we compare probabilities of

dying with their equivalent using Human Mortality Database data. A selection of 10 countries was finally included in our analysis. Family composition variables include marital status, living arrangements, having children or information on the main social network of the respondent. The relationship of family composition with mortality will be analysed using multivariate models and including sociodemographic controls (age, sex, education), as well as health conditions at the baseline.

Preliminary results from logistic regressions between waves 4 (2011) and 5 (2013) show, as expected, a moderate protective effect of marriage on mortality as compared to most of the other categories. Similarly, reporting the spouse as the main social network is associated with lower mortality risks as compared to those who have other main social networks.

510 - Role of socio-demographic factors in explaining gender differences in disability in later life: Evidence from Bangladesh

Mijanur Rahman[1], Aravinda Guntupalli[2], Julie Byles[1]

[1]Priority Research Centre for Generational Health and Ageing, The University of Newcastle, Callaghan, Australia. [2]The Open University, Milton Keynes, United Kingdom

Abstract

Women account for the majority of older people globally due to an inherent biological advantage along with behavioural differences. Despite making remarkable progress in reducing female discrimination and the gender gap in life expectancy at birth in recent years, older men continue to outnumber older women in Bangladesh. Around 53 per cent of older people in Bangladesh are men, and this male dominance in proportion is expected to continue until 2030. Earlier studies show that older women in Bangladesh continue to face a greater likelihood of being widowed and living alone, resulting in economic and health disadvantages. Hence, the aim of the study is to examine gender differences in disability among older people aged 60+ in Bangladesh, and to explore factors associated with an alleged gender gap using the 2011 Census of Bangladesh micro-data sample. Disability was assessed with a self-reported single response question. Log-binomial regression was used to estimate risk ratios of reporting disability after controlling for socio-demographic characteristics. Furthermore, Blinder-Oaxaca decomposition technique was applied to divide the gender gap into an explained component stemming from gender differences in socio-economic characteristics and an unexplained component, a proxy for gender bias and unobserved predictors. The results show that older women had significantly higher risk of reporting disability compared to men across all socio-demographic groups. The risk ratios were particularly high in vision and hearing disabilities that require assistive devises. Decomposition analysis demonstrated that 47% of the gender gap stems from inequalities in socio-demographic characteristics between older men and women.

Symposium: Ageing, Materiality, the Body and Everyday Life

Theories, methods & critical perspectives

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 3.211

T-P2-C9 - Ageing, Materiality, the Body and Everyday Life

Symposium Abstract

Studies of ageing, as part of the wider cultural turn, have increasingly engaged with questions of materiality. Through the exploration of the role of stuff, things, dress, possessions, technologies, spaces, design and environments in the experience and perception of ageing, materiality offers new perspectives through which to explore the embodied lives of older people, highlighting the interconnections between the corporeality of ageing bodies and the socio-cultural context in the everyday lives of people as they grow older.

The aim of this symposium is to bring together an

international group of academics and researchers whose work focuses on ageing, materiality, embodiment and everyday life to explore and debate different theoretical perspectives, methodological approaches and empirical findings. Through this series of papers, we will therefore highlight how a focus on materiality has opened up new theoretical and methodological possibilities that elicit rich and illuminating accounts of people's daily lives in mid to later life.

This symposium is organised and co-chaired by Dr Wendy Martin (Brunel University London) and Professor Julia Twigg (University of Kent).

Chair

Wendy Martin - Brunel University London, Uxbridge , United Kingdom

Discussant(s)

Julia Twigg - University of Kent, Canterbury, United Kingdom

178 - Masculinity, Ageing and Dress: the materiality of everyday life

Julia Twigg

University of Kent, Canterbury, United Kingdom

Abstract

The study explores the role of the everyday and the material in lives of older British men through a study of their clothing and dress, contrasting its results with an earlier exploration of the responses of older British women. The men's comments were marked by continuity, both with their younger selves and with mainstream masculinity of which they still felt themselves to be part. Dress for them was not, by and large, seen through the lens of age. This contrasted with the women for whom the age coding of dress was pervasive. Dress for some men, however, could be part of wider moral engagement, expressive of values linked positively to age. Dress in age thus displayed some of the ways in which men retain aspects of earlier gender privilege, at least until later stages of bodily decline. The presentation reflects a new emphasis in age studies on materiality and the role of the everyday and mainstream in the lives of older people.

352 - Old persons' bodily interaction with media technologies in an institutionalised 'fourth age'

Christine E. Swane

EGV Foundation (Social Inclusion of Older Adults), Copenhagen, Denmark

Abstract

Old persons in nursing homes suffer from complex diseases, pain and the loss of physical functions and memory. They embody the notion of the 'fourth age' (Higgs & Gilleard 2015), as recipients of professionally organised personal care, medicine, meals and activities. People in nursing homes are also part of a media society (Deuze 2011) in which digital technologies (ICT) are highly profiled and have become a regular feature of everyday life. As we know little of old residents' bodily interaction with media, this paper explores how new concepts and media technologies may affect institutionalised old age.

The empirical material is constructed through fieldwork in three Danish municipal nursing homes in winter 2014-15; notes, photos, voice and video recordings and qualitative interviews with residents and others.

Theoretically, the term 'embodiment' captures well the complex and dynamic structure of bodies as objective, physical entities that are, at the same time, cultural bodies of subjective experience (Tulle 2015). From this perspective, old people in institutions are not exclusively bodies of pain and dysfunction, not merely objects of negative discourses and political initiatives. They also act as subjects with intentions and routines from a long life (Schutz 1962).

The analysis concerns residents, family and staffs' attitudes towards and bodily engagement with electronic boards, tablets, phones, newspapers etc. It is discussed how new media technology can compromise the autonomy of old residents – quite contrary to the intentions of politicians and managers who struggle to promote healthy ageing by implementing an active ageing policy through technological innovations.

151 - Visualising Public and Private Space in Everyday Life

Wendy Martin[1], Katy Pilcher[2]

[1]Brunel University London, Uxbridge, United Kingdom. [2]Aston University, Birmingham, United Kingdom

Abstract

This paper draws on data from the empirical research study *Photographing Everyday Life: Ageing, Lived Experiences, Time and Space* funded by the ESRC, UK. The research involved a diverse sample of 62 women and men aged 50 years and over who took photographs of their different daily routines to create a weekly visual diary. The visual portrayal of public and private space was shown to be significant and included distinctions between private space (e.g. the home) and public space (e.g. work, social spaces, parks, shops). The portrayal of space was moreover nuanced, interconnected and complex, e.g. more photographs were present of 'public' areas in a home (e.g. lounge, kitchen) than private areas (e.g. bedroom); some spaces reflected dimensions that are normatively constructed as both public and private (e.g. gardens, some work spaces); as well as the ways participants moved between public and private spaces (e.g. use of transport). The paper therefore explores a complex engagement with space, in which participants drew and re-drew boundaries surrounding meanings of space, sometimes within the same interview or even within a discussion of the same photograph. This suggests that both spaces and places themselves, together with images of these contexts, have no 'fixed' meaning, but rather that meanings are made and re-made in the moments that spaces are both visually depicted and reflected upon. The paper will conclude by highlighting the significance of materiality to our embodied and everyday lives as we grow older.

154 - Age relations in the distinction between people and bodies

Neal King, Toni Calasanti

Virginia Tech, Blacksburg, USA

Abstract

Because groups are wholly made of bodies, we can see how the notion of "bodies" as a distinct aspect of people is what Butler calls a constitutive exclusion. She argues, in *Bodies that Matter*, that the exclusion of materiality from construction allowed 1970s feminist theory to treat biologically rooted, sexed bodies as a distinct aspect of people, distinct from constructed gender. She critiqued this sex/gender distinction as a reification to be corrected by queer theory.

We suspect that a different though related constitutive exclusion results from structures that privilege white, able-bodied, heterosexual, male younger adults. Most social organization leaves those bodies unmarked, easing their action to the point where such men can feel unconstrained. They have an easy time in a world shaped to meet their needs and so do not worry about being bodies very much. That makes them feel like they're in control of their lives rather than constrained. They feel more like agents.

Most groups medicalize deviations from those ideals of unconstrained agency with talk of bad, failing, ugly, diseased, or old bodies. We propose that a critical gerontology of bodies reveals the constitutive exclusion built into the term body, the fallacious notion that the embodiment of some people is more remarkable than that of others; that references to people and behavior are not always and necessarily references to bodies. We propose to decenter those privileged by relations of sex and gender, race, ability, and age by revealing bodies to be differentially fitted into social life.

200 - Biographies, bricks and belonging: architectural imaginaries of home-making in later life.

Daryl Martin, Sarah Nettleton, Christina Buse

University of York, York, United Kingdom

Abstract

In this paper, we explore the role of home-making within architectural imaginaries of future care in later life. Specifically, we aim to understand better how biomedical, institutional and economic models of care can be challenged by architectural designs that are culturally situated, and attuned to the spatial contexts of care. We review our findings from an archival analysis of 69 architectural plans submitted to an international design competition on housing for later life, and

proceed to provide a focussed documentary and visual analysis of one proposal in particular, the 'Growing Old in Bow' design. This design draws on poetry as much as architectural theory to configure the care landscape as 'refracted autobiography'. By doing so, it emphasizes the importance of materialities and familiar urban typologies in situating wider geographies of care in later life. It suggests a determination to locate care homes within the same environments as people have lived their lives, until the point at which they need support. In our analysis, we draw upon theoretical traditions of thinking about landscape within phenomenological and post-phenomenological thought, in order to explicate questions of belonging raised by the design. Through attending to the architects' use of materialities and urban vernacular design in the plan, we draw out the significance of the non-human elements within person-centred care. We conclude by arguing for a greater attention to the ways in which everyday affects, material cultures and social practices are accommodated in architecture for later life.

Symposium: Cross-national perspectives on age-friendly initiatives

Environments for ageing in the 21st century

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 4.204

T-P2-C10 - Cross-national perspectives on age-friendly initiatives

Symposium Abstract

The growth of the age-friendly movement has led to the development of a wide range of initiatives and programmes aimed at creating inclusive environments for older people around the world. In 2018, 541 cities and communities had joined the World Health Organization's (WHO) Global Network for Age-friendly Cities and Communities and formalised their commitment to becoming more age-friendly. Drawing on experiences from the Basque Country, Belgium, Canada, Ireland, and the UK, this symposium aims to showcase different approaches to researching and creating age-friendly environments. Samuèle Rémillard-Boilard will compare age-friendly developments in Brussels (Belgium), Manchester (UK), and Montreal (Canada) and explore the benefits of adopting a political and cross-national approach to the study of age-friendly cities. Elena del Barrio and colleagues will retrace the history of the Age-Friendly Basque Country initiative. The paper will present the key features of the project, including how it was developed both as a local and territorial initiative. Myriam Leleu and colleagues will present the participatory research programme supporting the development of age-friendly initiatives in the Walloon Region (Belgium). The paper will explore the benefits and challenges of combining a sociological and architectural approach to create age-friendly environments. Finally, Bernard McDonald will examine how a locally developed age-friendly strategy addresses the needs and preferences of older residents by exploring the experience of older people living in two towns of Fingal County (Ireland). The paper will suggest ways in which the WHO (2007) domains of age-friendliness could be modified to better reflect the varied experience of participants.

Chair

Samuèle Rémillard-Boilard - The University of Manchester, Manchester, United Kingdom

Discussant(s)

Paul McGarry - Greater Manchester Combined Authority, Manchester, United Kingdom

99 - Researching age-friendly cities: A political perspective. Comparing the age-friendly developments in Brussels, Manchester and Montreal

Samuèle Rémillard-Boilard

The University of Manchester, Manchester, United Kingdom

Abstract

The 'age-friendly' movement has attracted worldwide interest since the introduction of this notion by the World Health Organization in 2005. In 2018, age-friendly initiatives had been

implemented in 37 countries and in a variety of contexts, ranging from small rural areas to major urban cities. Both researchers and policymakers have shown a strong interest in documenting age-friendly experiences over the years and developing evidence-based research. Despite this growing interest, few studies have explored the age-friendly movement from a cross-national perspective and explored the political dimension of this movement to date. This paper aims to address this gap by comparing age-friendly developments in three major urban centres: Brussels (Belgium), Manchester (UK), and Montreal (Canada). Drawing on a series of in-depth interviews conducted with local key stakeholders (e.g. policymakers, researchers, practitioners, older people) (n=45), the paper will examine how the three cities have adapted the age-friendly model to their respective contexts and highlight similarities and differences across the three cases. The paper will conclude by discussing the benefits of using a political and comparative approach to study the development of age-friendly cities and reflect on the implications of these findings for both the theoretical and empirical development of the age-friendly movement.

103 - The development of the Age-friendly Basque Country: from origins to nowadays

Elena Del Barrio[1], Ainara Tomasena[2], Sara Marsillas Rascado[1], Miren Iturburu[3], Nerea Almazán[3], Lide Amilibia[4,5], Mayte Sancho[1]

[1]Matia Institute, Madrid, Spain. [2]Matia Institute, San Sebastián, Spain. [3]Matia Institute, Donostia, Spain. [4]. [5]Department of Employment and Social Policies, Basque Country, Spain

Abstract

Euskadi Lagunkoia, AF Basque Country (BC) project, is an initiative which is being carried out by the BC Government and Matia Institute since 2012. Despite its current regional level, the age-friendly movement started with San Sebastian, which was the first city joining the WHO Network in Spain (2009), followed by the other capitals in a short period of time. Afterwards, the opportunity of launching a regional level initiative was raised in a conference celebrated during the European Year of Active Ageing and Intergenerational Solidarity. The aim was to consider the feasibility of tackling a global project in which different agents, councils, leaders of the associative organisations and experts participated. Based on the interest of all these agents working within an age-friendly framework, a territorial initiative was launched. The approach is to promote the movement in all the villages, environments and cities of the BC. In doing this, the regional government supports smaller municipalities with fewer resources to join the initiative and promotes a network which integrates municipalities, organisations and individuals from the private, public and social spheres. In this way, the work is carried out both at the local level, by town councils, older people associations, organisations, and citizens, as well as at a territorial level, by generating a common methodology of work and piloting action programs in collaboration with other departments and areas of the Basque Government. All the work is done for a common purpose: to create facilitating living environments where it is possible to live together.

225 - Age-friendly developments in the Walloon Region, Belgium. Architectural and sociological visions of space and go-along interviews

Myriam Leleu[1], Olivier Masson[1], Robert Grabczan[1], Thibauld Moulaert[2], Geneviève Houioux[3]

[1]Université Catholique de Louvain, Louvain-la-Neuve, Belgium. [2]Université de Grenoble, Grenoble, France. [3]Observatoire de la Santé du Hainaut, Mons, Belgium

Abstract

Since end of 2015, political actors of the Walloon Region decided to sustain a new program supporting Age-Friendly Cities and Communities (AFCC) inspired by World Health Organization (WHO) vision of ageing. The main interest is about how a participatory research program may influence an active ageing agenda including the older citizen's involvement. More specifically, the Walloon program has a twofold originality. First, next to a social-sociological perspective of AFCC, it is clearly driven by a spatial-architectural perspective. Second, while co-production is the ideal to reach, it is pragmatically translated into a strong participation of older citizens.

The methodology is developed in an Age-friendly Wallonia pilot-project located in 6 mixed case studies. It consists of a complementary approach

of spatial observations and qualitative interviews, led by older adults under the supervision of a sociologist and two architects. This shared work process is particularly salient at the time of data gathering and during the different phases of the AFCC project.

Crossing spatial and social expertise gives an unexpected and relevant scale to the participatory research and presents an original perspective in the landscape of AFCC. The go-along interviews, supported by a mapping exercise, is a strong tool to bring new material by giving more space to lived knowledge of social relations, history and memory of a place. Furthermore, such tool is a strong push factor to make AFCC real in the eyes of senior participants.

Conclusions will discuss the potential and the challenge for such a shared method and knowledge.

105 - What makes a community age-friendly? Evidence from the lived experience of older adults living in an age-friendly county in Ireland.

Bernard Mc Donald

Irish Centre for Social Gerontology, NUI Galway, Galway, Ireland

Abstract

Developing age-friendly communities is a significant global policy issue. The WHO (2007) age-friendly cities and communities initiative led to the establishment of Ireland's Age Friendly Programme in 2009. Research is still at an early stage on the development and impact of such programmes. This paper explores older adults' experience of living in two towns in Fingal county, a local authority area which has been part of the national age-friendly programme since 2012. It examines how the locally developed age-friendly strategy addresses the needs and preferences of older residents.

Using a qualitative case-study design, in-depth interviews were conducted with older adults over a two-year period. Interviews explored participants' experience of the physical and social environment, their interactions with these environments, and their awareness and experience of the age-friendly programme. Constructivist grounded theory was used to analyse the data and identify emerging categories and themes which help to explain the complex relationship between participants and their environments.

The paper identifies salient elements of the day-to-day lived experience of participants which impact on the age-friendliness of the town in which they reside. Participants' experience is rich and diverse, and is influenced by individual life-course and place-related contextual factors, as well as the social locations of gender and class. The paper suggests ways in which the WHO (2007) domains of age-friendliness could be modified to better reflect and accommodate the varied experience of participants.

Home/care home design for dementia

Environments for ageing in the 21st century

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 4.205

11 - The design of care homes and the human rights of residents.

John Williams

School of Law, Aberystwyth University, Aberystwyth, United Kingdom

Abstract

This paper discusses the relationship between the design of care homes or senior living facilities and the human rights of residents. The decision to live in such a facility does not mean that the residents lose their human rights. Whatever name is given to such facilities, they are a home for residents and as such engage the right to enjoy your home. In many cases, it will be their home for the remainder of their lives, so it is even more essential that it is a human rights compliant environment. Many human rights are engaged. The United Nations Declaration of Human Rights includes protection from arbitrary interference with privacy, family, home or correspondence. The United Nations Principles for Older Persons include independence,

participation and dignity. Regional human rights documents include similar rights. The right to liberty is also a fundamental right. Issues arise in relation to people assessed as lacking capacity. Are these rights fully recognised and respected within such facilities? There may be many reasons why they are not, including sadly neglect and abuse. Another reason may be that the physical environment interferes with the ability of residents to enjoy their rights. For example, poor design may lead to, for example, unlawful deprivations of liberty. Rights to privacy and intimate relationships may be compromised by poor design. How can the creativity of architects and related disciplines be employed to facilitate a physical environment that is human rights compatible?

438 - Green Dementia Care: Exploring the salutogenic effects of nature in housing with care settings.

Simon Evans, Julie Barrett, Claire Garabedian, Teresa Atkinson, Jennifer Bray

University of Worcester, Worcester, United Kingdom

Abstract

'Green care' refers to indoor and outdoor activities that aim to promote health and wellbeing through interaction with nature. It includes a range of health-promoting interventions encompassing living organisms (plants and animals) and natural elements (e.g. the weather). There is a substantial evidence base for the salutogenic effects of nature, and increasing recognition that the natural environment has value as a form of social prescribing. There also growing interest in the benefits of green care on the health and wellbeing of older people, particularly those living in care settings.

This paper reports on a study that explored good practice, enablers and barriers relating to 'green' care for people living with dementia in care homes and extra care housing. Drawing on a review of the literature, a survey, and in-depth case studies, our findings suggest that opportunities to connect with nature are often reduced for residents of later life housing and care settings, often due to organisational concerns about safety and security. Organised nature-based activities were available twice a week in most care homes and less often in extra care settings, which could reflect the greater focus on independence. Residents living with dementia in both settings appeared to enjoy the range of opportunities to engage with nature that were provided.

Introducing green dementia care to care settings requires careful planning to ensure individual interests and abilities are respected. Also important are a person-centred culture of care, a positive approach to risk, and inclusive environmental design.

399 - Walking on Window-ledges: How do people living with dementia navigate social, physical and relational thresholds?

Catherine Pemble

University of Stirling, Stirling, United Kingdom

Abstract

The last decade has seen an increase in activity focused on creating Dementia Friendly communities and spaces, our understanding is far from comprehensive. While research often examines the factors which make social and physical spaces accessible it overlooks the thresholds which separate these spaces from the rest of the world. Without understanding these borders, we cannot effectively facilitate movement into and out of 'dementia friendly' spaces. This research investigates the ways in which people with dementia experience, navigate and manipulate threshold spaces in their everyday lives. This ethnographic study collected over 70 hours of interview data from 11 people living with dementia in Scotland . Interview data was analysed alongside researcher fieldnotes and digital photographs to facilitate an in depth exploration of negotiating threshold spaces while living with dementia.

The presentation will explore three key results: First is the ways that participants with dementia experienced, managed and manipulated physical thresholds both as borders between themselves and an elsewhere space, and as borders between elsewhere spaces and people and themselves. Second the presentation will discuss the relational thresholds which occurred between people with dementia and others, before finally exploring the techniques people with dementia used to

manage threshold spaces. Current efforts in creating dementia friendly spaces and practices must evolve to include an understanding of the thresholds which border them. It is only through understanding how people with dementia experience the thresholds they create, and the thresholds created by others, that we can successfully enable their passage.

43 - Homelessness at Home: Portraying Ordinary Affect

Jong-min Jeong

University of Manchester, Manchester, United Kingdom

Abstract

Acknowledging dementia as the lived experience, this study sheds new light on the Home-dwelling of individuals living with dementia. Based on a year's intensive ethnography in a Jewish Care Home in London, I pay particular attention to the bodily expressive performance of an individual living with dementia, and the ways in which she tries to make connections and relations. She strives to make her surroundings familiar, although this striving often ends in helplessness, frustration and anxiety. I regard the Home as an open contact zone where various rhythms and modalities of people, things and the environment continuously meet, circulate and interweave. In the context of co-dwelling, this creates the potential to always affect and affected by dementia-becoming-otherwise.

This study does not aim to identify her bodily sensation, movements and gestures as pathological, nor does it seeking 'meaning' per se. Instead, it reconsiders her home-dwelling as involving ordinary engagements within her capacity, and show the various ways in which she engages with her biosocial surroundings. Consequentially, this paper attempts to provoke a rethinking of our current understandings and approaches toward dementia, which mainly focus on demonstrating 'representational thoughts' and 'evaluative critique.' In doing so, it aims to embrace often unvoiced and undervalued bodily sensations and movements, which are not necessarily limited by a person's capacity in cognition, language, memory, vision and mobility.

110 - An Analysis of Care Home Layouts: Spatial Arrangements for People with Cognitive Impairments

Martin Quirke

University of Stirling, Stirling, United Kingdom. University of Newcastle, Newcastle, Australia

Abstract

Informed by the dementia-specific *Environmental Audit Tool* (Fleming et al 2013) and the space-behaviour analysis techniques of *Space Syntax* (Hillier 1984), this PhD project included the development of a new floorplan-based design dementia assessment tool, the *Plan-EAT*. Analyses were undertaken of 94 Residential Aged Care (RAC) units recruited from New South Wales, Australia; and a further 90 internationally located units, sourced from specialist publications on design for ageing (Anderzhon et al. 2012; Cohen and Day 1993).

Initial assessment results, categorised into ten dementia design principles (DDPs) (Fleming, Forbes, and Bennett 2003), found that most units were strong under the DDPs of *Helpful Stimuli* (#5), *Community* (#9) and *Ordinary Life* (#10). The RAC units recruited from NSW tended to be weaker overall with significant room for improvement under the DDPs of *Human Scale* (#2), *Visual Access* (#3) and, *Garden and Wandering* (#6).

Several further insights were gained from more detailed analyses, including a positive correlation between design assessment score and floor area available per resident (+0.54% per additional sqm); and, conversely, negative correlation between design score and the number of bed spaces provided (-0.75% per bed space). With the RAC units in the study constructed over four decades, assessment scores (average +5.4% p.a.) suggested an improvement in design quality over time. The overall study helped to identify a series of spatial configurations and floorplan types most likely to benefit the health and wellbeing of RAC residents with dementia.

Loneliness: quantitative research and systematic reviews

Connections & relationships

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 4.206

323 - Strategies employed by older people to manage loneliness: Systematic review of qualitative studies and model development.

Kalpa Kharicha[1], Jill Manthorpe[2], Nathan Davies[1], Steve Iliffe[1], Kate Walters[1]

[1]University College London, London, United Kingdom. [2]King's College London, London, United Kingdom

Abstract

Objectives: To (i) systematically identify and review strategies employed by community dwelling lonely older people to manage their loneliness and (ii) develop a model for managing loneliness.

Method: A narrative synthesis review of English-language qualitative evidence, following Economic and Social Research Council guidance. Seven electronic databases were searched (1990 - January 2017). All co-authors assessed eligibility of final papers and reached a consensus on analytic themes.

Results: From 3043 records, 11 studies were eligible including a total of 502 older people. Strategies employed to manage loneliness can be described by a model with two overarching and overlapping dimensions, one related to the context of coping (alone or with/in reference to others), the other related to strategy type (prevention/action or acceptance/endurance of loneliness).

The dynamic and subjective nature of loneliness is reflected in the variety of coping mechanisms, drawing on individual coping styles and highlighting considerable efforts in managing time, contacting others and keeping loneliness hidden. Cognitive strategies were used to re-frame negative feelings, to make them more manageable or to shift the focus from the present or themselves. Few unsuccessful strategies were described.

Conclusion: Strategies to manage loneliness vary from prevention/action through to acceptance and endurance. There are distinct preferences to cope alone or involve others; only those in the latter category are likely to engage with services and social activities. Older people who deal with their loneliness privately may find it difficult to articulate an inability to cope.

245 - Basic psychological need satisfaction in social relations: an important mechanism in the development of loneliness among frail and pre-frail older adults

Anna Wong[1], Anson K.C. Chan[2], Jean Woo[2,3]

[1]The Chinese University of Hong Kong, Hong Kong, China. [2]CUHK Jockey Club Institute of Ageing, The Chinese University of Hong Kong, Hong Kong, China. [3]Department of Medicine & Therapeutics, The Chinese University of Hong Kong, Hong Kong, China

Abstract

Loneliness is one of the biggest threats to the ageing population worldwide, having been found to increase the risk of mortality by 26% and to significantly predict physical, mental, and psychological illnesses (Holt-Lunstad et al., 2015; Cacioppo et al., 2006). Studies have shown that loneliness and poor social functioning among older adults are associated with frailty (Herrera-Badilla et al., 2015) yet more research is needed to specify how the physiological states relate to the psychosocial. Therefore, we proposed that older adults' physical robustness vs. frailty may be associated with satisfaction vs. frustration of psychological needs for autonomy, competence, and relatedness in their social relations (La Guardia et al., 2000). We further hypothesized that need satisfaction in social relations would mediate the relationship between frailty status and loneliness. In a study on loneliness of older adults aged 60 and above (N=123), we found that frail participants had significantly higher loneliness and lower competence need satisfaction than pre-frail and robust participants. The parallel mediation model also revealed that the relative indirect effect of frailty status on loneliness was

significant via satisfaction of competence need in pre-frail and frail participants and via autonomy in frail participants. Focus group data elaborated on how physiological decline thwarted their social functioning, resulting in loneliness. This study shed light on an important mechanism in the development of loneliness among older adults by highlighting the role of psychological need satisfaction in the connections between physiological and psychosocial malfunctions. Implications for research and practice will be discussed.

261 - Do changes in autobiographical memory function have an impact on loneliness?

Carol Holland

Lancaster University, Lancaster, United Kingdom

Abstract

Previous work has demonstrated a link between performance on the Autobiographical Memory Test (AMT) and functional independence, demonstrating that AM specificity (AMS) acts as a mediator between underlying cognition and depression, and outcome functional limitations. AMS also mediated impact of depression on these outcomes. Loneliness is a significant risk factor for older adults, associated not only with depression and poor quality of life, but also with development of dementia, frailty and comorbidity. Our evidence so far implies that AMS may impact self-perceived aspects of loneliness, perhaps via impacts on functional limitations and social engagement, or maybe directly. Based on data from 52 people aged over 65 taking part in the wider ExtraCare longitudinal study, we examined if AMT scores, depression and functional limitations added to the prediction of loneliness (feelings of connectedness) by social networking measures (number of friends and family they feel close to and frequency of communication). Social networking measures together accounted for 15% of the variance with AMT adding a significant further 10%. Functional limitations and depression did not add anything further to the variance predicted. However, there were strong correlations between functional limitations and loneliness as well as between functional limitations and AMT. Mediation analysis suggested that AMS partially mediates the relationship between functional limitations and loneliness and that once variance due to AMS is controlled, there is a stronger relationship between social connectedness and loneliness. Results are discussed with relevance to interventions for AMT having potential impacts on risk factors such as loneliness.

557 - Does loneliness predict work-disability? A moderation-mediation analysis of older working-age adults in 14 countries

Zachary Morris, Melissa Bessaha, Carrie Shandra

Stony Brook University, State University of New York, Stony Brook, USA

Abstract

Objectives: Reducing work-disability among older adults still of working-age is widely viewed an international policy priority. A wealth of research finds loneliness to be associated with an increased risk for many negative health outcomes. Research has, however, yet to examine loneliness as a proximal predictor of work-disability status for older adults.

Design and Method: The sample consisted of 18,399 non-disabled adults between the ages of 50 to 65 at baseline (2012) from 14 countries from the Survey of Health, Aging, and Retirement in Europe. We conceptualize a mediation and moderation-mediation analysis to explore the indirect and indirect conditional effect of loneliness on work-disability 4 years later.

Results: Preliminary results indicate that loneliness is associated with future work-disability through the mediating variables of depressive symptoms and chronic conditions. Additionally, we find that higher education status moderates the association between chronic conditions and depressive symptoms and work-disability status.

Discussion: Loneliness can be understood as a proximal predictor of work-disability status. Existing interventions to reduce work-disability may benefit from incorporating evidence-based interventions to reduce loneliness.

18 - A longitudinal study of loneliness

Jose Iparraguirre, Vinal Karania

Age UK, London, United Kingdom

Abstract

We look into waves 3-7 of the English Longitudinal Study of Ageing and two different indicators of loneliness: the UCLA 3-item scale, and a direct single question. We apply Markov chain models and panel regression econometrics techniques to look into covariates associated with the probability of moving into and out of loneliness.

Symposium: Policy and Industry Perspectives of Retirement (Symposium 2 of 3)

Work, retirement & the economy

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 4.210

T-P2-C13 - Policy and Industry Perspectives of Retirement (Symposium 2 of 3)

Symposium Abstract

Changing pension and retirement policies are limiting public support available to individuals in later life. Combined with the effects of demographic ageing, individuals are increasingly responsible for their own financial well-being throughout their entire lives. This has significant implications for social inequalities, as life histories and opportunities may result in different experiences in terms of health, wealth and status in later life. In this series of three symposia, we examine the implications of changing environments from different disciplinary perspectives.

The second symposium considers policy and industry perspectives of pensions and retirement. (1) Priya Khambhaita presents research from the Pensions Policy Institute which considers how the nature and role of retirement may need to change to suit increasing longevity, with new patterns of earning and skills development. (2) Lauren Wilkinson also presents research from the Pensions Policy Institute, considering the evolving landscape of post-retirement products based on expert interviews. (3) Dr Ricardo Twumasi considers the extent to which organisations have responded to changing legislation by implementing age-friendly employment policies, drawing on interviews with employers. (4) Will Sandbrook will present latest research from NEST, the National Employment Savings Trust which considers the effect of liquidity and the need for an easy-to-access savings pot on pension saving.

Chair

Hayley James - University of Manchester, Manchester, United Kingdom

495 - The future of pensions and retirement in the context of longevity and rapid social, demographic and economic change

Priya Khambhaita

Pensions Policy Institute, London, United Kingdom

Abstract

Longevity is a key demographic challenge and it impacts all areas including work, finance, health, relationships, and housing. This demographic challenge is presenting itself along with automation, sectoral and labour market changes. Patterns of earning, skills development and periods of economic inactivity will change. The Pensions out of The Box research project has been developed to re-evaluate the nature and role of retirement, what it might look like in the future, and implications for pensions policy.

The traditional model that the wider pension system, as well as health and education systems and labour market are based around is a three stage life where the first stage is an intense period of study. This is followed by a second stage of many years in work, with the final stage being retirement. A future model that reflects increasing longevity, is one where the boundaries between these stages are more blurred, which in turn can facilitate a more open and responsive way of living. Different responses may therefore be

required by the state, employers, pension providers and individuals themselves. The research presented here is forward looking where a broader perspective is taken that links pensions, retirement and long term saving to wider aspects of social life and wellbeing. An analysis of the evidence indicates that government, industry, employers and individuals are most likely to be able to withstand the challenges of longevity by being agile and responsive, and incessantly reflecting on how best to adapt and take stock of new ways of developing.

484 - How will the retirement landscape evolve in the future?

Lauren Wilkinson

Pensions Policy Institute, London, United Kingdom

Abstract

Since the introduction of pension freedoms in April 2015, there has been a sharp reduction in the number of annuities purchased, a significant increase in the use of lump sums, and drawdown products are now used as often as annuities. There have been a large number of initial research projects looking at what is currently happening within the post-retirement market. However, PPI research suggests that the experience of the last two years is not likely to be fully representative of the future market for post-retirement products for a number of reasons:

- Many of those taking advantage of the freedoms have been in a position to wait for them to be implemented.
- Defined Benefit pensions are still providing a significant source of income for many of those in the age group to be affected by the freedoms, but are now likely to be lower for those retiring in the future as schemes close to new members and future accrual.
- Defined contribution pots are relatively small for many people, and are likely to be larger for those retiring in future as automatic enrolment becomes more established.

This research explores the current post-retirement landscape, how it has changed since the introduction of pension freedoms and how it may evolve in the future as a result of changes in the broader pensions landscape, increasing longevity and a more diverse range of transitions into retirement.

493 - An interview study of employer response to age related legislative change: putting policy into practice

Ricardo Twumasi[1], Cheryl Haslam[2]

[1]The University of Manchester, Manchester, United Kingdom.
[2]Loughborough University, Loughborough, United Kingdom

Abstract

As a result of demographic and social change the modern workforce is now increasingly multi-generational. The trend of increasing age diversity is expected to continue as the population ages, combined with increased pressure to stay in the labour market from reduced pension provision and rise of state pension age in the UK. There is a strong business case for employers to respond proactively to the ageing workforce, in order to improve the recruitment, retention and well-being of employees (Duncan, 2003; Loretto et al., 2000).

Research has shown many benefits of employing older workers, and has attempted to dispel negative stereotypes surrounding ageing. However, many employers have been slow to implement age positive policies before being prompted by legislative change. Employers have a key role in facilitating later life working, the way each employer responds to age related legislative change influences the opportunities of older workers. This interview study of 20 employers explores how employers have reacted to legislative change between 2011 and 2012, during the phasing out of the default retirement age, and just after the introduction of the Equality Act. While many employers held age positive views and discussed strategies to embrace a multi-generational workforce, some evidence of age discrimination and 'age-typing' Oswick and Rosenthal (2001) from a small minority of employers was revealed. In addition to considering organisational policies, investigating the way those policies are practically implemented through this study has provided an insight into how real world practice adapts in response to age related policy changes.

In chronological order
Underline denotes presenting Author

406 - Liquidity and Sidecar Savings

Will Sandbrook, Matthew Blakstad, Michelle Cremin, Clare Hodgkinson

NEST Insight, London, United Kingdom

Abstract

The UK has recently staged a revolution in long-term savings, through Automatic Enrolment into workplace pensions. Five years into the programme, over eight million employees are newly saving for their future. At the same time, though, over a quarter of working-age people have no liquid or emergency savings. This leaves them at risk of short-term financial shocks and severe outcomes including costly payday debt and loss of earnings. Because of Automatic Enrolment, these negative events will increasingly affect people who are saving for retirement, but find themselves unable to access their savings when they need them, due to the illiquid nature of pensions in the UK.

This situation reflects a lack of consistency between policy interventions to encourage short- and long-term savings. Recent work David Laibson and Brigitte Madrian of Harvard University suggests that there is an optimal balance between liquid and illiquid savings and proposes greater integration of these systems.

The current study addresses this challenge directly, through a control trial of 'sidecar savings', a mechanism designed to encourage simultaneous short-and long-term savings. This mechanism, proposed by Laibson and Madrian, uses a similar approach to Automatic Enrolment, but adds an element of liquidity to the savings mix. The trial seeks to measure the behavioural impact on employees offered the sidecar savings mechanism, and the impact of participation on financial wellbeing and resilience, over a 2-year longitudinal dimension.

Health technologies

Technology & innovation

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 4.211

218 - Older people's use of personalised combinatorial healthcare technologies in the self-management of long-term conditions: what can we learn from the Lancashire and Cumbria Innovation Alliance Test Bed?

Sandra Varey, Mandy Dixon, Alejandra Hernandez, Ceu Mateus, Tom Palmer, Christine Milligan

Lancaster University, Lancaster, United Kingdom

Abstract

This paper draws on qualitative data that form part of a mixed-method evaluation of an NHS England-funded Test Bed in the northwest of England. The paper focuses on analysis of 140 observational interviews with 70 older participants with long-term conditions that have taken part in the Lancashire and Cumbria Innovation Alliance Test Bed, a partnership between NHS England, industry and Lancaster University.

A core aim of the programme has been to consider the extent to which personalised combinatorial healthcare technologies might support older people to better self-manage their own care, promoting independence and enabling them to remain at home for longer. This paper reports on patients' experiences of using the technology over a six month period, considering what works well, along with the challenges older patients can face in using health technology at home. Our data suggest that while health technology at home works well for some older people, it does not work for all. In this paper, we explore some of the characteristics of those for whom personalised combinatorial health technologies appear to have a positive and enabling role to play in supporting their ability to better manage their own care.

117 - Assistive Social Robot: older people's perception and acceptance?

Mathilde Lamotte[1], Martine Hoffmann[2], Aida Nazarikhorram[3], Isabelle Tournier[1]

[1]INSIDE, Université du Luxembourg, Esch-sur-Alzette, Luxembourg. [2]RBS - Center Fir Altersfroen, Itzig, Luxembourg. [3]AI Robolab, Université du Luxembourg, Esch-sur-Alzette, Luxembourg

Abstract

In this study we investigate the potential benefit of a social assistive robot (QT, LuxAI) on daily functioning for older people who live at home. Older people took part in the pilot study with QT. Each participant was individually interviewed. After a short presentation of the study they completed a set of three questionnaires (Measurement of Negative Attitudes toward Robots, NARS, Nomura et al., 2006; an adapted version of the Technology and Computer Experience questionnaire, TCEQ, Mitzner et al., 2011 and the Robot Opinion Questionnaire, ROQ, Smarr et al., 2012). Then the participants involved in two interactive tasks with the robot, a physical training task in which they have to follow QT's instructions on arm movements, and a cognitive task inspired from the Zäitrees card game (RBS) in which they have to identify among recent pictures of Luxembourgish places the one corresponding to the old picture of the same place shown by QT that also gave feedback. Finally, they completed a series of four questionnaires, two new ones (an adapted version of the Psychosocial Impact of Assistive Devices, PIADS, Day & Jutai, 1996; Robot vs. Human Assistive Preferences, Mitzner et al., 2011) and again the TCEQ and the ROQ. The first results tend to show that the interaction within the social assistive robot would improve participants' opinion on the perceived ease of use and perceived usefulness of the robot. And a tendency in favour of use of QT also appeared regarding reminding for activities, monitoring home or alerting.

71 - The development of a gamified digital health application to improve knowledge and influence behaviour to prevent falls, increase exercise levels and improve bone health in older people.

Emma Stanmore, Paul Dewick

University of Manchester, Manchester, United Kingdom

Abstract

The use of gamification and digital technology to promote healthy behaviour presents an opportunity to influence positive lifestyle change for older people. The aim of this project was to design, develop and user-test a tablet-based application to engage, educate, and motivate older people to undertake specific exercises, modify home-hazards to prevent falls and influence dietary intake to promote bone health. To inform the development of the application we integrated research evidence and theory, software design, game mechanics, health behavioural insights and user perspectives. We formed a multi-disciplinary team of clinical/academic researchers, digital designers, older users from assistive living facilities and health professionals from 2 falls prevention teams to develop and test a tablet-based application for older people. Focus groups, incorporating individual user-testing were undertaken with 65 residents in assistive living facilities in Greater Manchester and Nottingham, to explore the acceptability and usability of the app. Transcripts were analysed using thematic analysis and resultant themes were used to enable improvements to the interface design, navigation and terminology and ensure the application was acceptable and usable. Messages that focus on independence rather than falls prevention were preferred and the need for personalisation was reported. The interactive elements and aesthetic design of the app were viewed positively and the preference to use the app in a social context was a strong theme. This work presents an inexpensive, healthy ageing application that may be feasible for widespread public health use and may have wider utility for the development of other digital health applications.

408 - The "Resilience Tool": a tablet based App to measure frailty and provide interventions to build physical and mental resilience in older adults living in ExtraCare retirement communities.

Jennifer O'Donnell[1], Carol Holland[2], Michael Spellman[3], Shirley Hall[3]

[1]Aston University, Birmingham, United Kingdom. [2]Lancaster University, Lancaster, United Kingdom. [3]The ExtraCare Charitable Trust, Coventry, United Kingdom

Abstract

The ExtraCare Charitable Trust commissioned a longitudinal study in partnership with Aston University running 2012-2015 to assess impact of moving to their retirement villages on psychological wellbeing, health, function, care needs and costs. As part of this study, a frailty profile was calculated and longitudinal analysis supported the hypothesis that frailty is not fixed, suggesting that residents could take action to prevent or slow down the adverse effects of frailty. An accumulation of deficits (Rockwood, 2006) approach was used to measure physical and psychological frailty. The "Resilience Tool" project is a Knowledge Transfer Partnership (KTP) project aiming to create a new, shorter measure of physical and psychological frailty, to be produced as an App for use on tablet computers by Well-being Advisors to assess residents. When problem areas are identified, this App will also suggest suitable and tailored interventions to encourage behaviour change and build resilience, with the aim of reducing frailty, such as specific actions to increase physical or mental activity. The statistical method of principal components analysis (PCA) will be used to reduce the number of items on the existing 36 item frailty measure to create a brief, user friendly tool. Following validation, the "Resilience Tool" App will be developed for use across all 30 ExtraCare communities to routinely assess residents as part of the wider Well-being Programme. The health benefits of using this App will also be measured and promoted to current and prospective residents by incorporating a clear marketing plan in to the project.

566 - Electronic Medication Software to Support Management of Medication: A Feasibility and Evaluation Study

Alison Bowes[1], Chris Poyner[2], Lesley Diack[3], Midj Falconer[3], Hannah Young[4]

[1]University of Stirling, Stirling, United Kingdom. [2]University of Salford, Salford, United Kingdom. [3]Robert Gordon's University, Aberdeen, United Kingdom. [4]University of Dundee, Dundee, United Kingdom

Abstract

The paper reports an evaluation of eMAS (eMAP in Scotland), an electronic medication management software programme, patented in the USA. It can match observed changes in behaviour or adverse events that may be experienced by older people, such as falls, to their medication history and can identify which of their medications may produce adverse drug reactions similar to the events observed. The system is used in many care homes in the USA, and assists staff to identify adverse medication reactions and address them. The evaluation aimed to explore the feasibility and potential of the system in Scottish care homes. Fieldwork in six care homes identified both possibilities and challenges for implementing the system in a Scottish context. The study demonstrated that there are issues relating to medications management and review in care homes that have the potential to be damaging to residents' well-being. Many care homes are using paper records and staff are not necessarily computer literate, presenting challenges for electronic systems. Links to and relationships with GPs and pharmacists are variable, some being positive, others more difficult. Overall, responses to eMAP were mixed, but generally positive.

Ageing well, health, and arts interventions

The arts, leisure & consumption

Time: 11:00 - 12:30
Date: 5th July 2018
Location: 4.212

170 - Between the Earth and the Sky: Intergenerational Interactions of Visibility

Anne Mondro, Charlie Michaels

University of Michigan, Ann Arbor, USA

Abstract

Between the Earth and the Sky: Intergenerational Interactions of Visibility is a community-based art program designed to bring together youth and persons living with memory loss to build mutual respect and greater compassion. Led by professional artists, Anne Mondro and Charlie Michaels, in partnership with Corner Health Center's Youth Leadership Council in Ypsilanti, MI, USA, and the Memory Support Center of Brecon Village in Saline, MI, USA, *Between the Earth and the Sky* uses art to sustain wellbeing and empower the community. The presentation will focus on the first half of this yearlong program, a lantern festival and light installation that celebrated the theme of "light" on the Winter Solstice. The celebration of light on the darkest day of the year served as a symbolic gesture to honor and respect the residents as unique individuals, while enlightening the community about Alzheimer's and other forms of dementia. Recognizing that the youth participating in the program represent the next generation of professionals and community leaders, the presentation will highlight the programs design to increase the youths' sensitivity towards and understanding of persons living with dementia while building their interpersonal skills. The presentation will also discuss the role of art to provide people living with memory loss opportunities to serve as mentors to youth and creators of public art. The opportunity to contribute to the community in both of these ways actively seeks to assist people living with dementia to maintain their rights as citizens.

485 - What role can arts organisations play in supporting older people to age creatively: A case study about Manchester's Royal Exchange Elders programme.

Andrew Barry

Royal Exchange Theatre, Manchester, United Kingdom

Abstract

The fast-growing interest to develop arts programmes with older people to support creative ageing has been energised with both new funding-streams, such as Arts Council England's *Celebrating Age*, and Age UK's recent *Index of Well Being in Later Life* that placed Creative and Cultural Participation as the number one indicator of well-being amongst older people.

Author David Cutler (Ageing Artfully:2009), noted that arts with older people has: "almost exclusively been the preserve of local community based arts development agencies."

Since 2014, the Royal Exchange has been leading a formal programme of work with Elders led by theatre artist and director, Andy Barry. Andy will share how the organisation has developed a programme that: challenges the stereotypes of ageing; opens-up the process of theatre for people who might be engaging with it for the first time; involves communities; and responds to the creative needs and desires of older people, all within the context of Manchester, an Age-Friendly city.

The paper will explore: how theatre and storytelling in particular can support creative ageing; the value older non-professional artists can bring to an arts organisation in relation to both its professional work on stage and the development of younger emerging artists and practitioners; the learning from participants and professional artists around *if* and *how* our relationship to cultural engagement changes as we age; as well as explore two examples of theatre practice which document the creation of new work with non-professional elder artists alongside professional theatre makers and young people.

372 - 'Work, work, work and full steam ahead': the conserving radicalism of the Gorton Visual Arts Group, public artists in later life

John Miles

Kilburn Older Voices Exchange, London, United Kingdom

Abstract

I consider the work of the Gorton Visual Arts Group (GVAG) and its lead artist Ian McKay - Gorton is a former industrial district in east Manchester. Set up in 2006 as an outreach project during the restoration of Gorton Monastery GVAG originally involved around twenty people.

The group still has a dozen members who meet weekly to undertake small commissions and self-generated projects. Recent work has commemorated the World War One munitions industry, produced picnic blankets celebrating Debdale Park and involved local residents and school children in the representation of vanished shopping streets and pubs. Taking the view that a decline in radical intent has been compensated by 'a wider acceptance of the social value of art in the public domain' (Leeson, 2008) I show that by functioning as a workshop rather than an art-class the group has been able to intervene successfully in the public domain. By fostering a membership-based project McKay has distanced himself from the claim to offer universal access using a strategy modelled on the early modern work-place (thereby echoing some of the solidarity through employment group members experienced earlier in life). The strategy displaces the primacy given to innovation and superficial discourses of participation to encourage a labour-oriented approach closer to the Aristotelian interpretation of art as 'imitation' thus questioning the modernist emphasis on originality and imagination (Williams, 1965).

Leeson, L [2008] *Art with Communities: Reflections on a changing landscape* ixia Public Art Think Tank http://ixia-info.com/new-writing/lorraineleeson/

Williams, R 1965 *The Long Revolution* Penguin, London

204 - The Courtyard, Hereford Creative Ageing Programme: year one evaluation of 12 creative arts programmes for older people living in Hereford

Claire Garabedian, Simon Evans, Jennifer Bray

University of Worcester, Worcester, United Kingdom

Abstract

The Courtyard, an arts hub serving the communities of rural Herefordshire, was awarded funding to run their 'Creative Ageing' programme for a 3-year period, ending in August 2019. Key aims are to improve wellbeing for older people and their carers through participation in high quality creative experiences; cultivate opportunities for older people to maintain wider social networks and reduce social isolation through participatory arts projects; and develop specialist skills in the local community to provide varied and sustainable age-appropriate activities in older people's settings.

This paper reports on a mixed methods evaluation by the Association for Dementia Studies at the University of Worcester of ten 'pop-up' projects and two mentor led projects delivered during 2016 – 2017 as part of the programme. Emerging findings suggest that this programme is contributing to the wellbeing of older people and their paid carers through participation in high quality creative experiences. Benefits include reduced stress and anxiety, increased self-esteem, and increased opportunities for older people to maintain wider social networks and reduce social isolation. Artists and staff are also benefiting through developing specialist skills in the local community to provide varied and sustainable age-appropriate activities in older people's settings. Challenges and learning are also highlighted including the importance of having supportive staff involved in all projects; the role of the physical environment and the need to involve participants with a range of communication challenges.

304 - Health and culture; a collaborative advantage

Wendy Gallagher

The Whitworth & Manchester Museum, Manchester, United Kingdom

Abstract

The role of the arts in contributing to positive health and wellbeing is widely acknowledged in both health and culture sectors. Close encounters with the arts and museum collections offer an escape, a chance to join in, be creative, learn about the world and ourselves, to be surprised, to reflect, and to care. Together we drive positive change. The Whitworth and Manchester Museum, part of the University of Manchester have developed strong and successful cross sector, interdisciplinary partnerships with Manchester University Hospitals NHS Foundation Trust and its community health service providers. As a University museum and gallery we work closely with our colleagues and students across a number of faculties and research teams. Together we

co-produce programmes, events and resources inspired by our collections for the benefit of our community. Through collaborative practice and research we aim to create a culture of cooperation and coordination between the arts, health, social care, public health, other local services and the third sector for wider social impact.

Presenting three examples of innovative and outstanding contributions to arts and health research and practice this case study will demonstrate models that have already proven to be transferable at regional, national and international levels.

Beyond Dementia - promotes the active citizenshipof people living with dementia**.**
Culture Shots - an advocacy campaign delivered in partnership by museums and hospitals across Manchester Hospitals and community health and social care service providers.
ArtMED - affirms the potential for art to intersect with the medical world. Making museums useful in the 21st Century.

Plenary Panel: Ageing in a Global Context

Chair: Professor Christopher Phillipson, The University of Manchester

Time: 13:30 - 15:00
Date: 5th July 2018
Location: Theatre B

650 - Income security and social investment in an unequal world: Emerging welfare institutions in the South

Professor Armando Barrientos
The University of Manchester, Manchester, United Kingdom

Abstract

The provision of income security in old age is a dominant feature of welfare states in high-income countries. On average, pensions account for over one third of public expenditure in OECD countries. The sustainability of this commitment is regularly challenged on grounds of affordability, fairness and, more recently in the UK, intergenerational equity. Low and middle-income countries are experiencing rapid population ageing, with the implication that they will become older before they become richer. Yet, the last two decades are associated with a remarkable expansion of welfare provision and institutions in countries in Latin America, Asia, and more recently in Africa. Income transfers to older people figure prominently in emerging welfare institutions in the South. Researching their design and outcomes reveals important innovations, especially when set against the experience of European countries. At their core they reflect a concern with balancing income security objectives with much needed social investment. The presentation will track these developments, highlight the policy options, and draw lessons for addressing ageing in an unequal world.

651 - Population ageing in a context of global inequality. Social protection, health and the new care economy

Professor Peter Lloyd-Sherlock
University of East Anglia, Norwich, United Kingdom

Abstract

Focussing on older people in low and middle-income countries, my paper will review key achievements, challenges and shortcomings in three broad areas of social policy. These will be examined in relation to global and national contexts of growing inequalities, both within and between generations, as well as in relation to social transformation and changing patterns of consumption. The paper will set out a case for public policies that go beyond narrow approaches to social protection, including a more holistic focus on gender and inter-generational justice.

In chronological order
Underline denotes presenting Author

652 - Informal workers getting older: towards a framework for understanding age in relation to work activities

Professor Francie Lund
WIEGO Women in Informal Employment: Globalizing and Organizing, Manchester, United Kingdom

Abstract

The majority of workers in the global south ("developing countries") now work informally, and increasing numbers of workers in the north do the same. Informal work is defined as work without legal and social protection. There is relatively good awareness in social policy circles of the numbers of people who enter retirement with insufficient coverage to ensure financial security in their older years. Little attention has been paid to the specific position of informal workers in "the older years after contractualisation".

This paper will explore a framework for addressing this important issue. There has been a great improvement in statistics about the numbers and occupations of informal workers, but little about the patterns and movements of workers in and out of the labour market as they get older. We know that some in extended families start doing more household care, enabling younger members to go out to work; we know that some change occupations, to accommodate changing physical abilities; little is known about the gendered differences in support networks used by informal workers and their organisations. Some work voluntarily well beyond " retirement years"; others may have no choice but to continue working.

The paper will draw on and drill down on existing large scale survey data from a selection of countries that include informal work in their households labour force, and health surveys. Using this data will enable identification of appropriate design for qualitative participatory research work with organisations of informal workers between 2019 and 2021.

Parallel Session 3 (P3)

Time: 15:30 - 16:30
Date: 5th July 2018

Determinants / pathways into late life care - global perspectives

Health & social care practices & contexts

Time: 15:30 - 16:30
Date: 5th July 2018
Location: Theatre A

521 - Trajectories to aged care service use among older Australian women: A repeated measure latent class analysis

Md Mijanur Rahman[1,2], Jimmy Efird[1], Julie Byles[1]

[1]The University of Newcastle, Newcastle, Australia. [2]Comilla Unviersity, Comilla, Bangladesh

Abstract

Most older Australian need some form of aged care services at some point in later life, in addition to the mainstay of care and support provided by partners, family and friends. However, little is known about the journey from supportive care in the community to more complex and higher volume use, to residential care, according to the characteristics of the individual that determine their need for service use at different times. This study aims to identify latent patterns of aged care service use among older Australian women and to examine how socio-demographic predisposing and enabling, and health-related need factors are associated with these patterns. Survey data from 11,245 women of the 1921-26 birth cohort of the Australian Longitudinal Study on Women's Health (ALSWH) and linked aged care and death data from 2001 to 2011 are used. Repeated measure latent class analysis (RMLC) are applied to identify latent patterns of aged service use over time, and multinomial logistic regression is performed to estimate odds of factors associated with membership of different latent patterns. Four latent patterns are identified with over time approximately 44% of women belong to mostly non-user to basic Home and Community Care (HACC) user, 23% mostly moderate to high-level HACC user, 11% HACC to increasing RAC user, and 22% early mortality group after using different levels of services. The findings have implication in planning aged care services for older women through identifying factor associated with transition from low-level community care to high-level residential age care over time.

157 - Long Term Care for Older People Living with a Chronic Illness in China - Evidence from CHARLS

Mei Champ[1], Qian Xiong[2], Gloria Langat[3]

[1]University of the West of England, Bristol, United Kingdom. [2]Lancaster University, Lancaster, United Kingdom. [3]Ms, University of Southampton, United Kingdom

Abstract

This paper focuses on long term care (LTC) provision in China with particular interests on older people living with chronic illnesses and receiving formal LTC. The paper firstly discusses the existing LTC system and then it reports findings on 1) whether there is an association between chronic illness and reduced ability of maintaining activities of daily living (ADL) and instrumental activities of daily living (IADL), 2) whether there is a difference between rural and urban participants in receipt of formal LTC, and 3) what the determinants of preference are for choosing formal LTC in the future. The paper utilises data from China Health and Retirement Longitudinal Survey 2013 (CHARLS) Wave 2. The findings suggest that there is an association between chronic illness and reduced ability in maintaining ADL and IADL; there is a significant rural and urban difference in receiving formal LTC; people living with spouse have a significant higher odds ratio of not choosing formal LTC versus choosing formal LTC. The discussion reflects on China's current social and healthcare policies. It discusses policy implications for the future LTC service provision. This research concludes that China's formal LTC services need further development in order to meet the needs of maintaining ADL and IADL for older people living with long term medical conditions. The policy makers need to address the rural and urban inequality and the difference in the provision of formal LTC.

324 - Old-age care provision in Spain in the interplay between a new system of long-term care and a lingering economic crisis

Jeroen Spijker[1], Pilar Zueras[1,2]

[1]Centre d'Estudis Demogràfics, Barcelona, Spain. [2]

Abstract

Spain has traditionally based its care regime for older adults on female family members. This study analyzes whether care providing strategies for non-institutionalized older adults have changed in the context of a new system of long-term care that emanated from the 2006 "Dependency Act" and a lingering economic crisis.

Specifically, we analyze how different individual and household factors affect care strategies, distinguishing between informal (co-resident and non-resident) carers, formal carers and combined formal and informal care. To do so, we use descriptive statistics and multinomial logit regression and employ the Survey of Health, Ageing and Retirement in Europe (waves 2006 and 2013).

Results show that co-residence and the proximity of children are the main determinants of informal care provision to elders in need. Some externalization of informal care from the domestic domain took place, possibly through the economic compensation of family rather than non-family carergivers. Multiple-care arrangements also increased.

To conclude: the new care system that was developed during the economic boom but implemented during the bust years has had the perverse effect of consolidating informal care through the economic compensation of mainly family carers. Future research should investigate whether the increase in combined formal and informal care is because of preferences of potential family caregivers or due to lack of alternatives.

232 - The end of life circumstances of people dying in advanced age

Merryn Gott, Janine Wiles, Tess Moeke-Maxwell, Lisa Williams, Stella Black

University of Auckland, Auckland, New Zealand

Abstract

There have been urgent calls to develop new models of care to meet the needs of people dying in advanced age. However, research with this age group remains limited. We address this gap in evidence by presenting findings from a study examining the end of life circumstances of 52 older New Zealanders (19 Māori and 39 non-Māori) from the perspective of 58 family members who were nominated by the older people before their death to participate in a semi structured interview. A constructionist framework underpinned a qualitative research design and data were analysed using critical thematic analysis.

Culturally appropriate methods were used to ensure the safe inclusion of Māori. Participants also completed a questionnaire to gather specific information about health and service use at end of life. Analyses identified four distinct types of end of life circumstance related to the intersection of diagnosis and living situation: 1) 'Sudden deaths'; 2) Living at home alone/with others and accessing specialist palliative care services; 3) Living at home alone/with others with no access to specialist palliative care services; and 4) Living in Aged Residential Care. Use of health services differed between each group, as did identified unmet need for care, which was most acute in group 3. These analyses help further understanding of what interventions are needed, and to whom they need to be targeted, in order to improve the end of life experience of people dying in advanced age.

Symposium: Use of the ASCOT in Australia – increasing accountability, improving (quality) and understanding outcomes

Health & social care practices & contexts

Time: 15:30 - 16:30
Date: 5th July 2018
Location: Theatre B

T-P3-C2 - Use of the ASCOT in Australia – increasing accountability, improving (quality) and understanding outcomes

Symposium Abstract

As populations age and pressure on funding and resources for aged care increases, there is an increasing need for accountability for the services to funders and care recipients, and also for these organisations to ensure that they can both improve and understand the impact of these services on the people that they provide care to. A number of recent projects in Australia have used the ASCOT as the base for work in addressing these issues. Two of these projects involved innovative use of the ASCOT in outcomes measurement and care planning while another looks at lessons learnt from using ASCOT and other tools as quality indicators in social care

Chair

Ann-Marie Towers - University of Kent, Canterbury, United Kingdom

Discussant(s)

Peter Samsa - University of Wollongong, Wollongong, Australia

235 - Outcomes in community aged care – some lessons from Australia

Peter Samsa, Cathy Duncan

University of Wollongong, Wollongong, Australia

Abstract

Health services can provide some important lessons to social care providers. Though social care is "messier" and settings are more complex than health care, there are still lessons that can be learnt from the measurement of outcomes of health care. The Australian Health Services Research Institute has extensive experience in measuring outcomes in rehabilitation, palliative care and pain management services. This experience informed the study: Ageing Well at Home: Measuring the Impact of Community Care for Older People. The use of the ASCOT tool by both care recipient and case managers to measure and compare their ratings of quality of life provides an innovative method of understanding the views of all participants and presents one possible way of proceeding. Comparing care recipient and case manager ratings in different domains provided opportunities to refocus their work in the areas that the care recipient thought were important. The need for an effective classification or case-mix system for social care recipients is also highlighted in order to make comparison of outcomes meaningful

236 - Improving quality and measuring wellbeing outcomes in residential aged care: An innovative use of the ASCOT tool in residential aged care care planning.

Karn Nelson

The Whiddon Group, Sydney, Australia

Abstract

Like many developed countries around the world, Australia's population is ageing and with approximately 54% of aged care residents being estimated to have dementia (AIHW [2012]), the ability to measure and improve the quality of care and support that all residents receive is becoming increasingly important. However, measuring wellbeing outcomes and the impact of aged care services on quality of life, consistently and systematically, continues to be a challenge for many aged care providers. The clinical bias in care planning and reporting in Australian residential aged care is exacerbated by the (mainly) clinical base of the current ACFI funding instrument.

The ASCOT tool is internationally recognised as robust and one of the few able to measure the impact of care services on service user wellbeing or Social Care Related Quality of Life (SCRQoL). While widely used to assess and review care programs and services in the UK and other countries, its use in Australia is less common. Integration in care planning represents an innovative use of the tool both in Australia and internationally, particularly in residential aged care. In 2016, The Whiddon Group, supported by the ASCOT team at the PSSRU (University of Kent), undertook a trial integrating ASCOT in the care planning of its residential care homes. The paper provides Whiddon's perspective on what was learnt through the trial in terms of value added to care planning and quality of care, relationship based care and client and family empowerment as well as the sustainability of the methodologies used.

237 - Measuring outcomes of community aged care programs in Australia: Challenges, opportunities and the Australian Community Outcomes Measurement ACCOM tool

Beatriz Cardona

Macquarie University, Sydney, Australia

Abstract

Measuring health and wellbeing outcomes of community aged care programs is a complex task given the diverse settings in which care takes place and the intersection of numerous factors affecting an individual's quality of life outcomes. Knowledge of a strong causal relationship between services provided and the final outcome enables confidence in assuming the care provided was largely responsible for the outcome achieved. The Department of Health has recently reported on the findings of The National Aged Care Quality Indicator Program - Home Care Pilot. The Program sought to test various tools to measure quality of life outcomes of their community aged care programs. Some of the key issues raised in the study reiterate the findings form The Australian Community Care Outcome Measurement (ACCOM) pilot study, including the value of using the ASCOT SCT4 tool to measure social care related quality of life (SCRQoL) in community aged care programs in the Australian context, and the relevance of collecting additional data to identify potential links of health and demographic characteristics on quality of life scores. This paper will analyse some of the lessons learnt from the Home Care Pilot project and the ACCOM study and make some recommendations around the design, implementation and administration of measurement tools for the purpose of measuring outcomes of community aged care programs in Australia.

Symposium: Deciding to move into care? Experiences of people with dementia and carers regarding respite, timing of the move, and using aids to make decisions

Health & social care practices & contexts

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 1.218

T-P3-C3 - Deciding to move into care? Experiences of people with dementia and carers regarding respite, timing of the move, and using aids to make decisions.

Symposium Abstract

Deciding to move into care can be a sensitive topic for many older people, including people with dementia and family carers. It may be difficult to broach these topics, have these discussions and determine when might be the best time to make these moves. For some, deciding to not move and to stay in place in their own homes may be equally important and for them, accessing and receiving respite services may be vital. Our symposium will present three studies with relevant but different perspectives on this topic area:
- Kathryn Lord will present her study about

developing a decision-making tool for people with dementia deciding on place of care
- Laura Cole will present views from family carers, people with dementia and social care practitioners regarding whether there is an "optimal time" for people to move to a care home
- Emma O'Shea will discuss the importance of developing effective respite services so people with dementia and carers can stay at home for as long as possible.

Chair

Kritika Samsi - King's College London, London, United Kingdom

215 - Co-design of the DECIDE manual, a decision-making tool for place of care arrangements of people living with dementia.

Kathryn Lord[1], Gill Livingston[2], Claudia Cooper[2]

[1]University of Bradford, Bradford, United Kingdom. [2]University College London, London, United Kingdom

Abstract

People with dementia usually want to live in their own homes for as long as possible. Making decisions whether a person living with dementia could remain at home or move to a care home can be very difficult for family carers. In a feasibility randomised controlled trial, the DECIDE manual reduced decisional conflict in the intervention group compared with controls. All carers who received the intervention found it useful in making that decision [1].

There is a growing emphasis and awareness of the need to include patients and the public as well as service providers in development of research and interventions aimed at improving healthcare services for specific groups [2]. Guided by the International Patient Decision Aids Standards [3], we used qualitative methodology to co-design the DECIDE manual with people living with dementia (n=7), family carers (n=13) and health and social care professionals (n=19). We iteratively developed the DECIDE manual in a co-design process. There was a need to balance the views of people living with dementia and family carers with the practicalities of how this intervention can be delivered by healthcare professionals in a busy NHS service.

We present challenges faced and lessons learnt during this process for future researchers hoping to carry out similar co-design research and offer a way forward.

274 - Multiple perspectives on when a person with dementia should move to a care home: The 'Optimal Time Study'

Laura Cole, Kritika Samsi, Jill Manthorpe

King's College London, London, United Kingdom

Abstract

The timing of moving to a care home for a person with dementia is sometimes a difficult decision, and many factors may affect the decision-making process. However, little is known about the views and experiences of the individuals involved in this important decision. This study aimed to explore: 1) the factors that affect the decision, 2) the drivers of the decision, and 3) what may be considered an 'optimal time'. Using in-depth qualitative interviews, we sought to explore the views and experiences of four groups: people with dementia who had recently moved to a care home, family carers, social workers, and care home managers. Interviews were transcribed and analysed using the principles of thematic analysis. The findings indicate that social workers prioritised risk and ensuring the safety of the person with dementia to live in their own home, along with the carer's ability to continue providing care. Care home managers reported that often a move was made at a time of crisis, and considered an early move to be most beneficial for care staff to get to know the person. People with dementia and family carers were conflicted between the concern of loss of independence with the recognition of extra care needed. For them, the decision-making process and the move was an emotional and difficult experience, something that they would not wish to repeat again.

In chronological order
Underline denotes presenting Author

209 - Enabling 'ageing-in-place': Developing acceptable respite services and community supports for people with dementia and their carers

Emma O' Shea[1], Suzanne Timmons[2], Siobhan Fox[2], Eamon O' Shea[3], Kate Irving[1]

[1]Dublin City University, Dublin, Ireland. [2]University College Cork, Cork, Ireland. [3]National University of Ireland Galway, Galway, Ireland

Abstract

Background: 'Respite' services provide a break in the caregiving relationship for people with dementia and their carers, and can include residential, day and in-home service models. However, such services are often under-used and acceptability can be low. Furthermore, there is little evidence that service use leads to improved outcomes.

Aim: To understand key stakeholders' experiences of and perspectives on respite services and supports in dementia, with a view to informing service development.

Methods:
1/ A qualitative systematic review and meta-ethnography (Noblit & Hare, 1988) of the existing qualitative literature.
2/ Primary qualitative interviews with 35 key stakeholders (people with dementia, carers, PHNs, GPs, geriatricians, nurses, healthcare assistants, social workers, policy-makers, economists, academics).

Results:
1/ Systematic review. Five key concepts were identified: 1) the transition to service use 2) expanding organizational capacity 3) dementia care quality 4) building a collaborative care partnership and 5) dyad restoration. There is some divergence in stakeholder perspectives around factors influencing implementation.
2/ Primary data collection. Analysis is ongoing; however this study builds markedly on the above review findings, particularly regarding the previously-omitted perspectives of people with dementia. Reciprocity, decision-making autonomy, meaningful inclusion and personal growth are some preliminary themes from this perspective in relation to service development.

Some Preliminary Conclusions:
Services must cultivate a collaborative, solution-focused, responsive and person-centred dementia care culture, grounded in the principles of personhood and citizenship, and built on empathic service-client communication, if both members of the dyad are to achieve a restorative 'respite' experience.

Self-funded care

Health & social care practices & contexts

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 1.219

100 - Independent financial advice about funding social care in later life – findings from the IF project

Kate Baxter, Emily Heavey, Yvonne Birks

Social Policy Research Unit, University of York, York, United Kingdom

Abstract

People who pay for their social care from their own funds are known as self-funders. One of the most confusing issues for self-funders is finances, including the rules about paying for care, concerns about protecting assets for inheritance, and worries about how long resources will last. The need for financial advice was recognised in the Care Act 2014 which made it a requirement for councils to provide information and advice on how to access independent financial advice on matters relevant to the meeting of needs for care and support.

This qualitative study explored evidence and practice regarding independent financial advice about funding social care in older age through undertaking: (1) a scoping review of UK research evidence about use of financial advice in relation to social care costs; (2) a review of English policy regarding the provision of financial advice in relation to planning for and meeting social care need; and (3) interviews with 15 recipients of financial advice, 21 people who provide or signpost to financial advice and 14 strategic

level representatives from adult social care or the financial services sector.

This presentation focusses on findings from the interviews, presented as challenges and opportunities arising at the individual level, through interactions between individuals and organisations, at organisational level and at strategic level. There are challenges and opportunities relating to individuals' planning and engagement with financial, voluntary, and adult social care sectors, and joint working and shared aims across sectors at both a local and a strategic level.

265 - Social Care Personal Assistants: emerging findings from interviews with representatives from key 'stakeholder' organisations.

John Woolham

King's College London, London, United Kingdom

Abstract

The impetus to encourage people with social care and health needs to take a Direct Payment or a Personal Health Budget has led to the recent growth of social care Personal Assistants (PAs) as a segment of the social care workforce. They are widely regarded as being an effective way of providing a more person-centred service to disabled people, including people with social care, and long term health needs. This is because advocates claim that they offer much greater levels of choice and control, and sometimes transformative impacts on the quality of life of people who have one. A fundamental difference between a PA and care or support workers is that rather than being employed by a care agency, the PA is directly employed by the disabled person: there is a transfer of employment responsibility. This raises concerns, particularly for older people, about the quality of advice, information and support available to ensure good employment practices are established and maintained and about the extent to which statutory agencies can safeguard both employee and employer from exploitation and abuse. This presentation discusses emerging findings from interviews with 25 'stakeholders' – representatives from centres for independent living, disability rights organisations, local authorities, NHS trusts, brokerage organisations, a trades Union, national voluntary organisations, disability activists and independent commentators.

257 - Personal Assistants – the new care resource for older people?

Caroline Norrie, Kritika Samsi, John Woolham, Jill Manthorpe

Social Care Workforce Research Unit, King's College London, London, United Kingdom

Abstract

Personal Assistants (PAs) are a small but growing segment of the social care workforce in England. Personal Assistants are paid by an individual, who may be using Local Authority (LA) Personal Budgets (PB) or their own resources. In some parts of England LAs fund brokerage services to assist with PA recruiting or payments. National Health Service (NHS)-funded Personal Health Budgets (PHBs) can also be used to fund PAs. For many older people and their carers employing a PA provides much needed continuity of care and flexibility of task and role.

Little is known about PAs' perspectives on their work for older people and others, their pay and conditions, their training and their feelings about taking on tasks that are more typically health-related than care.

This presentation is based on findings from interviews conducted with 100 PAs across England in 2016-17. The sample was drawn from brokerage services and using snowballing techniques. All PAs were self-employed or directly employed by the care user or family member (not employed by an agency). PAs were asked about their roles; their tasks; feelings about undertaking 'medical' tasks; training; and pay, terms and conditions. Analysis was undertaken of the transcribed interviews using NVivo following a coding framework based on interview schedule combined with emerging free codes.

Emerging findings will be discussed focussing on the three themes of: working for an older person or family member; the relationships described; and managing the changing care needs of older people whose health is declining or frailty increasing.

In chronological order
Underline denotes presenting Author

Enacting older masculinities

Unequal ageing

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 2.218

219 - What is the 'Blueprint' for Being an Older Man in a Morally Conservative State? Men's Ageing in Northern Ireland

Gemma Carney, Paula Devine, Lorna Montgomery

Queen's University Belfast, Belfast, United Kingdom

Abstract

Research on older men regularly refers to the dearth of studies on ageing and masculinity. Where there have been studies, researchers have found that 'masculinities are temporally and geographically defined' (Devine et al 2017: 389). In this paper we ask how culture and context affect men's ageing in Northern Ireland.

Twenty years on from a successful peace agreement signed in 1998, Northern Ireland retains a level of moral conservatism that is more pronounced than other UK countries. The culture of Northern Ireland suggests that the 'pater familias' identified in Catholic Southern Ireland is combined with a Protestant ethos of industry and self-reliance. It seems plausible to suggest that this set of conditions is conducive to the maintenance of hegemonic masculinity, defined as 'men's practices that perpetuate the dominance of men over women as well as creating a hierarchy of masculinities that privileges men in positions of power and wealth and marginalises others' (Coles and Vassarotti, 2012: 32). Our aim is to contribute to theoretical development in this area and so we take Thompson and Barnes Langendoerfer's (2016) "Older Men's Blueprint for Being a Man" and apply it to the Northern Ireland context.

In applying the blueprint, we critically question the extent to which hegemonic masculinity is ageist. We conclude that more empirical investigations of the lived experience of men's ageing are needed if we are to understand the impact that ideologies of hegemonic masculinity might have on older men's health, relationships and, ultimately, their experience of longevity.

45 - Me(n) on Me(n): interviews between involuntarily childless men. The threats and treats of working with 'Auto/Biographical I' in sociological research.

Robin Hadley

Consultant, Manchester, United Kingdom

Abstract

The auto/biographical approach emphasises that researchers are not detached, neutral observers and that self, involvement, privilege, and power are acknowledged in the research process. There is an absence of the dynamics of when men interview men on a sensitive subject. Childless men are, compared to women, absent from geographical, gerontological, psychological, reproductive, and sociological research. These disciplines have mainly focussed on parenthood, family, and women. Feminist researchers' have highlighted the paucity of material on the fertility intentions, history and experience of men. While reproduction is central to feminisms it is absent from masculinities scholarship. This presentation draws on my doctoral qualitative study framed auto/biographical, biographical, feminist, gerontological and life course approaches. In-depth biographical interviews were conducted with 14 men, aged between 49 and 82 years. I will explore the gender dynamics I encountered in interviewing my participants and the range of reactions in academic settings.

104 - Caring Masculinities and Men Living Alone in Later Life

Miranda Leontowitsch[1], Insa Fooken[2], Frank Oswald[2], Liudmila Bulycheva[2]

[1]Goethe University Frankfurt/Main, Frankfurt7Main, Germany.
[2]Goethe-University Frankfurt/Main, Frankfurt7Main, Germany

Abstract

The number of men growing old is steadily increasing. Changes to family status (e.g. widowhood, divorce, singlehood) and types of

relationship (e.g. living apart together) mean a growing number of men live alone in later life. Until recently gerontological work considered older men living alone to be either an at risk group with high scores of deprivation, suicide and mental health problems or viewed them as being socially more disengaged or excluded compared to co-habitating older men and older women living alone. Some studies have drawn attention to the ability of men to adapt to living alone while coping with traditional concepts of masculinity during that process. Yet, little work has considered the role of caring among older men living alone, either as care-work or as a conceptual lens to see how a reconfiguration of masculine identities might support men in the process of ageing and living alone. This paper will look at 'caring masculinities' and draws on data based on three biographical interviews with a diverse sample of men aged 65+ in Frankfurt/Main (Germany) who live alone. Following the interpretation of the material which used concepts of masculinities, ageing and social connectedness as analytic devices, care-work (e.g. for partners, parents) turned out to be a central theme in the men's narratives. Caring and care-work made them apprehend their living alone as well as their potential future need for care from a new perspective. Moreover, care work enhanced the men's ability to reflect on relationships with significant others.

Symposium: Social connections and relationships in Northern Ireland, Wales and Scotland: learning from devolved nations

Social participation, citizenship & the welfare state

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 2.219

T-P3-C6 - Social connections and relationships in Northern Ireland, Wales and Scotland: learning from devolved nations

Symposium Abstract

2018 marks the 20th anniversary of legislation heralding devolution within the United Kingdom (UK). As a result, there are different legislative bodies and powers in Northern Ireland, Scotland and Wales, as well as diverse social, demographic, geographic and economic contexts. All of these are relevant to how people and societies age, and impact on our identity, sense of place and access to cultural capital. Thus, BSG groups within the devolved nations have come together to learn from each other.

Loneliness and social isolation are major issues facing many older people, and are gaining media and policy attention. In January 2018, Tracey Crouch MP has been announced as the first UK minister for loneliness. A consultation has been launched in Scotland on *Reducing Loneliness and Social Isolation* - one of the first national strategies in the world.

This symposium brings together papers from Wales, Scotland and Northern Ireland to explore patterns of social connections and relationships, and to highlight inequalities. All papers use data from major quantitative surveys. Analysis of the Northern Ireland Cohort for the Longitudinal Study of Ageing will explore social connectedness among older men. Data from Cognitive Function and Ageing Study Wales (CFAS Wales) will highlight the impact that different types of place may have on the distribution of support networks types, and to what extent this is influenced by population change. Analysis of Healthy Ageing in Scotland (HAGIS) will explore associations between social isolation and loneliness with engagement in health behaviours.

Chair

Gemma Carney - ARK, Queen's University Belfast, Belfast, United Kingdom

In chronological order
Underline denotes presenting Author

445 - Older men and social connectedness in Northern Ireland: first findings from NICOLA

Paula Devine[1], Gemma Carney[1], Lorna Montgomery[2]

[1]ARK, Queen's University Belfast, Belfast, United Kingdom.
[2]Queen's University Belfast, Belfast, United Kingdom

Abstract

Social relationships and connectedness with other people and activities are important aspects of ageing well and avoiding loneliness. Understanding the barriers and opportunities around making people *feel* socially connected in later life is important in maintaining healthy ageing. Thus, loneliness and social isolation are key policy foci (although the two concepts are often conflated).

This paper is based on the first wave of data from NICOLA – the Northern Ireland Cohort for the Longitudinal Study of Ageing. This provides us with information on approximately 8,500 adults aged 50 or over living across Northern Ireland. NICOLA offers a vital opportunity for Northern Ireland to be represented within the family of cohort studies on ageing across the world. Initial findings from NICOLA (Devine and Carney, 2017) highlight that gender relations provide an important framework for how older people living in Northern Ireland negotiate relationships at family and community level, and that gender bisects the experience of ageing at certain points.

The paper will explore patterns of social connectedness among older adults in Northern Ireland, with a particular focus on older men. This is a group who are less visible within gerontological and masculinities literature and research. Importantly, given the conference's theme of 'Ageing in an Unequal World', we explore variation in social relationships and connectedness according to key indicators, reflecting Northern Ireland's distinct geographic, social, cultural and political contexts.

447 - Loneliness, Social networks and place: A Spatial analysis of support network types

Deborah Morgan, Vanessa Burholt

Swansea University, Swansea, United Kingdom

Abstract

Wales is the most economically deprived of the four UK nations, and it is widely acknowledged that the lower per-head income has a negative impact on the health and wellbeing of older people in Wales. Wales also faces higher levels of loneliness and social isolation than other parts of the UK – data from the Cognitive Function and Ageing Study Wales (CFAS Wales) indicate that over 25% of older adults in Wales report being lonely and almost 27% consider themselves socially isolated.

Research on social network types have found that loneliness and social isolation are more prevalent in some support network types than others (Wenger,1997; Wenger, Davies, Shahtahmasebi, and Scott, 1996).However , much of the early work on social networks has been conducted in largely stable communities with a high standard of living (Wenger, 1986).

This paper will draw on data from the Cognitive Function and Ageing Study Wales (CFAS Wales) to explore the impact that different types of place (e.g. disadvantaged area) may have on the distribution of support networks types and to what extent this is influenced by population change.

505 - Engagement with health behaviours in an ageing Scottish population: first findings from HAGIS.

Elaine Douglas, David Bell

University of Stirling, Stirling, United Kingdom

Abstract

Healthy Ageing In Scotland (HAGIS) is Scotland's first comprehensive study of ageing 1. Social isolation, a measure of social network and contact, and loneliness, the discrepancy between the desired and actual relationship, have been associated with poorer health status, physical and mental health conditions 2. Half of Scotland's

adult population have at least one long-term health condition, and those with multiple conditions are more likely to be older and live in more deprived areas 3. Engagement with health behaviours can support people to live longer, healthier lives. However, population characteristics and health behaviours vary in populations identified as socially isolated or lonely 4. This analyses will present initial finding from HAGIS that will explore the prevalence of social isolation and loneliness in Scotland's ageing population and its association with health behaviours.

References

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Ageing with disability

Unequal ageing

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 2.220

115 - Ageing in place together: Older parents and their ageing offspring with intellectual disabilities

Yueh-Ching Chou[1], Teppo Kröger[2]

[1]Institute of Health & Welfare Policy, National Yang-Ming University, Taipei, Taiwan. [2]Department of Social Sciences and Philosophy, University of Jyväskylä, Jyväskylä, Finland

Abstract

Background: Little research has been conducted about ageing in place among old parents who cohabit with their ageing offspring with intellectual disabilities (ID). A mixed-methods approach and the "housing pathways" framework are employed to explore which older parents would choose ageing in place together with their ageing offspring with ID instead of moving and what factors are associated with such a choice.

Methods: All old parents (≥65) cohabiting with their aging offspring with ID (≥40) were invited from two local authorities in Taiwan; 237 families completed our census survey and 60 were involved in our in-depth interviews between May 2015 and July 2016.

Results: Qualitative findings present that ageing in the old place was more popular than moving. Survey study showed that 61.6% of the parents who were interviewed would choose ageing in place with their ageing offspring with ID and another 38.4% participants would stay in the old place without their disabled children or move to the other children's home/nursing home. Logistic regression analysis reveals that the parents who prefer ageing in place together with their offspring with ID were more likely to have house ownership and as well as have higher level of satisfaction with their life and current community, and these two variables were strongly related with each other and linked with their satisfaction with their housing and community identity.

Conclusion: In order to make ageing in place together for these families, housing and living support should be considered by current policies.

128 - Exploring Deaf British Sign Language users' experiences of accessing service provision while supporting Deaf people living with dementia in Northern Ireland.

Emma Ferguson-Coleman[1], Alice Johnston[2], Alys Young[1]

[1]University of Manchester, Manchester, United Kingdom. [2]The British Deaf Association, Belfast, United Kingdom

Abstract

Deaf British Sign Language (BSL) users experience unequal access to health and social care provision because their language and communication needs are consistently not met and their minority

cultural identity not recognised (SignHealth, 2014). Inequities of access, provision and outcomes are exacerbated when Deaf people live with dementia (Young, Ferguson-Coleman and Keady, 2016) and when Deaf people become care partners for other Deaf people with dementia (Parker, Young and Rogers, 2010). There is little direct evidence from Deaf carers about their support needs in navigating the care system and in living with someone with dementia. This presentation will show results from a consultation with Deaf carers in Northern Ireland about their experiences of supporting someone with dementia and with professionals who work within the care system with Deaf people. Deaf-led data collection in BSL consisted of interviews and focus groups in four different geographical areas in Northern Ireland. It was established that Deaf carers struggled to (i) understand dementia as a condition, with a lack of awareness about how symptoms manifest themselves; (ii) effectively support their loved one as a Deaf person living with dementia; including decision-making and risk-taking (iii) communicate clearly their wishes and expectations of support from service providers, and (iv) access services that are culturally appropriate for their needs. However, there was evidence of resilience (Windle, 2011) in that Deaf carers utilised their lifelong experiences of overcoming barriers in empowering themselves to engage with service providers within different domains. Implications for new service initiatives will be highlighted.

27 - Ageing with a Learning Disability: A Critical Literature Review

Christina Victor[1], Veronika Williams[2], Sara Ryan[2], Deborah Kinnear[3]

[1]Brunel University London, London, United Kingdom. [2]Oxford University, Oxford, United Kingdom. [3]Glasgow University, Glasgow, United Kingdom

Abstract

In debates around population ageing the emphasis is upon the changing demographic profile in terms of the number and proportion of older people within given societies. Where the debate extends to the nature of future populations of older people this is focused predominantly on the emergence of specific groups defined by age such as (super) centenarians. Much less interest is expressed in the emergence of 'new 'ageing populations such as those ageing with learning disabilities. In the United Kingdom, there are an estimated 1.14 million people with a learning disability and life expectancy for this population is approximately 60 years. Little is known about the experiences of this group of people as they age and how they conceptualise 'successful ageing'. We undertook a systematic literature review to evaluate our current evidence base in terms of the experience of ageing for adults with a learning disability.

We identified 65 papers published between 2001 and 2016 which focused on those with mild to moderate impairments. We classified papers into 6 themes: health; activities of daily living and function; experiences of ageing; quality of life and well-being; autonomy and transition. Most papers, 43, focused upon health/activities of daily living with 11 studies examining ideas about ageing, autonomy and transition highlighted the socially exclusion experienced by this population. We still lack a clear understanding as to what a good later life for older learning disabled people consists of and how, if at all, it differs from the rest of the population.

Symposium: Social exclusion in later life: perspectives from Central and Eastern Europe

Ageing in a global context

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 3.204

T-P3-C8 - Social exclusion in later life: perspectives from Central and Eastern Europe

Symposium Abstract

A recent scoping review of old-age social exclusion highlighted the multi-dimensionality and dynamic nature of exclusion in later life, also

drawing attention to the importance of social, economic, political and cultural contexts in shaping exclusion (Walsh et al., 2017). Nevertheless, much of what we know about exclusion in later life derives from research conducted in relatively few western nations. With its focus on key concerns in Central and Eastern European nations, this symposium breaks new ground in debates on exclusion. It includes three papers from scholars attached to the COST Action 'Reducing Old-Age Social Exclusion: Collaborations in Research and Policy' (ROSEnet), a network of over 130 researchers from 41 countries.

The papers report on research conducted on specific dimensions of social exclusion in different national contexts. The first paper uses social capital theories to consider questions relating to digital forms of exclusion affecting older adults in Estonia, a country that has an international reputation for digital service provision. The second paper compares older people's risks of social exclusion in long-term care settings in three Central and Eastern European countries (Hungary, Romania, Estonia) and one Western European nation (Germany). The third paper explores the role of housing and home as a base for social inclusion and satisfaction in other areas of life in the Czech Republic. Older people's "housing stories" reflect both the material struggles and symbolic meanings connected with home, belonging and place, suggesting the need for a stronger focus on housing and home in scholarship on old-age social exclusion.

Chair

Kieran Walsh - Irish Centre for Social Gerontology, National University of Ireland Galway, Galway, Ireland

Discussant(s)

Prof Thomas Scharf - Institute of Health & Society, Newcastle University, Newcastle, United Kingdom

432 - Addressing digital exclusion in later life: digital interventions in Estonian e-society and age-related barriers

Iivi Riivits-Arkonsuo, Anu Leppiman

School of Business and Governance, Tallinn University of Technology, Tallinn, Estonia

Abstract

Digital interventions of both the public and private sector have contributed to securing Estonia's reputation as a leading e-country. Electronic authentication and digital signatures enable paperless interactions. Estonian citizens can: select e-solutions from among a range of public services; use e-voting; file their tax returns through the internet; and view their medical data in the Patient Portal. Estonia's healthcare system has been revolutionised by innovative e-solutions. People who have the necessary skills and motivation to use the web, can benefit considerably from being part of a digital society. Considering the limited resources of the public sector, it will soon become too costly to maintain traditional services that require face-to-face interaction for internet non-users. As the main users of social welfare and health services, older people who are unable to use the internet to access e-services are at risk of exclusion from services and from civic participation. The digital divide, corresponding to a distinct "grey divide", is therefore a pressing issue in Estonia. Society and policymakers face a complex set of inter-related social problems that need to be addressed. Against this background, and guided by a conceptual approach based on social capital theories, this paper explores the extent to which senior citizens perceive themselves to be excluded from e-society in Estonia – a society largely created by young people for young people. The empirical research extends and contributes to contemporary debates on old-age exclusion in the context of a digital society.

In chronological order
Underline denotes presenting Author

535 - Social exclusion of older people in long-term care: a comparison of Hungary, Romania, Estonia and Germany

Zsuzsa Széman[1], László Patyán[2]

[1]Institute of Mental Helath Semmelveis University, Budapest, Hungary. [22]Department of Gerontology, Faculty of Health, University of Debrecen, Nyíregyháza, Hungary

Abstract

Despite renewed focus in social gerontology on questions around exclusion in later life, relatively little is known about social exclusion of older people in Central and Eastern Europe (Hrast et al., 2013). While a comparison of new and old EU member states by the EFILWC (2009) as part of a study of old-age exclusion in Slovenia (Hrast et al., 2012) points towards potential domains of exclusion, cross-national comparative research is lacking, especially research that applies qualitative methods to assess exclusion in later life. By reanalysing data collected within the context of previous empirical studies, this gap can be decreased and new knowledge generated. This paper presents findings from data collected as part of the "Mobilising the Potential of Active Ageing in Europe" (MoPAct) project. The focus is on the possibility of social innovation in long-term care. The original goal of the study was, therefore, to explore drivers of and barriers to social innovations, applying qualitative methods, mapping good examples of practice, and carrying out expert interviews and focus group interviews. These data were subsequently analysed, with one key focus being on the provision of long-term care services. Even within a relatively narrow but important thematic area, secondary analysis of this material within a social exclusion framework provides a wealth of information concerning different domains of social exclusion in later life. Analysis enables the exploration of differences and similarities in forms of exclusion across three Central and Eastern European countries, Hungary, Romania and Estonia, and a longstanding EU member state, Germany.

518 - Ageing, housing and home: personal experiences of older Czech residents in the post-socialist era and beyond.

Lucie Galčanová, Lucie Vidovićová

Masaryk University, Faculty of Social Studies, Brno, Czech Republic

Abstract

Many authors point to the importance of housing as a base for social inclusion and satisfaction in other areas of life. Multi-dimensional frameworks that consider social exclusion in later life consequently identify home and community as being of central importance to inclusion in old age. In the Czech Republic, the period after the fall of state socialism was characterised by struggles over the meaning of housing and home with contradictory outcomes. On the one hand, the neo-liberal rhetoric led to the general perception of housing as a "commodity like any other". On the other, the processes of housing stock privatisation, rent deregulation and restitution led to the relatively homogenising, but also regionally uneven trajectories of housing distribution, affordability and security. Thus, this paper has two aims. Firstly, we present a short overview of the development of the housing market and policies in the Czech Republic after the fall of state socialism with a special focus on its changing impact on the older population. Secondly, we illustrate the variability of effects of this development from the perspective of older residents. We do this by drawing on two waves of qualitative interviews (from two interconnected projects researching quality of life and housing experiences in selected urban and rural areas). These "housing stories" told by older home-owners and tenants reflect both the material struggles and symbolic meanings connected with home, belonging and place. The paper concludes by arguing for a stronger focus on housing and home in research on old-age social exclusion.

Critical perspectives on the spatiality of later life

Theories, methods & critical perspectives

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 3.211

561 - Smart, psychosocially therapeutic built environment for people across the lifespan

Evangelia Chrysikou[1], Chariklia Tziraki[2],[3]

[1]The Bartlett Real Estate Institute UCL, London, United Kingdom. [2]Hebrew University of Jerusalem, Jerusalem, Israel. [3]MELABEV-Community Elders Club, Research and Evaluation Department, Israel, Israel

Abstract

Theories from medical sociology, such as salutogenesis (Antonovsky, 1979) support that the physical environment could promote well-being (Dilani, 2008). This involves design that could be used for people across the lifespan. Although this concept has influenced medical architecture, it has not yet penetrated the domain of more generic architectural development. Despite the gradual decrease of medicalization of healthcare facilities in terms of ambience, a conceptual gap remains between healthcare facilities and architecture for the general population. There is regulation in terms of accessibility but this is a) partial to specific disabilities with very little understanding of neurodiversity and b) does not build on the fact that ageing is not a disability and architecture for ageing should be considered as a generic requirement for the built environment. This paper explores the possibilities of synergistic domains between healthcare architecture and architecture in general, especially residential and hospitality facilities for active and healthy ageing. Using the architectural typology interpretation of a dementia village as a case study, employing methodologies deriving from medical architecture as well as spatial morphology, this paper explores how to create hybrids between healthcare, residential and hospitality facilities that contribute to the silver economy while providing the ageing population with better-built environments.

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111 - The Impact of Global Trends on the Spatiality of Ageing

Sheila Peace

The Open University, Milton Keynes, United Kingdom

Abstract

The relationship between human ageing, space and place is defined here as the 'spatiality of ageing' - focusing on later life. At the macro level the spatiality of population ageing lies alongside other global trends where strategic interactions with environment influence policy development directed through supra national institutions (UN, 2002; WHO, 2015) operationalised at meso and micro levels. Consideration is given to the relationship between global health, ageing and trends concerning: migration patterns – from labour to conflict migration (Warnes, 2010) ; rurality & urbanism – highlighting the dynamic growth of urbanism alongside the growing proportion of rural elders (Phillipson, 2011); climate change – where population ageing confronts environmental disaster with social consequences; the built environment – where challenges for inclusive design embraces being age-friendly (Buffel et al, 2012); and technological development with implications for both support and care.

Through outlining the importance of population ageing within each of these areas recognition is given to how they interrelate, for example the relationship between climate change and urban & rural living, and consideration is given to the impact on social inclusion and exclusion in later life.

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340 - Homelessness in late life: Unequal aging on the streets, in shelters, and long-term care

Amanda Grenier

McMaster, Hamilton, Canada

Abstract

This paper presents research results from a four year SSHRC ethnographic study on homelessness in Montreal Quebec that consisted of on-site observations, document analysis (42) stakeholder interviews with shelter and long-term care workers (15 + 10), interviews with older people in emergency shelter (40), and analysis of administrative data (1,214). It highlights key findings with regards to shifting age profile of homelessness in Canada, the lack of recognition of older people in strategies on homelessness, length of stay of older men compared to younger men, and insights from stakeholders and older people. The paper then draws on these findings to outline the contradictions that exist between planning for older people and older people who are homeless; to develop conceptual insights with regards to aging, cumulative disadvantage and inequality; and most notably, to highlight how older people with experiences of homelessness experience unequal aging in locations that are not only misaligned with frameworks of health and well-being in late life, but also considered 'undesirable'.

62 - Oslo: the Age-friendly city that dare not speak its name

Gustavo Sugahara

HiOA, Oslo, Norway

Abstract

Population ageing and urbanization are two global trends that together comprise major forces shaping the 21st century. As stated by the United Nation (UN), our world is a growing city. At the same time as cities are growing, their shares of older residents are

increasing. Since 1982, when the first international instrument on ageing was signed in Vienna, the global understanding and acknowledgment of the importance of population ageing has gone through a dramatic change. The World Health Organization Age-Friendly cities and communities program has been the reference policy to address the urban ageing phenomena. Oslo, the rich capital of the most developed country in the world has also initiated its AFCC initiative. Departing from the idea that the Age-Friendly literature provides the perfect microcosms to approach the current dilemmas

faced by gerontological studies, and having Oslo as a case study, I argue for the need of a better integration of Age-friendly cities research and policy with (a) the analyses

ofthe framework's intrinsic contradictions and (b) the impact of global forces transforming the physical and social context of cities. The analyses of official documentation and opened ended interviews with "older persons' advocates" and various cities' departments reinforced the virtual inexistence of a broader Age-Friendly understanding. Despite the dominance of the frail stereotype on old-age, there are other forces pushing the agenda of a more pluralistic perspective.

Symposium: Aesthetics and ageing in the 21st century

Environments for ageing in the 21st century

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 4.204

T-P3-C10 - Aesthetics and ageing in the 21st century

Symposium Abstract

Aesthetics are not necessarily the first topic that comes to mind in the field of social gerontology but when we start to consider what helps human beings to flourish, it is clear that the appreciation of beauty is fundamental. Exploration of beauty with community dwelling older adults found participants suggesting that the appreciation of a beauty might actually become more acute and important with age.

This symposium presents three projects that are investigating the difference aesthetics can make to living and ageing well in three distinct ways. Our first talk reviews the results of the "Aesthetics and quality of life for older adults" project, discussing questions of the perception and the importance of beauty in everyday life. The importance of aesthetics in the built environment will be explored in a discussion of the effect of architectural interventions on community perceptions of wellbeing as part of the "Our Future Foyle" Project. "Objects of despair, objects of desire" considers how objects are invested with emotions and experience to become desirable and disgusting through ageing. This is with the aim to inform the design language for assistive devices and improve their adoption.

Chair

Eleanor van den Heuvel - Brunel University, London, United Kingdom

242 - Aesthetics and quality of life for older adults: The role of environments in supporting ageing well

Holly Nelson-Becker, Eleanor van den Heuvel, Christina Victor

Brunel University London, London, United Kingdom

Abstract

Access to beauty is intrinsic to psychological and social, even spiritual, health. Aesthetic sensibility includes awareness initiated in both mind and emotion accessed through nurturing environments (Caspari, Eriksson, & Naden, 2011). While individual tastes vary and aesthetic preferences are culturally conditioned, an appreciation of beauty, both natural and constructed, is fundamental to human meaning-making, creativity, and innovation (Hillman 1998). Beauty is thus an instrumental tool that supports ageing well.

This paper describes a study that investigated what aesthetics/beauty meant to older adults and whether experiencing beauty sustained them. Three focus group interviews were conducted with four to five community dwelling participants aged between 60 and 93 (median age 75) with a total N of 14. Several themes emerged including beauty assessed as openness to experience and an evolving way of seeing; available universally in micro and macro environments; an unexpected recognition beginning in the heart; alleviation of despondency and depression, integral to relationships, and a restorative momentary loss of self. The importance of beauty was identified through all narratives: participants found it difficult to imagine a world with no beauty in it. They wondered if age made discernment capacity greater. Appreciation of beauty, particularly natural beauty, encouraged participants who identified happiness and wellbeing as outcomes of perceiving beauty. This study suggests that beauty is essential for wellbeing and human flourishing. Implications are that professionals should assist older people to consider the role of beauty in life and develop interventions to improve well-being for older people in normal and aesthetically-deprived environments.

216 - Our Future Foyle: A series of fortunate events.

Jo-Anne Bichard, Elizabeth Raby, Ralf Alwani, Jonathan West, Jak Spencer

Royal College of Art, London, United Kingdom

Abstract

This presentation will report on a two year project that is investigating community well being around a waterfront in Derry / Londonderry, Northern Ireland. *Our Future Foyle* is a collaborative design research project between the Royal College of Art, Helen Hamlyn Centre for Design and Public Health Northern Ireland. Its focus is to investigate what aesthetic qualities of the area around the city's River Foyle can be enhanced to improve community well being. The presentation will explore how, through an 'event methodology', a key point in history was captured and generated intergenerational stories that told of a shared community event in an era of division. The use of event's as a method to generate wider community engagement has proved essential in engaging people of all ages into design research, especially for potential projects that focus on the importance of aesthetics in the consideration of such environmental design, whilst also considering access and use by all.

233 - Objects of Desire, Objects of Disgust

Gabriella Spinelli, Massimo Micocci, Wendy Martin

Brunel University London, London, United Kingdom

Abstract

One way to look at the adoption and rejection of assistive technology in old age is through the concept of disgust and its antithetic correspondent, desire. The rationale to apply fresh ways in understanding the reaction, use and eventually the design of assistive technology resides in the fact that these are not just medical products but, given the extent to which they pervade one person's life, they become extension of the self. Borrowing the expression of Fishler (1988) in the context of food and disgust, assistive devices not only have functional needs, but they also signify. Some studies have identified taxonomies of offensive objects within a scale that reaches at its peak the concept of disgust: items in this group are qualified by negative sensory emotions as well as moral motivations (Rozin and Fallon 1987). It has been suggested that humans exposed to prolonged undignified conditions accept to be perceived and perceive themselves as unworthy (DesPres 1976). With people living longer, the support of aids may be required for considerable length of time triggering powerful reactions that lead to rejection or acceptance. The aim of this study is to identify how the attitude towards assistive devices can be de-constructed so as to understand how design can develop a semantic language for assistive devices that trigger inclusion and self-worth rather than marginalisation. The research applies an ethnographic methodology to understand how everyday life objects are invested with disgust and desire and will seek to extend such mechanisms to assistive devices.

Symposium: Placing Dementia II: Broadening our understanding of place and environment in the context of dementia

Environments for ageing in the 21st century

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 4.205

T-P3-C11 - Placing Dementia II: Broadening our understanding of place and environment in the context of dementia

Symposium Abstract

As the numbers of people living independently with dementia increase across the developed world, so there is a growing need to appreciate the role of spaces and places as central to understanding the everyday experiences of living with dementia. Yet while there is much

work on the design of the physical or material environment, attention has rarely focused on the subjective, experiential and 'everyday' practices that contextualise life-in-place for people with the condition. Using the exploration of lived experiences and daily realities as their starting point, the papers in this symposium will present distinct and innovative insights into how place can be better conceptualised in our understanding of dementia, in doing so, adding fresh perspectives to our understanding of what it means to age in place.

Chair

Andrew Clark - University of Salford, Salford, United Kingdom

268 - Landscapes of Rural Dementia; "*Friendly places and friendly faces matter most*.."

Fiona Marshall[1], Mark Riley[2]

[1]University of Nottingham, Nottingham, United Kingdom.
[2]University of Liverpool, Liverpool, United Kingdom

Abstract

This paper presents some of the findings from the Scaling the Peaks Study (Marshall et al, 2018) which focuses on the experiences and expectations of older people who live in the rural Peak District National Park, Derbyshire. As part of the multi-disciplinary study, 32 families affected by dementia, were included as part of the longitudinal study which sought to understand their ties to community in the context of dementia friendly communities.

Findings showed that high values were attributed to feeling part of the locality, beyond human contact, and that this included ties to identifiers in the landscape which were ascribed emotional connections. These ties were integral to feeling part of a community despite increasing loss of human connections such as diminishing activities with others. The assumption that dementia inevitably brings a contraction of world view is not supported by this study but rather suggests that the landscape provides compensatory mechanisms which provide *"roots for life", "friends and fellow soldiers in tough times"* thus giving comfort and a sense of deep attachments to place along the life course.

This paper discusses the relevance of dementia friendly communities in rural places and suggests that a more systematic approach, beyond the confines of ageing people care, may be of more benefit to those who live and work in such communities. Any initiatives to develop such communities would require a nuanced understanding of the emotional realities of living in small remote places with dementia.

152 - "We build vacations into everyday life": Rethinking the concept of carer respite through the lens of place

Marjorie Silverman

University of Ottawa, Ottawa, Canada

Abstract

This paper explores the phenomenon of carer respite through the lens of place. It explores the role of place in eliciting restorative experiences for carers and reconsiders the mechanism of 'respite as an outcome'. Findings from an Ottawa-based study about dementia carers' experiences in their neighbourhoods (a research study linked to the UK-based project 'Our people, our places', part of the Neighbourhoods & Dementia research program funded by the ESRC and NIHR) illustrate that everyday places, whether in the home or in the social or built environment of the neighbourhood, facilitate their connections to themselves and others, leading to a sense of restoration. The carers in the study describe how they experience respite in their homes and surrounding property, as well as in the natural, social, and built environment of their neighbourhoods. The findings illustrate the ways in which neighbourhoods support everyday respite practices, and the ways in which place (used both as a noun and a verb) can lead to a reimagining of the concept of respite. The paper concludes that respite is not necessarily the outcome of mental or physical removal from the care situation but rather the (em)placing of care within everyday life.

In chronological order
Underline denotes presenting Author

208 - Place, Space, and Art for People with Dementia

Elaine Wiersma

Centre for Education and Research on Aging & Health, Lakehead University, Thunder Bay, Canada

Abstract

Groups for people with dementia are important in creating a sense of solidarity and connectedness, thereby enhancing self-confidence and self-esteem. What tends to be overlooked is the role of place and space in programs for people with dementia. A four week art program held at a local art gallery was offered three times, with a total of 10 participants in all three programs. Participants created individual art pieces, which were then brought together into a collective piece. Participant observations, photographs, and debriefing focus groups were used throughout each session. A final focus group was also held with some of the participants, as well as with the artist and facilitators.

Place emerged as a theme in three ways: 1) place as the setting of the art program; 2) place as a display of the art once it was complete; and 3) place as a theme in the participants' art. The importance of place, particularly the local art gallery, was described by participants which created connection among participants, affirmed identities, and enhanced creativity. The collective art pieces were displayed in public places, including the local library and the art gallery. Finally, many participants created their art to reflect places that were important to them.

While research has explored the social impacts of programs for people with dementia, less attention has been paid to the place of these programs, not only the physical location, but the creation of space, and how this facilitates identity and connection.

Symposium: Social ties in challenging times: loneliness, isolation and intergenerational relations under the spotlight

Connections & relationships

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 4.206

T-P4-C12 - Social ties in challenging times: loneliness, isolation and intergenerational relations under the spotlight

Symposium Abstract

A growing focus of gerontological research considers questions relating to the quantity and quality of people's social relationships as they age. While older adults' social ties have been a longstanding feature of research on ageing, recent evidence connecting inadequate social relations to poor health and wellbeing outcomes has generated a new wave of studies that address older adults' social ties. In the UK, such studies often seek to connect social relationships at the level of individuals and families to their broader social and environmental contexts.

This symposium presents findings from four studies, focused primarily on North East England, that explore older adults' social ties, intergenerational relations, and promising practice responses within the context of socioeconomic deprivation, austerity policies, devolution and Brexit. The first paper (Moffatt et al.) examines intergenerational relations across the life course, showing how a changing macro-social context is re-shaping narratives concerning the 'give and take' between young and old. The second paper (Liddle et al.) identifies opportunities for digital innovation, generated from participatory co-design workshops in a disadvantaged urban neighbourhood, that may strengthen social

relationships in later life. The third paper (Wildman et al.) assesses an initiative designed to address the dual challenges of social isolation and malnutrition, identifying facets of local context that underpin successful interventions aimed at reducing isolation of ageing adults. The final paper (Russell et al.) considers the potential of a gardening initiative to build social relationships with and across the patient community of a GP practice, thus reducing social isolation and loneliness.

Chair

Thomas Scharf - Institute of Health & Society, Newcastle University, Newcastle Upon Tyne, United Kingdom

442 - "They're not homeless, they're not starving, but they're not doing well." Intergenerational narratives in challenging times.

Suzanne Moffatt[1], Josephine Wildman[1], Anna Goulding[1], Alison Stenning[2], Thomas Scharf[1]

[1]Institute of Health & Society, Newcastle University, Newcastle upon Tyne, United Kingdom. [2]School of Geography, Politics and Sociology, Newcastle upon Tyne, United Kingdom

Abstract

Debates around intergenerational relations, framed in terms of conflict, exchange, solidarity and equity, proliferate in policy and public arenas in ageing societies. Internationally, we are witnessing the emergence of discourses of generational conflict over political settlements and attempts to forge a new moral economy of welfare in economically straitened times. Increasingly, issues such as social care, employment, retirement, housing, welfare provision and pensions are crystallising around the concept of intergenerational equity. Yet, surprisingly little academic work has examined this in the UK. This qualitative study aimed to explore intergenerational relations across the life course in two locations; Edinburgh in Scotland and Tyneside in North East England, to allow exploration of intergenerational relations in different policy contexts brought about by devolution, austerity and Brexit. Forty interviews (20 in each locality) were undertaken with participants ranging from 19 to 85 years, and including unemployed, employed, retired and low, middle and high income individuals. A strong sense of anxiety and pessimism for the future pervaded participant discourses. Disquiet about the pace of change with respect to housing, employment and pensions proliferated. Resentment about generational differences in the potential to achieve financial independence was more apparent amongst younger people; whilst resentment about the need to provide resources to younger generations for longer than anticipated characterised older people's narratives. We conclude that continued austerity compels families to provide support for longer than previously and that this negatively influences how citizens think about 'give and take' across the generations.

280 - "My life has changed and so has the area": a qualitative study of older adults living in the West End of Newcastle

Jennifer Liddle[1,2], Nicole Valtorta[2], Holly Standing[3], Kyle Montague[1], Cathrine Degnen[4], Thomas Scharf[2], Barbara Hanratty[2]

[1]Open Lab, Newcastle University, Newcastle, United Kingdom. [2]Institute of Health and Society, Newcastle University, Newcastle, United Kingdom. [3]Faculty of Health and Life Sciences, Northumbria University, Newcastle, United Kingdom. [4]School of Geography, Politics and Sociology, Newcastle University, Newcastle, United Kingdom

Abstract

Older people who have few social interactions (i.e. who are isolated) or who feel lonely are at greater risk of early death, ill health and poor wellbeing. Rates of loneliness and social isolation tend to be high in disadvantaged urban communities. This study aimed to explore older people's experiences and perceptions of social interaction in the West End of Newcastle-upon-Tyne, an area characterised by cultural diversity and social deprivation. In a first phase, a diverse sample of older adults took part in biographical narrative interviews. A second phase identified opportunities for digital innovation generated from participatory co-design workshops. This paper draws on the findings from the first phase and discusses their implications for the second. Participants' narratives highlighted how life changes (such as loss of a partner, retirement or ill health), and changing local services and

community partnership projects could temporarily or permanently disrupt social relationships. In contrast, acquiring a pet or attending a church provided opportunities for companionship and were examples of 'activity snowballing', where one activity led to other opportunities for interaction. Underpinning these factors were perceptions and expectations around the inevitability of social circumstances, and continuity in levels and types of interactions throughout the life course. Early life experiences, financial resources, and (individual and organisational) use of social media, in combination with individual choices, had the potential to ameliorate or contribute to social isolation. The paper concludes by discussing potential ways in which to maximise the value of the interview data in co-design workshops.

297 - "What works here doesn't work there": local context and the development of a sustainable social isolation initiative

Josephine Wildman, Nicole Valtorta, Barbara Hanratty, Suzanne Moffatt

Newcastle University, Newcastle upon Tyne, United Kingdom

Abstract

Social isolation and malnutrition are associated with poor health and wellbeing in later life. The 'Come Eat Together' (CET) initiative, set up by Age UK County Durham in 2014, is a four-year programme to address both these challenges by bringing older people together with food. Activities include dining clubs in non-traditional settings such as pubs, museums and sports venues, shopping clubs, and courses on growing food and healthy eating. This study examined stakeholders' experiences of CET with the underlying aim of exploring the potential for CET to be self-sustaining. Twenty-one interviews were completed with service users, volunteers, service providers, project development workers and senior management. Extensive community consultation, conducted by project workers drawn from and embedded within their communities, ensured that activities met self-identified local needs. This led to the development of new initiatives, such as men-only breakfast clubs targeting social isolation in older men. Sustainability was promoted by harnessing existing community resources and vested interests, such as local businesses keen contribute to their communities while also increasing their customer base, or individuals with food-related expertise who acted as peer volunteers. Toolkits were developed to ensure the quality and consistency of CET activities and to capture information on volunteers' skill-sets, allowing wider replication of the initiative. Identifying particular facets of local context is a key strength of this work and we conclude by discussing elements that were crucial to the development, acceptability and success of self-sustaining initiatives to tackle social isolation among older people.

260 - Can allotment gardening tackle the societal challenges of social isolation and loneliness?

Siân Russell, Oladapo Ogunbayo, Anu Vaittinen, Bethany Bareham

Institute of Health and Society, Newcastle University., Newcastle upon Tyne, United Kingdom

Abstract

Two key problems facing older generations are social isolation and loneliness. The impacts of which on both physical and mental health can be detrimental, increasing the risk of multiple health problems and long-term conditions that can further create barriers to social interaction and physical activity and reduce well-being. Those residing within areas of socioeconomic deprivation can face further challenges with higher prevalence of long-term conditions, mental health disorder and social exclusion.

In recent years, social prescribing, where patients with psychosocial needs are referred to non-medical community services, has emerged as a possible solution to lessening the likelihood and impact of social isolation and loneliness as well as increasing physical activity and well-being. Horticultural therapy, which uses gardening to improve physical and mental health, is increasingly viewed as a viable form of social prescribing. Recognising this potential, a GP practice within a socioeconomically deprived area of the North East of England have acquired an allotment for patient use. The practice aims to use the allotment to build relationships with and across the patient community, tackling societal challenges of social

isolation, physical inactivity, healthy aging, mental health and well-being. This paper will reflect on the GRITT study, which has followed the development and progress of the allotment from the perspective of both patients and practitioners. The results of a literature review, qualitative interviews, and participatory workshop designed to assist the practice and patients to co-develop the allotment, will be presented and discussed.

Symposium: Financial Experiences in Later Life (Symposium 3 of 3)

Work, retirement & the economy

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 4.210

T-P3-C13 - Financial Experiences in Later Life (Symposium 3 of 3)

Symposium Abstract

Changing pension and retirement policies across many countries are limiting public support available to individuals in later life. Combined with the effects of demographic ageing, individuals are increasingly responsible for their financial well-being throughout their lives and well into older age. This has implications for social inequalities, as different life histories and opportunities may result in vastly different experiences in terms of health, wealth and status in later life. In this series of three linked symposia, we examine the implications of these changing environments from different disciplinary perspectives.

This final symposium considers the financial experiences of people in later life. (1) Jane Frecknall-Hughes presents on tax challenges experienced by older people, based on a study which examined the records of Tax Help for Older People (Tax Help), a tax charity which assists those aged over 55 with income of £20,000 or less who experience problems with taxation. (2) Lucy Malenczuk discusses research from AgeUK which aims to understand financial capability in retirement, based on evidence reviews, expert interviews and qualitative research groups with older people across the UK. (3) Ludovico Carrino presents research on the health effects of extending State Pension Age for UK women, using Understanding Society (2009-2015), which suggests that an increase in the SPA leads to a large and significant worsening of physical and mental health, primarily amongst routine-manual workers. (4) Louise Overton presents research on financial giving between generations, suggesting evidence for intergenerational solidarity, and considering the impact that this may have on intergenerational inequalities.

Chair

Priya Khambhaita - Pensions Policy Institute, London, United Kingdom

427 - Barriers to tax compliance: the tax problems experienced by older people

Jane Frecknall-Hughes

Nottingham University Business School, Nottingham, United Kingdom

Abstract

This paper reports on an archive-based study, funded by the Chartered Institute of Taxation (CIOT), which has examined the records of *Tax Help for Older People (Tax Help)*, a tax charity assisting those (typically) aged over 55 with income of £20,000 or less who experience problems with taxation, most commonly income tax. The aim was to explore the data in *Tax Help*'s case files and identify the types of problems and issues that *Tax Help*'s clients experience, e.g., systemic problems, pension-related issues, savings and investment related issued, issues related to particular life stages or life events. The study follows up on a scoping study undertaken in the previous year, also funded by the CIOT. The *Tax Help* case files provide evidence to answer several important research questions:

What is the level of tax literacy/knowledge among older individuals?

What is the relationship between tax literacy and tax non-compliance?

What types of intervention are necessary to engage taxpayers successfully?

How should working individuals be educated

regarding tax prior to entering the labour market?

How should entrepreneurs and business owners be educated prior to developing their activity?

Tax Help has seen a surge in requests for help in recent years, generated by the existence of an ageing population, who feel increasingly isolated by health and other problems associated with advancing age, the complexity of tax regulations, difficulties with obtaining help from HMRC and often by exclusion from using digital media. These and other barriers are considered in detail.

476 - Financial Resilience in Later Life

Lucy Malenczuk

Age UK, London, United Kingdom

Abstract

Financial capability initiatives have largely focussed on decision-making at retirement, yet the decision-making landscape post-retirement is arguably more complex and challenging than at any previous life stage. As older people in retirement will generally have accumulated most or all of their lifetime wealth, they face complex planning decisions about how to spend their resources, with potentially serious consequences if they get it wrong. Whatever their level of financial resources, they may also need to adapt to changing circumstances (such as bereavement) and/or a decline in capacity.

Age UK has been working with the Money Advice Service Financial Capability Strategy for the UK to address this evidence gap. The aim is to identify what constitutes a retired person who is well placed to deal with life events during retirement and financially resilient, taking into account the heterogeneity of the retired population. This work has included a rapid evidence review, expert interviews and qualitative research (16 groups of older people, and 8 couple interviews).

This paper highlights the research findings, showing that financial resilience cannot be separated from overall resilience (for example, health status and social networks), and that whilst financial resources at retirement are critical, they do not explain all the variation in outcomes.

The findings suggest that financial capability interventions delivered during retirement could have a meaningful impact on wider retirement outcomes. They indicate some promising approaches for further testing, in particular around preparing for potential future life events and developing more effective language for use in these interventions.

329 - Health effects of extending State Pension Age for UK women

Ludovico Carrino, Karen Glaser, Mauricio Avendano

King's College, London, United Kingdom

Abstract

Prior studies have examined the impact of retirement on health, but there is no consensus as to whether longer working lives lead to better health. We investigate the impact of a recent pension reform which, since 2010, gradually extended the age of eligibility for the State Pension for women in the UK, from 60 to 66 years. Using a difference-in-differences approach on 8400 observations of women aged 60-64 participating in the Understanding Society study from 2009 to 2015, we find strong evidence that increasing the State Pension Age led to a statistically and clinically significant negative effect on mental and physical health. We also find evidence that women with a longer extension in the State Pension Age experienced worse health outcomes. We show that this effect is driven by women from routine-manual occupations and led to increasing health inequalities between occupational groups. Furthermore, we investigate the policy impact on a large set of physical and mental-health outcomes, as well as on several biomarkers available in the data.

282 - Inter-generational Financial Giving and Inequality

Louise Overton

Birmingham University, Birmingham, United Kingdom

Abstract

This paper will discuss recent research on financial giving between generations, suggesting continued evidence for intergenerational solidarity, and considering the impact that this may have on intergenerational inequalities.

Drawing on new quantitative and qualitative research, this paper will explore the giving and receiving of financial gifts. Despite growing concern about intergenerational tension and even possible conflict, the research finds evidence of a significant degree of intergenerational solidarity both within families at the micro level and between generations more generally within society at the macro level in Britain. However, given substantial inequalities within different generations as a result, in particular, of social class divisions, some families are able to support each other far more than others. This means that strong intergenerational solidarity may lead to the entrenchment of existing intragenerational inequalities.

Symposium: What is Age Friendly Technology? Exploring technological assumptions, communities, objects and processes

Technology & innovation

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 4.211

T-P3-C14 - What is Age Friendly Technology?

Exploring technological assumptions, communities, objects and processes

Symposium Abstract

Technology is at the heart of the global economy and technological solutions are prominent in discussions of the challenges of climate, demographic change and urbanisation. However, global efforts to address demographic change, such as the WHO Age Friendly Cities and Communities guidance, have yet to make explicit the definition and roles of 'Age Friendly' technology. This symposium explores these issues over three scales of interaction: neighbourhoods, homes and personal devices. Four papers explore aspects of the technological potential of these contexts against the psychological, ethical and practical realities of use for, by or with different groups of older people in order to enable greater independence and social connection, in line with the WHO principle of Active Ageing.

White and Foale describe a live community calendar project developed within an Age Friendly neighbourhood drawing on and increasing the existing resources of local older people, proffering it as a model for development of Age Friendly Community Technology Partnerships. Collinge explores the home environment as a potentially rich information resource for service improvement/ redesign from three distinct perspectives: home space; digitization and objects. Lewis presents findings from projects centred on older people's thermal comfort, showing how stereotypical images of older people affect the selection of heating and ventilation technologies in the design of older people's housing. Tetley et al. present findings from a project that explored the use of new wearable and mobile technologies to support independent living and social interactions in the community for people living with dementia and their carers.

Chair

Stefan White - Manchester School of Architecture, Manchester, United Kingdom

401 - 'There's nothing to do': connecting isolated older people to local activities using a community technology approach.

Stefan White[1], Kim Foale[2], Viv Slack[3]

[1]Manchester School of Architecture, Manchester, United Kingdom. [2]Geeks for Social Change, Manchester, United Kingdom. [3]Street Support, Manchester, United Kingdom

Abstract

Using the PlaceCal Community Calendar project as a case study, this paper describes a methodology for the co-production of technological interventions with social impact called a Community Technology Partnership (CTP). PlaceCal was developed together with and in response to findings of the Hulme and Moss

Side Age Friendly Neighbourhood partnership (AFN) that older people in the area perceived that there was 'nothing to do' while the AFN research discovered a wide range of regular activities of which they were unaware. The PlaceCal project revealed specific technical and socio-political barriers preventing the communication and sharing of events and activities affecting a wide range of individuals, 3rd sector groups and large organisations meaning that event information was incomplete, hard to find and unreliable. Working directly with the AFN partnership the project undertook a community-engaged process building on the capabilities and technical investments of each individual and organisation enabling them to publish their events data using software they are already invested in. Created and used by local older people as well as by doctors and nurses as social prescribing tools, local councils and housing associations, PlaceCal aggregates these feeds and presents them in an easy-to-understand way to become a conduit for local information. For example, 24 separate Christmas themed events were curated as a winter festival targeting groups at risk of social isolation. PlaceCal is designed to be easy to print, display on digital notice boards, and be a central source of high quality and up-to-date community event information.

429 - The role of stereotypes in the selection of thermal technologies in the design of older people's housing

Alan Lewis

University of Manchester, Manchester, United Kingdom

Abstract

This presentation explores the idea that stereotypical images of older people affect the selection of heating and ventilation technologies in the design of older people's housing. Utilising the concept of user representations and scripts, developed by Madeleine Akrich and Bruno Latour, the presentation presents the findings of secondary analysis of data from two projects that centred on older people's domestic thermal comfort. The first project, "Conditioning Demand: older people, diversity and thermal experience" (funded by the EPSRC and EDF), drew on semi-structured interviews with 13 people involved in the design, development and management of older people's housing. The second research project, "Care Provision Fit for a Future Climate" (funded by the Joseph Rowntree Foundation), utilised semi-structured interviews with 14 people involved in providing care and building-maintenance in older people's housing. Interviewees characterised older occupants as vulnerable to cold and at risk of living in fuel poverty, citing retirees' relatively low income compared to the rest of the population, and physiological changes associated with ageing such as diminished capability in maintaining stable core temperature. Interviewees' concerns around these issues were reflected in the selection of building features such as communal heating with centralised controls. By contrast, there was much less recognition of older people's potential vulnerability to heatwaves, which might partly explain the lack of building features that would enable buildings to be cooled in hot weather, such as ventilation systems or awnings.

443 - So yes, technology's great, but it has its drawbacks. It's not the panacea for everything. The use of wearable trackers to support people living with dementia

Josie Tetley[1], Emma Koivunen[1], Donna Davenport[1], Jenny Fisher[1], Robin Hadley[1], Matthew Sullivan[1], Ambily Sathish[1], Chris Etchells[2], John Hearns[2]

[1]Manchester Metropolitan University, Manchester, United Kingdom. [2]KMS Solutions, Manchester, United Kingdom

Abstract

This paper presents findings from a project that explored the potential for, and use of wearable trackers for people living with dementia. People living with dementia and their carers often experience social isolation and loneliness because of memory, physical and communication challenges (Alzheimer's Society, 2014). However, technologies can support people living with dementia and their carers to live safely at home for as long and be socially connected.

Our approach was multi-method qualitative research: interviews, observation and testing a tracker watch in the daily lives of people living with dementia. 8 people living with dementia and 10 unpaid carers took part in the study.

In the presentation we will debate issues around the use of wearable trackers such as ethical issues, alongside more practical life challenges such as the person living with dementia getting lost; using a telephone for communication, and loss of confidence. Further, we will describe the challenges the people living with dementia and their unpaid carers encountered using the devices, how they dealt with them, including technical challenges and learning to use new technology. A broader and more holistic approach to using technology will also be presented. The potential life and cost benefit savings will also be given.

As Hagen et al. (2004) and McCreadie and Tinker (2005), we found several factors impacting on the usability and acceptability of the wearable technologies; including: personal preferences, practical use, cost and other infrastructure issues. Our research findings will be used to illustrate our participants and family carers experiences.

Writing Life

The arts, leisure & consumption

Time: 15:30 - 16:30
Date: 5th July 2018
Location: 4.212

573 - Old Pillars for Future Buildings: Joan Margarit's Late-Life Lessons on Writing and Living

Núria Casado-Gual

University of Lleida, Lleida, Spain

Abstract

In a recent book on ageing, wisdom and meaning, Ricca Edmondson (2015) affirms that gerontological discourse needs to give a more open status to studies on meaning, wisdom and the life course. As this scholar recognizes in her study, art in general and literature in particular can significantly contribute to the analysis of the concept of wisdom in relation to later stages of the life course. The connection between wisdom and old age is also intimately linked to the dialogue that may be established among different generations and, through it, to notions of well-being and meaningfulness that undermine negative visions of ageing. In the light of the theories on ageing, wisdom and meaning offered by cultural gerontology, this paper explores the late works of the Catalan poet Joan Margarit (born in 1938) as sources of wisdom for younger writers and readers in general. With an emphasis on his essay *New Letters to a Young Poet* (2010), but also considering both his most recent poetry collections and personal interviews as primary sources, the most international of the contemporary Spanish authors will be analyzed as a literary mentoring figure whose insights on writing and living are completely intertwined in his late works and public interventions, and who offers, through them, an integrative view of ageing as a period of both enlightenment and continuous learning.

224 - Writing as purposeful leisure in later life: Connecting with oneself and others through creative practice

Meridith Griffin, Kelsey Harvey, James Gillett, Gavin Andrews

McMaster University, Hamilton, Canada

Abstract

In partnership with the Hamilton (Ontario, Canada) Public Library, this project explores both the process and the outcome of crafting and co-creating leisure biographies in a guided writing group for older adults. The goal is to provide insight into the role that leisure has played across the life course of participants. Involvement in leisure has been linked to well-being and social integration for those of all ages, and has been identified as being particularly important for older adults. From oral history interviews with older adult writing group participants, preliminary findings speak to the relational and generative aspects of both writing process and outcome. Participants describe writing as purposeful leisure, wherein they find a means of individually making sense of *and* collectively sharing their lives (and leisure) experiences with others. Creative expression, via the sharing of leisure stories, thus becomes a means by which to engender well-being through reminiscence, skill development (lifelong learning), and connection with significant others and the community. These findings reveal insights about the meaning and importance of

leisure for well-being, by elucidating the types of memories that are associated with, and the stories that are told about, leisure by older adults.

53 - Suffering in old age: an exploration of May Sarton's journals

Chris Gilleard

Division of Psychiatry, University College London, London, United Kingdom

Abstract

May Sarton has long been valued as a writer on old age. She wrote and published several autobiographical accounts of her later years. In this paper I explore how the topic of suffering pervades her journals, and how it appears as a constant shadow cast over her evident success as an internationally recognised writer. Not so much an account of illness as of a life beset by ill health , her journals demonstrate both her struggle to recover, and the pain occasioned by failing to recover health. Drawing on the material drawn from her later published journals, the paper concludes with the need for gerontology to bear witness to pain and suffering as part of ageing and old age.

References

At Seventy: A Journal (1984)

After the Stroke (1988)

Endgame: A Journal of the Seventy-Ninth Year (1992)

Encore: A Journal of the Eightieth Year (1993)

At Eighty-Two (1996)

388 - Benefits from a proactive participation through technologies: the case of older adult bloggers

Montserrat Celdrán, Rodrigo Serrat, Feliciano Villar

University of Barcelona, Barcelona, Spain

Abstract

Previous studies in how older adults use Information and Communication Technologies (ICTs) have had a passive or assistance view of this relationship, weather focusing on designing user-friendly technologies or in educational programs in order to adopt a particular technology. However, there are older adults that has a more active role through Internet, using social networks as Facebook or Web-based or phone games. Moreover, few are also creating contents though blogging. However, there have been few attempts to understand motives, barriers or benefits associated to this last activity. The objective of this presentation is to look at the benefits that older bloggers perceived they obtain while blogging. Twenty-one older Spaniards were interviewed for this study. Three questions were analysed: (1) What benefits they obtain because of blogging, (2) Why other older adults does not blog and (3) What is the impact they perceive their blog has on their readers. Results were analysed taking into account identity issues such as privacy or self-exposition to internet, fulfilment of psychological needs or generativity concerns, that is, the worry to have a positive impact on younger generation through their blogs. Comparisons to other non-bloggers contemporaries expressed the need of constancy, creativity and writing skills, aspects that could be take into account when promoting this kind of activity in older adults.

Parallel Session 4 (P4)

Time: 16:45 - 18:15
Date: 5th July 2018

Symposium: Innovation in care homes – an exploration of evidence and experiences

Health & social care practices & contexts

Time: 16:45 - 18:15
Date: 5th July 2018
Location: Theatre A

T-P4-C1 - Innovation in care homes – an exploration of evidence and experiences

Symposium Abstract

For many years, care homes were the most overlooked part of the care system. Opening this sector to the market had weakened ties with local government and the NHS, and there was a perception of wide variation in quality. Recently, as NHS England responds to the needs of an ageing population at times of austerity with an aim to 'make the biggest national move to integrated care of any major western country' the spotlight has turned onto care homes. New models of care, and closer working between health and social care have been promoted and funded, to 'enhance health in care homes'. In this symposium, a series of papers take a critical look at innovations in care homes. First, we consider the evidence base for key aspects of innovation in care home services, summarising findings from series of evidence syntheses. This is followed a qualitative evaluation of a novel approach to engaging NHS staff in improving services to care homes, and a paper that considers the ways in which general practitioners organise their services for care homes, and how this is experienced by residents and staff from practices and homes. The symposium concludes with presentation of a realist review that investigates what it is about care home staffing that promotes quality of care, providing key insights for future approaches to staffing.

Chair

Barbara Hanratty - Newcastle University, Newcastle, United Kingdom

525 - Innovation to enhance health in care homes: Rapid evidence synthesis

Dawn Craig[1], Paul Wilson[2,3], Katie Brittain[4], John Vines[4], Karen Spilsbury[5], Barbara Hanratty[1]

[1]Newcastle University, Newcastle upon Tyne, United Kingdom. [2]Alliance Manchester Business School, Manchester, United Kingdom. [3]NIHR Collaboration for Leadership in Applied Health Research and Care Greater Manchester, Manchester, United Kingdom. [4]Northumbria University, Newcastle upon Tyne, United Kingdom. [5]University of Leeds, Leeds, United Kingdom

Abstract

Recent NHS policies have identified a need for flexible, integrated models of service delivery to meet the changing demands of an ageing population. Care homes face unique challenges in achieving this and critical summaries of the current research evidence to inform change are needed. This study aimed to map and synthesise evidence in four areas; technologies to benefit resident health and well-being; communication between care homes and the NHS; outcome measurement tools and the influence of staffing on resident outcomes. 761 studies were mapped, and 65 included in rapid, systematic reviews. There are few high quality research studies in this area, particularly from the UK. Evidential support for the innovations in the NHS vanguard programme was limited, and important areas for future research include evaluation of technologies and structured communication tools in UK settings, development of outcome measures for routine use and economic evaluations of all interventions. This presentation will summarise findings from this large study, and discuss priorities for future work.

Craig, D. 1 Brittain, K. 2 Vines, J. 3 Spilsbury, K. 4 Wilson, P. 5 & Hanratty, B. 1
Institute of Health and Society, Newcastle University 1. Department of Nursing Midwifery and Health, Northumbria University 2. Northumbria School of Design, Northumbria University 3. School of Healthcare, University of

Leeds 4. Alliance Manchester Business School and NIHR Collaboration for Leadership in Applied Health Research and Care Greater Manchester, University of Manchester5

526 - Engaging professionals in new ways of working: Evaluating clinician engagement in one of the NHS England care home vanguards

Barbara Hanratty[1], Rachel Stocker[1], Liz Newbronner[2]

[1]Newcastle University, Newcastle upon Tyne, United Kingdom. [2]Firefly Research, York, United Kingdom

Abstract

NHS England funded the development of new models of care in selected areas, to meet the challenges posed by a growing older population. Six locations were selected for the 'vanguard programme' to enhance health in care homes. In Gateshead, the initiative included a workstream to promote clinician engagement in developing new ways of working, the Pathway of Care (PoC). PoC members were health and social care personnel, who attended weekly meetings, formed task groups to work on specific areas of practice, and were expected to promote change in their own organisations. The aim of this study was to explore ways in which clinical engagement was promoted, and identify factors associated with success. Twenty-three interviews were completed with practitioners and commissioners from health, social care and the voluntary sector (12 PoC group members), supplemented by observation of meetings. Relationships were key to the programme's successful launch. Participants enjoyed new relationships across disciplinary boundaries, and working with a leader who was charismatic, respected and fun. The sense that real change could be achieved motivated group members. The process of forming the group was perceived as the active ingredient, suggesting there are no short cuts for spread to other places. Whilst the cost and sustainability of the model are unclear, the PoC is expected to impact on patient care over time, and the benefits of having personnel who are motivated to enhance care and have insight into the challenges faced by colleagues in other organisations, may be an important legacy of this work.

527 - Working across healthcare boundaries: the challenges of primary care services in care homes

Rachel Stocker[1], Katie Brittain[2], Karen Spilsbury[3], Barbara Hanratty[1]

[1]Newcastle University, Newcastle upon Tyne, United Kingdom. [2]Northumbria University, Newcastle upon Tyne, United Kingdom. [3]University of Leeds, Leeds, United Kingdom

Abstract

General practice provides front line medical care to care home residents, a group of patients who often have high levels of complex health needs. In recent years, there has been a range of service re-design across health and social care, resulting in increased variation of care. It is unclear how innovation within this space and the working practices of GPs influence the health and wellbeing of care home residents and staff. The aim of this study was to critically examine how GP services are organised and delivered to care homes, and identify ways of working that are associated with positive outcomes for residents and staff. Qualitative interviews exploring these topics were carried out with care home residents, relatives, GPs, care home staff and commissioners in the north of England. Integrating NHS care into the daily routines of care homes, and developing effective working relationships across this boundary, were viewed as challenging by both GPs and care home staff. Developing and negotiating individual informal working protocols were key to overcoming this. Specialist link nurses facilitated communication with different tiers of care, but were unavailable to residential-only homes, which was universally viewed as inequitable. Residents and relatives were largely unaware of how GP care was organised for them, and perceived the care home staff as health issues. Efforts to formally associate GP surgeries with care homes legitimised effort to provide responsive care and develop working relationships, but did not overcome overarching systemic issues, including the transience of the care home workforce.

529 - Staffing that promotes quality of care for older people residing in care homes: a realist review

Kirsty Haunch, Karen Spilsbury

University of Leeds, Leeds, United Kingdom

Abstract

Internationally, care homes play an important role in providing care for dependent older people with complex needs. Ensuring quality of care for residents in such settings has come under increasing scrutiny in recent years. The quality of care provided within care homes is contingent on its staff. Reviews studying the relationship between staffing and quality of care have suggested 'inadequate' staffing levels negatively impacts quality and that the numbers - rather than skill level - of workers improve quality. However, this work focuses on inputs (staffing) and outputs (outcomes) and there is a lack of theoretical explanation to understand the processes/mechanisms that drive quality. The aim of this study is to identify how care home staffing influences quality of care and what about staffing promotes quality of care, in what circumstances and why. The realist review method is a theory-led approach which seeks to produce explanatory accounts of why a particular intervention works and specifically the combination of components that are most effective. The unique contribution of this method is that it yields findings that explain how and why context can affect outcomes. It does so by developing programme theories that explain how, why, in what contexts, for whom and to what extent interventions 'work'. The review will provide an explanatory model exploring the relationship between staffing and quality. We will put forward theories of what it is about staffing that promotes quality of care for residents in care homes and in what circumstances for future testing and evaluation.

Homecare provision

Health & social care practices & contexts

Time: 16:45 - 18:15
Date: 5th July 2018
Location: Theatre B

542 - Job satisfaction and loyalty to employer in low wage industries: social care, health care, retail trade, and hospitality

Florin Vadean

PSSRU, University of Kent, Canterbury, United Kingdom

Abstract

The number of frail and care dependent people in England is increasing steadily due to the ageing society, causing the demand for social care staff to rise year by year. The supply of care workers, on the other hand, is lagging behind, putting a strain on the system. Although it is often argued that care workers are getting job satisfaction mostly from the "warm glow" feeling of helping others, there are concerns that the low pay levels (often at minimum wage) and challenging working conditions in the industry are strong determinants of job dissatisfaction, with negative secondary effects on turnover and vacancies. There are arguments that job dissatisfaction in social care is causing care workers to leave the industry altogether, for example, to work in retail trade or hospitality.

This study analyses the determinates of job satisfaction and loyalty to the employer in social care, as compared to industries perceived as competing for similar type of personnel. Using individual data from the last two years of the Skills and Employment Survey Series and multivariate econometric analysis, we estimate the determinants of various measures of job satisfaction and loyalty in a comparative analysis of four industries characterised by low pay: social care, (non-medical) health care, retail trade and hospitality. After controlling for observable confounding factors, we find no differences in overall job satisfaction between employees in the four industries, but differences between industries

in the effects on specific components of job satisfaction as well as on loyalty to the employer.

437 - Invisible, Invaluable and In Distress: Perceptions and Experiences of live-In Carers

Tushna Vandrevala, Ruth Abrams

Kingston University, London, United Kingdom

Abstract

Although research in the care industry has consistently highlighted the impacts of caring on workers, scarce research has been carried out specifically on live-in carers. The current study therefore addressed the gap in literature, contributing towards to a better understanding of the experiences of live-in carers with a focus on stress, burnout and psychological wellbeing. Semi-structured interviews were carried out with 18 live-in carers in the United Kingdom and thematic analysis was used to interpret the data. The findings suggest that carers perceive empathy and having an understanding of the client's circumstances and needs as imperative to their role. Adaptability and flexibility around the clock, rewards and accomplishment and dealing with challenging behaviours had both positive and negative implications on their ability to put themselves in their client's shoes. Many carers experienced feeling of dehumanisation and objectification in their interactions with client's families and own agencies. Drawing on dehumanisation theory, the implications of these findings on psychological wellbeing of live-in carers and organisational support will be discussed.

574 - What's Love Got to do With It? Relationships in Homecare Provision

Lhara Mullins, Margaret Hodgins

National University of Ireland, Galway, Ireland

Abstract

Homecare in Ireland is an ever expanding quasi market system moving slowly towards regulation. Yet since 1994, no research has been undertaken to evaluate the experiences of older people in receipt of homecare. How can we effectively plan for the needs of this growing cohort without consulting them in the process? This research employed a mixed methods approach to data collection conducting interviews with older people in receipt of homecare, focus groups with older people in the community and questionnaires with homecare workers. Results found that older people value immensely the relationships they develop with their regular homecare workers and often describe them in familial terms. Having a cup of tea and taking the time to sit with the older person significantly improved their day and enhanced their satisfaction with their homecare service overall. Older people look forward to and cherish their time with their regular homecare worker. Yet lack of consistency in service provision results in some older people having different homecare workers everyday which caused some participants distress and reduced their overall satisfaction with their homecare. Many older people reported being apprehensive about complaining for fear of losing the service. The value of relationships needs to be recognised as central to the needs of older people relating to their homecare and supported from the policy and regulatory framework as this is being developed. Older people need to be consulted in an accessible format for their views to be heard in relation to their homecare.

580 - Working and managing care: exploring the experiences of working carers managing DPs on behalf of an older person

Vanessa Davey

London School of Economics & Political Science, London, United Kingdom

Abstract

Direct payments the term used to describe funds allocated in lieu of community-based social services are at the centre of the social care policy debate. Their implications for unpaid carers has been widely discussed, often focused on potential negative consequences for unpaid carers due to the private and independent nature in which care arranged through direct payments is handled. The added task of managing care may seem particularly inappropriate for working carers but a major study of direct payments to older people found that many of the unpaid carers involved were working. Overstretched and overburdened,

these carers still found multiple benefits from direct payments, not least the ability to coordinate care with their employment, ensuring the quality of services and with it their peace of mind.

The research illustrates how working carers found themselves obliged to micro-manage local authority commissioned care prior to receiving direct payments, striving to keep things in order in their absence, challenging the notion that direct payments increase managerial care. These previous efforts were frustrated by inflexibility, poor quality and inadequate communication systems over which they had little or no control. Direct payments by and large converted futile efforts to productive experiences, with carers requiring only minimal administrative support. Where means of control and flexibility are poor, direct payments can offer a solution representing alternative rather than additional burden.

474 - Why migrant care worker outreach program could not outreach?

Ming Sheng Wang

National Taipei University, New Taipei City, Taiwan

Abstract

Migrant care workers (MCWs) is increasing rapidly due to the shortage of informal caregivers and growing needs of care in East Asia. Taiwan is the one of countries that has a large number of MCWs. While many private households apply for affordable live in 24-hour MCW, policymakers and certain social welfare groups are reluctant to accept them, instead, they eager to develop local domestic care service manpower because of the concerns of quality of care, local unemployment and MCWs' management issue. A pilot program of outreach service initiated in 2013 combing local caregivers and MCWs from Vietnam and Indonesia, provide care service in order to improve the quality of care, increase the employment of local caregivers and provide reasonable working conditions for MCWs. In-depth interview with the heads of the programs under the Quannenn care center, Hondao Foundation and Labor administration were adopted to understand the effectiveness and challenges of the MCWs outreach program. Policy evaluation also was conducted to assess the impact of the outreach programs. Findings showed that the outreach program stopped from 2017 because of the higher cost, the shortage of flexibility of application and the rigid of regional applicability as well as the hostility from the central government. The customers were also not used to the outreach program because the inconvenience of MCWs who lived in the institution, compared to hire a live-in-MCWs which bring the convenience and lower the cost. Discussion, implication and reflection for the outreach program were also proposed in this article.

356 - Affordable and high-grade home care, 24 on 24, does it really exist? Exploring the care situation of older people with a live-in migrant care worker.

Sylvia Hoens, An-Sofie Smetcoren, Liesbeth De Donder

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

The increasing number of older people will have a significant impact on the organisation of care in European countries. Within the long-term care system in Belgium, different types of care are being provided by national care services. However, despite the availability of formal care services, adequate solutions are still missing and older people themselves search for alternative strategies to meet their care needs. For example, a recent tendency is to call upon help of migrant care workers. In Belgium, research concerning this often invisible care solution remains absent. Therefore, the study at hand explores reasons of why and how older people choose this pathway. Eight in-depth interviews with older people who rely on live-in migrant care workers, five interviews with professionals and one focus group with experts have been conducted. The main grounds why they appeal to migrant care workers are due to the shortages of formal care services and benefits of live-in caregivers. Many respondents indicated the lack of care alternatives and wanted more involvement in their care situation. Live-in caregivers relieve the informal carers, guarantee the presence of permanent care 24/7 and enable older people to live longer at home. Some of the respondents came across organisations who

recruited migrant care workers, however, some only had verbal agreements when they met the unofficial or sometimes "illegal" migrant care worker through acquaintances. Further research remains necessary as older people's care needs are currently not met by formal care services and lack of clarity remains about live-in migrant care workers.

Self-care and chronic conditions

Health & social care practices & contexts

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 1.218

207 - Experiences of intimate continence care and the impact on the family dyad relationship for people with dementia and their cohabiting family carer

Laura Cole

King's College London, London, United Kingdom

Abstract

Despite the extensive literature on dementia and family caring, the experience and impact of providing (or receiving) intimate continence care has largely been unexplored. The study investigated the experiences of people with dementia and their main family carer (the family dyad) regarding intimate continence care, and examined how this may have impacted on their family dyad relationship.

A longitudinal qualitative methodology was used and thirteen family dyads were interviewed at three-monthly intervals over a year. Interviews were transcribed, and analysed using a descriptive phenomenological method.

Family carers' personal attitudes towards supporting the person with dementia in intimate continence care revealed a task focused approach for some and feelings of disgust and distress for others. Many family carers perceived the quality of their family dyad relationship to have declined over time, and attributed this to the symptoms of dementia. However, a third of the participants reported how intimate continence care had strengthened their dyad relationship. Some family carers identified that what they saw as unsupportive and ineffective care from professionals had placed extra stress on them and had adversely affected their family dyad relationship.

Supporting people with dementia and their family carers with intimate continence care could have many benefits; it could maximise the quality of the family dyad relationship, consequently delay a move to a care home and improve overall quality of life. Assuring good quality continence care from professionals should be a priority for service funders. Implications for the provision of health and social care support are discussed.

479 - Managing malnutrition in later life: exploring the views and dietary practices of older people at risk of malnutrition and their carers

Kalpa Kharicha[1], Kate Walters[1], Cini Bhanu[1], Yehudit Bauernfreund[1], Jennifer Rea[1], Helen Croker[1], Amber Appleton[1], Maggie Kirby-Barr[2], Jane Hopkins[2], Christina Avgerinou[1]

[1]University College London, London, United Kingdom. [2]PPIE, London, United Kingdom

Abstract

Background:

Malnutrition is a significant cause of morbidity and mortality in older people but commonly under-recognised in primary care due to limitations in consultation time and lack of training. There is little evidence on the views of community-dwelling older people and carers on how malnutrition is managed and what information/support they consider desirable or acceptable.

Aims:

To explore the views and dietary practices of older people at risk of malnutrition and their carers

To identify gaps in knowledge, barriers and facilitators to healthy eating in later life.

To explore potential primary care interventions for malnutrition in later life

Methods:

Up to 40 semi-structured interviews are being conducted with community-dwelling people aged ≥75 years from general practices in urban/suburban areas, identified as malnourished/at risk of malnutrition, and their carers. Data collection will continue until saturation of key themes. Interviews are audio-recorded and transcribed verbatim. Thematic analysis is being used to identify key emergent themes and their meaning, with input from the entire research team including lay members.

Findings:

Early interview findings (n=15) suggest that 'healthy eating' beliefs established in earlier life are maintained in later life. Eating between meal times is perceived negatively despite appetite and energy loss, which is attributed to ageing and decreased activity. Dietary information is largely sourced from the media but little awareness of the effect of age related weight loss/malnutrition is reported. Few had discussed weight loss with primary care but support/advice from a trained healthcare practitioner is considered appropriate.

553 - Diabetes Self Management in an Unequal World: Lessons from Baltimore

Sarah Chard[1], Loren Henderson[1], Brandy Harris Wallace[1], Laura Girling[1], Erin Roth[1], Charlene Quinn[2], Kevin Eckert[1]

[1]UMBC, Baltimore, USA. [2]University of Maryland, Baltimore, Baltimore, USA

Abstract

An estimated 422 million people worldwide have diabetes. Reducing the prevalence and sequelae of diabetes, particularly type 2 diabetes (T2DM), is a global health priority (1). Leading models of T2DM management emphasize individual attention to diet, physical activity, weight, and blood glucose levels as key to reducing both the prevalence and effects of the disease. Based on thematic analyses of qualitative data from a National Institute of Aging-funded study, this paper examines the T2DM management practices of African-American and non-Hispanic white older adults (n=83) in the U.S. city of Baltimore. The findings suggest that participants readily take responsibility for their illness, but a context characterized by high rates of morbidity and mortality such as Baltimore minimizes the perceived significance of T2DM. Environmental barriers also limit participants' abilities to meet their health care providers' recommendations for diet and physical activity; the sense of failure further contributes to the stress of the disease. Finally, participants' narratives reveal that imbalances in health care delivery result in many struggling to obtain the basic tools for self-care, such as glucose meters or comfortable, protective shoes, while others have an extraordinary surplus of supplies. Together, these ethnographic data suggest that as diabetes management programming expands worldwide emphases on personal responsibility must be balanced with consideration of the broader illness context and structure of health care delivery.

World Health Organization (2016). Global report on diabetes. Available from: http://apps.who.int/iris/bitstream/10665/204871/1/9789241565257_eng.pdf (accessed 24 January 2018).

143 - Ageing with HIV: Participatory and creative methods to explore the experience of ageing with a stigmatised condition

Jacqui Stevenson[1], John Smith[1], Elizabeth West[1], Peter Keogh[2]

[1]University of Greenwich, London, United Kingdom. [2]Open University, Milton Keynes, United Kingdom

Abstract

The number of older women living with HIV is increasing, as treatment improves and life expectancy increases. The phenomena of older age with HIV is relatively new, and, for women especially, is under-researched. For many women, a diagnosis of HIV in the pre-treatment era means they never anticipated reaching old age. For other women, an HIV diagnosis in later life introduces new and unexpected challenges to old age.

Negotiating older age with HIV is challenging, due to continued stigmatisation of HIV, limited knowledge about the impact of HIV and HIV treatment on ageing, and relatively small numbers of people having experienced it. In this study, older women living with HIV were recruited to participatory, creative workshops, to share their

experiences of ageing with HIV and identify research gaps and priorities for exploration. The workshops were supported by HIV service provider organisations, who hosted, assisted with recruitment and ensured women felt able to participate.

The workshops demonstrated that women value the opportunity and space to share their experiences, challenges, fears and hopes around ageing. The use of innovative participatory, creative and assets-based methods including body mapping, enabled greater sharing and participation. Such tools are invaluable in facilitating participation amongst research participants who experience stigma and discrimination, and could be applied to other research interests where stigma is a barrier to participation.

Symposium: Warm Words, Cold Front: Research in Social Care Policies and Practices

Health & social care practices & contexts

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 1.219

T-P4-C4 - Warm Words, Cold Front: Research in Social Care Policies and Practices

Symposium Abstract

This symposium draws on four research projects on social care at the School for Policy Studies, University of Bristol. It will highlight key themes from the findings of these projects, which highlight the gap between the rhetoric of policies and the reality of practices in different contexts of social care. These themes include inequality, social inclusion/exclusion; marketisation; personalisation and independence.

The ECHO project explored older people's perspectives on living in extra care housing (ECH). This presentation focuses on the roles played by inequality and social exclusion in shaping residents' experiences of everyday life in ECH schemes and how socioeconomic status, geographical location and care needs influence these experiences.

The effect of the 2014 Care Act on support for older carers is the focus of the second presentation. It points to inequalities inherent in the contemporary system so that when eligibility for state support is considered an impoverished perception of later life and of the potential of care influence decision making.

Drawing upon emergent findings from an ongoing study of the roles played by volunteers across the mixed economy of social care, the third presentation considers the implications of this practice in the provision of services for older people.

The fourth presentation focuses on the marketization of care in the Chinese context. It examines the pathways of the marketization, obstacles during the policy-making and implementation process, dynamics of stakeholders in the mixed economy of care, and outcomes and risks of the marketization.

Chair

Robin Means - University of the West of England, Bristol, United Kingdom

309 - Ageing in Extra Care Housing: A More Inclusive Model?

Eleanor Johnson[1], Ailsa Cameron[1], Randall Smith[1], Liz Lloyd[1], Simon Evans[2], Teresa Atkinson[2], Robin Darton[3], Jeremy Porteus[4]

[1]University of Bristol, Bristol, United Kingdom. [2]University of Worcester, Worcester, United Kingdom. [3]University of Kent, Kent, United Kingdom. [4]Housing LIN, London, United Kingdom

Abstract

Extra care housing (ECH) has been hailed as a potential solution to some of the problems with more traditional forms of social care since it allows older people to live independently, while also having access to care and support if required. This presentation reports on the findings from the ECHO project, which explored older people's experiences of living in ECH. Drawing upon

longitudinal interviews carried out with residents across four ECH schemes, this presentation focuses on the roles played by inequality and social exclusion in shaping residents' experiences of everyday life in ECH schemes. The study found that factors such as resident care needs, the provision of activities, and funding had implications for the perceived sense of community within the schemes, relationships with fellow residents and staff and, in some cases, upon whether residents considered ECH as a viable 'home for life'.

173 - Support for older carers of older people: shifting contexts, persistent problems

Liz Lloyd[1], Tricia Jessiman[2], Randall Smith[2]

[1]School for Policy Studies, University of Bristol, Bristol, United Kingdom. [2]University of Bristol, Bristol, United Kingdom

Abstract

This project investigated the effects of the 2014 Care Act on local authority support for older carers, with the focus on those who provide co-resident care for a partner. For a range of reasons this group of older people is frequently overlooked within the care system, although their numbers are currently growing. A key aim of the 2014 Care Act was to enhance the entitlements of carers and to ensure that carers and service users were given equal attention. Findings from this project, however, suggest that years of austerity budgets and a heavy reliance on independent service providers has generated fragmentation within the system and rigid enforcement of eligibility criteria, which have contributed to increased inequalities between older people who rely on local authorities for support. In some locations, support offered does little to enhance the quality of life of either person in the caring relationship, while in others more support is available but access to it is unequal. Evidently, the lack of resources has confounded attempts to achieve the aims of the 2014 Care Act but other systemic and cultural factors are present, as highlighted in this presentation.

310 - Warming the Cold Front? The Role of Volunteers in Social Care Settings for Older People

Ailsa Cameron, Eleanor Johnson, Liz Lloyd, Randall Smith, Paul Willis

University of Bristol, Bristol, United Kingdom

Abstract

Faced with a rising demand for services, under-investment in primary care, cuts to funding and recruitment difficulties, the social care sector is increasingly reliant on volunteers, and the voluntary sector, in its endeavour to provide adequate care and support to older people. Drawing upon emergent findings from an NIHR SSCR study of the roles played by volunteers in social care services for older people, this presentation explores how volunteers are used across the mixed economy of social care. The presentation considers how the work of volunteers is organised and managed in different settings and, in turn, how this work is negotiated and experienced by volunteers, paid care and support workers, managers and coordinators, and the older people who use social care services. In doing so, we explore the themes of inequality and marketisation, asking whether volunteers are being used to augment or replace paid care services.

188 - The marketization of care in urban China: processes, barriers and outcomes

Wenjing Zhang

University of Bristol, Bristol, United Kingdom

Abstract

The reforms of care for older people have been embarked upon in China as a result of the dramatic demographic and social-economic changes since the 1980s. The market plays an increasingly active role in the field of care in urban China. This study aims to examine how the marketization process is shaping home care policy and practice for older people in this context. A qualitative case study approach has been adopted for the empirical research in Shanghai. The data source consists of semi-structured interviews with owners and managers in care agencies and local

government officials, policy documents, secondary data, and existing academic literature.

This paper investigates key strategies of the marketization of care being applied in Shanghai and impacts of the marketization on participants in the care market and the entire care regime. Providing an in-depth exploration of the marketization of care in the Chinese context, this paper examines pathways of the marketization, obstacles during the policy making and implementation process, dynamics of stakeholders in the mixed economy of care, and outcomes and risks of the marketization.

Symposium: Exclusionary processes and marginalised voices: the role of social categorisations and intersectionality in old age social exclusion

Unequal ageing

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 2.218

T-P4-C5 - Exclusionary processes and marginalised voices: the role of social categorisations and intersectionality in old age social exclusion

Symposium Abstract

Despite a growing body of work on old-age social exclusion, our understanding of processes of disadvantage that impact on, and implicate, those older adult population groups who are most marginalised is critically underdeveloped. Social categorisations, such as gender, ethnicity, disability, and socio-economic status, have received relatively little attention within the ageing and exclusion literature. As a consequence, there are persistent gaps in scientific knowledge concerning the ways in which the structural positioning of such categorisations intersect with the ageing process, to produce exclusion. This is outside of any potential disadvantage that might be created by individual-level characteristics related to being a member of these groupings (e.g. impaired mobility due to disability).

Questions therefore remain about the pathways to social exclusion, across multiple life domains for these sub-groups of the older population. Questions also remain about the most appropriate means of ameliorating this disadvantage, and supporting individual agency for group members. Given that many of these sub-populations are rapidly increasing in size, and arguably heterogeneity, the need to respond to these questions is becoming more urgent. This is especially if combating *unequal ageing* is to be a realistic and achievable goal.

In this symposium, five papers will unpack the role of social categorisations, and intersectional ageing identities, in the old-age social exclusion process. Drawing on emerging research from western and central Europe, session participants will provide empirical and conceptual insights into the experiences of marginalised older adult groups, with respect to different forms of exclusion and different social contexts.

Chair

Kieran Walsh - Irish Centre for Social Gerontology, National University of Ireland Galway, Galway, Ireland

361 - The lack of intersectionality in research on old-age social exclusion: an example of housing

Veerle Draulans[1], Wouter De Tavernier[2]

[1]KU Leuven, Leuven, Belgium. [2]Aalborg University, Aalborg, Denmark

Abstract

Kimberle Crenshaw introduced the concept of 'intersectionality' in social theory in the mid-1980s, to emphasize that an independent focus on e.g. gender, class, race or health condition makes no sense, but that social positions, identities and privileges are found precisely at the intersection of these dimensions. de Vries (Ethnicities, 2015 (1)

3-27) elaborates intersectionality theory, arguing that each of the intersecting categories has multiple dimensions. Ethnicity, for instance, refers to a complex interplay of identity, perception, cultural capital etc.

Though age is formally included in these models of intersectionality, several studies have pointed out that age seems to become the dominant category as individuals become older, at least in the perception of others. Some studies for instance found that gender discrimination in the labour market declines in older age groups, because age seems to make individuals 'a-sexual'. However, following de Vries' distinction, it is not because others' perceptions of certain individuals change, that the individuals themselves experience a similar change in identity.

We argue that scholars make the same mistake, and overlook the need for intersectionality when analysing older individuals. We illustrate this point by combining a review of the literature on housing and living conditions of older individuals published in *Ageing & Society* over the last ten years, with findings from our own qualitative study in a Turkish immigrant community in Belgium, clearly illustrating the need of paying attention to intersecting dimensions, such as age, gender and ethnicity in old age, in its multiple and complex interplay.

311 - Cultures of Old-Age Exclusion – Intersectionalities of Cultural Participation and Social Exclusion in Later Life

Vera Gallistl

University of Vienna, Vienna, Austria

Abstract

As studies on cultural activities have focussed on their effects on successful ageing (Toepoel, 2010), there are hardly studies linking cultural participation to old-age social exclusion. Through an intersectional approach (Degele, 2011), this paper investigates how old-age social exclusion correlates with cultural participation. Cultural participation is understood as a "culture d'appartement" (cultural activities in private spaces), a "culture d'sortie" (cultural activities in public spaces) and a "culture d'identitaire" (identity expression through creativity) (Morrone, 2006). Each of these domains might, however, correlate differently with old-age exclusion.

This paper uses data from a representative survey with older Austrians (60+ years) (n=1000). Through regression models, this paper shows a) determinants of cultural participation in later life, b) how cultural participation intercorrelates with economic and social aspects of exclusion and c) how exclusion from private and public cultural activities contributes to identity exclusion in later life.

Results show that cultural activities are unequally distributed among older adults. Socially and economically disadvantaged older adults show lower chances of cultural participation. While younger age-groups (60-70 years) are more likely to be included in public cultural activities, cultural activities shift to private spaces as adults grow older. These patterns of older adults' cultural disengagement contribute to processes of identity exclusion in later life.

This paper adds to literature suggesting that old-age exclusion is an intersectional concept. Considering cultural elements of exclusion in an intersectional approach highlights how economic and social aspects of exclusion are stabilized through cultural elements such as low chances of cultural representation.

338 - "We're just there": Exploring Grandparenthood within the context of grandchild disability.

Hannah Merrick[1], Suzanne Moffatt[1], Lindsay Pennington[1], Janice McLaughlin[2]

[1]Institute of Health and Society, Newcastle University, Newcastle upon Tyne, United Kingdom. [2]Sociology, School of Geography, Politics and Sociology, Newcastle University, Newcastle upon Tyne, United Kingdom

Abstract

Available evidence indicates that grandparents can play a crucial role in the care of disabled grandchildren, their adult children and the entire family unit. The lived experiences of grandparenting in this context has received scant attention in research, policy or practice, yet advances in neonatal and paediatric care have resulted in more children surviving with

disabling conditions meaning more grandparents are becoming involved in this form of care. This ongoing qualitative study aims to explore grandparents' perspectives on their role and intergenerational relationships within the family as they age. Grandparents were recruited through a gatekeeper organisation. Narrative interviews were conducted with grandparents aged between 60-85 years, including those employed part-time, retired, and seeking employment. Their grandchildren were aged 4-19 years and their diagnoses include autism spectrum disorder, cerebral palsy, congenital disorders and epilepsy. Key findings include: '*family keeping*' (support, protection), '*concern for the future*' (impact of ageing, worry), '*changing times*' (stepping back, growing up), '*grandparenting*' (being there, pride, adjustments, negotiation), '*knowledge and advice*' (acquiring new knowledge, professional and personal experience). All grandparents felt considerable pride in their grandchildren and their adult children. However, some of the hardship and upset their role entailed was also expressed, especially when considering what the future may bring as their age becomes a barrier to the level of support they can provide. The results of this study give a voice to a previously under-researched group and help to inform key debates, such as how extending working life policies can impact on families with disabled children.

306 - 'Y Cymry Cymraeg': People, Place, Language and Social Exclusion – A Case Study of Rural-Dwelling Older People in Wales.

Bethan Winter, Vanessa Burholt

Swansea University, Swansea, United Kingdom

Abstract

Limited research has been undertaken to explore the myriad ways in which language (linguistic identities and proficiencies, language ideologies) intersects with social exclusion in different social contexts (Piller, 2016). Taking a life-course and multi-level approach this qualitative study examined the complex interactions between language and social exclusionary processes, domains and outcomes affecting rural-dwelling older people.

Wales has experienced a decline in the proportion of Welsh speakers, from 49.9% in 1901 to 19% in 2011(Census of Population, 2011). Use of the Welsh language is higher in rural areas and a source of inclusion for many older people. To investigate this decline and how language intersects with social exclusion a case study of three rural areas was conducted: (i) remote & affluent; (ii) less remote & deprived; (iii) accessible & deprived. Within each area 10 life history interviews (n = 30) and focus groups (n=3) were conducted with older people aged 60 years and above.

The findings provide new insight into 'how' and 'why' social exclusion manifests itself in diverse ways within and between groups of older people and rural areas. The decline of the Welsh language had the greatest impact upon older age groups (80 +) who experienced greater exclusion from social resources and culture. A correlation was found between language, socio-economic status and place: the remote and affluent area had the highest proportion of Welsh speakers yet some of the greatest levels of old-age social exclusion. These findings will be used to influence policy and practice to combat social exclusion.

307 - Life-course and structural determinants of positive subjective health amongst older adult Travellers and homeless people: A voice-led approach to addressing health inequalities in community care

Kieran Walsh[1], Diarmuid O'Donovan[2], Thomas Scharf[3], Eamon O'Shea[4], Anne Macfarlane[5]

[1]Irish Centre for Social Gerontology, National University of Ireland Galway, Galway, Ireland. [2]School of Medicine, NUI Galway / HSE West, Galway, Ireland. [3]Newcastle University, Newcastle, United Kingdom. [4]National University of Ireland Galway, Galway, Ireland. [5]University of Limerick, Limerick, Ireland

Abstract

Evidence indicates that older adult members of the traveller and homeless communities are more likely to experience health inequalities. This is related to accumulated life-course exclusions for both groups, and reflected in amplified co-morbidities, decreased life-expectancies and complex challenges concerning community/

primary healthcare delivery. Nevertheless, the ageing-profile and diversity of older traveller and older homeless (OTOH) populations indicate increasingly heterogeneous health trajectories and growing intra-group health differences. While work is emerging on social deprivation and health inequalities for such groups, little is known about OTOH who come to achieve more positive health outcomes. This is critical given forthcoming legislative structures on older adult home care in Ireland, and the invisibility of OTOH groups in the legislative process.

This paper presents a research study that will investigate life-course and structural determinants of positive subjective health amongst older traveller and older homeless people. Although specific morbidity pathologies differ, these groups experience similar community, socio-cultural and political displacement.

The paper will detail a voice-led methodology, incorporating multi-stakeholder consultative forums, OTOH life-course interviews and OTOH researcher training, which will explore: (1) life events and experiences, and polices, practices and norms, associated with positive health biographies for these groups; (2) strategies available to OTOH individuals to harness these factors to respond to risks, inequalities and inequities; (3) how being an OTOH person influences health expectancies; and (4) needs and preferences for home care. The paper will then interrogate existing research knowledge, analysing the construction of subjective positive health experiences for these older adult communities.

Civic engagement and volunteering

Social participation, citizenship & the welfare state

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 2.219

387 - How to retain older participants in civil society organizations: A literature review and conceptual framework

Rodrigo Serrat, Feliciano Villar, Montserrat Celdrán

University of Barcelona, Barcelona, Spain

Abstract

Older people's participation in civil society organizations has been highlighted in previous studies for its potential to impact on individuals' health and well-being while creating economic and social benefits for the community. Much of this literature, however, focuses either on predictors or benefits of participation, with much less attention paid to the reasons why older people stop participating once they have begun. In this study we present a systematic review of the literature on factors associated with older people's retention in civil society organizations, and we propose a conceptual framework to understand these factors. This framework classifies them in means-related, motives-related, or organizational and opportunity context-related. Policy and practice implications to promote continued participation in civil society organizations among older people are discussed in light of the results.

418 - Paid work and engagement in informal care provision and volunteering in mid to late life: a longitudinal analysis

Lawrence B. Sacco, Laurie Corna, Karen Glaser

Institute of Gerontology, Global Health & Social Medicine, King's College London, London, United Kingdom

Abstract

Working lives are being extended in numerous higher income countries, including the UK. However, policies focused on increasing participation in paid work in later life overlook older adults' participation 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 these unpaid activities. Previous research on the relationship between paid work and engagement in informal

care and volunteering is either cross-sectional, yields mixed findings or gives little attention to older adults.

We investigated 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. Using hybrid panel models, we dissected the between effects (i.e. whether people in employment engage differently in unpaid work) from the within effects (i.e. whether individuals' employment status changes lead to different levels of engagement).

Findings show that for both men and women, full-time employment is associated with lower odds of engaging in informal care provision and volunteering, at all levels. In addition, for women, being in part-time employment leads to lower odds of engaging in weekly volunteering and of providing at least twenty hours of care per week. Findings are discussed in reference to implications of extending working lives policies and current trends of increasing labour market participation at older ages.

226 - Self-discovery method for supervised measurement: An application to the concept of 'productive ageing' in Italy and South Korea

Ginevra Floridi, Benjamin Lauderdale

London School of Economics and Political Science, London, United Kingdom

Abstract

Productive ageing is defined as older people's participation in activities that produce goods or services that have value for others.

Studies of active and productive ageing often combine a set of activity indicators into a measured scale for the concept. Unsupervised measurement methods use observed correlation structures to identify measures that best explain variation in activity participation, but may not measure the desired concept. Supervised measurement methods use expert judgements to aggregate the indicators, but require explicit decisions about aggregating activities that are difficult to make and to assess.

We propose a 'self-discovery' method for measurement supervision that uses the form of a conjoint experiment on ageing experts. Each expert completes a series of pairwise comparisons on hypothetical profiles participating in different combinations of activities, implicitly revealing the relative weights to place on each set of activities. We demonstrate this method with reference to productive ageing in Italy and South Korea. We combine indicators for older people's participation in paid work, volunteer work, and provision of informal care for grandchildren and sick or disabled adults.

We collect and analyse pairwise comparison data from experts on the socioeconomics of population ageing in each country. Results indicate that Korean experts tend to value older people's engagement in formal activities such as paid and volunteer work as more relevant for 'productive ageing', while paid work and informal family care are considered more important by Italian experts. These findings suggest that the concept of productive ageing may not be directly translatable across countries.

25 - Day centre attenders, volunteers and staff benefit from the congregate nature and continuity of this service

Katharine Orellana, Jill Manthorpe, Anthea Tinker

King's College London, London, United Kingdom

Abstract

Are traditional day centres for older people an outdated service model? Their relevance is challenged within today's policy environment of personalisation, marketised services and reduced public funding for social care. Day centres, particularly those offering low-level support, are commonly being closed or decommissioned despite some older people expressing a wish to access them.

Following a literature review, using mixed methods within a multiple, embedded case study design, this study, undertaken in 2014-17 and funded by Dunhill Medical Trust, investigated what four day centres offered, who used them and how, their experiences, what centres contributed to the lives of those involved in them, the day

centres' relationships with community, primary and secondary care services and perceptions of day centres' role and purpose. Four day centres were visited once weekly for 14 weeks to gather data with which to build a rich and contemporary picture of these services. Interviews with older attenders (n=23), carers of attenders (n=10), day centre staff, volunteers and managers (n=23) and local authority social care staff (n=13) gathered views, experiences and perceptions.

Findings from this study are presented with a focus on two key contributors to positive experiences for attenders, staff and volunteers, namely centres' congregate nature and the continuity they offer. The paper concludes that day centres are a life-enriching gateway for socially isolated people unable to go out without support, offer added value and are under-used resources with development potential. Involvement with them results in outcomes highly relevant to current policy themes and Outcomes Frameworks.

32 - Being obliged to leave volunteering in cultural heritage organisations due to age-related health conditions: personal impact and management challenge.

Bruce Davenport[1], Suzanne Moffatt[2], Andrew Newman[1]

[1]School of Arts & Cultures, Newcastle University, Newcastle-upon-Tyne, United Kingdom. [2]Institute for Health & Society, Newcastle University, Newcastle-upon-Tyne, United Kingdom

Abstract

Volunteering in later life is associated with positive outcomes in wellbeing, quality of life and resilience, though the relationship may be two-way. People's capacity to engage in volunteering change as they age. The decision to 'retire' from volunteering has been strongly linked with worsening health and changed capacities. The benefits accrued through volunteering may also be undone by this withdrawal. This is relatively under-investigated. Moreover dealing with volunteers in this context is a difficult topic for managers. A pilot project has been carried out, exploring the personal experience and impact of being obliged to leave volunteering as well as staff perspectives on this process.

Staff, volunteers (including some who had previously temporarily withdrawn from volunteering) and ex-volunteers were recruited into this study from 3 cultural heritage organisations in the north-east of England that reflected the diversity of such organisations in the region. Semi-structured interviews were carried out exploring (ex-) volunteers' and staff's perspectives on this topic. Staff discussed the (anticipated) challenges of managing these situations as well as examples where organisational processes had facilitated a positive transition out of volunteering. Volunteers did not view volunteering in isolation but placed their activities within the wider context of their lives. For some the idea or experience of leaving volunteering was emotionally fraught. Others were able to manage the changes in a constructive way. The results suggest that staged transitions which allow volunteers to continue feeling valued and retain a sense of ownership over their decision to leave will reduce the negative impact.

Determinants of physical and mental health in later life

Unequal ageing

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 2.220

21 - An examination of the factors associated with reported difficulty with Mobility tasks and Activities of Daily Living among people aged 85-plus

Wesley Key

University of Lincoln, Lincoln, United Kingdom

Abstract

The growing number of people aged 85-plus, the Oldest Old, is a key demographic trend of the twenty-first century to date. In England and Wales, the Oldest Old were the fastest growing age group between the 2001 Census and the 2011 Census, whilst the proportion of the population aged 85-plus will double during 2014-39.

The Oldest Old are more likely to live alone, and to have support needs, than younger people. Incidences of conditions that are more common in later old age, such as dementia, are increasing, and the average cost of health services for someone aged 85-plus is higher than for an individual aged 65-84, with advances in healthcare technology extending people's lives further than ever. However, little Social Policy research has focused specifically upon the Oldest Old, partly because of the small samples within survey datasets.

This paper utilises data from Waves 3-7 of the English Longitudinal Study of Ageing to explore patterns of difficulty with ten Mobility tasks and six Activities of Daily Living (ADLs). It will consider how the likelihood of reporting difficulty with the Mobility tasks and ADLs varies by Gender, Age, Housing Tenure, Private Pension receipt, and the receipt of selected Means Tested and Disability benefits, identifying any statistically significant associations between these variables and reported difficulty with Mobility tasks and ADLs. The paper will conclude by highlighting the main policy challenges to emerge from the data analysis, in terms of housing provision, health and social care, and social security.

539 - The impact of end-of-life caregiving on levels of psychological distress and general health: the role of age and gender

Gunn Grande[1], Christine Rowland[1], Bernard van den Berg[2], Evridiki Batistatou[1], Sarah Cotterill[1], Barbara Hanratty[3]

[1]University of Manchester, Manchester, United Kingdom. [2]Macquarie University, Sydney, Australia. [3]Newcastle University, Newcastle, United Kingdom

Abstract

Family carers make an important contribution to end-of-life care, but this impacts negatively on their health. It is important to understand how caregiving affects different groups of carers to guide appropriate interventions to preserve carers' health. We present findings from a national post-bereavement survey of all relatives reporting a death from cancer over a 2-week period in England. 1504 (28.5%) of 5271 participated. Psychological distress was measured through GHQ-12 and general health through EQ-VAS. Confounding variables were controlled for in the analysis of age and gender, including care giving hours and tasks, out of pocket expenses, support from informal and formal care, other demands on carers' time (work status, other caregiving responsibilities, voluntary work), opportunities for respite, patient symptoms and activities of daily living (ADL). Univariate analyses show that older carers had significantly lower psychological distress and better general health than younger carers. Females had higher psychological distress and worse general health than males across age groups. Multivariate analysis showed that the relationship between age and psychological distress disappeared when other variables were controlled for, but the relationship between age and general health remained. Compared to younger carers, older carers may have greater resilience to cope with end of life caregiving, although caregiving context may play a part. This study challenges some popular concepts of older people's ability to cope with life's challenges.
Study funded by: Dimbleby Cancer Care; NIHR CLAHRC Greater Manchester

577 - Co-resident caregiving and problematic sleep among older people: evidence from four waves of the UK Household Longitudinal Study

Emma Maun, Laurie Corna, Karen Glaser

King's College London, London, United Kingdom

Abstract

With intense pressures in the social care system, older caregivers play an essential role in providing support to a growing number of people with care needs. Research suggests the relationship between caregiving and health is complex, and patterns identified are not yet fully understood. In recent years, sleep has been linked to a wide range of health outcomes, but there has been limited research on links between caregiving and sleep. Our study assesses longitudinal associations between co-resident caregiving and problematic sleep among older people in the UK.

We used longitudinal data from the UK Household Longitudinal Study and logistic regression to assess the influence of co-resident caregiving on the odds of reporting problematic sleep in the

following year, adjusting for potential confounding factors. Our sample included 2,470 adults aged 65 years and older, and problematic sleep was defined as two or more problems in going to sleep, staying asleep or sleep quality.

Three characteristics of caregiving were associated with greater odds of reporting problematic sleep in the following year compared to non-caregivers: co-resident caregiving, odds ratio 1.48 (CI 0.95: 1.04-2.02); providing care for over 20 hours per week, odds ratio 1.62 (CI 0.95: 1.08-2.44); and continuous caregiving across two waves, odds ratio 1.60 (CI 0.95: 1.09-2.34). These findings suggest older co-resident caregivers, particularly those providing longer hours of care, may be at greater risk of incurring sleep problems than non-caregivers, with potential consequences for health.

158 - Layered Environmental Contexts, Physical Disabilities and Cognition among Older Chinese Adults

Pei-Chun Ko

National University of Singapore, Singapore, Singapore

Abstract

'Age in place' – older adults staying in a familiar environment and residence to age – is an emerging concept in aging China as it addresses how their environment would optimize resources for a decline in health before they become dependent on institutional care. Age in place literature has addressed the importance of environmental contexts- neighbourhood environment and home on older adults' wellbeing. This study aims to explore the relationships between older Chinese adults' resident environmental contexts and their health-physical disabilities and cognition. Derived from theories related to social disorganization theory and environment disorder, objective and subjective home conditions and neighborhood conditions are constructed to examine the effects. The data used for this study comes from the 2011 and 2015 China Health and Retirement Longitudinal Studies (CHARLS). The analytic sample consists of 8,662 older Chinese aged 55 and over. Two-level random-intercept multilevel models for continuous variables are employed. Preliminary results show that older Chinese who stay in a residence without a sufficient toilet facility and those who live in the neighbourhood with waste managed locally have more physical disabilities at the Time-point 2 (T2). As for cognition, older adults who stay in a less clean and untidy residence and those who live in a neighborhood with waste managed locally have worse cognition at T2. To conclude, the study demonstrates the extent environmental context affects older adults' physical health and cognition over time. Moreover, improving home conditions is as important as upgrading neighbourhood conditions.

55 - Cognitive reserve, gerotranscendence and psychological well-being in aging

Olga Strizhitskaya

Saint Petersburg State University, Saint-Petersburg, Russian Federation

Abstract

Modern society faces a set of challenges related to aging: increase in the life expectancy and percent of the aging population. These challenges require a new understanding and new approaches to aging. One of the ways is to investigate dividends of aging (specific for aging mechanisms that support effective and prosperous functioning), such as cognitive reserve (CR; Stern 2009) and gerotranscendence (GT; Tormstam, 2005). Research on CR and GT was concentrated in different domains: CR was associated with cognitive functioning while GT was studied within the personality and social interaction. Our hypothesis was that activities known to form CR can also affect personality development and as such predict GT development.

To approach this question, we used CRiq (Nucci et al., 2011), GT questionnaire (Strizhitskaya, 2017) and psychological well-being (Ryff, 1995; Zhukovskaya, Troshikhina, 2011) on a sample of 152 older adults aged 52-89 (M_{age}=68).

We found that CR can predict GT and psychological well-being domains. We revealed that while general score on CR predicts GT it in turn predicts well-being (Chi-square=1,340; df=3; p=0,720; RMSEA=0,000; Pclose=0,781),

particular characteristics of CR can both increase and decrease GT scores. Qualified professional activity (β=0,209; p=0,007) and hobby (β=0,180; p=0,020) play important role in personal (R=0,177) domain of GT, while social domain (R=0,154) is predicted by qualified professional activity (β=0,182; p=0,021) and reading books (β=0,277; p=0,001). We found some negative factors that affect psychological well-being directly: household chores (β=-0,211; p=0,023) and volunteer work (β=-0,361; p=0,000). Study was supported by RFBR project 16-06-18006.

Intergenerational care in global context

Ageing in a global context

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 3.204

7 - Intergenerational Correlates of Care Expectation Patterns Among Aging Chinese Adults

Xue Bai

The Hong Kong Polytechnic University, Hong Kong, China

Abstract

This study examined aging parents' multidimensional care expectations, and identified the intergenerational correlates of care expectation patterns using a newly proposed Care Expectation Model. Data were collected from a random sample consisting of 1,001 aging Chinese adults (≥ 50 years) between November 2016 and March 2017 in Hong Kong. The typological structure underlying aging parents' care expectations toward filial and formal care was identified by using latent class analysis (LCA). Multinomial logistic regression analysis was further performed to identify the intergenerational correlates of care expectation patterns and validate the Care Expectation Model. LCA yielded four classes of care expectations: Mixed–Maximal, Filial–Modest, Formal–Modest and Neither–Minimal expectations. The multinomial logistic regression results revealed that intergenerational enabling circumstances (structural–associational solidarity, affectual closeness, consensual–normative solidarity, intergenerational conflict, and caregiving for their own parents) were significantly associated with the probability of membership in the latent care expectation classes, in addition to certain predisposing factors (participants' age and sex), parental enabling resources (economic status), children-related enabling characteristics (marital status of children), and health characteristics (physical, mental, and functional health status). The Care Expectation Model has implications for the development of policies and interventions that should effectively respond to aging adults' diverse care expectation patterns.

517 - Care in modern families: Pathways for old-age support in Hanoi, Vietnam and Manchester, UK

Jo-Pei Tan[1], Hugh McLaughlin[1], Minh Thi Tran Thi[2], Huu Minh Nguyen[2], Zinnia Mitchell-Smith[1], Eva Duda-Mikulin[3]

[1]Manchester Metropolitan University, Manchester, United Kingdom. [2]Institute of Family and Gender Studies, Hanoi, Vietnam. [3]University of Bradford, Bradford, United Kingdom

Abstract

Care provision in modern families integrates the role of the government, family, market/private sector, and communities (Asping-Anderson et al, 2002; Razavi, 2007). The interaction between different sectors shaped the pathway for old age support differently across cultural context. Traditional Asian societies, like Vietnam rely on family as the main provider for caregiving; while, stronger social services support within Western societies, like the UK, revealed significant role of the government in care provision. Against the backdrop of the worldwide challenge on aging population, this paper aims to examine the role of modern family in care relations and, explore the interaction between family network, professional practice and government within and between Vietnamese and the UK contexts. Qualitative findings from FGDs with adult children and parents uncover complex relationships between the family, the government and the way care provisions are negotiated, distinctively across cultural contexts. Similarities underlying the concern for and familial role in caregiving and old-age support were identified, while the pathway

to old-age support was related to personal attributes, family and siblings relationships and government role which was uniquely shaped by cultural and policy contexts. The findings suggest the importance of 'care pathway' as a means for deeper understanding of the integration of various sectors for developing more effective old-age support strategies for modern families. In response to challenge of a rapidly aging world population, there are valuable mutual lessons from a cross-cultural perspective that imply the significance of cultural prescripts and expectations for government.

302 - The social construction of intergenerational familial care in Poland and the UK.

Lucy Smout Szablewska

Durham University, Durham, United Kingdom

Abstract

This paper contributes to longstanding discussions about familial care for older people in an era of population aging and migration.

It teases out the ways in which gendered intergenerational familial care is constructed, foregrounded and rendered invisible, drawing on multi-sited doctoral research between 2013-2015 into the care relationships and practices in 20 households stretched between Northern England and Poland.

It argues that it is helpful to conceptualise familial care as part of a 'shifting constellation' of welfare provision by the state, the market, civil society and the family over the lifecourse. This 'care diamond' is part of the broader process of social reproduction - the processes involved in reproducing society over time through bearing, raising, and socialising children, and of creating and maintaining households from infancy to old age.

It uses the care diamond to explore how ideas about gendered intergenerational familial care and 'de-familialised' care are socially constituted, and how everyday myths and discourses around migration, social reproduction and social change are taken up in academic and political discourses in Poland and the UK.

It posits that familial care is negotiated and practiced to varying degrees, at different times, in diverse ways and across multiple spaces throughout people's lives, and that the focus on questions such as 'does the modern family care?' diverts attention from other equally significant contexts such as the limitations to family care, and the need for public policy to address longevity by taking into account the impact that wider socio-economic factors have on aging.

9 - Care in Modern Family: Perspectives of Older and Younger Generations in Urban Cities (case study of Vietnam).

Thi Minh Thi Tran

Institute for Family and Gender Studies, Vietnam Academy of Social Sciences, Hanoi, Vietnam

Abstract

The rapid aging process in Vietnam, reflected in declining fertility, longer life expectancy, increasing old-age dependency ratio and occurrence of 'getting old before getting rich' phenomena raised concerns of increasing demand of care, which is the most pressing issues in family life and intergenerational relations that affect support for older person and children. Modernization, the changing landscape of modern family life noted a convergence toward small family, increase migration, increase individualism and weakening family function, which led to intense implication on familial role in care provision, especially in traditional Southeast Asian societies like Vietnam where public support system is limited. While there is a stronghold of filial piety values, the traditional family support is under more pressure due to massive women participation in the labour force, decreasing family size and function, and long-term tradition customs of investing on small children as future family social security. With the increased demand for old-age support and affordable care for children and older persons, further commodification of care work can be expected in Vietnam. As Vietnam strives to cope with weakening family ties, both younger and older generations are under increasing pressure to meet challenges of care relations and old age support in contemporary aging communities in the country.

Findings from four focus groups among elderly parents and adult children with and without caring responsibilities will solicit information on a range of views of family functions in modern society and experiences of care relations and transactions across generations among those living in Hanoi

Ageing and the embodied self

Theories, methods & critical perspectives

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 3.211

502 - The ideology of ageism versus the social imaginary of the fourth age: A comparison.

Chris Gilleard, Paul Higgs

UCL, London, United Kingdom

Abstract

The development of social gerontology has led to the emergence of its own terminology. 'Ageism' has been a key concept and was deliberately intended to act as an equivalent to the concepts of racism and sexism. As a term it has established itself as a lodestone for thinking about the de-valued and residualised status of older people in contemporary society. It is often used to describe an overarching *ideology* that operates in society to the detriment of older people and which helps explain their economic, social and cultural marginality. This paper critiques this approach and argues that the idea of ageism is both too totalising and contradictory while failing to address key aspects of the corporeality of old age. Adopting the idea of a *social imaginary*, we suggest, offers a more nuanced approach to the tensions that are present in later life without reducing them to a single external cause or explanation.

336 - Ageing, body practices, gendered subjectivity, and later life identities among older adults.

Anusmita Devi

Indian Institute of Technology, Gandhinagar, India

Abstract

The consumerist movement around medicalization of bodies and anti-ageing technologies has redefined how one experiences ageing in today's world. In this study, we compare the experiences and perceptions of ageing among the older Asian Indian adults (55 years and above) in two urban settings, Ahmedabad (Gujarat, India) and Vancouver (British Columbia, Canada). We explore questions of body, beauty, gender and later life identities. This cross-cultural comparison is significant because of the parallel notions of ageing in the western industrial countries ("successful" and "active") and India (narratives of dependence, meaningful decline and recourse to spirituality). We find a difference in perception of ageing in both the contexts. The participants in Canada, with greater value placed on principles of independence (economic, social and functional) and individuality, envisioned ageing in terms of diminishing mental and physical functionality. Whereas, the participants in India envisaged ageing in terms of changing social roles and statues through their life course. Also, while the participants in Canada reported "active" involvement in appearance/body and health management practices through exercise and medical/pharmaceutical interventions, participants in India adopted passive processes of body and health management such as dietary changes. Unsurprisingly, we also find certain similarities in both the contexts. Echoing findings from earlier studies, we find that the basis of evaluating body image shifts from appearance to body functionality in both the contexts. We, also, notice sharp gendered implications on identity construction and self-representation, performed through the routes of leisure, labor and "normalization of illness", in both the settings.

362 - Age, Beauty, and Mortality

Naomi Woodspring

University of the West of England, Bristol, United Kingdom

Abstract

Our faces are the primary to who we are and how we are perceived by others. Along with the rest of our embodied selves, faces are the essential physical manifestation of us. Since the 1960s, there are has been a steady stream of research that focuses on facial appearance – much of it focused on the human parameters of beauty. Women of childbearing age and their potential partners and adolescents are at the centre of the research. There is a significant dearth of research that has investigated older people, appearance and beauty or attractiveness. Cultural narratives abound with the conventional wisdom that old women "lose their looks" and "become invisible" and men become "weathered" or even "rugged." – the double standard. Can old people beautiful? Does the answer lie within the trope of the exotic old person, skin riven with lines, staring off into the middle distance? Or, perhaps is it the consumerist dream of cosmetic interventions? 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. Issues of self-presentation and beauty are significant aspects across the life course. Their recognition of relative time and mortality is interwoven with the postwar generation's notions of beauty. In this presentation I will explore key findings from the research project conducted over the last two years with a diverse group people from the first wave of the postwar generation.

86 - Later Life Stardom: Judi Dench's 'retirement' into fame

Natasha Parcei

Leeds Beckett University, Leeds, United Kingdom

Abstract

Cultural gerontology invites us to view ageing, and particularly later life, as a social construct. Building on the theoretical framework presented by Higgs and Gilleard in their work on the cultural significance of the Third and Fourth Ages (Higgs and Gilleard 2015, Gilleard and Higgs 2000), this presentation focuses on understanding Judi Dench's later life stardom as a sign of shifting societal perspectives of ageing and later life. At the age when many British people are transitioning into retirement, Judi Dench was beginning her foray into international stardom, already an accomplished stage and television actor Dench had worked professionally her whole working life. This paper analyses a selection of key roles from Dench's film career to gain an understanding of how she is read though her age, gender, and nationality in order to reflect upon how older British women are represented on screen, and the significance of these representations. With the rise of popularity of movies dedicated to being about older people and their lives, this presentation follows the framework for Star Studies as theorised by Richard Dyer (Dyer 1998) to understand the significance of the star's persona within society and what the presence of that star reveals about the society they exist within.

References:

Dyer, R. (1998) *Stars*. Second edition. London: British Film Institute.

Gilleard, C. and Higgs, P. (2000) *Cultures of Ageing: Self, Citizen and the Body*. Essex: Pearson Education Limited.

Higgs, P. and Gilleard, C. (2015) *Rethinking Old Age: Theorising the Fourth Age*. London: Palgrave Macmillan.

133 - Conceptualising Dementia as Alzheimerised Senility

James Fletcher

King's College London, London, United Kingdom

Abstract

Dementia can be understood in many different ways. Presenting data from in-depth interviews with people affected by dementia, I argue that there is an important distinction between two understandings of dementia. First, there is 'mythical dementia' – progressive cognitive decline resulting from discrete neuropathologies. This version of dementia exists in journals and laboratories. Second, there is 'Alzheimerised senility' – behavioural change grounded in a combination of illness,

ageing, personality, biography and mental health. This dementia exists in the everyday lives of people affected by dementia. Having distinguished these two concepts of dementia, I discuss key factors underlying understandings of dementia as Alzheimerised senility. It is argued that Alzheimerised senility represents an amalgamation of traditional lay and late 20th century biomedical ideas. This reveals that biomedical ideas can be appropriated within the lay understandings which they dispute. The ontological flexibility of people's conceptualisations of dementia has important implications for the promotion of diagnosis of newly medicalised age-associated conditions with poor therapeutic outlooks.

Symposium: Exploring unequal ageing in urban environments

Environments for ageing in the 21st century

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 4.204

T-P4-C10 - Exploring unequal ageing in urban environments

Symposium Abstract

Social gerontology has longstanding interest in issues relating to urban ageing. The Age Friendly Cities and Communities movement has catalysed this research agenda, pointing to opportunities to promote inclusive environments that can enhance the quality of later life. This symposium provides an opportunity to address different perspectives on inequalities associated with urban ageing, taking account of the diversity both of ageing adults and of urban environments.

The first paper (Scharf) examines the nature and scale of socio-spatial inequalities that characterise later life in urban areas of England. Using a scoping review methodology, it highlights profound inequalities, with older people in disadvantaged urban communities generally having worse outcomes than those in more advantaged communities. The second paper (Purdam) examines the financial challenges faced by older women in urban settings. Despite self-sacrifices and resilience, financial debt represents a recurring problem for many older women living on low incomes in urban communities. The third paper (Peace) uses research concerning older people with poor mobility, vision impairment, and dementia to examine different ways of looking at how we make urban environments more age-friendly. It questions whether intergenerational partnerships between those concerned with ageing and disability could encourage greater inclusion through attitudinal change. The final paper (Rutherford) offers a perspective based on over 50 years of professional experience as a practising planner. In considering responses to the urban design challenges associated with demographic ageing it makes the case for inclusive design to be at the core of the teaching of urban design students and practitioners.

Chair

Thomas Scharf - Institute of Health & Society, Newcastle University, Newcastle Upon Tyne, United Kingdom

320 - Spatial inequalities characterising later life in urban England: findings from a scoping review

Thomas Scharf

Institute of Health & Society, Newcastle University, Newcastle Upon Tyne, United Kingdom

Abstract

This paper examines the nature and scale of socio-spatial inequalities that characterise later life in and between urban areas of England. Framed by a conceptualisation of pathways associated with advantage and disadvantage in old age that draws on life-course and intersectional approaches, the paper presents findings from a recent scoping review of inequalities affecting people aged 50 and over in England. The review examined inequalities relating to six key themes: physical and mental health; healthy life expectancy; subjective wellbeing; financial security; social connections; and living environments. Of 24,463 records initially

generated through a structured search of relevant scientific databases, and following a process of title, abstract and full-text review, 271 were ultimately judged to meet the criteria for inclusion in the review. In this paper, we look across these sources and the six inequality themes to assess the nature and scale of socio-spatial variations characterising later life in urban areas of England. The evidence points to profound inequalities, with older people in disadvantaged urban communities generally having worse outcomes than those who live in more advantaged communities. Such findings raise challenges for age-friendly cities and communities, suggesting the need for a stronger focus on tackling unequal ageing in local strategic plans.

501 - Financial Debt Amongst Older Women in the UK – Control, Secrecy, Shame and Resilience

K Purdam

University of Manchester, Manchester, United Kingdom

Abstract

In this paper we examine the financial problems faced by many older women in the UK. We draw on (i) national level survey data; and (ii) evidence from a series of interviews with older women (aged 50 years and older) who were living in an urban area, who were divorced, widowed or whose long term relationships had broken down and who were receiving debt advice from a debt support charity. Our findings suggest that overall older women generally have more financial problems than men, particularly those women who are either separated or divorced. Many older women have spent their lives in low paid jobs and juggling debts, usually as a result of trying to provide for their families. Often these older women have had little control over their finances and have been reliant on their husbands and partners for money. Following the breakdown of a relationship many older women are at risk of more debt and bankruptcy. Many older women have kept their financial problems hidden and they have been reluctant to seek financial advice because of the stigma and their feelings of embarrassment and shame. Despite their self-sacrifices and resilience financial debt is a recurring problem for many older women living on low incomes in the UK.

113 - Ongoing Inequalities?: Comparing Ageing and Disability in light of the Age-Friendly City and Community

Sheila Peace

The Open University, Milton Keynes, United Kingdom

Abstract

The Age-Friendly Cities (AFC) initiative promotes active ageing and is seen as 'optimizing opportunities for health, participation, and security in order to enhance quality of life as people age' (WHO,2002, p12). It is not social policy aimed just at the most active, rather it has encouraged more inclusive development in terms of: housing; transportation; outdoor spaces and buildings; social and civic participation; employment; communication and information.

Utilising research concerning older people with chronic health conditions the paper discusses different ways of looking at the age-friendly environment (Peace et al, 2018). A sense of inequality with others may relate only to personal experience of health not to seeing themselves as disabled. Using UK legislation and academic discussion, disability discrimination and social models of disability and health are considered (Thomas & Milligan,2017). The question is raised concerning whether a global focus on population ageing within times of growing urbanism has greater power to produce age-friendly environments with inclusive design and whether intergenerational partnership between those concerned with ageing and disability could encourage greater inclusion through attitudinal change.

References

Peace,S., Katz,J., Holland,C & Jones,R (2018)' The age-friendly community: a test for inclusivity', In Buffel,T., Handler,S & Phillipson,C (eds) Age-Friendly Cities and Communities: A Global Perspective, Bristol: Policy Press, pp 251-272

Thomas,C.,& Milligan,C (2017) Dementia, disability rights and disablism: understanding the social position of people living with dementia', Disability and Society, Published online Oct 10th 2017

WHO (2002) Active Aging: A Policy Framework, Vienna: WHO

In chronological order
Underline denotes presenting Author

348 - Shaping Inclusive Urban Environments for Ageing in the 21st Century

Joan Rutherford

Age Friendly Design Group, Manchester, United Kingdom

Abstract

Within the context of demographic change the process of ageing may be accompanied by deterioration in a range of abilities, including hearing and vision loss and cognitive decline. However, many older people would not describe themselves as 'disabled'. If we are to encourage the continued involvement of older people in community life, whether as workers, volunteers, or as social actors, we need to acknowledge the existence of increasing impairments, both physical and sensory, and design physical environments in ways that enable older people to move around outside their homes with confidence.
Drawing on 50 years of professional experience as a practising planner, most recently considering the requirements of older and disabled people, this paper considers a variety of responses to the urban design challenges associated with demographic ageing. In this context, the major urban design institutions endorse the principles of creating accessible and inclusive environments, as promoted by the Construction Industry Council. The paper considers the British Standard Institute's recent review of BS:8300 and the Institute's current work on 'designing for conditions of the mind'. It argues that not only is inclusive design often missing in the urban design curriculum, but that practitioners tend not to be updated on knowledge in this field. The paper concludes by suggesting that if we are to achieve an urban environment that promotes and encourages older people's involvement in community life, inclusive design must be at the core of the teaching of urban design students and practitioners.

Mobility and community

Environments for ageing in the 21st century

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 4.205

140 - Critical Geromobilities: Bringing together mobilities and critical gerontology to study the transport behaviour of older people who use mobility aids

Allyson Rogers, Charles Musselwhite

Swansea University, Swansea, United Kingdom

Abstract

Ageing issues are an increasingly important focus within transport and mobility studies. Critical gerontology questions what opportunities older people might have to choose 'successful ageing' within the structures of a fundamentally ageist society. Similarly, the mobilities paradigm highlights the complex influences and perhaps unexpected repercussions of mobility systems on social relations, equality and power relations, resulting in marginalisation or exclusion of certain groups. This presentation will first investigate how bringing the theoretical approaches of both mobilities and critical gerontology together can create a novel way of addressing older people's mobility and transport behaviour, especially when understanding the transport and travel behaviour of traditionally marginalised groups. As a particularly marginalised group in transport terms, the transport exclusion of older people using mobility aids, will be explored through a mobilities and critical gerontology lens. Much literature has concluded that people who use mobility aids feel socially excluded but has yet to understand precisely the nature of such barriers to inclusion. This presentation will then go on to report early findings of a study using walking interviews with approximately 10 to 15 individuals who use a mobility aid of some description. Walking interviews provide an opportunity to gather data from individuals whilst situated in their social context, carrying out day-to-day embodied practices. Maps of routes taken will allow rich qualitative data to be complemented with quantitative data such as income distribution. Early results demonstrate everyday interactions between people and the environment serve to reinforce both isolation and marginalisation.

367 - "There is no place like your own": Understanding what community living means for older people experiencing disability

Emily Loughlin

National University of Ireland, Galway, Galway, Ireland

Abstract

Community living encompasses elements of living independently and being included in the community and is an acknowledged goal for the majority of older people, as well as persons with disabilities. However, older people ageing with, and ageing into, disability are a distinct group that straddle sectors. Accordingly, in the face of fluctuating needs, inequitable policies and new realities, they can experience particular challenges in maintaining their lives in the community. Policy responses aimed at addressing the needs of this group must simultaneously strive to enhance the dignity and independence of the person. This is required in order to maximise wellbeing in the community, a fundamental component of living and ageing well. Understanding what community living means to older people with disabilities is a necessary step in pursuance of this goal.

In order to conceptualise community living at the intersection of ageing and disability, interviews were conducted with twenty older people living in the community with a physical and/or cognitive disability. The interviews followed a narrative style so as to allow the participants voice to lead the discussion. This paper presents results of analysis of these interviews. The narratives that emerged revealed participants who were deeply grounded in their communities, from which a strong sense of identity and purpose was derived. Strikingly, a tangible thread of reliance linked the narratives. These findings support the policy imperative to build on the inherent strengths and capabilities of the person and thereby help them achieve their desire of ageing well in their communities.

192 - Mapping sense of place with older adults: Using participatory workshops and world cafes to develop age-friendly neighbourhoods

Rebecca Lawthom[1], Jenny Fisher[1], Ryan Woolrych[2], Adrianna Portella[3], Silke Kapp[4], Isolde de Araújo Günther[5], Meiko Makita[2]

[1]Manchester Metropolitan University, Manchester, United Kingdom. [2]Heriot-Watt University, Edinburgh, United Kingdom. [3]Federal University of Pelotas (School of Architecture and Planning), Pelotas, Brazil. [4]Federal University of Minas Gerais, Belo Horizonte, Brazil. [5]Federal University of Brasília, Brasilia, Brazil

Abstract

Ageing in place and the development of cities that are age-friendly require attention to the environment through supporting older adults to have a sense of place, independence and access to relevant amenities. Participatory mapping is an interactive, asset-based approach, recognising residents as experts and creates maps that articulate experiential and spatial knowledge to others. World Cafes provide a method to support conversations and dialogue in a range of settings, and while they have been frequently used globally, the use of this method with older adults is relatively limited. In this paper, we draw on research that is part of an ongoing ESRC- Newton funded project (2016-19) Place-Making with Older People: Towards Age-Friendly Communities exploring the barriers and facilitators to the development of age-friendly cities and communities for older adults. We consider the use of participatory mapping workshops and world cafés with two hundred older adults and key decision makers across six cities in Brazil (Pelotas, Brasilia and Belo Horizonte) and the UK (Manchester, Glasgow and Edinburgh). The aims of the workshops and world cafes was to facilitate knowledge production with older adults, develop a visual map of how older adults value, understand and interact with place, and highlight the significant features in neighbourhoods that embody place. Thematic analysis of the mapping workshops and World Café conversations generated a number of key areas that challenged top-down practices, whilst enabling opportunities for collaborative dialogue around age-friendly environments. We present the findings and reflections from the use of our methodology.

In chronological order
Underline denotes presenting Author

112 - Everyday mobility in the suburb among elderly people with mobility impairments

Henna Luoma-Halkola

University of Tampere, Tampere, Finland

Abstract

In the context of global population ageing, urbanization and the ageing in place-phenomenon, it is important to study how different urban environments enable or restrict the possibilities to act and be involved in the city among older people. In my research, I focus on how older people organize their everyday mobility in the suburb in situations when physical impairments pose restrictions on their mobility. I recognize, that older people are a heterogeneous group of people in different ages and different life situations. Therefore, in order to shift the focus from scrutinizing the elderly as a group of people towards assessing different *everyday life situations*, I utilize the concept of agency. Through the concept of agency, mobility is perceived as an interactive and situational process during which individual's choices and capabilities are formed in relation to the surrounding environment.

The data consist of seven transcribed focus group discussions with older people, which were conducted in the suburb of Hervanta in Tampere, Finland, in spring 2017. The focus groups involved informal discussions about everyday living in the suburb. They were implemented as a part of a research project called Dwellers in Agile Cities (http://www.agilecities.fi/en/). The findings will shed light on how the possibilities to organize everyday mobility in the suburb are formed in an interaction between the individual and the suburban environment in everyday life situations, which involve restrictions posed by mobility impairments.

15 - Meaningful mobility experiences among active older adults with low income

Thea Franke[1], Joanie Sims-Gould[1], Meghan Winters[2], Habib Chaudhury[2], Heather McKay[1]

[1]University of British Columbia, Vancouver, Canada. [2]Simon Fraser University, Vancouver, Canada

Abstract

The world health organization claims that mobility is vital to healthy ageing and is the best guarantee of older adults being able to cope and remain in their homes and communities (WHO, 2015). Mobility enables older adults to maintain their physical health, independence and participation in society. In general, mobility is examined objectively, from a quantitative perspective where mobility is measured as physical movement (e.g. physical activity) and/or travel behaviour (e.g. trips, modes, and distances). The predominant focus on the functional aspects of mobility tends to overlook the subjective (e.g. perceptions, attitudes and motivations) and temporal dimensions of older adults' mobility experiences. Using a constructivist grounded theory methodology, we conducted twenty-four in-depth interviews with six, theoretically sampled, highly active community dwelling older adults with low income, aged 65 or over, over a period of 4 years. As per constructivist grounded theory procedures, data collection and analysis occurred concurrently. Our three step coding process (open coding, focused coding and theoretical coding) identified the following themes: maintaining a sense of self, being resourceful, openness to engagement, engaging in superficial contact, experiencing social capital, accessing transportation, leaving the immediate neighbourhood and facing affordability. Findings illustrate that intrapersonal factors, in addition to environmental (built, social and cultural) and temporal level factors play a crucial role in mobility. A more comprehensive understanding of mobility will expand our awareness of the conditions under which mobility takes place and the necessary resources to support it.

Symposium: Campaign to End Loneliness Symposium on the Future of Loneliness Research: What do we know now and where are we going?

Connections & relationships

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 4.206

T-P3-C12 - Campaign to End Loneliness Symposium on the Future of Loneliness Research: What do we know now and where are we going?

Symposium Abstract

With the Jo Cox Commission on Loneliness reporting in December and the appointment of Tracey Crouch as the minister leading on loneliness by the Government in January, the Government made a commitment to 'developing the evidence-base around the impact of different initiatives in tackling loneliness'. This session will present some of the ways that loneliness has been researched, from epidemiology, economics and interventions. The three presentations will give an overview of where the research is on loneliness in these important research areas.

Dr Nicole Valtorta from the University of Newcastle will present on the accumulating evidence available on the health implications of social relationships. David McDaid from the London School of Economics will present the current evidence making the economic case for tackling loneliness. Dr Kellie Payne from the Campaign to End Loneliness will summarise the current data available to show the effectiveness of loneliness interventions.

Following 20 minute presentations by each speaker, there will be a 30 minute discussion between the speakers as well as Professor Christina Victor from the University of Brunel. They will discuss the implications of the current research and have a discussion about where the research agenda on loneliness should go next and make suggestions about future research priorities in this area.

Chair

Kellie Payne - Campaign to End Loneliness , London, United Kingdom

Discussant(s)

David McDaid - London School of Economics, London, United Kingdom. Nicole Valtorta - Univerity of Newcastle , Newcastle , United Kingdom

305 - Interventions: the evidence base around what works to tackle loneliness

Kellie Payne

Campaign to End Lonelines, London, United Kingdom

Abstract

This paper will review the current evidence, in particular meta-analyses which look at the efficacy of loneliness interventions. There are currently not any robust conclusions about which types of interventions work best, but the research indicates a number of features of interventions, from group based, navigator services and addressing maladaptive cognition which are promising. This review will outline the features of interventions which have shown to be effective and outline the ways in which evidence should be collected to show effectiveness in the future. Also, there are a number of new sources of data emerging that are measuring the impact of interventions on loneliness and this paper will outline some of those sources and the availability of that data. For instance, there are a number of projects currently collecting loneliness data, including the Big Lottery Ageing Better programme, Age UK Testing Promising Approaches, and Social Finance's Reconnections project. They are all collecting data using the UCLA loneliness measure. This paper will set out a future research agenda using these data and call for researchers to work together to analyse this data in the future to better fill the gap we currently have in the literature around what works.

315 - Loneliness and health: the evidence so far, and suggestions for future work

Nicole Valtorta

Newcastle University, Newcastle upon Tyne, United Kingdom

Abstract

Studies on the health implications of social relationships have been accumulating since the mid 1970s. The purpose of this presentation is to review the epidemiological literature, to identify a) areas where there is strong evidence of a link between health and the subjective feeling of loneliness (as opposed to more objective situations such as social isolation or a lack of contact with others) and b) areas where further research could help to improve our understanding in the field. The 'Grades of Recommendation, Assessment, Development, and Evaluation' guidance will be used to assess the quality of the evidence from recent syntheses on the association between loneliness and mortality, physical morbidity and mental health. In particular, drawing on Gordis' guidelines for assessing evidence of causation, we will look at what is know about the direction of effect between loneliness and health outcomes, and vice-versa. We will consider the main challenges faced by epidemiologists, which include: disentangling the direction of causality; distinguishing between confounding, mediating and moderating factors; and identifying at-risk groups and opportunities for intervention. The presentation will conclude with a discussion of the implications of uncertainty in the field for users of evidence (campaigners, policy-makers, practitioners and other stakeholders), and with suggestions for taking the research agenda forward.

417 - Making an Economic Case for Tackling Loneliness

David McDaid, A-La Park

London School of Economics and Political Science, London, United Kingdom

Abstract

There are substantial costs to families, the public purse and society of loneliness; some of these costs potentially are avoidable. Little research has been conducted on the economic case for tackling loneliness. However, if we can show the impacts on health and social care systems of tackling loneliness then we can make a case for investing in interventions to combat loneliness. This paper draws on two sets of interlinked work. Firstly we have developed an economic model to illustrate the potential long term costs and benefits of a time-limited programmes to tackle loneliness in older people in England. This provides tailored, one to one volunteer-delivered support over six months to reconnect participants with interests and activities in their local community. For the Campaign to End Loneliness we have conducted a systematic review to better understand what is known about the cost effectiveness of interventions to prevent and/or tackle loneliness experienced by older people, and secondly to understand what types of methods and approaches have been used to cost and /or value impacts of interventions on loneliness. The economic model incorporates some of this published literature, as well as making use of insights from participants and volunteers in programmes on rates of uptake and continued engagement. Baseline findings indicate that there is likely to be a positive return on investment, but that this is highly dependent on the cost of delivery, quality of volunteer – participant relationships and sustainability of new social connections beyond the duration of any programme.

Symposium: Gendered impacts of extended working life on the health and economic wellbeing of older workers in Europe

Work, retirement & the economy

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 4.210

T-P4-C13 - Gendered impacts of extended working life on the health and economic wellbeing of older workers in Europe

Symposium Abstract

The aim of this symposium is to present and debate the gendered impacts of extending working life on the health and economic wellbeing of older workers in Europe. Most European governments have responded to demographic ageing by introducing policies designed to extend working life including increasing state pension age. These policies have been introduced rather quickly, often without fully considering the impacts that such policies may have for the health and economic wellbeing of diverse groups of older workers, including men and women in precarious and secure occupations, or across different types of welfare state regimes. Between the gains in healthy life expectancy and the potential to participate fully in all aspects of life is the gulf between later life employment, health, and pension adequacy. Moreover, women's and men's situations in these later life domains differ considerably. The content of the symposium draws upon recent empirical research undertaken in several European countries as well as the U.S.A. Each presentation will cover a specific aspect of extending working life whilst paying attention to the consequences for men and women. The principal dimensions addressed include the physical and mental health of older workers and young retirees; the impact of precarious and manual occupations on older workers and the different pathways leading to temporary contracts among older workers. The papers to be presented form part of a special issue of the journal *Ageing & Society* which is scheduled for publication in 2018.

Chair

Jim Ogg - Ageing Research Unit, (Unité de Recherche sur le Vieillissement) Direction Statistiques, Prospective et Recherche, Caisse nationale d'assurance vieillesse, Paris, France

Discussant(s)

Chris Phillipson - University of Manchester, Manchester, United Kingdom

145 - Working later in Ireland and the US: Implications for precariously and securely employed women.

Aine Ni Leime[1], Debra Street[2]

[1]NUI Galway, Galway, Ireland. [2]SUNY Buffalo, Buffalo, USA

Abstract

Policies designed to extend working life have been introduced in most developed countries in response to demographic ageing and have been strongly promoted by international policy bodies. Such policies include raising state pension age and penalizing early retirement, and assume that workers are undifferentiated and have similar choices about whether to extend their working lives.

However, the limited existing research indicates that working later may be problematic for most women, and individuals in physically onerous jobs or low-paid precarious employment. Typical work-life trajectories vary by gender with women having interrupted work-life and pension-building histories because they are still regarded as the primary care-givers. Further, occupational variation shapes health and functional abilities. Individuals engaged in physically-demanding work are more likely to have chronic work-related health challenges, making it difficult to work longer. Precarious employment, becoming more common in most countries, adds another layer of complexity. How these factors affect working later need to be investigated systematically.

This research uses a life course framework to draw on findings from a recent qualitative empirical study. It compares the implications of extended working life policies for different categories of workers in the U.S. and Ireland – but focuses exclusively on women, differentiating between those engaged in precarious versus secure occupations and manual as opposed to sedentary work. Data from interviews with forty workers, twenty in each country – ten cleaners, ten health care workers and ten male and ten female teachers - are compared. The implications for policy and future research are considered.

59 - Belgian temporary workers at end of career: An intersectional life course analysis

Nathalie Burnay

University of Namur, Namur, Belgium. Université catholique de Louvain, Louvain-la-Neuve, Belgium

Abstract

The sector of temporary employment agencies in Belgium has been growing for more than 20 years. If temporary work is seen primarily as a path into the workforce for young people, it also concerns seniors, in increasing proportions. The problematic of end-of-career temporary work was analysed from a dual perspective, considering the embedding of temporalities in advanced modernity and more broadly the "life course" paradigm. A typology was created based on qualitative analysis of 36 semi-structured interviews of temporary workers ≥45 years old. Results demonstrate how the experiences of temporary workers nearing retirement depend on professional, familial, and social paths, and also reveal the presence of different cultural models: what is the importance of work in construction of an identity? What standards and values are applied? How is social time prioritised according to these norms? These analyses incorporate an intersectional framework in which gender and social inequalities structure the lives of workers approaching the end of their careers.

77 - Late Employment in Relation to Health Status in the Czech Population

Martina Rasticova, Monika Bediova

Mendel University in Brno, Brno, Czech Republic

Abstract

This paper is concerned with the relationship between economic activity and the health status of Czech seniors in late employment with regard to their gender. As the economic activity of the Czech seniors has been continuously increasing, the main research question is: how does the extended participation of Czech seniors in the labour market relate to their health status? The changes of gender distribution in the four economic sectors in younger and older groups of seniors is also investigated.

The data source for the study is a sub-sample of European Union Statistics on Income and Living Conditions (EU-SILC) containing 9309 respondents aged 50 – 59 and 11763 respondents in the 60+ age group. Although the results show that gender polarisation in economic sectors is strong, differences are revealed between the gender breakdown in different age groups of seniors. The relationship between health status and economic activity of seniors indicates that non-working Czech seniors are in better health status than working seniors, regardless of age and gender.

50 - Extending Working Lives: Precarity, Choice and Control

Sarah Vickerstaff[1], David Lain[2], Laura Airey[3], Wendy Loretto[3]

[1]University of Kent, Canterbury, United Kingdom. [2]Univesity of Newcastle, Newcastle, United Kingdom. [3]Univesity of Edinburgh, Edinburgh, United Kingdom

Abstract

A key policy objective of the UK government is to get people to delay the age at which they receive state pensions. Despite this context, UK policy debates, following the abolition of the default retirement age, emphasise older people's increased levels of choice and control over retirement decisions. In contrast to this emphasis on discretion and control an alternative argument has emerged that older people are increasingly members of 'the precariat', forced into unfulfilling and insecure work. .

This paper argues that to fully understand the lived experience of choice and precarity it is necessary to extend our focus beyond employment, and consider other aspects of individuals' socio-economic circumstances. We suggest here that precarity is also located in the domains of the welfare state and the household – two crucial aspects of individuals' contexts which until now have remained under-explored in discussions of extending working lives. This is important because aspects of household circumstances (such as family composition and overall household income), in combination with relationship to the welfare state (such as level of pension provision), may serve to either reinforce or mitigate the degree of choice and the perception of precarious employment.

The paper discusses two case studies, in local government and the hospitality industry, which are part of a study which examined how policies encouraging longer working lives are managed within contrasting organisations. We discuss data gathered through semi-structured interviews with managers and employees. This indicates that people can feel their work is precarious even when it is not insecure.

Planning and preparing for later life

Work, retirement & the economy

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 4.211

267 - Paying the price: evidence on the financial costs of service support for people with dementia and their carers

Gillian Parker[1], Kate Gridley[1], Fiona Aspinal[2], Helen Weatherly[3], Rita Faria[3], Francesco Longo[3], Bernard van den Berg[4]

[1]Social Policy Research Unit, University of York, York, United Kingdom. [2]University College London, London, United Kingdom. [3]Centre for Health Economics, University of York, York, United Kingdom. [4]University of Groningen, Groningen, Netherlands

Abstract

Unpaid carers are the mainstay of support for people with dementia, but are more likely to report negative physical and psychological outcomes than otherwise similar carers who support people with other conditions. Evidence about how best to support carers of people with dementia is elusive. As part of an evaluation of specialist nursing support for carers of people with dementia we carried out a national survey. The survey included questions about service receipt for the person with dementia and the carer, how much was paid for services when they were received, and household financial circumstances.
Results from 346 carers across England showed the heavy burden that carers carry, the low levels of support that they get from health and social care services, and the financial impact of paying for services.(1)
Here we present new analysis that explores who received service support or not, by examining the effect of the characteristics of the person with dementia and the carer, and the carer's level and type of involvement in caring. We also present new analysis that explores who paid for services or not, looking at personal, household and financial characteristics and, where possible, locality.
The analyses illuminate the unequal sharing between individuals and the state of the financial burden of care for people with dementia in England.

1. Gridley K, Aspinal F, Parker G, et al. (in press). Supporting carers of people with dementia: a mixed methods evaluation and feasibility study. Southampton: National Institute for Health Research.

548 - What does a lawyer know about my medical needs? Exploring the role of the lawyer in preparing a modern Lasting Power of Attorney for Health and Welfare.

Catherine Stanbury, Samantha Halliday, Nichola Barlow

University of Huddersfield, Huddersfield, United Kingdom

Abstract

For centuries, lawyers have helped people choose and appoint appropriate guardians to look after their financial affairs where it is anticipated that they may not be able to do this for themselves. In particular, such appointments (facilitated by the creation of a 'power of attorney' document) have enabled older clients to confidently plan for the possible loss of mental capacity by ensuring that, in these circumstances, their financial affairs would be overseen by a trusted surrogate. Modern concerns about ensuring control over future healthcare when self-determination is not possible have, however, challenged lawyers to provide advice for a very different style of decision-making. Lawyers are now frequently engaged in advising their clients upon the appointment of surrogates to make future health, rather than financial, decisions on behalf of their principals. Since 2007, it has been possible to appoint health

surrogates under the new-style Lasting Power of Attorney for Health and Welfare document ('the LPA for Health'). The LPA for Health is almost identical in form to its counterpart, the Lasting Power of Attorney for Property and Financial Affairs but, in substance, its reach is far more profound. The person appointing a surrogate under an LPA for Health is not simply delegating authority over financial investments but is devolving their power over the course of their own life and death. Through interviews with lawyers and their clients my research explores the extent to which lawyers have the necessary knowledge, skills, experience and courage to guide their clients through this new territory.

57 - Attitudes towards later life of 59–69-year-old adult-children of parents recently admitted to residential care

Ross Fulton

University of Manchester, Manchester, United Kingdom

Abstract

The influence of experiences of parental dependence in old age upon ideas about ageing among adult-children in or approaching 'early old age' themselves is under-examined.

This exploratory study used semi-structured interviews to solicit accounts of parents' admission to, and lives in, residential care from 12 adult-children aged 59–69 living in the UK. It also investigated their expectations of and plans for their own later lives, and how these related to their experiences with their parents. Analysis arrived at three super-ordinate themes: 'necessary and avoidable crises', 'ageing from the social to the familial', and 'the transformation and end of personhood'.

Participants' experiences of their parents appeared strongly formative of their ideas about later life. Two 'tipping points' figured prominently in their accounts: one at which social connections give way to familial ones as the primary determinant of where one should live; and another regarding dementia as the end of (self-)consciousness and moral responsibility for oneself. Participants expressed ambivalence towards health-related crises – as both necessary to provide insight and force action, and avoidable through proactivity and planning – and strong beliefs and judgements in favour of individual responsibility in later life. The perceived likelihood of a sudden, unpredictable change in health that would render forward planning and/or individual responsibility moot gave rise to ambivalent and somewhat fatalistic attitudes towards the future.

Should these findings prove replicable, we can expect such attitudes to become more prevalent in the UK, as longevity increases and the experience under investigation grows more common.

35 - Rural women ageing at mid-life: connecting work, place and quality of life

Alison Herbert

Irish Centre for Social Gerontology, National University of Ireland, Galway, Galway, Ireland

Abstract

This paper responds to an empirical gap in research that connects rural women at mid-life to work, retirement and quality of life. Paid work may provide mid-life rural women with financial autonomy, personal agency, and a self-identity that they are reluctant to relinquish to retirement. Conversely, a 'mandatory' extended working life (Ni Leime et al., 2017), with no prospect of retirement may deprive older women of the chance to experience new opportunities (Sherry et al., 2017).

Data were collected during the recent period of socio-economic austerity in Ireland. The study was informed by constructivist grounded theory, and examined, through one-to-one interviews, a theoretically-guided sample of 25 women aged 45-65 years in rural Connemara.

Analysis suggests that mid-life rural women work for both pecuniary and non-financial reasons (McNerney and Gillmor, 2005). Some participants were the primary household earner in a rural context marked by socio-economic austerity (Walsh et al., 2015). However, employment opportunities for older women are limited, and often precarious. Some participants were self-employed, others unemployed or in low-paid jobs. As a result, a number of women in this study had made no private pension provision and had few

savings, raising the risk of dependency on State benefits in later life, and of social exclusion.

Evidence suggests a place for creative policy measures at the critical mid-life stage of the lifecourse around work, retirement, pensions (Duvvury et al., 2012) and rurality, in order to help address the multiple gendered pathways to social exclusion and quality of life in older age.

462 - Planning and Preparing for Later Life: Multi-disciplinary scoping review of the evidence

Claire Preston, Nick Drydakis, Suzanna Forwood, Sue Hughes, Catherine Meads

Anglia Ruskin University, Cambridge, United Kingdom

Abstract

Despite some evidence that planning and preparing for later life is associated with increased wellbeing at older age, many people do not undertake fundamental future-oriented actions such as saving for a pension, taking out a will or future-proofing their living environment. This scoping review, commissioned by the Centre for Ageing Better, seeks to understand why. It addresses three over-arching questions: who does and does not plan for later life; what are the barriers and enablers to planning and preparing for later life; what does or might work to enable people to overcome barriers or to better facilitate enablers? The review understands planning as activities individuals pursue with a goal of creating desired outcomes in later life (Street and Desai 2011). Preparing is understood as a near synonym. The review employed a staged systematic and snowballing search strategy. It began with an initial search of the following databases: Applied Social Sciences Index and Abstracts (Proquest); Science and Social Science Citation Indices (Web of Science); PsycINFO, PsycARTICLES; Psychology and Behavioural Sciences Collection, Education Resources Information Centre, Business Source Premier (EBSCO); IDEAS; and Scopus. Literature published between 2000 and 2018 was assessed for inclusion, followed by a wave of highly focused and carefully documented snowball searching, using appropriate databases, search engines and experts in the field. A best evidence hierarchy was applied to all studies meeting inclusion criteria. Research questions were then used to structure narrative and tabular syntheses of included studies. The findings will form the basis of this presentation.

52 - Do Gerontologists Ever Retire? Findings from the 'Ageing of British Gerontology' project

Miriam Bernard[1], Mo Ray[2], Jackie Reynolds[1]

[1]Keele University, Keele, United Kingdom. [2]University of Lincoln, Lincoln, United Kingdom

Abstract

Do Gerontologists Ever Retire? Findings from the 'Ageing of British Gerontology' project

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 50 senior British gerontologists. Amongst other things, the interviews explore how participants first became involved in ageing and the paths their careers have followed since; they also reflect back on their careers and discuss their current work and/or retirement situations. In this paper, we draw on these accounts to look at the range of attitudes and orientations to the question of whether or not gerontologists ever retire, and at what life is like for those who do consider themselves retired. We highlight key themes including choice and control in late life working and/or over when to retire; elements of work which people plan to continue with into retirement and/or which provide continuity; transitions to retirement and the ambivalent feelings, challenges and adaptations this poses; and new opportunities that retirement may bring.

ACKNOWLEDGMENT: The study was funded by the Leverhulme Trust, and supported by the British Society of Gerontology and the Centre for Policy on Ageing.

In chronological order
Underline denotes presenting Author

Symposium: Music, ageing, life and wellbeing - the classical world of Manchester

The arts, leisure & consumption

Time: 16:45 - 18:15
Date: 5th July 2018
Location: 4.212

T-P4-C15 - Music, ageing, life and wellbeing - the classical world of Manchester

Symposium Abstract

Music for most of us is part of our every day life - As convenor; I use the radio, apps and lots of technology to listen to music now, as do my children. I have, however, been really interested to see my 15 year old get the records from the loft and start listening to dads music on a record player – Rush (not for me please - forgive me). I also recall taking Joe aged 7, who is now 22 to see Blue - the boy band, he won't forgive me for this revelation. Through music I have bonded as a mum, wife and daughter with all my family. Never play me Edelweiss or you won't stop me crying. Taking boys to gigs, working, with the Northern Chamber Orchestra, what a joy. I go from folk music, to thrash metal (via Isaac), pop music (my mum loves Cliff Richard) and classical music. A Bridge over Troubled Water on a proper record with crackles – please tell me it doesn't move you. So our symposia is about the power and emotion of music. I might play you some Iggy Pop. I was a punk girl, its still there, but a bit hidden. My colleagues are more sensible I think, but they may have other things to say and share that I do not know. We would love to have you with us and share our world of music with Camerata (an adventurous orchestra), the Northern Chamber Orchestra and the Salford symphonic orchestra.

Chair

Josie Tetley - Manchester Metropolitan University, Manchester, United Kingdom

Discussant(s)

Tom Elliot - Northern Chamber Orchestra, Manchester, United Kingdom

283 - Can live music performances improve wellbeing for people living with dementia? Presenting emergent findings from an evaluation of the Music, Hospitals and Care Concert Club.

Chris Poyner[1,2], Anthea Innes[1]

[1]University of Salford, Salford, United Kingdom. [2]University of Stirling, Stirling, United Kingdom

Abstract

The well-being and quality of life of people living with dementia in the UK has been self-reported as low. This has been attributed to a loss of identity, social exclusion, depression and isolation. Music concert performances appear to have a positive impact on the well-being of people living with dementia in care settings. Music is more accessible for people with dementia, when compared to non-musical forms of activity; enabling better opportunities for reminiscence and positive expressions of well-being. The impact of live musical performance on well-being, for community-dwelling people living with dementia is however, unexplored.

This paper will present emergent findings of an evaluation study, exploring the impact of a monthly community-based live music concert performance, on the well-being of people living with dementia.

Data collection will begin in February 2018, ending in December 2018. A 3 phase longitudinal research design will be adopted. Methods will include semi-structured interviews (phase 1), dementia care mapping (DCM), blood pressure and heart rate monitoring (phase 2) and Focus Groups (Phase 3). A purposive sample of 10 people with dementia and 10 carers will be targeted for inclusion. Data will be collected at the University of Salford.

Emergent findings will be presented, capturing a picture of the influence performances have had on indicators of well-being, both 'in the moment', and over the course of the 6 months this study will active, prior to BSG 2018. These will include:

stress levels, well-being factors self-reported as important to individual participants, and DCM well-being scores.

384 - Music for pleasure – the role and value of music in care homes

Emma Koivunen[1], Josie Tetley[1], Tom Elliott[2],[3], Robyn Dowlen[4], Laura Reynolds[5], Chris Poyner[6], John Keady[4], Anthea Innes[6]

[1]Manchester Metropolitan University, Manchester, United Kingdom. [2]Northern Chamber Orchestra/Manchester Metropolitan University, Manchester, United Kingdom. [3]. [4]University of Manchester, Manchester, United Kingdom. [5]University of Stirling, Stirling, United Kingdom. [6]University of Salford, Manchester, United Kingdom

Abstract

Research on the impact of music on people living with dementia has been of interest, particularly in relation to its therapeutic impact (Särkämö et. al. 2013). Less researched is the role of music in the lives of people living with dementia (Sixsmith and Gibson 2007).

The empirical work that we will present took place during six concerts delivered by musicians from the Northern Chamber Orchestra to residents in a care home. The concerts included short performances of well-known classical music and some popular music pieces in an informal style. The performances contained an element of engagement through participation and a music therapist attended the sessions.

This paper is based on data based on seven case studies. These included a mix of people who have dementia and people who do not have dementia. Ethical approval was gained for the study.

For each case study three types of data was collected:

participant observation of their attendance in the concerts, conducted by two researchers ;

QUALIDEM scale (Dichter et. al. 2016) filled in by care workers before and after each concert of the seven participating residents.

Interviews with care home staff reflecting their observations about the residents experiences with the concerts.

The findings indicate that residents engaged and found this a valued and meaningful activity, similarly as highlighted by Harmer and Orrell (2008). While music can have therapeutic impact on the lives of people living with dementia, the simple act of enjoying music should not be underestimated.

413 - Care Home Bands: experiences of public performances during a music initiative in care homes with residents, staff and the community

Laura Reynolds, Anthea Innes, Jane Robertson

University of Stirling, Stirling, United Kingdom

Abstract

People with dementia can positively engage in music-making regardless of their cognitive ability and benefit from doing so. Despite this, most music activities disregard the norms of music making, such as engaging in rehearsal and performance cycles. Performances provide constructive meaning to music making and allow for opportunities to connect with local communities. They may also contribute to feelings of pride and empowerment for performers. This project aims to develop a model for a music-based initiative ('care home band') that encourages the use of active music making and performance to foster connections with local communities, and improve the lives of performing band members and the audience.

Two care homes (one in England; one in Scotland) participated in the project, with one band created per care home. The care home bands performed to the public after approximately ten weekly rehearsals led by care home staff. Ethnographic studies of each performance accompanied structured observations of specific band members to ascertain level of engagement. Semi-structured interviews were conducted with participating staff, residents and members of the community. Staff also completed a log of musical activities and the public completed a questionnaire during the performances.

Initial findings from the care home bands' performances will be discussed, including participant experiences of the initiative. Public perception of the performances will also be explored. These findings will contribute to a practice guide for those wishing to develop their own music initiatives in care settings for residents, care staff and the community.

430 - In the Moment Profiles: The development of an 'in the moment' music assessment tool for people with dementia

Robyn Dowlen[1], John Keady[1], Caroline Swarbrick[1], Christine Milligan[2], Nick Ponsillo[3], Lucy Geddes[4], Bob Riley[4]

[1]University of Manchester, Manchester, United Kingdom. [2]Lancaster University, Lancaster, United Kingdom. [3]University of Chester, Chester, United Kingdom. [4]Manchester Camerata, Manchester, United Kingdom

Abstract

Music programmes are the most commonly reported arts-based intervention for people with dementia, enabling an outlet for creativity and facilitating connections between people with dementia and those who support them. Current methods for understanding the benefits of music in dementia care largely focus on before/after measures of 'symptoms', such as agitation. As such, the sensory and embodied experiences, as well as the creative music-making of people with dementia can be overlooked, which is a concern as the benefits of music are largely observed 'in the moment'. It is therefore necessary to develop tools which enable the exploration of these 'in the moment' experiences and capture the creative, improvised music-making of people with dementia.

This presentation will outline the development of 'In the Moment Profiles' (IMPs), which combine observed, visual and sensory approaches to recording the musical interactions of people with dementia. The exploratory tool was developed from data collected as part of a 15-week community-based *Music in Mind* programme in Greater Manchester during 2017. *Music in Mind* is Manchester Camerata's innovative music programme for people with dementia, which places emphasis on creative control through supported musical improvisations. Six people with dementia, four carers and two *Music in Mind* practitioners took part in the study. In addition to discussing the scope and application of IMPs, the presentation will also provide an overview of the research methods that were used in the study, such as video-observation, video-elicitation interviews and participant diaries.

British Society of Gerontology

Parallel Session 5 (P5)

Time: 09:00 - 10:30
Date: 6th July 2018

Living and working in residential care

Health & social care practices & contexts

Time: 09:00 - 10:30
Date: 6th July 2018
Location: Theatre A

353 - Ageing Successfully in Care Homes

Laura Brown[1], Sara Elias[1], Holly Toner[1], Christina Bryant[2]

[1]University of Manchester, Manchester, United Kingdom.
[2]University of Melbourne, Melbourne, Australia

Abstract

Meaningful models of 'successful ageing' should to be informed by lay perspectives of what it means to age well (Martinson & Berridge, 2015). However, the views of older people living in care homes have largely been absent from these dialogues. This is an important omission as care home environments present unique and significant challenges within several domains of life, including social relationships, health saliencies, and power dynamics (Guse & Masesar, 1999) that may affect care home residents' ability to age well. The aims of this project were therefore to understand what older people living in care homes consider successful ageing to be, and how older people can best be supported to age well in care home environments. Nineteen participants (three male; sixteen female), aged 71-95 years (mean age = 86), from six different UK care homes were interviewed about what ageing well means to them. Interview techniques for eliciting residents' views included: identifying exemplars of other people who were considered to be ageing more or less successfully; offering advice to others about how to age well; and reflecting on the roles of other people in supporting their own ability to age well. Thematic analysis of the verbatim transcripts revealed perspectives that are not represented in existing models of successful ageing, highlighting the distinctive needs and experiences of older people living in care home environments. The findings also point to specific recommendations as to how care home environments could be better adapted in order to support their residents to age successfully.

51 - The support networks of older people living in care homes & how they utilise them

Jennifer Ferguson

University of Stirling, Stirling, United Kingdom

Abstract

The support that older people living in care homes receive on a day-to-day basis is essential for maintaining wellbeing. The support networks of older people are composed of a range of people from friends and family, to specialised staff and carers. These relationships provide different types of support, resources and knowledge, which can help residents in a number of different ways.

In Scotland, the combination of an ageing population and the increasing specialised needs of older residents, means it is important to understand how best to support this population. This paper will discuss how the support networks of older residents are structured and explore how these networks may differ from person to person, depending on their socio-economic status. Further, I will discuss how these networks may be affected by the care home itself, and how the organisational culture may affect what resources the resident utilises and how this may affect their wellbeing. Visualisations of networks will be complemented with qualitative data which will illustrate how older people utilise their networks. Interviews with staff will show how the care homes aim to increase the wellbeing of their residents.

In chronological order
Underline denotes presenting Author

206 - An examination of professional identification, motivation, job satisfaction and commitment in care home workers: A path analysis approach

I-Ling Yeh, Tushna Vandrevala, Evanthia Lyons

Kingston University, Kingston Upon Thames, United Kingdom

Abstract

Background: High staff turnover in care home settings is a consistent problem facing the care industry and previous research suggests that care staff with positive organisational commitment and higher job satisfaction may be less likely to leave the organisation. This study is aimed to extend our knowledge of organisational commitment and job satisfaction by exploring their associations with professional identification, self-concept and motivation among care staff working in both nursing and residential care homes. **Methods:** Care workers (n = 207) from 4 residential care homes and 12 nursing homes in Southern England completed a questionnaire on professional identification, self-efficacy, self-esteem, satisfaction of psychological needs, intrinsic motivation, organisational commitment, and job satisfaction. Analyses were conducted using confirmatory factor analysis and structural equation modeling. **Results:** The native English-speaking (n = 105) and non-native English-speaking (n = 102) care workers had similar patterns in responding the questionnaire. Notably, the native English-speaking care home workers had significantly lower self-esteem and self-efficacy. The results showed that care home workers with higher self-esteem and satisfaction of psychological needs have higher professional identification. Staff with stronger professional identification, higher satisfaction of psychological needs and intrinsic motivation had higher organizational commitment. Moreover, care home workers who experienced more satisfaction of psychological needs and intrinsic motivation had higher job satisfaction. Unexpectedly, care home workers with higher self-esteem indicated a lower level of commitment. **Conclusions:** The theoretical and practical implications of the findings on psychological wellbeing, organisational support and policy will be discussed.

383 - The epidemiology and prevention of intentional deaths from suicide and resident-to-resident aggression among nursing home residents in Australia

Briony Murphy, Lyndal Bugeja, Jennifer Pilgrim, Joseph Ibrahim

Monash University, Melbourne, Australia

Abstract

Despite living in a supervised care environment, nursing home residents are at risk of dying from intentional, preventable causes such as suicide and physical assaults between residents, known as resident-to-resident aggression (RRA). Due to the ageing population and increased demand on aged care services, there is an urgent need to better understand how these deaths occur to develop prevention strategies and improve the quality of aged care. This research aimed to describe how often and why intentional deaths occur among nursing home residents in Australia, and develop recommendations for prevention through a multidisciplinary, mixed-methods study involving three stages. In the first stage, systematic reviews of the existing international literature revealed a lack of research on suicide and RRA deaths among nursing home residents, particularly in Australia. The second stage utilised existing medico-legal information routinely collected through Coroners' investigations to identify 141 suicides and 28 RRA deaths among nursing home residents in Australia between 2000 and 2013, contributing new information on a range of individual; incident; and organisational factors. Finally, experts and stakeholders with experience in aged care and injury prevention were presented with the findings from the first two stages, and through a three-step-process, developed and prioritised 11 recommendations for preventing suicide, and 10 recommendations for preventing RRA deaths. This research is the first of its kind in Australia, and one of the largest in the world to examine this emerging and understudied problem. The findings are crucial to developing improved policy to reduce preventable harm among vulnerable older adults.

Training for carers and care workers

Health & social care practices & contexts

Time: 9:00 - 10:30
Date: 6th July 2018
Location: Theatre B

76 - Training and learning are not the same thing: is it time for a new model for supporting care workers to learn to care for people living with dementia?

Isabelle Latham

Association for Dementia Studies, University of Worcester, Worcester, United Kingdom

Abstract

Current policy and regulatory guidance emphasise workforce training in order to improve the quality of care for people living with dementia. Many care providers thus invest heavily in workforce education, and research focusses primarily on efficacy of training interventions. Whilst there is evidence that training impacts practice in specific circumstances, wider understandings of workplace learning indicate that it is not predominantly shaped through training, but is instead characterised by informal opportunities linked to everyday events, interactions and problem-solving. These other factors are highly influential in determining the practices workers learn 'at the coal face' of their jobs. However, there exists no research that addresses this alternative view of learning within care work generally, or from the perspectives of workers in the context of care homes and the needs of people living with dementia. Without an understanding of 'learning to care' that accounts for the impact of workplace and includes the perspectives of those who live and work in the care home, there is a risk that efforts and resources will be focussed on measures that have only modest, or a less than optimal, impact on the quality of care-giving.

This presentation will address findings of an ethnographic study that identified a range of informal and incidental ways in which care workers in care homes learned to care for people living with dementia. These findings add an important, innovative dimension to the way we think about practice improvement in health and social care.

507 - Teaching care homes - reflexivity and creative ways of working to develop a national model

Kirsten Jack, Alison Chambers, Josie Tetley

Manchester Metropolitan University, Manchester, United Kingdom

Abstract

It is recognised that the healthcare needs of older people in nursing and residential homes in the UK are not adequately met by the NHS (BGS, 2011). As a result, many frail older residents are inappropriately admitted to hospital. While the effectiveness of community care and support for frail older people is under debate (HSJ/Serco, 2014), there is a current crisis in the NHS and there is robust evidence to suggests that effective identification and targeted interventions can significantly reduce the admission of frail older people, over the age of 75, to acute hospital care.

This presentation will focus on findings from a teaching care home project that was funded by the Department of Health and led by Care England. We will illustrate how we used a range of creative research methods to work with care home staff and sensitively explore their experiences of working to support people in a range of care home settings.

Our findings will focus on the need for:

Effective leadership, adequate finance and flexible learning approaches need to be in places for nurses to develop in care home settings

Informal learning approaches such as role modelling and experiential learning offer valuable opportunities for care home staff to develop knowledge and skills. A model for teaching care homes will be presented.

We will also explain why consideration needs to be given to models of education that empower and educate staff, rather than simply provide training courses.

Recommendations for policy, practice and education will be given.

492 - Evaluating the impact of the Virtual Reality app 'A Walk Through Dementia' on student nurses' practice who are caring for those living with dementia.

Michele Board[1], Laura Phipps[2], Rebecca Mitchell[1], Jane Murphy[1]

[1]Bournemouth University, Bournemouth, United Kingdom. [2]Alzheimers Research, Cambridge, United Kingdom

Abstract

Globally there are widespread concerns around the quality of care given to people with dementia (Who 2012); this has partly been attributed to a lack of understanding by health and social care staff about dementia (Young et al 2011; Griffiths et al 2014). Staff also feel anxious and want to know more about dementia to influence the care they provide. In collaboration with Alzheimer's Research UK we have evaluated the effectiveness of their newly created Virtual Reality app 'A Walk Through Dementia' (AWTD). The app aims to help people think beyond memory loss and gain a fully immersive insight into the varied symptoms people with dementia can experience in everyday life. This presentation will report how the app was tested and evaluated with 250 undergraduate student nurses during a dementia themed study day in their first semester. A small group of students were then invited to attend a focus group after they have started their first clinical placement to discuss how viewing the app influenced their care of a person with dementia. The findings of this research will inform the development of a training pack that can be used with the AWTD app and will be freely available There is a plethora of training available for health and social care staff to increase their understanding of dementia. We will present how effective this low cost simulated learning app is at helping health care and social care staff understand the lived experience of dementia and how knowing this has influenced practice.

477 - A communication training intervention for carers of people living with dementia: a framework for learning and its application to online learning

Maxine Horne[1], Kelly Hylton[2], Phil McEvoy[2], Emma Smith[2], Elizabeth Collier[1], Lydia Morris[1], Tracey Williamson[1], Natalie Yates-Bolton[1], Morven McEachern[3]

[1]University of Salford, Manchester, United Kingdom. [2]Six Degrees Social Enterprise, Salford, United Kingdom. [3]University of Huddersfield, Huddersfield, United Kingdom

Abstract

There are a wide range of programmes available in the UK that deliver communication training for carers of people living with dementia. Our recent systematic review (Morris et al., 2017) highlighted that many interventions were based on a transmission theory of learning.

This paper will initially present a review of literature on adult learning theory to underpin a consideration of alternative methods that may be suitable for delivering training to carers. It will also investigate how the experience of being a carer may impact on learning.

The paper will then outline and reflect on the development of an innovative communication training intervention called "Empowered Conversations" by a UK mental health organisation (Six Degrees Social Enterprise), in partnership with University of Salford, which is being evaluated through funding from Innovate UK and the Big Lottery Fund. A conceptual framework for a communication intervention based on social learning, dialogue, reflection, and skills based learning will be presented (Connelly, 2008; Smith, 2001).

The paper concludes by suggesting how this conceptual framework would inform the development of an online course; how technology may act as enabler or barrier to the aspects of the conceptual framework.

Connolly, B., 2008. *Adult Learning in Groups*. McGraw-Hill Education

Morris,L., Horne,M., McEvoy,P. and Williamson, T., 2017. Communication training interventions for family and professional carers of people living with

dementia: a systematic review of effectiveness, acceptability and conceptual basis. *Aging & mental health*, pp.1-18.

Smith, M. K., [2001]. 'Dialogue and conversation', *the encyclopaedia of informal education*. **http://infed.org/mobi/dialogue-and-conversation/.**

249 - Developing an initial programme theory for dementia training in hospitals: An experiential and consultations review exercise

Faraz Ahmed[1], Hazel Morbey[1], Andrew Harding[1], Alistair Burns[2], Simon Burrow[2], Linda Davies[2], Mark Hann[2], Fiona Holland[2], Ira Leroi[2], David Reeves[2], Caroline Swarbrick[2], John Keady[2], Siobhan Reilly[2]

[1]Lancaster University, Lancaster, United Kingdom. [2]University of Manchester, Manchester, United Kingdom

Abstract

Improving the quality of care in hospitals has continued to be one of the key priorities within national dementia strategies and various NHS policies (Department of Health 2015; Alzheimer's Society 2013).

Our initial review of the literature found only one existing programme theory that explored dementia-friendly interventions to improve the care of people living with dementia admitted to hospitals (Handley *et al*., 2017) Only three of the studies included in the paper explored staff training and education (e.g. training in dementia awareness and dementia care). Moreover, the key factors that might facilitate or act as barriers to dementia training in the hospital setting were overlooked. Understanding these relationships between the inputs and outputs of a programme is critical if we are to develop theory-based, programmatic models for intervention and policies.

We conducted an experiential and consultation review, which involved 30 participants. We conducted three workshops and consulted individuals on a one-to-one basis. The primary purpose of the experiential review stage was to consult and reflect with researchers, academics, dementia trainers, clinicians involved in development, implementation and evaluation of dementia training packages in hospital settings to identify mechanisms, interaction, facilitators and barriers to dementia training in the hospital setting. We also consulted people living with dementia and carers.

In this presentation, we will outline the initial programme theory, with various barriers to and facilitators of dementia training in hospitals and/or for hospital staff. Investigation of processes involved is key to the development of theory-based, programmatic models for dementia training intervention.

183 - Empowered conversations: a communication training and approach for carers of people living with dementia

Lydia Morris[1], Warren Mansell[2], Tracey Williamson[1], Alison Wray[3], Phil McEvoy[4]

[1]University of Salford, Salford, United Kingdom. [2]University of Manchester, Manchester, United Kingdom. [3]Cardiff University, Cardiff, United Kingdom. [4]Six Degrees Social Enterprise, Salford, United Kingdom

Abstract

Communication and interaction are fundamental needs. Carers of people living with dementia, and those they are caring for, can experience significant communication challenges. The key aim of this presentation is to illustrate how an integrative theory was used to develop innovative communication training for carers. This training approach responds to the challenges that arise from the varied perceptual, memory, communication and role changes that characterize living with dementia. We present an understanding of how to encourage communication that enables people living with dementia and family carers to feel more in control of interactions.

Communication and empathy are based on having an understanding of the goals of others involved. Identifying another person's goals and 'holding their mind in mind' (mentalization) is made more difficult when the other person has difficulties expressing their perspective verbally, or their internal experiences change. These challenges can be addressed both by specific training and by services that promote control and taking into account the likely perspective of all involved in communications. We describe a communication

training called Empowered Conversations for carers of people living with dementia that is based on these principles. This encourages carers to 'pause-reflect-reconnect'. A number of strategies and interactive exercises facilitate carers to consider the goals and emotional experiences of those they are caring for, as well as considering their own goals and experiences. For example, carers are encouraged to use 'invitation to respond', which gives the person living with dementia greater control of the flow of the conversation.

Community based health interventions

Health & social care practices & contexts

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 1.218

150 - Impact of Community-Based Continence Promotion on Urinary Incontinence in Older Women: the CACTUS-D International Cluster Randomised Trial

Eleanor van den Heuvel[1], Cara Tannenbaum[2,3], Xavier Fritel[4], Adrian Wagg[5]

[1]Brunel University, London, United Kingdom. [2]Université de Montréal, Montreal, Canada. [3]Canadian Institutes of Health Research, Montreal, Canada. [4]Université de Poitiers, Poitiers, France. [5]University of Alberta, Edmonton, Canada

Abstract

Urinary incontinence (UI) is common amongst older women and is known to be associated with social isolation1, depression, and falls 2. But older women fail to seek medical help for UI because many believe incontinence is a normal part of ageing and are not aware cure is possible. The sensitive but non-life-threatening nature of UI means that women tend to delay seeking help until the condition becomes intolerable. CACTUS-D3 tested an evidence-based continence promotion workshop against a control, health workshop in four different localities, France, UK, Quebec and Western Canada. 909 women aged 65-98 years with untreated UI, were recruited from 377 community groups.

751 participants (83%) completed the 1-year follow-up. Urinary symptom improvement was achieved and maintained from 3-months onwards in the intervention group. In 1-year intent-to-treat analyses, 15% of the intervention arm reported clinically important UI improvement compared to 7% of controls. 35% vs 19% reported any improvement . Compared to controls, the intervention group reported a mean 1.28 point (95% CI 1.15 - 1.41) improvement in incontinence-related quality of life at 1-year. There was no reduction in fall rates

While the continence promotion was effective across multiple countries and settings more work is needed on how to maintain improvements and how to encourage women to seek medical help if symptoms do not resolve with self-management techniques.

1. Farage MA, et al Arch Gynecol Obstet 2008;277:285-290.

2. Chiarelli PE, et al Aust J Physiother. 2009;55(2):89-95.

3. Tannenbaum, C., et al Trials, 16, 565.

65 - *The experiences of men with early-stage prostate cancer when receiving information related to a course of radiotherapy in the UK – initial findings of a qualitative study.*

Lynne Gordon, Angela Dickinson, Maxine Offredy

University of Hertfordshire, Hatfield, United Kingdom

Abstract

Over 46, 000 UK men are diagnosed with prostate cancer annually and 32% will receive radiotherapy (CRUK, 2017). 54% of cases are in men over the age of 70 years. Despite a large evidence base associated with information in cancer management, to date there appear to be few studies exploring the experiences of men with prostate cancer (MPC) regarding their information needs relating to radiotherapy.

A qualitative descriptive study was designed utilising focus groups with therapeutic radiographers (TR) and semi-structured, face-to-

face interviews with MPC (either alone or with their spouses). Spousal inclusion was informed by involvement of experts by experience from a cancer support group. This paper presents data from a study in progress. Three focus groups involving 14 TR have been completed. Interviews with MPC and their spouses are ongoing.

Qualitative data is being analysed using thematic content analysis. This paper presents emergent findings and highlights differences between patient and TR accounts. Data indicate that TR perceive some patients as being unable to retain and act on specific information given to ensure accurate and reproducible radiotherapy.

Emergent data from patient interviews highlighted two main concerns: conflicting information from different health care professionals; lack of communication of information at various points in the radiotherapy referral process.

Early findings suggest that effective communication of information potentially impacts on treatment and could affect the outcomes of an individual's radiotherapy. This will have implications for the work of Therapeutic Radiographers in terms of provision of information to improve patient experience and outcomes.

31 - How is Tai Chi received by people living with dementia and their informal carers?

Yolanda Barrado-Martín[1,2], Michelle Heward[2], Remco Polman[3], Samuel R. Nyman[1,2]

[1]Psychology Department, Bournemouth University, Bournemouth, United Kingdom. [2]Ageing and Dementia Research Centre, Bournemouth University, Bournemouth, United Kingdom. [3]School of Exercise & Nutrition Sciences, Queensland University of Technology, Brisbane, Australia

Abstract

The aim of this study was to explore the acceptability of a Tai Chi exercise intervention among dyads formed of an older person living with mild-to-moderate dementia and their informal family carer. This study was conducted as part of a pilot intervention phase of a randomised controlled trial, and designed to inform further trial refinements and future exercise research involving people living with dementia. Ten dyads from two localities in the South of England took part in weekly Tai Chi classes over a period of 3-4 weeks, during this time they were also encouraged to practice at home. Field notes were used to record researchers' observations during the classes and participants and instructors' feedback at the end of each class. One focus group per locality was held at the end of the last class to gather participants' views (n=7 dyads). Thematic analysis was used to inductively code the field notes and transcripts. Findings suggest that both members of the dyads were able to follow and enjoy this Tai Chi exercise intervention. Facilitators for the acceptability of the intervention were the socialising component at the end of each class, the skills and personality of the instructor and the discovery of a new pleasurable activity to practise together. The main barrier for their acceptability of the intervention was difficulty following the booklet provided to support their home practice. A dyadic approach to the delivery of exercise interventions should be considered for people with dementia and their informal carers.

58 - Outcome of participating in Community Care Centers among the older people in Taiwan

Yu-Hsien Chiang, Hui-Chuan Hsu

Department of Health Care Administration, Asia University, Taichung, Taiwan

Abstract

Purpose: The Community Care Centers have been widely spread in all the districts/towns in Taiwan which provide health promotion and social activities in the communities for the community-based older people since 1995. The purpose of this study was to describe the status of the activity delivery and management of the Community Care Centers (CCCs) for the older people and to explore the outcome of the activity participation in health and health literacy. **Methods**: The sample was from the CCCs and their participants in Taichung, Taiwan. Twenty-six CCCs participated in the study. The managers as well as the older participants of CCCs were interviewed by face-to-face interviews. In total, 417 older people participants completed the face-to-face interviews. Descriptive analysis and logistic regression were conducted for analysis. **Results**: The participants reported that

self-reported health, sleeping quality, memory, family relationship, care for health, and health literacy were improved after they participated in the program. Participating in more programs or more frequently were related to better self-rated health, sleeping quality and memory. In addition, the laissez-faire management style and the relationship-oriented management style were related to better health outcome compared, while task-oriented management was related to worse outcome. **Conclusion**: Participation in the CCCs may improve health and social participation for the community-based older people. The employment of full-time and paid staff can increase the health changes after the participation of the elderly, and the effect toward the management style involvement may reflect the ability of running CCCs. The policy suggestions are provided.

365 - Detecting, addressing and preventing malnutrition: What do we know about the nutritional status of older people presenting to a meals on wheels service?

Michelle Dewar[1,2], Angela Dickinson[3], Nigel Smeeton[3]

[1]Hertfordshire Independent Living Service, Letchworth,Herts, United Kingdom. [2]CLAHRC NIHR Fellowship, East of England, United Kingdom. [3]CRIPACC, University of Hertfordshire, Hertfordshire, United Kingdom

Abstract

Most malnutrition in older people occurs in the community. Support services, e.g. meals on wheels (MoW), play an essential role in the prevention and treatment of malnutrition. MoW services are in decline, but we know very little about how they support the nutrition and wellbeing of those using MoW services in the UK. Hertfordshire Independent Living Service (HILS) is a MoW provider, unique in the UK in offering face-to-face nutrition and wellbeing screening. This study reports on the nutrition and wellbeing status of clients receiving input from the nutrition service and uses this data to assess the effectiveness of the service.

All clients receiving MOW are invited to have a nutrition and wellbeing check (400+ to date). Those with nutritional concern are prioritised. This includes assessment of nutritional status using the validated Malnutrition Universal Screening Tool, as well as other measures around wellbeing and frailty. A proportion of clients have been followed up at 3, 6 and 12 months and this data will be reviewed to assess change in nutritional status over time.

The nutrition service at HILS is actively identifying people at risk of malnutrition and other health issues, who might otherwise not have been picked up. Analysis of data from this unique dataset, including loneliness, nutritional status and frailty will be presented.

By offering a nutrition service within a MoW service, malnutrition and other health issues can be identified early, potentially delaying or preventing the need of support from acute health services and social care.

120 - Patient perspectives in Geographic Atrophy (GA)

Sarah Barnes, Jill Carlton, Annette Haywood

University of Sheffield, Sheffield, United Kingdom

Abstract

Age-related macular degeneration (AMD) is the major cause of blindness for the older population in the developed world. In later stages the disease may progress to geographic atrophy (GA). This progressive degenerative disease causes loss of visual function but there are currently no approved therapeutic treatments for GA. Management of the condition is through supportive care, ie referral to low vision clinics for assessment and supply of equipment and, in some situations, notification to social services.

This qualitative study aimed to develop an understanding of the impact GA has upon quality of life for affected individuals and their families.

Two focus groups were carried out with a purposive sample of older people with GA attending a hospital eye clinic. The groups were set up to align on the basis of visual acuity as it was acknowledged that it may be distressing for participants with good levels of vision to hear how people with poorer vision have been affected. Data were analysed thematically using NVivo10.

Analysis showed that participants were

experiencing a variety of symptoms, and understanding of their condition could be improved. Key emergent themes were: the negative impact of GA on activities, in particular navigating and reading; feelings and emotions; relationships and informal support; accessing formal support and; information needs.

Signposting to charities and support groups is recommended, however variable access to services is noted across populations within the UK. This exploratory work will help inform future outcome measures for AMD interventions.

[Project funded by Roche Products Limited.]

Support for people with dementia and their family carers

Health & social care practices & contexts

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 1.219

382 - Caring for complex needs: South Asian family carers managing transitions in care of a relative with moderate to advanced dementia

Mohammed Akhlak Rauf

University of Bradford, Bradford, United Kingdom

Abstract

The prevalence of dementia amongst the BME population may be underestimated due to issues impacting on these communities, including greater stigma, lack of awareness, a mistrust of service providers and the psycho-social factors arising from cultural or faith based expectations. Understanding the complex nature of family dynamics is a key component to addressing barriers.

National policy has tackled some of this through by encouraging earlier diagnosis as well as interventions to support people with dementia. But, policy directives have failed the BME population given that inequalities amongst the BME people with dementia and their carers are still significantly higher than the White British population.

Exploration of psychosocial and religious influences on familism and cultural expectations enables a better understanding of roles and responsibilities whilst enabling policy makers and commissioners to recognise needs before putting into place culturally competent supportive interventions.

A pilot study with five retrospective accounts of care highlights the complexity of behaviours, expectations and changing dynamics within BME families / communities. Notions of equality/equity are linked with access to appropriate information, diagnosis and post-diagnostic services to support South Asian families caring for a relative with dementia.

References:

Department of Health (DoH), 2009. Living Well with Dementia

Mackenzie, J., 2006. Stigma and dementia. *Dementia 5: 233-247*

Moriarty, J., Sharif, N. & Robinson, J., 2011. SCIE Research briefing 35

Mukadam N, Cooper C. & Livingston G., 2013. Current opinion in Psychiatry. 26; 3: 409-414

Regan, J. L., 2016. Ethnic minority, young onset, rare dementia type, depression. Dementia 15(4) 702-720

48 - What do we know about the experiences of older carers?

Nan Greenwood, Raymond Smith

FHCE, St George's University of London & Kingston University, London, United Kingdom

Abstract

As populations age, numbers of older, unpaid, informal carers are increasing. These carers play a vital role in supporting others, often partners or spouses with dementia.

Our systematic narrative review synthesised peer-reviewed evidence published over the last two decades concerning the experiences of carers aged over 75 years. Four electronic databases

(Medline, PsychInfo, CinahlPlus, SSCI) were searched and Centre for Reviews Dissemination (CRD) (2009) and PRISMA (Moher et al. 2009) guidelines were followed.

4102 publications were identified. Eighteen studies (11 quantitative, 6 qualitative, and 1 mixed-methods) involving over 1000 carer participants were included. Most came from Europe or North America and almost all were cross-sectional. Few directly compared younger and older carers, making it difficult to determine whether carers' experiences vary with age. Quantitative studies generally emphasised the negatives of caring frequently highlighting, for example, statistical relationships between carer demographic characteristics such as gender and 'carer burden'. Qualitative studies were more positive, emphasising carers' active responses and caring satisfactions. The normality of caring was highlighted, with some suggesting that it may be less challenging for older carers.

In conclusion, we cannot assume that older and younger carers needs are the same. Our understanding of the experiences of older carers would be improved with research specifically comparing older and younger carers or comparing older carers with older people not in caring roles. Carers are diverse and future research should explore the experiences of carers from different demographic groups. Longitudinal research, possibly focusing on mutual caring and caring dyads is required.

461 - Support at home for people in later stage dementia: An embedded qualitative study.

Michele Abendstern, Paul Clarkson, Jane Hughes, Caroline Sutcliffe, Helen Chester, David Challis

PSSRU, University of Manchester, Manchester, United Kingdom

Abstract

This presentation will focus on the methods and findings of a qualitative study which sought to better understand the social world in which older people with later stage dementia and their informal carers live. It uses data collected in an observational study undertaken as part of a NIHR programme of research, 'Effective Home Support in Dementia Care: Components, Impacts and Costs of Tertiary Prevention'.

The observational study explored the presence and effect of different approaches to home support for people in later stage dementia in England through structured face-to-face interviews with carers and older people in later stage dementia, where possible. The qualitative component consisted of an innovative embedded approach to gather incidental qualitative data unobtrusively within the structured interviews. This was collected through audio-recording a subset of interviews (n=17) from the main observational study and transcribing them for further analysis. A broad conceptual framework developed from the literature was used to guide the analysis. Data was analysed in Atlas ti using a thematic approach to capture and interpret the meaning within the data. This was both deductive and inductive in nature, ensuring that emergent issues were also captured and explored. A focus group with interviewers was undertaken following the analysis to explore whether the analysts' 'reading' of the resulting data concurred with their direct observations. The presentation will present findings from this analysis as well as consider the strengths and weaknesses of this novel approach to qualitative data collection.

657 - Towards inclusiveness and diversity in dementia services

Anya Ahmed, Mark Wilding, Rita Haworth-Lomax, Su McCaughan

University of Salford, Salford, United Kingdom

Abstract

Although dementia is now recognised as the most serious health and social care challenge facing UK society, there is little knowledge of the experiences of Black and Minority Ethnic (BME) people with dementia. The National Dementia Strategy states that health and social care services should take account of BME dementia needs; yet, service providers report challenges in including BME people and there is evidence that people from BME backgrounds are currently being 'failed' by the system. Additionally, among the UK's BME population there are lower levels of awareness of dementia and high levels of stigma associated with the condition. Further, people from BME backgrounds are underrepresented in dementia services and present to services late. In this paper

we present the findings of a study conducted in Salford drawing on interviews and focus groups with people from BME communities and interviews with key service provider organisations in the fields of older people, dementia specific services, community and general organisations and health and social care providers. We highlight the challenges BME communities face in accessing dementia related services and the challenges for service providers in delivering inclusive services in times of austerity. We identify examples of good practice and make recommendations aimed to promote increased awareness of dementia among BME communities and inclusiveness in services delivery.

330 - Understanding the outcomes of specialist nursing: findings from a qualitative study

Kate Gridley, Fiona Aspinal, Gillian Parker, Helen Weatherly, Rita Faria, Francesco Longo, Bernard Van Den Berg

University of York, York, United Kingdom

Abstract

Unpaid carers are arguably the most valuable resource we have in dementia care, yet caring can have a detrimental impact on the wellbeing of the caregiver and not enough is known about how best to support carers of people with dementia[1].

We report here the qualitative findings of a study of support for carers of people with dementia which took Admiral Nursing (the only specialist nursing dementia service in the UK with a specific focus on carers) as an exemplar. The choice of outcome measures in previous research on interventions for carers has sometimes been poorly aligned to the priorities of carers or the aims of the services evaluated.[2] We therefore interviewed and conducted focus groups with 35 carers of people with dementia to ascertain *from their perspectives* which outcomes might be influenced by services like Admiral Nursing.

Three key outcome areas were identified by carers that appear to be influenced by Admiral Nursing: confidence in caring; carer quality of life; and carer physical and mental health. We selected and tested measurement tools aligned to these outcomes in a national survey of carers.

[1] Bunn, F., Goodman, C., Pinkney, E. and Drennan, V.M., 2016. Specialist nursing and community support for the carers of people with dementia living at home: an evidence synthesis. Health & social care in the community, 24(1), pp.48-67

[2] Thomas S, Dalton J, Harden M, Eastwood A, Parker G. Updated meta-review of evidence on support for carers. Health Serv Deliv Res 2017;5(12).

Global perspectives on health and social care

Unequal ageing

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 2.218

212 - Does state health investment can reduce health inequalities among older people in China?- multilevel effects

Zhixin Feng[1], Xiaoting Liu[2]

[1]Centre for Research on Ageing, University of Southampton, Southampton, United Kingdom. [2]School of Public Administration, Zhejiang University, Hangzhou, China

Abstract

China has the largest ageing population in the world. Since 2011, China has achieved nearly universal coverage of health insurance for older people; however, insufficient provision of health insurance and its unequal distribution according to different health insurance schemes among elderly people in China are likely to have considerable impact on the health outcomes of its fast-growing ageing population. This study investigates the effects of health investment from government on non-communicable diseases (NCDs) prevention initiatives and health inequalities among elderly people in China. This study will use the micro level dataset (individual) from Chinese Longitudinal Healthy Longevity Survey in 2014 (7,192 respondents) and macro level (province) dataset from Chinese Statistics Yearbook. At the individual level, we study the effect of different health insurance schemes on health outcomes

among older people to understand how different rates of reimbursement of medical services from health different insurance schemes could contribute health inequalities in later life; at the province level, health investment (i.e. health service, health facilities) from the state vary across China, we study whether the effect of state health investment could mediate the health inequalities among older people according to different health insurance schemes. The results of the study will help us better understand how to promote health equal of older people in later life in China: by universal coverage of health insurance, or by improve state health investment.

64 - Equity of access and outcomes for older people in Australia – A case study from down under

James Beckford Saunders

Australian Association of Gerontology, Melbourne, Australia

Abstract

Australia is mid-way through aged care reforms.

The ultimate measure of the effectiveness of the reforms is how it impacts on the most vulnerable. Reform will have failed if aged care is not responsive to diversity of need or accessible to the disadvantaged.

Older Australians have diverse characteristics, with the majority experiencing one or more factors that may pose a barrier to accessing aged care services or impact on the outcomes achieved by services.

The aged care system must be responsive to the unique needs of older people, whatever their form of disadvantage or diverse circumstance, with their needs considered holistically and not just through the lens of a particular characteristic.

This case study will look at some of the approaches Australia has taken (or not taken) to address systemic barriers impacting people and the challenges of this in a market based approach to consumer directed care, including the role that the Australian Association of Gerontology takes in this and related issues.

Links to relevant sites

https://agedcare.health.gov.au/reform/aged-care-legislated-review

https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework-resources

http://www.naca.asn.au/

https://www.aag.asn.au/

326 - Demographic analysis of socioeconomic health inequalities in Catalonia in the context of the recent economic crisis

Jeroen Spijker, Antonio Medina, Teresa Menacho, Pilar Zueras

Centre d'Estudis Demogràfics, Barcelona, Spain

Abstract

The economic crisis hit Catalonia in 2008 and its impact has led to a growing concern for population health in the medium and short. Concomitantly, the new economic context and EU pressures have meant budget reductions by public administrations to meet public deficit objectives. However, budget cuts compromise the functioning of public health and thereby citizen's health, especially the most unfavourable groups, as they cannot receive the same medical assistance as before.
Paradoxically however, the relationship between economic crisis and population health is still unclear as studies show contradictory results. The present study therefore aims to analyse socioeconomic health inequalities during both boom and bust years (2002-15). Using data from the Catalan Health Survey (ESCA) we addressed whether "economic up- and downturns affect the association between socioeconomic factors and different health and behavioural indicators". These include self-reported health, mental health, physical activity and the consumption of tobacco, alcohol and medicines. 50-64 and 65+ age groups are studied and individual-level data are used. Preliminary results show little change in self-reported health during the economic boom among men and a substantial *worsening* among women and *improvements* during the economic crisis among both sexes, especially among *lower* SES

categories. Mental health worsened during early-crisis but improved during the late-crisis period for both employed and non-employed. Among the latter, mental health also worsened during the boom-years.
While low SES groups have worse health than high groups, changes appear anti-cyclical. The final paper will also discuss results on other health indicators and policy implications.

222 - Ageing in exile: the unmet health care needs of older Syrian refugees in Jordan

Sigrid Lupieri

University of Cambridge, Cambridge, United Kingdom

Abstract

In recent decades the rights of older individuals have begun to feature more prominently within international policies and conventions, as seen by the Madrid International Plan of Action on Ageing in 2002 and the latest revision of the Sphere Project's *Handbook on Minimum Standards in Humanitarian Response* in 2011. Despite the increasing international recognition, however, older refugees remain one of the most neglected age groups in humanitarian and development responses, especially when it comes to health.

Based on fieldwork conducted in Amman in 2017, my research contributes to analyzing the gap between policy and implementation in protecting the right to health of older Syrian refugees in Jordan. Since the beginning of the crisis in Syria in 2011, more than 656,000 registered Syrian refugees are now residing in Jordan (UNHCR, 2017). This sudden demographic increase has led to a surge in demand for medical services and specialized care. In a context of already weakened institutions, this has led to a decline in services, long waiting times, and higher out-of-pocket expenses (Ministry of Planning and International Cooperation, 2013). While these public health challenges are affecting all Syrian refugees in Jordan, older refugees who make up nearly 5 percent of the overall refugee population face particularly harsh conditions and unmet needs (HelpAge International, 2014). This paper analyses the factors contributing to the neglect of older refugees in public health institutions and humanitarian aid responses.

254 - Unmet need for social care among older people

Athina Vlachantoni

Centre for Research on Ageing and ESRC Centre for Population Change, University of Southampton, Southampton, United Kingdom

Abstract

Understanding the nature and extent of unmet need for social care among older people is a critical policy priority in the United Kingdom and beyond, as national governments juggle the provision of adequate social care for a growing older population with competing funding priorities. Several factors can heighten the experience of unmet need among older people, for instance their family environment, and their health and socio-economic status. This paper contributes empirical evidence on the patterns of unmet need for social care among older people in England today, focusing on the individual characteristics associated with experiencing unmet need in relation to mobility tasks, activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The results show that about 55 per cent of older individuals with an ADL difficulty had unmet need, compared to 24 per cent of those with an IADL difficulty and 80 per cent of those with a mobility difficulty. Characteristics reflecting greater vulnerability were more strongly associated with the risk of experiencing unmet need for ADLs, and such vulnerability was greater for particular ADLs (e.g. bathing), and for a higher number of ADLs. The findings reaffirm the complexity of conceptualising and empirically investigating unmet need in later life, and add to our understanding of the challenges of providing adequate and appropriate social care to older people.

In chronological order
Underline denotes presenting Author

Symposium: Collaborative forms of housing for later life

Social participation, citizenship & the welfare state

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 2.219

F-P5-C6 - Collaborative forms of housing for later life

Symposium Abstract

Well-designed housing can play an important role in mitigating the challenges of later life. In this symposium, we want to consider, the role of collaborative housing in the later life housing mix and its potential to provide supportive environments in which to age and to overcome some of the barriers to moving to more appropriate housing in later life. Broadly defined, collaborative housing consists of 'forms of housing shaped and managed by older people' (Stevens, 2016). It encompasses a wide range of housing forms, including co-designed housing association developments; leasehold developments in which older residents have taken on the right to manage; shared housing cooperatives; and co-housing developments, in which residents manage the entire process from land acquisition to design and development (Stevens, 2016). These place the emphasis on resident control and participation and management during some or all development phases. They have the potential to provide an alternative to mainstream housing models and to traditional discourses of what ageing in place, home, family and care should look like. The symposium will explore what we can learn from existing collaborative housing forms about:

how they challenge prevailing ideas about ageing and later life;

how age-related needs are anticipated and planned for;

the extent to which they are a source of mutual aid and support in later life;

the extent to which they mitigate social isolation and loneliness;

whether they can be a home for life;

who participates in collaborative housing and why;

the barriers to their further development and uptake.

Chair

Karen West - Aston University, Birmingham, United Kingdom

Discussant(s)

Melissa Fernandez Arrigoitia - University of Lancaster, Lancaster, United Kingdom

93 - Exploring the new ageing: the case of the UK Older Women's Co-housing

Karen West[1], Melissa Fernandez Arrigoitia[2]

[1]Aston University, Birmingham, United Kingdom. [2]Lancaster University, Lancaster, United Kingdom

Abstract

Following an 18-year battle with social ageism and intransigent planners, in December 2016, 26 older women moved into the UK's first senior, all-women's co-housing community. This has garnered much public attention because of its potential to inaugurate a new 'way of aging' (Gubrium and Holstein 2003). But, how are we to understand this? Is it a social experiment that will carry beyond these 26 women, or is it merely a third age lifestyle (Blaikie 2005) for the privileged and committed few? How do age and ageing even feature in its intentions and practices? To what extent is it shaped in and by neoliberal discourses of autonomy, choice and self-sufficiency? Current social gerontological theory provides conflicted guidance on these questions, and, indeed, the very framing of these questions, reflects the theoretical tension around how to interpret the so-called 'new ageing'. In this paper, we propose an alternative to available social gerontological theories for interpreting its practices and meaning. Drawing on data gathered over the course of the first two years of OWCH, we follow a mode of interpretation, described by Howarth (2013) as 'third generation post-structuralism', in

which practices are understood as articulatory practices consisting of three intersecting logics - social, political and fantasmatic, the latter of which draws attention to unacknowledged and unconscious forces (ibid, 2013 and Glynos and Howarth, 2007). This enables a more nuanced understanding of the ways in which multiple temporalities (Jarvis 2011) interweave in the creation of a new space for, and way of, ageing.

262 - "A marathon not a sprint": negotiating later life together as a co-housing community

Jim Hudson

UCL, London, United Kingdom

Abstract

Research into forms of collaborative housing for older people in the UK has thus far largely focussed on the challenges of initiating such projects, or on their potential as an antidote to social isolation. There has been less focus on the social functioning of such groups in the *longer* term – largely due to the lack of established examples here. This presentation considers early findings from a recent nine-month social study of a co-housing group of older people in Berlin, founded over a decade ago.

The study explored how the group's ex*plicit* aim of living together as a mutually-supportive community has played out in practice, asking how the group has maintained social momentum as its membership expanded, and as members' individual circumstances have changed. Over time, the members have become a close-knit cohort group, overcoming personal tensions and differences to learn to live together, and drawing significant support from each other as a friendship group. But a central question was whether there might be *limits* to the group's original aspiration of mutual support, in the face of more recent declining physical health; how the group might negotiate this, and plan for the *next* ten years. The nature of the group – ageing together as a single cohort – also raises a further question: how its own 'succession' is anticipated, specifically how it might successfully attract younger members. Studies of such groups should help us understand how we might better support those in the UK over the long term.

266 - Growing Older Together: An Overview of Collaborative Forms of Housing for Older People

Jon Stevens

University of Birmingham, Birmingham, United Kingdom

Abstract

My paper will consider the findings from a series of investigations, collated in the report 'Growing Older Together: An Overview of Collaborative Forms of Housing for Older People' published by the Housing Learning and Improvement Network (HLIN) in 2016. The key argument underpinning the report is that collaborative forms of provision shaped and managed by older people themselves need to assume much greater importance in the coming decades: my focus was on housing but I believe similar changes are needed in health and social care. This argument is founded on how the changing dependancy ratio is impacting on both formal and informal support systems and, equally, on how the changing aspirations of older people require more personalised and collaborative services.

My investigations examined various forms of housing that were collaboratively procured and/ or designed and/or managed by older people themselves. Although unusual in the UK, I studied over thirty case examples; from self-initiated cohousing projects through existing developments taken into ownership/ management by older people to place-based peer-to-peer networks (or collaborative ways of living).

The reported benefits of these 'ways of doing things' were substantial; both in terms of the heath, well-being and resilience of the older people, who lived in them, and but also for formal providers, who saw significant reductions in the need for their services. At the same time, there are cultural, institutional and regulatory barriers that need to be urgently addressed, so the supply of collaborative housing for older people can be greatly expanded.

In chronological order
Underline denotes presenting Author

354 - Older people's cohousing as the collective expression of agency in space

Mark Hammond

Manchester Metropolitan University, Manchester, United Kingdom

Abstract

Cohousing offers older people an opportunity to define the social and physical environment they wish to inhabit in the third age. The adoption of participatory co-design processes is cited both as a creative, aspirational opportunity for older people, but also an important means of ensuring their community meets their needs as they grow older. The impact of these co-design practices is limited by the linear development strategy employed by many cohousing groups, in which the social vision, design brief and budget are agreed before the employment of an architect. By separating the social and spatial definition of the cohousing community, this process undermines the cohousers and architects ability to generate new, creative interpretations of collaborative housing.

This paper proposes an alternative conception of the architect-cohouser relationship, in which the social and spatial development processes are intertwined. This approach was developed and tested through a two-year design-research collaboration with an older people's cohousing group in Manchester, UK. Using examples from this collaboration, this paper identifies the challenges and opportunities posed by these new forms of practice.

By testing the social, political and ethical vision of the cohousers through design, this paper proposes that cohousing be defined not as a set of buildings or relationships, but the collective expression of agency in space. This is achieved through practices that develop a spatial discourse between architect and cohouser, empowering both parties to act creatively through the exposure to ideas and knowledge that is otherwise unavailable to them.

560 - 'Exploring the new ageing: the case of the UK Older Women's Co-housing.'

Karen West[1], Melissa Fernandez Arrigoitia[2]

[1]Aston, Birmingham, United Kingdom. [2]Lancaster, Lancaster, United Kingdom

Abstract

Following an 18-year battle with social ageism and intransigent planners, in December 2016, 26 older women moved into the UK's first senior, all-women's co-housing community. This has garnered much public attention because of its potential to inaugurate a new 'way of aging' (Gubrium and Holstein 2003). But, how are we to understand this? Is it a social experiment that will carry beyond these 26 women,or is it merely a third age lifestyle (Blaikie 2005) for the privileged and committed few? How do age and ageing even feature in its intentions and practices? To what extent is it shaped in and by neoliberal discourses of autonomy, choice and self-sufficiency? Current social gerontological theory provides conflicted guidance on these questions, and, indeed, the very framing of these questions, reflects the theoretical tension around how to interpret the so-called 'new ageing'. In this paper, we propose an alternative to available social gerontological theories for interpreting its practices and meaning. Drawing on data gathered over the course of the first two years of OWCH, we follow a mode of interpretation, described by Howarth (2013) as 'third generation post-structuralism', in which practices are understood as articulatory practices consisting of three intersecting logics - social, political and fantasmatic, the latter of which draws attention to unacknowledged and unconscious forces (ibid, 2013 and Glynos and Howarth, 2007). This enables a more nuanced understanding of the ways in which multiple temporalities (Jarvis 2011) interweave in the creation of a new space for, and way of, ageing.

Symposium: Diagnosis and care of minority ethnic people living with dementia

Unequal ageing

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 2.220

F-P5-C7 - Diagnosis and care of minority ethnic people living with dementia

Symposium Abstract

This symposium draws on major research studies exploring the diagnosis and care experiences of minority ethnic people living with dementia, and proposes and invites debate on how UK dementia services can ensure they deliver culturally competent care. **Jan Oyebode** will describe an NHS funded project responding to local data indicating that 9% of those from 'white' backgrounds dropped out of memory assessment and diagnosis service appointments, compared with 40% in the South Asian population. The theoretical domains framework informed a qualitative study. Findings indicated four barriers to engaging with services, connected with: the wider context, relationships between family members and service providers, communications, and knowledge of dementia interventions. **Claudia Cooper** will present the first UK-wide study comparing dementia diagnosis rates between ethnic groups, using data from medical records of 2.5 million older people. Black and Asian women with dementia appear to be less likely to be diagnosed. **Sahdia Parveen** will describe the Caregiving HOPE study, which compared experiences of 185 south Asian and 518 white British carers. There were significant ethnic differences regarding cultural obligation, willingness to care, preparedness and carer gains, burden, anxiety and depression. Preparedness predicted caregiver outcomes. **Sarah Robertson** will report from the MARQUE study, the first to compare experiences of care home residents with dementia who speak English as a second and first language, describing how linguistic and culturally isolating being in a care home where no residents or staff share their culture or language was for people with dementia, and how this sometimes increased agitation.

Chair

Claudia Cooper - UCL, London, United Kingdom

24 - Trends in dementia diagnosis rates in the UK ethnic groups: Analysis of UK primary care data

Tra My Pham[1], Irene Petersen[1], Kate Walters[1], Rosalind Raine[1], Jill Manthorpe[2], Naaheed Mukadam[1], Claudia Cooper[1]

[1]UCL, London, United Kingdom. [2]KCL, London, United Kingdom

Abstract

We compared incidence of recorded dementia diagnoses by White, Black, and Asian ethnic groups; and estimated the proportion of UK White and Black people developing dementia in 2015 who had a recorded diagnosis. We analysed UK primary care electronic health records of 2,511,681 individuals aged 50-105 years, between 2007 and 2015, and compared incidence rates of recorded dementia diagnosis to dementia incidence rates from community cohort studies.

66,083 individuals had a dementia diagnosis recorded (4.87/1,000 person years at risk (PYAR); 95% Confidence Interval (CI) 4.83 to 4.90). Compared to White women, the dementia diagnosis rate was 28% lower among Asian women (adjusted IRR = 0.82, 95% CI 0.72 to 0.95, p = 0.008), and 25% higher among Black women (1.25, 1.07 to 1.46, p = 0.005). It was 28% higher in Black compared with White men (1.28, 1.08 to 1.50, p = 0.004). There was no evidence that rates differed between Asian and White men (0.88, 0.76 to 1.01, p = 0.074). We estimated that 42% of Black men with dementia in 2015 received a diagnosis compared with 53% of White men.

These findings indicate that Black men developing dementia were 11% less likely than their White counterparts to have a recorded diagnosis. Nonetheless because of their higher dementia incidence, people from Black ethnic groups had a higher incidence of recorded dementia diagnoses than White groups. It is unclear whether the lower

rate of dementia diagnosis in Asian ethnic groups reflects a lower community incidence or under-diagnosis.

28 - What is the relationship between speaking English as a second language and agitation in people with dementia living in care homes?

Claudia Cooper[1], Penny Rapaport[1], Sarah Robertson[1,2], Louise Marston[1], Julie Barber[1], Monica Manela[1], Gill Livingston[1]

[1]University College London, London, United Kingdom. [2]University of Liverpool, Liverpool, United Kingdom

Abstract

Little is known about the experience of minority groups of care home residents living with dementia. As speaking English as a second language may lead to increased communication difficulties, non-native speakers of English may experience more agitation. For the first time, we explored this relationship using data from the Managing Agitation and Raising QUality of LifE (MARQUE) national care home survey. Using date from 86 care homes across England, we tested our hypotheses that non-native speakers of English experience more neuropsychiatric symptoms, including agitation. We also used qualitative interviews to explore the ways in which staff members consider a resident's language, ethnicity and culture to impact the way they manage agitation. After controlling for dementia severity, age, and sex, and accounting for care home and staff proxy clustering, speaking English as a second language compared with as a first language was associated with significantly higher Cohen-Mansfield Agitation Inventory (adjusted difference in means 8.3, 95% confidence interval 4.1 to 12.5) and Neuropsychiatric inventory scores (4.1, 0.65 to 7.5). Staff narratives described how linguistic and culturally isolating being in a care home where no residents or staff share your culture or language could be for people with dementia, and how this sometimes caused or worsened agitation. Considering a person with dementia's need to be understood when selecting a care home and developing technology resources to enable dementia-friendly translation services could be important strategies for reducing distress of people with dementia from minority ethnic groups who live in care homes.

63 - Improving memory clinic services for South Asian families

Jan Oyebode[1], Sahdia Parveen[1], Ambreen Kauser[2], Chris North[2], Shubhra Singh[2]

[1]University of Bradford, Bradford, United Kingdom. [2]Bradford District Care Foundation Trust, Bradford, United Kingdom

Abstract

People of South Asian background with dementia in the UK may have particular cultural needs that are not well catered for by current services. In Bradford UK, when this study started, 40% of South Asian people with dementia dropped out of the memory clinic pathway, compared with 9% of 'white' people. Our study was funded by Yorkshire and Humber NHS with the aim of identifying reasons for this high drop-out rate and informing service improvements. Our approach was underpinned by the Theoretical Domains Framework (Michie, 2005) a theory-informed 5-step behaviour change approach, involving working with stakeholders, identifying target behaviours, exploring barriers to their achievement, generating possible solutions and implementing/evaluating changes. In this paper we report on barriers to attendance at memory clinics and suggested service improvements. The analysis of barriers is based on qualitative interviews with 8 South Asian families. Interviews included, where possible, the person with dementia, and involved 2-3 people per family. Key barriers included: environmental issues, communication problems, lack of trust in health care professionals and beliefs that, in the absence of a cure, there was no helpful support or intervention that services could offer. A focus group conducted with service users to identify possible ways of overcoming the barriers generated wide-ranging suggestions including the need for awareness-raising in communities, for expectation-management with families attending clinics, training of staff in person-centred approaches, better information-giving, and empowerment of families around communication. We will conclude our presentation with service improvements and the changes these have brought.

275 - Title: The Caregiving HOPE study: Ethnic differences in cultural obligation, willingness and preparedness to care for a person living with dementia

Sahdia Parveen[1], Gary Fry[1], Val Morrison[2], Richard Fortinsky[3], Jan Oyebode[1]

[1]University of Bradford, Bradford, United Kingdom. [2]Bangor University, Bangor, United Kingdom. [3]University of Connecticut, Connecticut, USA

Abstract

The prevalence of dementia is expected to increase at a greater rate for minority ethnic groups than the corresponding white British population (Wohland et al, 2010). However, little is known about how willing and prepared individuals are to provide care. Additionally, health care professionals often assume that south Asian families are obligated to 'look after their own'. The aim of this study is to explore how a sense of obligation, willingness, and preparedness influence south Asian and white British carers' wellbeing. A questionnaire was completed by 518 white British and 185 British south Asian family carers exploring cultural obligation, willingness to care, preparedness, carer gains, burden and anxiety and depression. British south Asian caregivers felt significantly more culturally obligated, were less willing to care, less prepared, experienced more positive aspects of caregiving and had higher levels of depression than white British caregivers. Correlational analysis revealed that preparedness had a significant positive relationship with willingness to care for all caregivers. Preparedness had a significant negative relationship with cultural obligation in British south Asian carers but a positive relationship within white British caregivers. Preparedness was associated with all carers outcomes, suggesting the need for the development of interventions to improve carer preparedness.

References

Wohland, P., Rees, P., Norman, P., Boden, P., & Jasinska, M. (2010). Ethnic population projections for the UK and local areas, 2001-2051: School of Geography, University of Leeds.

Informal care and family relationships

Connections & relationships

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 3.204

378 - Creating SENSE with Families in Long-term Residential Care: An Intervention Study

Jennifer Baumbusch[1], Heather Cooke[1], Alison Phinney[1], Deborah O'Connor[1], Colin Reid[2], Paddy Rodney[1], Cathy Ward-Griffin[3]

[1]University of British Columbia, Vancouver, Canada. [2]University of British Columbia, Kelowna, Canada. [3]University of Western Ontario, London, Canada

Abstract

In Canada by 2038, families of frail, older adults living in long-term residential care (LTRC) will be contributing over 107 million hours of care each year. Families are involved in all aspects of care, including physical and socio-emotional support, yet their role remains ambiguous given the absence of policies related to their presence in this setting. Building on findings from an ongoing critical ethnography in which families identified a need for role clarity and peer support, researchers and family members co-created a knowledge translation intervention. The *Support, Education, Networking & Sustained Engagement (SENSE) Workshop Series* was piloted in the Spring of 2017 at a facility in Vancouver, Canada. Thirty-eight (46% response rate) pre-surveys, which assessed interest in attending the workshops and current family involvement, were returned. Eleven of these family members committed to participating in the workshops and completed process and summative evaluations involving participant observations, interviews and post-intervention surveys. Emerging findings highlight a high degree of engagement among some family members to take part in an intervention aimed at improving their sense of inclusion in LTRC. Further, family members identified practical tools to equip them to effectively advocate for their relative and other residents, as well as enhance their

knowledge of advanced dementia in order to make time spent with their relative more meaningful. Given the paucity of intervention research with families in LTRC, this study further contributes to understanding this research approach. The findings also have implications for the development of programming to support family inclusion in LTRC.

421 - Informal care and sleep disturbance among caregivers in paid work: Longitudinal analyses from a large community-based Swedish cohort study

Lawrence B Sacco[1], Constanze Leineweber[2], Loretta Platts[2]

[1]Institute of Gerontology, Global Health & Social Medicine, King's College London, London, United Kingdom. [2]Stress Research Institute, University of Stockholm, Stockholm, Sweden

Abstract

The demand for long term care will increase in numerous countries due to population ageing. At the same time, demographic changes, such as increased mobility and smaller family size, may lead to a lower availability of unpaid informal carers. This may result in increased strain on caregivers who combine paid work with caring duties, leading to work-life conflict and loss of sleep.

We examine the cross-sectional and prospective relationship between informal caregiving and sleep disturbance among caregivers in paid work, using longitudinal data from waves (2010-2016) of the Swedish Longitudinal Occupational Survey of Health (N=21 604). Random-effects modelling was used to examine the association between self-reported informal caregiving (none, up to 5 hours per week, over 5 hours per week) and sleep disturbance.

Informal caregiving was associated with sleep disturbance in a dose-response relationship (compared to no caregiving, up to 5h of caregiving: β =0.03; 95% CI: 0.01; 0.06, over 5h: β =0.08; 95% CI: .02; .13), a result which was robust to inclusion of control variables, but varied by gender. Cessation of caregiving was associated with reductions in sleep disturbance (β = –0.08; 95% CI: –0.13; –0.04).

This study has found that providing informal care is an independent predictor of sleep disturbance. Even low intensity informal care provision was associated with subjective sleep disturbance among carers who were simultaneously in paid work. The findings highlight the importance of addressing sleep disturbance in caregivers, especially since population ageing is leading to more people providing informal care.

579 - "He´s my lock, stock and barrel" - husband and wife teams and the role of direct payments

Vanessa Davey

London School of Economics & Political Science, London, United Kingdom

Abstract

Direct payments (DPs) may offer enhanced opportunities for unpaid cares to participate in care but there are concerns about the impact on unpaid carers. As part of a broader study of DPs to older people in England, a sub-group of husband and wife couples was found – notable for particular characteristics. The wives had substantial personal and instrumental care needs, while the husbands provided intensive unpaid care despite significant chronic illness. The couples operated DPs as a team: a mechanism which enhanced their ability to manage, despite the dual demands of spousal caregiving and morbidity. The work looks in detail at the precarious circumstances of these couples and explores the role and benefits of directing care.

The avoidance of negative consequences was central to the dynamic between husbands and wives as caregivers and care-receivers. DPs enabled the couples to secure care which promoted rather than infringed on their daily routines, offered them a sense of control and was crucial to preserving spousal roles and needs. Securing care that was dependable, flexible and agreeable also increased their health capital. Rather than being an additional burden organizing care via DPs represented an additional phase in adaptation to the difficulties associated with their increasing dependence. Directing care interplayed with other resources that enhanced their resilience and became critical to sustaining these couples' daily lives.

159 - Pathways to health: the role of socio-demographic homophily in non-kin networks of older people

Heather Booth, Steffen Peters

Australian National University, Canberra, Australia

Abstract

Social networks have a substantial effect on health outcomes, particularly among older people. The Berkman et al. (*Social Science and Medicine* 2000) framework for explaining the association of social networks with health has formed the basis of research in this area over the last two decades. Most research focuses on measures of network size and the provision of social support by network members. Other dimensions included in the framework, such as network homogeneity, have been neglected. Homophily, the tendency to form network ties with others similar to oneself, is the basis of homogeneity. This study examines the effect on self-rated health (SRH) of homophily in the personal networks of Australians aged 50-90 years who participated in the 2010/2011 national survey of the Social Network and Ageing Project (SNAP). A novel Homophily Indicator was constructed based on up to seven socio-demographic characteristics of each respondent and their friends. Using binary logistic regression, the study found that homophily predicts SRH, net of other network characteristics (friend and family network sizes, density, friends' number of friends, instrumental and emotional support, group activities, social restriction due to health) and sociodemographic variables (sex, age, education, living standard, ethnicity, partnership, retirement status). Homophily is positively associated with SRH, especially among people aged 50-64, persons in a relationship, and males. This is the first study, to our knowledge, to demonstrate the role of homophily in the health of older people and highlights the need for further research to understand the mechanisms involved.

533 - Late Life Siblinghood: Source of a Social Support after Death of Spouse

Gabriela Nytra, Nadezda Spatenkova

Palacky University Olomouc, Olomouc, Czech Republic

Abstract

The study focuses on the importance of sibling relationships in the context of social support within the social networks of the widowed elderly. Based on the results of existing studies, siblings find themselves in the outer circle of the concentrically arranged family system of social support (after parents and children, and partners). Previous findings suggest a relatively low level of support among older siblings (and their generally minor role in the daily activities) but a relatively strong confidence of the majority of the elderly in the possibility of mobilizing siblings as sources of support in life crises (such as death of spouse). Widowhood especially, is considered to be the most significant crisis in the old age.
The main aim of this study is description and reflection of the importance of siblinghood for coping with loss of spouse for the elderly. This study answers the question of what is the significance of siblinghood for bereaved elderly. The answer is found with the use of qualitative research strategy and unstructured interviews with widowed elderly having at least one sibling. Analysis and interpretation of collected data is based on Grounded theory methodology. Based on the results, we examine different ways the widowed elderly interpret their relationship experience with their siblings and significant changes after death of their spouse. A hypothesis can be postulated based on our findings: sibling can be a significant salute-protective factor and a source of social support for bereaved elderly people.

Participatory approaches and dementia friendly communities

Theories, methods & critical perspectives

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 3.211

332 - Developing a co-operative inquiry with people living with dementia: a new approach to participatory research

Katie Davis, Caroline Swarbrick, Penny Bee, John Keady

The University of Manchester, Manchester, United Kingdom

Abstract

The first Prime Minister's Challenge on Dementia acknowledged that the financial investment into dementia research is trailing behind that of other major diseases, such as heart disease and cancer, and therefore committed to increase funding. This initial challenge centred around three key agendas for action including *Better Research* (Department of Health, 2012). From the time of the *Challenge* to the present day, in the social sciences there has been an emergence of studies where people living with dementia have been engaged in co-research activities and participatory approaches.

Co-operative inquiry is an emerging approach within dementia research that involves cycles of action and reflection and aims to address the concerns of the population being researched 'with' them, as opposed to 'on' them. First proposed by Heron (1996) and later developed by Heron and Reason (2001), co-operative inquiry involves the traditional research roles of researcher and participant being replaced by a partnership that fosters a creative, practical collaboration. This approach is established in other areas of health services research but evidence of its implementation and success is limited in the dementia field.

This research draws on the formation of a co-operative inquiry with people living with dementia and care-partners in Greater Manchester and explores how such a group is facilitated and the contributions it can make to the dementia research field. Methodological challenges will be explored along with the facilitators and challenges of this kind of participatory action research with people living with dementia including that of capacity, power and critical subjectivity.

240 - The Utility of Community Based Participatory Action Research to Support the development of Dementia Friendly Communities

Lyn Phillipson[1,2], Chris Brennan-Horley[1,3], Danika Hall[1,4], Elizabeth Cridland[1,4], Richard Fleming[1,5], Dennis Frost[6], Nick Guggisberg[7]

[1]University of Wollongong, Wollongong, Australia. [2]School of Health and Society, Faculty of Social Scienecs, Wollongong, Australia. [3]School of Geography and Sustainable Communities, Faculty of Social Sciences, Wollongong, Australia. [4]Australian Health Services Research Institute, Wollongong, Australia. [5]Faculty of Science, Medicine and Health, Wollongong, Australia. [6]Southern Dementia Advisory Group, Kiama, Australia. [7]Kiama Municipal Council, Kiama, Australia

Abstract

This paper explores the utility of a Community Based Participatory Action Research (CBPAR) methodology to inform the development of Dementia Friendly Communities. The location-based research, undertaken in a single geographical community in Kiama (NSW, Australia) engaged people with dementia and their carer partners in a series of interviews which included a walk-around their home environments and the mapping of friendly and unfriendly places in their local community. Other research activities included the surveying of business and community members by mail, online and intercept methods. Together, this research was utilised to build an evidence-base to guide the actions of a local dementia alliance and to support the development of an action plan to create a more 'Dementia Friendly' community. The features of this model, the challenges and the lessons learned through the adoption of an Action-Research approach are detailed within this paper. The implications for policies and practices to support the development of Dementia Friendly Communities are also discussed.

230 - The DEMCOM study: Developing an evaluation tool for Dementia Friendly Communities

Stefanie Buckner[1], Anthony Arthur[2], Marina Buswell[3], Nicole Darlington[3], Anne Killett[2], Louise Lafortune[1], Elspeth Mathie[3], Andrea Mayrhofer[3], Michael Woodward[2], Claire Goodman[3], Pepsi Reilly[3]

[1]University of Cambridge, Cambridge, United Kingdom.
[2]University of East Anglia, Norwich, United Kingdom.
[3]University of Hertfordshire, Hatfield, United Kingdom

Abstract

The number of Dementia Friendly Communities (DFCs) in England has increased rapidly. Robust monitoring and evaluation are required. There is a need for a tool to examine the processes, structures and outcomes through which DFCs shape the lives of people affected by dementia.

This paper is based on the National Evaluation of Dementia Friendly Communities in England (DEMCOM). The study aims to understand what makes a community dementia friendly and how this can be sustained, and to develop an evidence-based evaluation tool for DFCs.

This presentation focuses on research in two disparate DFCs where data were collected through a range of methods (interviews, focus groups, documentary analysis, survey) as one part of the study. Findings have highlighted specific approaches in those sites for example regarding service provision, addressing inequalities, resourcing, and leadership. The findings have shaped an evaluation tool for DFCs that is based on a tool originally designed for Age-Friendly Cities. They have enabled structural changes to the original instrument as well as the incorporation of additional assessment domains (for example 'community safety for people affected by dementia'), thus ensuring a dementia-specific focus of the emerging tool. The latter has been discussed with national stakeholders, and it continues to be applied and refined in four further DFCs.

DEMCOM provides important insights into different approaches to ensuring people affected by dementia can live well in their communities. It offers for further testing an evaluation tool that has the potential to chart DFCs' progress and comparative impact.

368 - "We're all in this together": bio-politics, citizenship and the development of dementia supportive communities in Wales.

Aelwyn Williams

Swansea University, Swansea, United Kingdom

Abstract

A considerable amount of resource is being deployed to develop support systems for people with dementia and their carers. This includes 'dementia supportive communities', a global phenomenon in a period of austerity. Various technologies of citizenship are also being deployed by government and other actors to mobilise citizens to action.

In addition, there is the emergence of a 'fourth moment' in dementia matters, embracing a more dynamic sociocultural and socio-political understanding of dementia, beyond biomedical and personhood conceptualizations. This places 'social citizenship' – commonly understood as giving those living with dementia freedom from discrimination and an opportunity to grow – at its core, but other models of citizenship, such as bio-citizenship or affective citizenship are also relevant. Biological citizens, including those affected by dementia, are often 'made up' by political authorities, medics, the legal profession, insurance companies, employers, charities and academics; often there is a diagnostic and interpretive gaze which can be both 'dividing' and 'unifying'. Likewise, the notion of affective citizenship posits that government sometimes draws on a register of emotions to define 'good' citizenship, such as being compassionate or empathetic to others.

Based on ongoing research, this paper will explore the relevance of these ideas in the context of a particular community-based dementia-supportive initiative that is developing in South East Wales, and the emergence of dementia activism resulting in the voices of those affected by dementia increasingly providing effective counter critiques of governmental action, exposing the conflicting logics that underlie such approaches to dementia in an era of austerity.

434 - Care homes as places for empowered living

Natalie Yates-Bolton, Tracey Williamson, Martin Johnson

University of Salford, Salford, United Kingdom

Abstract

This appreciative inquiry study explored how meaning and purpose can be enhanced in the lives of care home residents. The study was undertaken in two care homes, involving 20 residents and 25 staff members.

Data were constructed during the four stages of appreciative inquiry (discover, dream, design and destiny) using life story interviews, structured interviews and focus groups. Data were primarily developed with residents, this decision was made as there is a dearth of studies that give primacy to knowledge constructed with care home residents. Data generated with staff were used to construct contextual knowledge and to facilitate the implementation of actions decided upon by the residents.

The findings of the study included knowledge of aspects of care home life that enabled living with meaning and purpose:

physical environment

valuing of identities

dynamics of relationships

focus of activities

component of care.

The participatory approach of the study generated knowledge of how care home residents can be empowered within a research study. However, there were missed opportunities for empowerment e.g. when decisions residents made in focus groups were communicated to care home management. Opportunities to enhance the care homes as a communities of enquiry were also missed.

The aim of appreciative inquiry is to build a constructive union based on people's strengths in order to build positive futures. This study contributes knowledge of how to enhance care homes as places of empowered living. This paper is relevant to those interested in the development of care homes within an active ageing society.

269 - "It gets you out"; A qualitative evaluation of a Dementia Friendly walking group programme

Grant Gibson, Jane Robertson, Catherine Pemble, Rog Harrison, Kim Strachan, Sheila Thorburn

University of Stirling, Stirling, United Kingdom

Abstract

Physical activities such as walking have been acknowledged as bringing numerous benefits for people with dementia, however maintaining access to outdoor space and to physical activities can be problematic. In this presentation we report on the results of a qualitative evaluation of a dementia friendly walking groups programme organized across Scotland, UK between April 2017 and March 2018. Drawing upon a qualitative methodology, and using the expertise of three older people who had been trained as community researchers, researchers carried out a series of walking interviews with people with dementia and their carers, alongside a visual analysis of group walks, and focus groups or individual interviews with walking group members and organisers. Five themes emerged from the analysis; being with other people, being outdoors, ethos and atmosphere, feeling secure, and leadership and organization. Walking groups played an important part in enabling people with dementia to access the outdoors, to engage in physical activity and to socialise with other people within a safe and secure natural environment. Promoting inclusive models for physical activities such as walking, which involve people with dementia with wider social groups should be considered within future activity based projects. The use of older people as community researchers is also reflected upon, particularly when developing participatory or co-produced forms of research.

Symposium: Exploring the social dimension of age-friendly environments

Environments for ageing in the 21st century

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 4.204

F-P5-C10 - Exploring the social dimension of age-friendly environments

Symposium Abstract

By 2030, two-thirds of the world's population will be living in cities, with the major urban areas in the developed world likely to have 25% or more of their population aged 60 and over. Yet, the evidence suggests that older people remain among the most excluded groups living in urban localities. Debates about the bonds formed between people and their environments hold a prominent place in the sociological literature. Research on ageing has joined the debate, exploring issues raised by the relationship between older individuals and their environment. The model of 'age-friendly cities' reflects attempts to develop supportive urban communities. While the 'age friendly' city perspective has been influential in raising awareness about population ageing, its value has yet to be assessed given the complexities of modern cities. This symposium critically explores how 'age-friendly neighbourhoods' can be developed, taking account of the needs of people as they grow older as well as changes in the communities in which they live. Daan Duppen and colleagues examine issues related to using the age-friendly approach to overcome barriers to participation faced by frail older adults. An-Sofie Smetcoren and colleagues examine the way innovation in housing can improve the quality of life of older people. Natalie Cotterall explores the effectiveness of interventions to tackle social isolation, proposing a new research agenda for work in this area. Finally, Camilla Lewis examines issues relating to 'ageing in place', using data from two studies to investigate how experiences and attachments to neighbourhoods change over time.

Chair

Camilla Lewis - University of Manchester, Manchester, United Kingdom

342 - Ageing in Place: community, belonging and social isolation

Camilla Lewis, Ruth Webber

University of Manchester, Manchester, United Kingdom

Abstract

'Ageing in place' is a popular term in social policy, referring to an approach which helps older people to remain in their own homes for as long as possible. Although largely driven by concerns over the cost of residential and nursing home care, this policy has been reinforced by academic research concerning the preferences of older people themselves. The case for ageing in place has been further strengthened through what is viewed as its capacity to assist independence and help older people retain connections with friends and family in their community. However, the benefits of this type of approach have yet to be systematically explored, with few studies focusing on its meaning for older people and insufficient connection between research and policy. Moreover, whilst environmental aspects of ageing in place have been the subject of detailed study, the way in which feelings, experiences, and attachments to neighbourhoods change over time has received much less attention in ageing research. This paper discusses two research projects which both focus on Manchester, which are both exploring the experience of ageing in contrasting urban neighbourhoods. The first, an ESRC funded secondary data analysis of longitudinal qualitative data examines how personal and family relationships develop and change over time. The second, analyses the Big Lottery's Ambition for Ageing programme which aims to fight social isolation among older people across communities in Manchester. This paper discusses how we engage with identity, community and social solidarity in relation to ageing research.

334 - Tackling and preventing social isolation in old age: a literature review and questions for research.

Natalie Cotterell

University of Manchester, Manchester, United Kingdom

Abstract

Prolonged social isolation is associated with adverse health, social, and economic effects. As a result, many interventions have attempted to reduce social isolation particularly in older age when individuals are often more vulnerable to feelings of isolation. However, such interventions have had only modest success in alleviating social isolation especially as isolated individuals are often difficult to identify due to their low levels of social connectedness. This indicates that efforts may be best directed at preventing social isolation across the life course rather than attempting to alleviate it once established; yet there is little evidence relating to the most effective ways of doing this. This paper will present a narrative literature review of the current interventions designed to tackle social isolation. It will then make several suggestions for future research, encouraging researchers to adopt a life course perspective to improve our understanding of the relationship between life events and outcomes such as social isolation. This paper will also emphasise the need for a cultural change from cure to prevention of social isolation, whilst outlining the specific research questions to be answered during this PhD.

360 - Low-key participation for community-dwelling older adults with a high frailty level. Can age-friendly environments facilitate healthy and active ageing for frail older adults?

Daan Duppen[1], Deborah Lambotte[1], Sarah Dury[2],[1], An-Sofie Smetcoren[1], Liesbeth De Donder[1]

[1]Vrije Universiteit Brussel, Brussel, Belgium. [2]Research Foundation Flanders, Brussel, Belgium

Abstract

Previous research already established that there is a distinction between being frail objectively and feeling frail. Frail older adults do not necessarily feel frail or they have strategies to cope with their frailty which results in feeling less frail. A possible strategy to cope with objective frailty might be the ability to participate in the community. The objective of this paper is to examine (1) how frail older adults (still) participate in their social environment, what this means for them and (2) how age-friendly environments might help to overcome barriers for social participation. Using a hybrid approach of inductive and deductive thematic analysis, qualitative interviews of 39 community-dwelling older adults who participated in the 2nd phase of the D-SCOPE research project were analysed. All respondents were highly frail according to the Comprehensive Frailty Assessment Instrument (CFAI). Results indicate that on the one hand, frailty is responsible for a decrease in social participation and not seldom creates a desire for low-key social participation (e.g. going out for coffee and meeting others, visit family, shopping). On the other hand, low-key participation also increases quality of life and lowers the feeling of frailty. Environmental factors (e.g. the proximity of local service centres, public transport) might facilitate or hinder low-key participation. The discussion highlights the various interpretations of the outcomes and stresses the need for more attention on the social domain in age-friendly environments. A social participation framework for frail older adults is proposed.

371 - Shaping 'living in solidarity' among older vulnerable people in Brussels.

An-Sofie Smetcoren, Liesbeth De Donder

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

In response to the challenge of an ageing population and the housing crisis in Brussels, the project 'Entour-Age Noord' aimed to develop various innovative, small-scale housing models reinforcing the quality of life of older people ageing in the city. One of the research aims was to explore how older people construct their view on 'living in solidarity'. The data was collected during different stages of the realisation of a cohousing project (from construction till occupation). Co-creation sessions with candidate and actual

residents of the project as well as with project coordinators were analyzed in order to answer the research question. Besides discussing the benefits, the project unraveled 7 conditions and success factors that deemed important to realise 'solidary housing':1) The challenge to unite the individual and the collective, and trying to find a balance between both; 2) The continuous task to involve and engage (candidate-) residents, from the early beginning; 3) A targeted selection of (candidate-) residents; 4) Maximising the competences of older people 5) Developing a group identity and group consciousness 6) Involving experts who provide support for group- and individual trajectories 7) Creating a climate of confidence. Solidary housing appeared to be a nuanced and layered concept. Participants did not wanted to over-idealise the concept, but demonstrate what is realistic, and how it can be shaped in daily practice. By discussing and deciding on group issues, the project coordinators created a shared platform for implicit and explicit agreements, made in dialogue with the residents themselves.

Symposium: Social relations, space, care and inequality in old age: Introducing CoE AgeCare

Environments for ageing in the 21st century

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 4.205

F-P5-C11 - Social relations, space, care and inequality in old age: Introducing CoE AgeCare

Symposium Abstract

Since the mid-1990s the Academy of Finland has funded a scheme called Centres of Excellence. These CoEs are described as flagships of Finnish research and their funding has been more generous and long-term than in other funding schemes. The latest CoE programme started in January 2018, funding 12 CoEs for 8 years (2018-2025). For the first time, one of them focuses on ageing. The Centre of Excellence in Research on Ageing and Care (CoE AgeCare) combines scholarship from social policy, sociology and gerontology, analysing older people's care needs, agency and equality as well as the changing character of care work in the context of societal trends of the ageing society. CoE AgeCare is conducted as a concerted effort of four different Research Groups coming from the Universities of Jyväskylä, Tampere and Helsinki and in close collaboration with a broad network of international scholars.

This symposium introduces the CoE and its ongoing research. Four papers are included, focusing on social relations and spatial aspects of care and inequality in old age. First, Outi Jolanki studies collaborative senior housing as a way to prepare oneself for old age. Emilia Leinonen examines then the spatial ordering of adult foster care homes, which is a new model of care provision. Paula Vasara and Lina van Aerschot use mixed methods to analyse social contacts in old age. Finally, Teppo Kröger, Jiby Mathew Puthenparambil and Lina van Aerschot introduce the concept of care poverty and use it in studying unmet care needs among older people.

Chair

Teppo Kröger - University of Jyväskylä, Jyväskylä, Finland

428 - Moving to a collaborative senior housing as means to prepare oneself for old age

Outi Jolanki

University of Jyväskylä, Jyväskylä, Finland

Abstract

Senior collaborative housing differs from ordinary senior housing with its emphasis on residents' social interaction, shared activities and common areas. While collaborative senior housing is not yet widespread in numbers, we have seen in Europe a rapid growth of different types of collaborative housing. This study focused on residents' reasons to move to a senior collaborative housing. Data comprises longitudinal face-to-face interviews of 19 residents (14 women and 5 men) of a senior house located in the city of Jyväskylä,

Central Finland. Interviews have been conducted in 2014, 2015 and 2016. Interviews have been recorded and transcribed. Data was analysed with discourse analysis. Central reasons were divided into three groups. Location of the new apartment close to amenities such as shops, library, church, public transport, recreational areas, natural environment and different public and private services was given as central reason to move. Second, the residents depicted a move to a collaborative senior housing as means to avoid lonely old age and have new social contacts and meaningful social activities. Third, they depicted a move as a way to avoid being a burden to children, and to live in an environment, which offered reciprocal help and support. In times when quality, availability and costs of elder care is under constant scrutiny collaborative senior housing provides one option for older people to prepare for ill health and care needs while seeking a place to age *well*.

394 - Locating care – spatial ordering of the adult foster care homes in Finland

Emilia Leinonen

University of Jyväskylä, Jyväskylä, Finland

Abstract

In Finland, ageing-in-place policy and changes in the delivery of care services have resulted in the transfer of care from formal places to more informal places such as home or homelike environments. Home has become a central place of the reconstruction of care for older people.

During the past few years, a new housing and care service for older people called adult foster care has emerged in Finland. The scheme's idea is that older people are cared for in ordinary homes by foster carers who are not related to them, and who are not formally employed by the public sector. A foster care home is thus at the same time a personal dwelling and a site of intensive care work. Apart from Finland, the scheme exists also in the US and in England (shared lives). Research on adult foster care is scarce both in Finland and internationally.

The purpose of this article is to examine the foster workers' (n=12) experiences of the spatial effects on the care work. How spaces in the foster care homes are negotiated and reconstructed? How place influences on care and on the relations between the foster carer(s) and older people within the foster care home? How power is expressed through spaces? Special focus is in analysing the public and private spaces of the foster care homes. Preliminary results indicate that spaces in a foster care home are continuously contested, and power is expressed through spaces by using restrictions such as locked doors.

396 - Older people in two Finnish cities and the multifaceted features of social contacts

Paula Vasara, Lina Van Aerschot

University of Jyväskyä, Jyväskyllä, Finland

Abstract

Recent research emphasizes the important meaning of existing social interactions to feelings of safety and wellbeing. The content and intensity of social relationships varies, and the shape of social networks alters over the life course. In old age, the contacts and relationships to family and friends are often described as something natural, based on physical proximity and established shared practices shaped by time. However, connections to friends and peers are lost, too. The lack of social contacts may be due to functional disabilities, long distances, having lost important people or personal life history. In this study we focus on people over 75 years in two middle-sized Finnish cities, Tampere and Jyväskylä. Our research task is twofold: First we examine quantitatively which socio-economic factors are related to frequent contact with friends and family. Second, we analyze qualitatively the factors that are related to having an active social life or, on the contrary, lacking social contacts.

Our survey data (n1474) is gathered in 2015. The preliminary analysis shows that poor state of health is related to having less active social life which is in line with previous studies. Also, a low level of income is related to less frequent contacts with friends, but other socioeconomic factors do not seem to have a statistically significant role. Our interview data (47 semi-structured interviews conducted in 2011–2012) allows us to deepen the understanding of the various issues that are related to having less social contacts in old age.

392 - Care poverty: Unmet care needs among older people in Finland

Teppo Kröger, Jiby Mathew Puthenparambil, Lina Van Aerschot

University of Jyväskylä, Jyväskylä, Finland

Abstract

Nordic care systems have recently been under major transformations, as publicly funded services have become targeted more strictly, leaving many older people without support. Simultaneously, for-profit provisions have emerged and grown rapidly. Consequently, new inequalities have emerged and access to care has become jeopardised. In Finland, these developments have been even stronger than in other Nordic countries.

Unmet care needs are here examined through the new concept of care poverty, that is, care needs that are not covered adequately. After introducing the concept and its operationalisation, the approach is used in an analysis of unmet long-term care needs among older people in Finland. The extent of care poverty and its associated factors are analysed with questionnaire data gathered among the 75+ population in 2010 (N=1464) and 2015 (N=1474). The results show that there is a specific group of older people in Finland who have a clear risk of ending in care poverty, despite the continuing universalist orientation of the public care system. The results are compared to findings from UK and other countries concerning the level of unmet care needs.

Perspectives on social isolation and loneliness

Connections & relationships

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 4.206

124 - Developing a framework of meaningful interaction for understanding the nature and experience of social isolation and loneliness in later life

Sarah Alden[1,2], Andrea Wigfield[1], Vinal Karania[3]

[1]University of Sheffield, Sheffield, United Kingdom. [2]. [3]Age UK, London, United Kingdom

Abstract

The link between social isolation and loneliness to poor health and well-being has been widely reported. Given these adverse implications, and as the population in the UK and in other advanced economies ages and growing numbers of people are living alone, social isolation and particularly loneliness are emerging as major issues. High profile campaigns such as the Jo Cox Commission has led the UK government to recruit a minister for loneliness for the first time. Yet to date there has been a lack of clarity around the definitions, measurement, and relationship between social isolation and loneliness, meaning it can be difficult for policy makers and practitioners to target support for people at risk of either or both conditions. This presentation will discuss research carried out by researchers at the University of Sheffield and Age UK which aims to redress this lack of conceptual clarity. It will also propose a new conceptual framework for understanding the nature and experience of social relationships based around *meaningful interaction*. Through this framework we argue that appreciation of the factors which both encourage and prevent meaningful interaction enables us to better design strategies to promote the kinds of interaction which are conducive to positive health and well-being among an ageing population. We argue that individuals' experience of four interlinked and overlapping domains (interaction, personal security, participation, and attitudes), along with individualised markers, including personal characteristics, personal circumstances, health, and the geographical location within which they live, affects people's ability and opportunity to experience meaningful interaction.

In chronological order
Underline denotes presenting Author

47 - The Ties that Bind: An Examination of the Role of Neighborhood Social Networks for Older Adults in Post-Katrina New Orleans, Louisiana

Megan Bond

Florida State University, Tallahassee, FL, USA

Abstract

Many community-dwelling older adults spend a significant amount of time in their homes, neighborhoods, and nearby areas. Much is known about the effects that the physical environment has on older adults, but comparatively less is known about neighborhood social environments. The neighborhood is an important unit for study because it is a microcosm of greater social processes and smaller interpersonal relationships.

Through a PhD case study, the author examined the characteristics and functions of social relationships for older adults in three socioeconomically different New Orleans, Louisiana neighborhoods that were differently affected by the 2005 Hurricane Katrina disaster. The study also explored differences between older adult-serving networks across neighborhoods.

Over a decade post-storm, residential life in New Orleans has entered a new normal, but recovery has been unequal. For older adults, recovery has been difficult, but the constant throughout has been relationships with family, friends, neighbors, and informal ties in the community. Findings suggest that apart from family and friends, relationships with neighbors and those known from community participation serve an important supportive role for older adults. Participation with older adult-serving networks enables individuals to stay active, social, and intellectually engaged. Networks in New Orleans operate to meet needs, but function differently via special districts and partnerships that affect the flow of resources into neighborhoods. Partnerships in particular provide opportunities, especially in less wealthy areas. Findings reveal that having community-based resources in neighborhoods empowers older adults to socialize, maintain their health and wellness, and remain thriving, productive community members near home.

420 - “Dear aloneness, can’t we just get along?”

Sara Marsillas Rascado[1], Pura Díaz Veiga[1], Mayte Sancho Castiello[2]

[1]Matia Gerontological Institute, Madrid, Spain. [2]Matia Fundazioa, Madrid, Spain

Abstract

Loneliness in older people has increasingly attracted the attention of scientists and the society in the last years, becoming a priority in different European policies. Diverse interventions have been implemented to diminish this situation since several decades. However this trend does not seem it is changing.

In this discourse, realities such as loneliness or living alone are sometimes used interchangeably. Even though those are co-related, they are not the same phenomenon. Additionally, a normalised perspective, referring to how can oneself get along with aloneness as a way of living without feeling lonely, is less explored.

Hereby a study which is being carried out in the Basque Country is presented. Its aim consists of identifying/elaborating strategies to handle aloneness in a more satisfactory way for older people. The proposals will be transformed into social interventions to enhance a positive approach of aloneness. For this, a co-participative methodology will be followed, with co-creation groups gathering different profiles related to this phenomenon, where older people living alone, relatives and professionals from the social and health care services will participate. The results will aim to capture the culturally relevant elements, through a person-centered approach and identifying specific insights behind the aloneness, loneliness and their relation.

Despite this project is still being developed, the results will be available by the British Society of Gerontology Conference in July 2018. There, the strategies to address aloneness elaborated in those groups aimed to help older people to live aloneness in a more positive way will be presented.

458 - The rewards and tensions of a collaborative model of befriending service delivery

Claire Preston, Sarah Burch

Anglia Ruskin University, Cambridge, United Kingdom

Abstract

Local authorities are increasingly focused on reducing social isolation and loneliness among older people, thanks in part to the preventative stipulations of the Care Act 2014, as well as the current high profile of loneliness. This study considered a collaborative model of delivering services to tackle loneliness and social isolation in older people. It began with a local authority in the East of England commissioning a group of third sector organisations to work together to deliver a county-wide befriending programme. The research team was then asked to develop an evaluation framework for the befriending programme. The team set up an action research project in which the local authority and six charities worked together over a six-month period in mid-2017 to co-produce, test and revise the evaluation framework. The team used this exercise in collaborative working on the evaluation framework to understand the viability of the service delivery model more generally. The project involved two workshops and seven semi-structured interviews. Transcriptions from these were analysed using inductive thematic coding. The analysis identified various benefits and challenges of collaborative working, both on the framework and more widely in the delivery of befriending-type services. Benefits included knowledge and resource sharing but there were also tensions over cross-referrals and volunteers. The model also showed potential to go beyond a one-size-fits-all solution to loneliness and social isolation by offering a more flexible set of options, combining basic localised services with more specialist county-wide provision, including help for older people with vision and hearing impairments.

231 - Culturally diverse experiences of social connectedness and befriending services

Merryn Gott[1], Tessa Morgan[2], Janine Wiles[1], Stella Black[1], Tess Moeke-Maxwell[1], Ofa Dewes[1], Hong-Jae Park[3]

[1]University of Auckland, Auckland, New Zealand. [2]Cambridge University, Cambridge, United Kingdom. [3]Western Sydney University, Sydney, Australia

Abstract

The negative effects of social isolation and loneliness upon morbidity and mortality among older people are now well established. However, how these are understood and experienced is less explored, particularly among diverse cultural groups. Similarly, limited research has examined the role of culture in determining views of popular interventions, including befriending services. We used culturally appropriate methods to interview 44 Māori, Pacific, Chinese/Korean and NZ European older people who experienced loneliness and/or social isolation; approximately half were currently using a befriending service. In addition, three focus groups were held with 33 older people in line with cultural preference to discuss this sensitive topic collectively rather than individually. Thematic and narrative analyses were undertaken. Participants demonstrated sophisticated, and culturally situated, understandings of both loneliness and social isolation as multi-dimensional and complex. For example, Korean and Chinese participants linked their stories of isolation with difficulties of integrating into New Zealand society whereas multiple Pacific participants contrasted their supportive family structures with those of NZE families. Interestingly, while participants never experienced loneliness as a positive attribute, some experienced social isolation, when coupled with aloneness, as a freedom from social expectations. Participants who used the befriending service reported positive experiences and benefits relating both to social isolation and loneliness. However, there were cultural differences in preferred forms of support, with Pacific, Asian, and some Māori participants identifying culturally-specific groups as their ideal service. These findings will inform the future development of befriending services within Aotearoa, New Zealand.

Symposium: Unequal ageing: Inequalities in paid work and retirement in later life

Work, retirement & the economy

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 4.210

F-P5-C13 - Unequal ageing: Inequalities in paid work and retirement in later life

Symposium Abstract

This symposium, organised by the BSG Work and Retirement Special Interest Group, brings together cutting-edge research from across Europe to explore inequalities in patterns of work and retirement in later life. It is now clear that there is no 'one-size-fits-all' approach to fulfilling working lives and successful retirement. Hence, highlighting inequalities in patterns of labour market participation in later life is crucial to ensure that groups of older workers are not disadvantaged by new patterns of work and retirement. If policies and employment practices are to support older workers who have traditionally been excluded from work and/or retirement opportunities, they will help to reduce inequalities in later life. However, if they ignore or even increase the exclusion of certain groups from labour market activity and/or a successful transition from work it is likely that they will exacerbate the already widening inequalities amongst older people. Given the complex connections between inequalities, work and retirement the papers in this symposium draw on a range of methods, topics and countries. Ms Cheshire-Allen will present a narrative synthesis of the evidence on inequalities in expectations and adjustment to retirement, Dr Platts will present cross-national data on predictors of un-retirement from Germany, Russia and the United Kingdom, Dr Damman will present data on gender differences in perceived workplace flexibility among older Dutch workers, Dr Holman present on the relationship between health and retirement pathways using biomarker data from ELSA and Luke Price will present on inequality and its relationship with work across the lifecourse.

Chair

Martin Hyde - Swansea University, Swansea, United Kingdom

322 - Why do chronic conditions lead to involuntary retirement? A comparison of allostatic load versus multimorbidity measures in the English Longitudinal Study of Ageing

Daniel Holman, Alan Walker

University of Sheffield, Sheffield, United Kingdom

Abstract

A range of studies have shown that chronic conditions are an important determinant of involuntary retirement. However, much less attention has focussed on the mechanisms involved. In this study, we use survival analysis on data from the ELSA from 2004/5 – 2014/15 and compare the effect of i) allostatic load, a measure of the underlying pathology of chronic diseases – in other words the general 'wear and tear' on the body ii) multimorbidity of diagnosed conditions (diabetes, lung disease, heart problems, cancer, stroke, asthma, arthritis) which in addition to pathology, also captures the social nature of disease. We find that the former has no significant effect, whereas multimorbidity has a strong effect, such that each additional condition is associated with a 90% increase in the hazard of involuntary retirement. We find little or no attenuation of this effect by functional limitations nor physical/cognitive performance. We interpret these findings in light of the social processes involved with diagnosis, such as the perception of symptoms, healthcare seeking, acceptance of diagnosis, illness management, and the work/home context. Overall, retiring as a result of chronic disease diagnosis suggests a shift from the sick role to the retirement role, a transition which implies a strong element of biographical work. These findings emphasise the importance of extending working life policies concerned with the social processes inherent in disease, for example, in terms of

how environments can support the recognition and management of diseases, and the personal challenges to later life identity that they pose.

393 - Gender differences in perceived workplace flexibility among older workers

Marleen Damman[1,2], Kène Henkens[1,2,3]

[1]Netherlands Interdisciplinary Demographic Institute (NIDI-KNAW), The Hague, Netherlands. [2]University Medical Center Groningen (UMCG), Groningen, Netherlands. [3]University of Amsterdam (UvA), Amsterdam, Netherlands

Abstract

Having flexibility in terms of work hours and work location has been suggested as being a feature of work that may promote prolonged employment among older workers. The increasing labor market participation of older women – combined with the notion that gender gaps are observed in many aspects of social and economic life – raises the question whether access to workplace flexibility differs between male and female older workers and how potential differences can be explained. Empirical insights on precursors of workplace flexibility among older workers are still scarce though. Analyses are based on data collected in 2015 among a sample of about 3,850 Dutch older workers (age 60-64 years) who were employed in four sectors in which relatively many women work: the government, education, care, and welfare sectors. Results show that the studied women on average perceive to have less workplace flexibility than men, both in work hours and work location. The gender difference in perceived "flexplace" can to a large extent be explained by differences in the personal and work situation of male and female older workers. The gender difference in perceived "flextime" can be captured less clearly by these factors. This suggests there is a gender gap in perceived flexibility in work hours that cannot be traced back to structural explanations (e.g., education; occupation), and calls for consideration of other potential underlying mechanisms. Generally the findings highlight that workplace flexibility is available to a relatively select group of older workers, who are concentrated in the higher socio-economic strata.

404 - Predictors of returns to work following retirement: A prospective analysis of Germany, Russia and the United Kingdom

Loretta G. Platts[1,2], Karen Glaser[2]

[1]Stress Research Institute, Stockholm University, Stockholm, Sweden. [2]Institute of Gerontology, Department of Global Health & Social Medicine, King's College London, London, United Kingdom

Abstract

Individuals may return to paid work following retirement, a phenomenon described as "unretirement". By following recent retirees over time in Germany, Russia and the United Kingdom, we aimed to compare rates of returns to work across countries and examine whether unretirement is more common for people who are facing financial hardship. We harmonized data from four prospective surveys: the German Socio-Economic Panel Study (1991–2013), the Russian Longitudinal Monitoring Survey (1994–2013) and, for the United Kingdom, the British Household Panel Survey (1991–2008) and Understanding Society (2010–2014). Unretirement behaviour was examined using Cox regression in relation to demographic covariates, as well as education, health and financial adequacy. The cumulative hazard of unretirement attained around 0.17 among German participants, 0.26 among British participants and 0.42 among Russian participants after 20 years of follow-up, confirming previous largely North American studies depicting retirement as a fluid and flexible process. That rates varied across countries highlights the role of institutional factors related to pensions and occupational systems. In each country, retirees with more education, higher income and better health more often returned to work. There was little indication that retirees in financial need were unretiring, particularly in Russia and the UK. This suggests that encouraging greater reliance on employment in later life may cause hardship among older people unable to find suitable work and potentially exacerbate social inequalities.

433 - Good work for all ages: how fulfilling work can support a good later life

Dan Jones, Luke Price

Centre for Ageing Better, London, United Kingdom

Abstract

Ageing Better will present on findings from our research looking at inequality and its relationship with work across the lifecourse. Our research shows that many people feel the need to work longer or to return to work for financial reasons. For those who can work longer, good quality paid work also provides social interaction, meaning and purpose, and can help people maintain higher levels of activity.

There is still a significant age employment gap, and while some employers already recognise the importance of retaining and recruiting an older workforce, many don't.

We will share insights from our report 'Fulfilling work: what do older workers value about work and why?' and emerging findings from new research we have commissioned from a multidisciplinary team from the University of Westminster, the University of Southampton, the University of Sussex, and Timewise. This research provides insights on how employer behaviour relates to three important aspects of age at work: facilitating and supporting flexible working, preventing age bias in recruitment and maximising the benefits of mixed-age teams.

We will also share findings from our recent research into workless and job insecurity amongst people aged 50, which identified a complex range of barriers that prevent people over the age of 50 from accessing employment. This qualitative research focused on five local neighbourhoods in Greater Manchester and forms part of a joint programme of work with the Greater Manchester Combined Authority to increase the number of over 50s who are in work.

446 - Inequalities in the expectations and experience of retirement: A narrative synthesis.

Maria Cheshire-Allen[1], Martin Hyde[1], Katrina Pritchard[1], Cara Reed[1], Elizabeth Evans[1], Kene Henkens[2], Marleen Daman[2], Loretta Platts[3]

[1]Swansea University, Swansea, United Kingdom. [2]Netherlands Interdisciplinary Demographic Institute (NIDI), Hague, Netherlands. [3]Stockholm University, Stockholm, Sweden

Abstract

Retirement has long been seen a key, perhaps the key, transition in later life demarcating (for men in particular) the boundary between 'productive' life and 'old age'. Despite, or perhaps because of, the changing nature of work and retirement this remains an important transition that can have a major impact on a wide range of factors in later life. While some people look forward to retirement and flourish, for others, it can be a stressful process and is associated with losing both the structure and social contacts provided by work leading to a potential loss of identity, purpose and social support. In this paper we will present the findings from a narrative synthesis, bringing together both qualitative and quantitative research to explore socio-economic inequalities in retirement expectations and adjustment.

Our search of the following electronic databases, Abstracts in Social Gerontology, CINAHL, EBMR, EBSCO, Embase, Emerald, Google Scholar, JSTOR, Medline, Proquest, PsycINFO, Science Direct, Scopus, Web of Science, Wiley Interscience, WorldCat and PiCarta produced 160 papers on retirement expectations amongst pre-retired workers and 141 papers on retirement adjustment amongst retirees. Our analyses reveal that workers in the more disadvantaged groups are less likely to be prepared for retirement, more likely to view retirement as a negative, and less likely to expect to be able to work for longer than those in higher socio-economic positions. We also find that these inequalities persist into retirement with those in more disadvantaged positions have a harder time adjusting to retirement.

Symposium: Psychogeritechnology' across the life course of dementia: Perspectives from the Japan and the UK

Technology & innovation

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 4.211

F-P5-C14 - 'Psychogeritechnology' across the life course of dementia: Perspectives from the Japan and the UK

Symposium Abstract

The burgeoning field of gerontechnology is focussed on 'active ageing' and maintaining independence for older adults, but has focussed less on people who develop dementia. Here, we argue for greater emphasis on the clinical applications of gerontechnology for dementia, under the rubric of '*psychogeritechnology*'. In this symposium, we will present examples of new clinical research, exemplars and case studies of psychogeritechnological applications across the 'life course' of dementia, from the prodromal to the advanced stage, using Japan as the world's leading 'super-aged' and the UK as an 'aged' society as an exemplar. For the preclinical stage, we will describe a study of interactive 'exergames' in a UK care home setting, using the perspective of active aging for dementia **prevention**. In the early dementia stage, using memory clinics from Japan as exemplars, we will outline: (1) a means of **assessment and diagnosis** using an artificial intelligence-based diagnostic support system for dementia; (2) a means of interactive communication for **post-diagnostic clinical monitoring** in a home-based geriatric outreach clinic, using smartphones and tablets. In the moderate dementia stage, we report on the feasibility of remote clinical monitoring in 4 NHS memory clinics in the north of the UK ('Project CYGNUS'). Finally, a case study of a care home using assistive technology in Japan will illustrate one solution to the shortage of professionals for **care** in the advanced stages of dementia. This will include a discussion of the Japanese government's support for the development and implementation of assistive technology for elderly care.

Chair

Iracema Leroi - University of Manchester, Manchester, United Kingdom

Discussant(s)

Taro Sugihara - Okayama University, Okayama, Japan. Emma Stanmore - University of Manchester, Manchester, United Kingdom

122 - Introduction to 'psychogeritechnology' and Japan as a 'super-aged' nation.

Iracema Leroi

University of Manchester, Manchester, United Kingdom. Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

Abstract

Japan, as a 'super-aged' society, is at the forefront of the social and economic change facing the world due to the unprecedented demographic shifts. It is therefore an example for other aging societies, such as the UK. This aging demographic has significant implications for the mental health of elderly people, particularly considering the rising prevalence of people living with dementia. The key factors driving this include: (1) the rapidly decline fertility rate; (2) increasing longevity amongst the elderly due to improvements in diet and living standards and one of the best health care systems in the world; and (3) the 'coming of age' of Japan's post-war II baby boomer generation ('*dankai no sedai*'). By 2025, it is anticipated that all the baby boomers will be over 65, contributing to the anticipated 'Year 2025 Problem'.

Japan as one of the world's most technologically advanced nations is leading the way in assistive technology and '*gerontotechnology*' approaches, which have significant potential to enhance the field of geriatric psychiatry and dementia assessment, diagnosis and care, under the rubric of '*psychogeritechnology*'; in the latter

context, issues of design and sensitive human-computer interfacing are paramount. This presentation will set the stage for our symposium, in which we will present examples of new clinical research, exemplars and case studies of psychogeritechnological applications across the 'life course' of dementia, from the prodromal to the advanced stage, using Japan as the world's leading 'super-aged' and the UK as an 'aged' society as exemplars.

136 - Prevention of dementia through 'Exergames' (UK)

Emma Stanmore

University of Manchester, Manchester, United Kingdom

Abstract

Opportunities for maintaining optimal cognitive health in older adults are growing due to improved understanding of modifiable risk factors, advances in *gerontechnology* and new insights from health behavioural change theory. Low levels of physical activity increases the risks of dementia and loss of independence, and as people age their sedentary behaviour commonly increases. The benefits of exercise for the brain and body are well documented but there are low levels of willingness (or ability) of older people to participate in evidence-based exercise programmes. The use of **Exergames (active video-based exercises)** in which players physically interact with images on screen, is a possible solution as a community-based approach that aims to motivate and engage older people in tailored exercise programmes. The Kinect-based, motion tracking Exergames in this study were co-developed with therapists, older people, and software designers (Mira Rehab) and initially tested for usability and acceptability. They draw on best evidence exercise for older people and *gamification theory* to increase engagement through enjoyment, competition, feedback and rewards. Current evidence supports the use of Exergames to improve cognition and function, potentially leading to fall prevention however studies have largely been limited to pilots and laboratory-testing. This presentation will discuss the **development and testing of purposely designed Exergames in older people (with and without cognitive impairment)** and present the results from a **multi-site cluster RCT study** that evaluated the effects of Exergames on the body and brain (outcomes included balance, function, cognition, falls, and confidence) in older people living in assistive living facilities.

123 - Early-stage dementia: Diagnosis and clinical monitoring supported by artificial intelligence (AI)-supported & home-based ICT-systems (Japan)

Iracema Leroi

University of Manchester, Manchester, United Kingdom. Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom

Abstract

The onset of cognitive and functional impairment in older people often prompts referral to a memory assessment clinic. In the UK, nearly 1 million people are living with dementia. In Japan, this number is reaching 4.5 million (likely > 7 million by 2025). With the growing demand for memory clinic services, innovative ways to support people with dementia (PwD) and their families by improving the method of diagnosis and monitoring of symptoms through the capture of real-world, meaningful data, is a key consideration.

This presentation outlines two examples from Japan in which pioneering technologies are being applied to support diagnosis and clinical monitoring in early-stage dementia. The first, the *Nozomi Memory Clinic* from Mitaka, Tokyo has been undertaking the **assessment and diagnosis of dementia** using an artificial intelligence (AI)-based diagnostic support system which integrates quantitative and qualitative data (the 'SHINDAN-ADAS'), and also enables meaningful longitudinal follow-up of clinical data. The second, the *Sakura Shinmachi Urban Clinic*, also from Tokyo, has developed a means of supporting interactive communication for **post-diagnostic clinical monitoring** among members of a home-based geriatric outreach clinic through the use of a secure cloud-based communication tool ('EIR') based on smartphones and tablets. These efforts provide the model for developing a UK-based tailored, linked-up care system, a *Digital Memory Clinic* (DMC), which by combining real world and continuous high resolution data capture and

integrating with electronic health records and social care data, has the potential to significantly improve a range of outcomes for PwD and their care partners.

137 - Remote clinical monitoring from NHS-based memory clinics: the CYGNUS project (UK)

Francine Jury

University of Manchester, Manchester, United Kingdom

Abstract

Concerns in early to moderate stages of dementia are diagnosis and clinical monitoring of individuals with symptoms. Current cognitive and functional assessment methods are hampered by several limitations, including infrequent assessments, test recall bias, test: retest variability, and lack of "real world" or meaningful data. 'Psychogeritechnology' offers the potential to overcome several of these limitations by enabling remote clinical monitoring using web-based assessments, wearable devices and other sensor technology. Such 'digital clinic' systems offer unprecedented opportunities to look at real-time picture of health, activity, and experiences of people in these early stages. Continuous data collection using remote sensors may also enable clinicians to ascertain a '*digital biosignature*' that is more sensitive than current approaches, thereby fostering earlier intervention.

The CYGNUS project, based in the north of England, was designed to feasibility test a prototype of a 'digital memory clinic' to provide more meaningful clinical data. Specifically, CYGNUS aims to ascertain: (1) acceptance and tolerability of wearable and mobile devices for passive and active data collection from participants; (2) how continuous data collection may correlate with conventional clinical measures; (3) which technical and regulatory requirements are needed for regulatory compliance; and (4) hypotheses for biomarker discovery for more sensitive functional outcomes measures linked to standard clinical outcome assessments and patient/carer reported outcomes.

This presentation details some of the outcomes and challenges experienced in the delivery of this project in relation to ownership and technology use in an older UK population, data collection and interpretation from wearable devices and baseline results.

138 - Speaker 5: Care in the advanced stage of dementia using assistive technology (Japan)

Taro Sugihara

Okayama University, Okayama, Japan

Abstract

Over the past decade, the increasing elderly population and shrinking extended family structure in Japan, has driven the growth of care homes for elderly people. By 2020, the Japanese government plans to increase the number of care homes by 500,000. While positive, this initiative is likely to strain the already over-burdened care sector in Japan; however, assistive technologies (AT) in care homes may be part of a possible solution, particularly due to the complex nature of caregiving in dementia. Caring for individuals with moderate to advanced stage dementia involves a range of tasks, several of which are skill and knowledge-based, i.e. basic medical interventions, medication administration, support of daily activities, and maintaining personhood through the application of sensitive and flexible interactions. Administering such caregiving tasks is often time-consuming, and challenges may arise due to interruptions resulting from the unexpected behaviour of care recipients; AT has significant potential to support this activity and the experience in Japan may be an exemplar for other countries. However, when considering the adoption of technologies developed or trialled elsewhere, users may be bound by policies and restrictions of their respective countries or health economies. This creates a potential gap between technology development and implementation in the field. This presentation will outline this issue, using a case study approach to care homes and describe the benefits and challenges of implementing ATs in 'super-aged' Japan. After a brief introduction outlining some assistive technologies in Japan, findings from a field study regarding technology deployment will be described.

Arts, leisure and consumption (dementia)

In chronological order
Underline denotes presenting Author

The arts, leisure & consumption

Time: 9:00 - 10:30
Date: 6th July 2018
Location: 4.212

161 - With All - Co-creativity with people with a dementia

Hannah Zeilig[1,2], Julian West[3]

[1]University of the Arts, London, United Kingdom. [2]University of East Anglia, Norwich, United Kingdom. [3]Royal Academy of Music, London, United Kingdom

Abstract

The term 'co-creativity' is enjoying a moment in the spotlight. However, it remains ill-defined and lacks conceptual or theoretical underpinnings. Currently, the term has been closely associated with a variety of arts, design and business practices. There is some consensus that co-creativity involves an endeavour in which there is an emphasis on the shared process of creation. However, the term has not been clearly differentiated from 'co-design', 'co-production' and how it differs or overlaps with 'collaboration' and 'participation' has not been clarified. Above all, co-creativity has rarely been considered in connection with the arts and people living with a dementia.

This presentation gives an overview of our research and practice so far, including initial conceptualisations of co-creativity. We will present findings from With All a ten week co-creative arts project with and for people with a dementia (part of the Created Out of Mind Residency at Wellcome). With All focuses on using the non-verbal arts (music and dance) in an aesthetic process of mutual creation. We will outline reasons that the co-creative arts are particularly effective for people with a dementia, including the ways in which we may be prompted to re-consider notions of 'agency' and 'creativity' in relation to those living with these complex conditions. We will consider the challenges involved in co-creative endeavours with people with a dementia. The aim of this presentation is also to prompt reflections on how the innovative methodology and approach that we have developed might be effective in a diverse range of contexts.

337 - Utilising humour through participatory arts practice to explore living well with dementia.

Teri Howson-Griffiths, Elaine McNeill, Alex Irving, Denise Parker

Liverpool John Moores University, Liverpool, United Kingdom

Abstract

This multidisciplinary and collaborative research project explores the role of humour and a positive mind-set for people living with dementia and their communities of support, enhancing knowledge by finding a different perspective on a challenging and often stigmatised condition.

In recent years, a number of research programmes have demonstrated the value of the arts to foster positive mental health and well-being. Within dementia research, a growing body of evidence has evaluated the positive benefits of arts engagement specifically for people living with dementia. Within this work, several projects have explored the benefits of laughter. This research has applied this core of evidence to challenging attitudes towards dementia.

We conducted a series of informal workshops collecting stories in both pictorial and word form, from people living with dementia, their family, friends, and carers, on positive or humourous stories around their experiences of dementia. We created a labyrinth installation at the Open Eye Gallery Liverpool in October to share some of those collected and to gather more from the public. A 40-minute performance script was developed – *The Tangled Veil and the Cloud of Unknowing, LOL* – which was performed as part of the Being Human Festival 2017, at the Laughterhouse Comedy Club, Liverpool, in November.

This paper will present some of the participant's responses to the research and explore its future development co-designing with people living with dementia to provide them with a new tool to explore when visiting schools and cultural venues to discuss dementia.

171 - Retaining Identity: Creativity and Caregiving

Anne Mondro, Cathleen Connell, Lydia Li, Elaine Reed

University of Michigan, Ann Arbor, USA

Abstract

Arts programming for people living with dementia and their caregivers has gained popularity as a way to provide opportunities for social interaction, expression, and continual learning. The goal of the present study, referred to as *Retaining Identity: Creativity & Caregiving*, was to: 1) describe the process of designing and implementing a structured art experience for people with memory loss and their co-residing caregiver; and 2) to summarize feedback provided by caregivers at the conclusion of the program. *Retaining Identity* was an 8-week program offered by professional artists who instructed dementia caregivers in four visual art activities, which they then taught to their care recipient. The program was designed for individuals with no art experience and the art projects were carefully developed to be engaging for both people living with dementia and their caregivers. The evaluation process included a qualitative survey completed by the caregivers to measure the impact of the program on the caregiver/care recipient relationship. The program resulted in completed artwork that was not identifiable by participants as to whether it was created by the caregiver or care recipient. The main themes that emerged from the survey were: caregiver growth, caregiver awareness, and creative discovery. The participants' artwork supports that art making has the potential to encourage an equitable exchange and outcome for people living with memory loss and their caregivers. Although limited in scope, the survey supports the use of the arts to positively impact caregivers and their relationship with their care recipient.

656 - Living with young onset dementia: The potential of dining groups

Andrew Clark

University of Salford, Salford, United Kingdom

Abstract

Of the 850,000 people in the UK living with dementia it is estimated that 5% have been diagnosed under the age of 65. Although younger people experience similar symptoms to older people with dementia, the impact on their lives can be very different. They are more likely to still be working when they are diagnosed and many will have financial and care commitments. They are also likely to require different types of support and be living independently, either alone or with a souse and other family members. This paper will provide an overview of a dining group aimed at supporting younger people living with dementia. With the help of a small team of staff and volunteers, the group meets informally on a monthly basis in a different establishment. As more people live independently with a diagnosis of dementia, the importance of the role of neighbourhood spaces in providing formal and informal social infrastructure to support daily living has grown in prominence. This paper will explore the potential for dining groups to enable people living with dementia and their supporters to remain socially active.

In chronological order
Underline denotes presenting Author

Parallel Session 6 (P6)

Time: 11:00 - 12:00
Date: 6th July 2018

Symposium: RICH (research in care homes) experiences of four PhD students

Health & social care practices & contexts

Time: 11:00 - 12:00
Date: 6th July 2018
Location: Theatre A

F-P6-C1 - RICH (research in care homes) experiences of four PhD students

Symposium Abstract

This symposium brings together the work of four PhD students from across the UK, to share their experiences of conducting research in care homes.

The aim of this symposium is to encourage other researchers to consider the care home environment as a place for research, and to share some practical advice for overcoming some of the identified barriers.

Whilst care home research is increasing there are still particular challenges when collecting data in these settings. These include assessing the capacity of older residents and obtaining their consent, staffing levels and pressures, and changes in management and ownership. Despite such challenges the PhD students have found it to be a very rewarding and formative experience.

Presentations will cover four very different areas of research in care homes. Laura Reynolds' research looks at musical interventions in care homes. Lindsey Collins' research focuses on the eating and drinking experiences of people living with dementia and dysphagia in residential care. Carole Butler's research aims to develop, pilot and evaluate an intergenerational intervention, linking students with residents with dementia to share activities based on preparing and sharing food. Caitlin Reid's research aims to develop a better understanding of what contributes to the mental well-being of care home residents.

Chair

Sarah Hillcoat-Nalletamby - Swansea University, Swansea, United Kingdom

516 - 'Tea for two ...generations' An intergenerational intervention for people living with dementia in care homes in Wales

Carole Butler, Sarah Hillcoat-Nalletamby, Andrea Tales

Swansea University, Swansea, United Kingdom

Abstract

One third of people living with dementia are living in care (Alzheimer's Society, 2014) which may mean that there are fewer opportunities to interact with people outside of the home. Older people living in care may face a number of challenges including a lack of meaningful activity (such as making tea, baking and gardening) (Older People's Commissioner for Wales, 2014), and disengagement from the outside world (Buckley & McCarthy, 2009, Cooney et al., 2009).

This PhD funded by The Healthcare Management Trust aims to develop, implement and evaluate an intergenerational 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 well-being of residents with dementia, and the young volunteers' knowledge of, and comfort with dementia.

The evaluation aims to assess the efficacy and feasibility of the intervention. A mixed methods research design was developed for the evaluation which includes observation using Dementia Care Mapping (Brooker & Surr, 2006), focus groups, and questionnaires.

This presentation aims to demonstrate the feasibility of the intervention. The presentation will focus on the experiences of the residents, young people, paid carers, and the researcher during the implementation stage of the research.

522 - Understanding and Improving the Mental Well-being of Older Adults in Residential Care.

Caitlin Reid, Charles Musselwhite, Michael Coffey

Swansea University, Swansea, United Kingdom

Abstract

Older adults' mental well-being is often overlooked, even though many stressors and triggers of mental health issues are experienced in later life, such as the loss of family and friends through bereavement and also the loss of ability, self-esteem, and independence. Interest in understanding and improving the well-being of older adults has grown in recent years. The Welsh Government introduced the Social Services and Well-being Act 2014, and the Well-being of Future Generations Act 2015 which work towards understanding and promoting well-being.

The purpose of the study is to develop a better understanding of mental well-being in older adults living in residential care, and to explore ways to maintain, improve, and promote it. A mixed methods research design has been developed to measure and better understand the mental well-being of older adults in residential care in South Wales. The first, quantitative stage will use the Mental Health Continuum Short Form (MHC-SF) to measure the mental well-being of older adults living in residential care. The results from the first stage will be used to inform and develop the interview questions for the second, qualitative stage of the research. This presentation will focus on the initial findings from the first stage of data collection, the development of the interview questions for the second stage of data collection, and the experiences and challenges of conducting research in care homes.

523 - Care home staff experiences of the implementation of a novel music initiative in care homes with residents, care home staff and the community

Laura Reynolds, Anthea Innes, Jane Robertson

University of Stirling, Stirling, United Kingdom

Abstract

The care home band project seeks to create and evaluate a music initiative ('care home band') bringing together residents, care home staff and the community to rehearse and perform together in a creative, fun and sociable atmosphere. Music initiatives often conclude after a fixed intervention period, potentially leading to a sense of loss by participants. This project encourages staff to create a music group with residents and the community that becomes part of the life of the care home.

This project takes a participatory approach: care home staff from two care homes implemented the music initiative following a workshop with professional musicians and the project team in each care home. The workshops encouraged participant ownership of band by enabling staff to cultivate their ideas about the creation of the bands, such as resources, repertoire and resident needs. Participating staff led a ten-week rehearsal and performance cycle with residents, other staff members and the community, culminating in a public performance to showcase each care home band's achievements. Semi-structured interviews were conducted with participating staff and residents, in addition to structured and unstructured observations during the initiative.

Staff experiences of the music initiative will be discussed, with emphasis on any obstacles and facilitators to implementation. Factors pertaining to the sustainability of care home bands within each home will also be explored. Based on these findings, 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.

562 - Exploring the eating and drinking preferences and experiences of people living in care homes

Lindsey Collins

University of Bradford, Bradford, United Kingdom

Abstract

Eating and drinking opportunities play an important role in maintaining physical health as well as supporting social and emotional needs (Hung and Chaudhury 2011). They assist in establishing and maintaining ties with others, and allow us to foster a sense of companionship with friends and family (Evans et al, 2005). Within the care home setting in particular, mealtimes provide residents with the opportunity for building caring relationships with care staff (Amella, 2002). However, eating and drinking experiences in care homes may become increasingly task focussed, having the potential to negatively impact wellbeing (Aselage et al 2011).

This study aimed to identify what is important to individuals who live in care homes about eating and drinking. Data was collected through focus groups and individual semi-structured interviews. Participants were asked to share past and current experiences of eating and drinking, identifying elements that were perceived to be important and contributed positively to wellbeing. Discussions were audio recorded and transcribed verbatim.

Thematic analysis was used to identify themes from the data. It was identified that, whilst the past and current experiences of care home residents varied for each individual, common themes were apparent.

Within this presentation I will discuss some of the challenges of recruiting appropriate care home participants to this study and how these challenges were overcome. I will also share some of the positive elements of care home research and the perceived impact on the participants.

Measurement tools and instruments in health and social care

Health & social care practices & contexts

Time: 11:00 - 12:00
Date: 6th July 2018
Location: Theatre B

162 - Measuring quality in the community mental health support of older people using the Person-centred Community Care Inventory (PERCCI).

Mark Wilberforce

PSSRU, University of Manchester, Manchester, United Kingdom

Abstract

The language of ‘person-centredness’ is ubiquitous and forms the central plank of most quality improvement strategies across health and care systems worldwide. However, the standard of evidence to underpin interventions that enhance person-centredness fails to match its high status in policy, with measurement problems being a leading cause. A new questionnaire-based measure was therefore designed and tested. Potential questionnaire items were sourced from two groups of older service users, and mapped to a literature-based framework of person-centredness. Cognitive interviews identified, tested and refined items that performed well. A postal questionnaire was undertaken with older people using community mental health services in five regions of England. Based on 596 returns (a response rate of 29 per cent), exploratory factor analysis in MPlus identified that items formed three subscales representing (i) interpersonal and (ii) organizational aspects of person-centredness; and (iii) a method factor representing negatively-phrased items. After removing the weakest-performing items, a confirmatory bifactor model concluded that an 18-item PERCCI has an ‘essentially unidimensional’ structure, supporting the use of a single summary score. Construct validity was supported by testing

a priori hypotheses and through correlations with other patient experience measures. A test-retest analysis suggested excellent reliability. The 18-item PERCCI has encouraging measurement properties, although further research is recommended before its use in high-stakes research. This should include comparisons with a wider range of validated instruments and testing whether it is sufficiently sensitive to capture meaningful change in quality.

199 - Neighbourhoods & Dementia Programme Study: Core Outcome Set for people living with dementia

Andrew Harding[1], Hazel Morbey[1], Faraz Ahmed[1], David Challis[2], Linda Davies[2], Mark Hann[2], Fiona Holland[2], Ira Leroi[2], David Reeves[2], Caroline Swarbrick[2], Paula Williamson[3], John Keady[2], Siobhan Reilly[1]

[1]Lancaster University, Lancaster, United Kingdom. [2]Manchester University, Manchester, United Kingdom. [3]Liverpool University, Liverpool, United Kingdom

Abstract

There are over 850,000 people living with dementia in the UK and many are reliant on support either from family members, community services and/or home care agencies (Alzheimer's Society, 2017; DH, 2011). There is a growing demand for evidence-based community-based programmes that seek to improve outcomes for people living with dementia (DH, 2010).

Many systematic reviews of interventions for people with dementia have highlighted variability in the outcomes assessed (Reilly et al, 2015). This prevents comparisons of effectiveness. However, in recent years the development of core outcome sets (COS) – a minimum set of recommended core outcomes used to assess effectiveness – has emerged as an approach to increase the comparability and quality of evidence (Williamson et al, 2011).

This study, funded by the NIHR and ESRC, and embedded in the Neighbourhoods and Dementia programme, seeks to develop a COS for use within community based intervention studies aimed at people living with dementia at home. The 4-phase study design includes: 1) qualitative interviews/ focus groups (including people living with dementia) and literature review; 2) Delphi survey and consensus workshop 3) systematic review of existing outcome tools; and 4) stated preference survey.

This presentation will focus on the findings of phase 2; a Delphi survey and consensus workshop where over 300 participants across five key stakeholder groups (people living with dementia, carers, health & social care professionals, policymakers and researchers) came to a consensus around which outcomes for people living with dementia are regarded as core.

238 - Testing an Easy Read Version of the Adult Social Care Outcomes Toolkit to assess quality of life in community dwelling older people with cognitive impairment

Lyn Phillipson[1,2], James Caiels[3,4], Ann-Marie Kent[5,4], Susan Jenkins[1,2]

[1]University of Wollongong, Wollongong, Australia. [2]Australian Health Services Research Institute, Wollongong, Australia. [3]University of Kent, Kent, United Kingdom. [4]Personal Social Services Research Unit (PSSRU), Kent, United Kingdom. [5]University of Kent, Kent, Australia

Abstract

Understanding the extent to which social care is supporting choice and quality of life for community dwelling older people is critical in an aging society. Given the rising numbers of older people with dementia the development of inclusive methods which support valid and reliable outcome assessment is also imperative.

This paper reports on the adaptation and cognitive testing of an Easy Read version of the Adult Social Care Outcomes Toolkit (ASCOT-ER), originally developed for adults with intellectual disabilities and autism. The survey was used to assess the care-related quality of life of community dwelling older people with cognitive impairment , receiving Home Care Packages in a region of NSW (Australia). Cognitive interviewing was used to explore the appropriateness of pictures, wording and visual scales to assess outcomes in: control over daily life; accommodation cleanliness and comfort; personal cleanliness and comfort; safety; social participation; occupation and dignity. Following an initial set of interviews (n=16), minor

changes were made to some pictures and one set of response options to better suit an older audience. Re-testing with additional participants (n= 10) confirmed that amendments were useful in improving the suitability of the measure for this population. Interviews provided insights into factors influencing areas of need for older people in the domains of control over daily life, social participation and occupation. The value of using the ASCOT-ER to enable more older people to give their own views of their quality of life is discussed.

414 - Subjective cognitive difficulties: do assessment methods matter?

Carol Opdebeeck[1], Jennifer Yates[2], Aleksandra Kudlicka[3], Anthony Martyr[3]

[1]Manchester Metropolitan University, Manchester, United Kingdom. [2]The University of Nottingham, Nottingham, United Kingdom. [3]University of Exeter, Exeter, United Kingdom

Abstract

Subjective cognitive difficulties (SCD) are a potential precursor to dementia and consequently have become an area of research and clinical interest. However, methods of assessing SCD have varied greatly across studies with inconsistent associations between SCD and cognitive function. This study had two aims, firstly to compare the ability of different methods to identify SCD, and secondly to investigate how the differently identified SCD are associated with cognitive functioning, mood, and subjective-age. This cross-sectional study included 209 community-dwelling people aged 65 or over. SCD were assessed with single-question, domain specific appraisals of memory, executive function, and attention, and with a multi-domain questionnaire. Participants completed objective measures of memory, attention, and executive function, and self-rated measures of mood and subjective-age. Findings indicated that few people were identified as having SCD using more than one measure. Of the 67 people classified as having SCD, only one person was classified by all five measures, and 35 people were identified as having SCD by only one of the five measures employed. The associations between SCD and objective cognition were negligible and not statistically significant after correcting for multiple comparisons. There were more consistent associations of SCD with mood and subjective-age. The inconsistent associations between SCD and cognitive function may be due to different measures of SCD being employed. Careful consideration and standardisation is recommended regarding the cognitive domains assessed and the wording and domains of SCD measures employed.

Older people in hospital

Health & social care practices & contexts

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 1.218

499 - What is happening to hospital social work for older people?

Jo Moriarty, Nicole Steils, Jill Manthorpe

King's College London, London, United Kingdom

Abstract

Hospital social work used to be among the more visible social work roles in supporting older people and an established international evidence base grew up describing the daily activities of social workers and their interaction with health professionals and older people themselves. It was once assumed that increases in the older population would lead to rises in the number of social workers working in this area (for example, Duffy and Healy, 2011). However, now it almost seems simpler to establish historical evidence about Hospital Almoners (the predecessors of hospital social workers) than to identify current social work practice in hospitals. This presentation will draw on an ongoing systematic literature review of hospital social work which is accompanied by consultation meetings to establish current models of hospital social work with older people. It will discuss the implications of this for older people in terms of their choice and control about discharge arrangements

386 - Safe and high-quality care for older people with dementia and/or delirium in hospital: A video reflexive ethnography

Aileen Collier[1,2], Tamsin Symonds[3], Elly Morgan[3], Annmarie Hosie[4], Anita DeBellis[5], Alan Bevan[6], Meera Agar[4], Ann Dadich[7], Jane Phillips[4], Justin Prendergast[3], Amalia Spiliopoulou[3]

[1]University of Auckland, Auckland, New Zealand. [2]University of Tasmania, Hobart, Australia. [3]Southern Adelaide Local Health Network, Adelaide, Australia. [4]University of Technology Sydney, Sydney, Australia. [5]Flinders University, Adelaide, Australia. [6]N/A Consumer rep, Adelaide, Australia. [7]Western Sydney University, Sydney, Australia

Abstract

Older people with cognitive impairment represent over one-third of people over 65 years who are hospitalised. Relative to people without cognitive impairment, they are at greater risk of: dying; re-admission; and longer hospital stays (Reynish et al., 2017). Thus there is an urgent need to understand and promote the conditions that enable safe and high-quality care for people with dementia and/or delirium and their families. This is particularly important because much of the research on patient safety focuses on compliance models and eliminating adverse events (Jerak-Zuiderent, 2012). Some researchers and clinicians now realise the need to redirect (at least some of) this attention to strength and opportunity (Mesman, 2011). This focus on strengths is the point of departure for this study. Using positive organisational scholarship in healthcare (Dadich et al., 2013) and video reflexive ethnography (Iedema et al., 2013), this study investigated how patient safety and high-quality care are enacted within a specialist geriatric management and evaluation unit (GEM) for older Australians with cognitive impairment. This involved the use of video to learn from patients, family members, clinicians, and ancillary staff. Findings revealed some of the key, yet taken-for-granted components of patient safety and high-quality care for people with cognitive impairment. These include: staff safety; a capacity to juggle competing risks; active engagement; a meshed team, whereby palliative and dementia care are entwined; and a focus on care – not the clock. These components are relevant to non-specialist hospital units, and can be adapted and/or refined, accordingly.

134 - A matrix for the qualitative evaluation of nursing tasks

Isaiah Durosaiye[1], Karim Hadjri[1], Champika Liyanage[2]

[1]University of Sheffield, Sheffield, United Kingdom. [2]University of Central Lancashire, Preston, United Kingdom

Abstract

Aims

i) Formulate a model for patient-nurse interaction (PNI);

ii) Compile a comprehensive list of nursing tasks on hospital wards; and

iii) Construct the Nursing Tasks Demand Matrix (NTDM).

Background

An increasing number of older nurses are exiting the nursing profession due to the demands of nursing practice. While the physical demands associated with the nursing job role are of growing interest among researchers, it is the complexity of nursing tasks that defines the demands of ward nurses' role. Hence, an evaluation of nursing tasks must be underscored by the interaction between patients and nurses in the patients' healing process. This study explores nursing tasks on general medical wards and surgical wards within the National Health Service (NHS) in the UK, based on PNI.

Methods

Extant literature was reviewed to formulate a PNI model;

Twenty ward nurses were interviewed to compile a comprehensive list of nursing tasks; and

These nursing tasks were mapped against the PNI model.

Results

A three-part PNI model was created: (i) patient care, (ii) patient surveillance and (iii) patient support.

Twenty-three nursing tasks were identified.

NTDM was constructed from the nursing tasks and the PNI model.

Conclusions

NTDM is a qualitative matrix that can be used to evaluate nursing tasks. Ward mangers, ward nurses and occupational health advisors, may use NTDM to determine the demands of nursing tasks on ward nurses in hospital ward environment. NTDM could also be used to redesign nursing tasks and reduce the numbers of older nurses leaving the profession prematurely.

Symposium: What can help home care workers support people with dementia living at home?

Health & social care practices & contexts

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 1.219

F-P6-C4 - What can help home care workers support people with dementia living at home?

Symposium Abstract

Home care workers are often at the forefront of providing support to people with dementia and carers living in their own homes. With the emphasis on living and dying at home, there is increasing pressure on this workforce to meet a range of needs upto the end of life. Home care workers undertake a range of essential practice tasks and personal care tasks, including support with activities of daily living, household tasks or short-breaks, medicine management and monitoring. They also provide emotional and psychological support, through empathy, compassion and maintenance of the person's dignity and often support family carers. Despite, there is very limited research into home care workers that support people with dementia – their experiences, what helps them and what models of care would be most appropriate. This symposium will focus on these topics by sharing the following perspectives:

Kritika Samsi & Tushna Vandrevala will present on a study that looked at home care workers supporting people with dementia up to the end of life; challenges encountered, role boundaries negotiated, and the impact of all this on home care workers

Claudia Cooper will present on a systematic review evaluating the impact of interventions to support the health and well-being of home care workers

Michal Herz will present her review study findings on models of live-in carers globally, focusing specifically on the Israeli model which is part-state and part-privately funded

Chair

Jill Manthorpe - King's College London, London, United Kingdom

255 - Complex roles of home care workers supporting people dementia approaching end of life: a qualitative exploratory study

Kritika Samsi[1], Tushna Vandrevala[2]

[1]King's College London, London, United Kingdom. [2]Kingston & St George's University, London, United Kingdom

Abstract

The experiences and beliefs of the home care workforce supporting people with dementia to live in their own homes up to the end of life have been relatively ignored in research. We conducted qualitative interviews with 28 home care workers and 12 managers from home care agencies in South-East England and London. We asked about everyday work, challenges faced and managed, and perceptions of end of life care. Data was analysed using framework analysis: we used overarching questions to separate transcripts into meaningful fragments or themes. Any cross-cutting themes were identified and annotated. Findings suggested that home care workers were making significant contributions in the lives of people with dementia living in their homes upto the end of life. 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. Care workers talked of close relationships with clients, negotiating conflict with families and needing to constantly mould or adapt to each new home

visit. A range of sources of support were reported, mainly from personal family and friends, and other colleagues. However, only a small proportion of staff reported being offered individual telephone support or group supervision to discuss work experiences. Many worked in isolation and felt there were few avenues for support from their employers. We provide a detail overview of these findings, and consider how findings may be helpful in developing support resources for home care practice and human resources management.

278 - A systematic review evaluating the impact of paid home carer training, supervision and other interventions on the health and wellbeing of older home care clients

Claudia Cooper[1], Blerta Cenko[1], Penny Rapaport[1], Briony Dow[2]

[1]UCL, London, United Kingdom. [2]University of Melbourne, Melbourne, USA

Abstract

Interventions to support and skill paid home carers and managers could potentially improve health and wellbeing of older home care clients. This is the first systematic review of interventions to improve how home carers and home care agencies deliver care to older people; with regard to clients' health and wellbeing and paid carers' wellbeing, job satisfaction and retention.

We reviewed 10/731 papers found in the electronic search (to January 2016) fitting predetermined criteria, assessed quality using a checklist; and synthesised data using quantitative and qualitative techniques. Ten papers described eight interventions. The 6 quantitative evaluations used diverse outcomes that precluded meta-analysis. In the only quantitative study (a cluster Randomised Controlled Trial) rated higher quality, setting meaningful goals, carer training and supervision improved client health-related quality of life. The interventions that improved client outcomes comprised training with additional implementation, such as regular supervision and promoted care focussed around clients' needs and goals. In our qualitative synthesis of four studies, intervention elements carers valued were: greater flexibility to work to a needs-based rather than task-based model; learning more about clients; and improved communication with management and other workers. There is a dearth of evidence regarding effective strategies to improve how home care is delivered to older clients, particularly those with dementia. More research in this sector, including feasibility testing of the first home care intervention trials to include health and life quality outcomes for clients with more severe dementia is now needed.

375 - International models of live-in caregivers supporting people living with dementia – and overview of models and potential challenges

Michal Herz

University of Worcester, Worcester, United Kingdom

Abstract

Supporting people with dementia who live at home is present in many policies and guidelines in the UK such as from the Department of Health, 2012. Globally, many families seek to have a live-in care worker.

I shall present the findings from a literature search on the experience of live in caregivers. Emphasis will be on the Israeli model in which live in caregivers are state supported and partially funded.

Evidence will be presented from countries in which there is available information about live in care. The structure for this is different from country to country with different models in places such as Israel; Indonesia; China; Canada, Italy, Spain, Germany, Switzerland and Austria. The definition of 'live-in caregiver' varies and different models of provision are operated in different countries, as are the legal frameworks to support them. In most cases these careworkers are woman migrants who have moved to the host country in order to work in care.

The current study explored the triadic relationships between a person living with dementia, their spouse and a live-in caregiver. Issues around migrant identity, and relationships with the host family will also be discussed.

In chronological order
Underline denotes presenting Author

Symposium: Towards meaningful inclusion: building connections to engage with 'harder to reach' people with dementia in Scotland

Unequal ageing

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 2.218

F-P6-C5 - Towards meaningful inclusion: building connections to engage with 'harder to reach' people with dementia in Scotland.

Symposium Abstract

The past two decades have seen significant improvement in legal, political and policy recognition in Scotland that people with dementia, their families, friends and carers have the same human rights as every other citizen. These improvements include a cross-party charter of rights; three progressive, prioritised national dementia strategies; Government investment in workforce development; dementia specific standards; scrutiny and leadership initiatives, and a world-first post diagnostic support commitment. Whilst all of these initiatives are welcome and effectively bringing tangible benefits to many people affected by dementia in Scotland, evaluations of applied models of support still reveal a gap between policy and personal experience for many. There is not only a clear imperative to maintain momentum in the overall direction of positive change but to pay heed to those who are often hardest to reach, at greatest risk of on-going stigma, discrimination, isolation and neglect.

This symposium describes some people affected by dementia who may be especially vulnerable to inequalities within ageing communities and experience specific barriers to full engagement as citizens and access to appropriate support. The presentations reflect attempts to break down these barriers and effectively engage with some of these harder to reach groups. Examples from practice are provided where educational initiatives and the building of new relationships are tackling these issues and striving for inclusive support for all sectors of society affected by dementia.

Chair

Barbara Sharp - Alzheimer Scotland, Glasgow, United Kingdom

444 - Dementia Awareness education for prisoners, families and staff in one Scottish prison and what we know about dementia in prison from the literature

Rhoda Macrae[1], Lorna Hart-Thomson[2]

[1]University of The West of Scotland, Hamilton, United Kingdom.
[2]Alzheimer Scotland, Glasgow, United Kingdom

Abstract

We know the number of older people and the number of people with dementia in prisons is growing rapidly and significantly, and this presents challenges in providing appropriate care. There was a 161% increase between 2004 and 2016 in the over 55 population in England and Wales. Prisoners have a higher rate than the normal population of various dementia risk factors including head injury, smoking drug and alcohol misuse, and low educational attainment. However there has been very little research into dementia in prison. This means we do not know how many people are living with dementia in prison, and we also know very little about the experience of living with dementia in prison from the perspective of the person, their visiting family and friends of staff. This project between HMP Shotts, Scotland and Alzheimer Scotland engaged 202 prisoners and 55 staff in dementia awareness and information sessions. It also raised awareness of dementia with families at visiting times and Alzheimer Scotland's Memory Bus visited the prison. This presentation will discuss what an international review of the literature on dementia in prisons revealed and describe the partnership approach taken to involve prisoners, families and staff, give an overview of the education delivered, illuminate the learning so far and outline next steps.

House of Commons Library 4 July 2016 BRIEFING PAPER Number SN/SG/04334, Prison Population Statistics

Maschi, T., J. Kwak, E. Ko and M. B. Morrissey (2012). "Forget Me Not: Dementia in Prison." The Gerontologist. Doi: 10.1093/geront/gnr131

312 - The Invisible Population – Bridging the gap to accessing support to live well for Lesbian, Gay, Bisexual and Transgender (LGBT) people living with dementia in Scotland.

Jennifer Hall

Alzheimer Scotland, Glasgow, United Kingdom

Abstract

There is a lack of awareness and visibility of LGBT lived experience with dementia. With over 93,000 people living with dementia in Scotland we are encountering poor awareness, lack of knowledge and information to support this community and their families. It is estimated that between 7-10% of Scotland's population identify as LGBT. It is therefore imperative we make every effort to address the inequalities that exist for this significant minority. We endeavour to ensure our communities become more dementia friendly but this needs to take into account the diversity of our society and encompass the needs of the LGBT community.

Recommendations set out in Dementia and Equality – meeting the challenge in Scotland; a report by the National Advisory Group on Dementia and Equality, call for a workforce that is informed and open; that safe space is created within supports and services for members of the LGBT community living with dementia; and that publicity materials and policy documents are pro-actively inclusive.

A growing evidence base illustrates the lack of understanding and appropriate support for the specific needs of LGBT people living with dementia. 'Don't Look Back' a report produced by the Equality and Human Rights Commission states: "*Older LGBT people have been over looked in health and social care legislation, policy, research, guidance and practice, which assume service users are heterosexual.*"

This presentation introduces the work Alzheimer Scotland is undertaking to address some of the issues identified and to enhance best working practice for LGBT people living with dementia.

350 - The Scottish Dementia Working Group - Training on Equality and Diversity

Fiona Gordon, Jennifer Hall

Alzheimer Scotland, Glasgow, United Kingdom

Abstract

The Scottish Dementia Working Group (SDWG) is a campaigning group of people with a diagnosis of dementia. The group have always discussed the importance of a diverse membership and how they should be open to anyone who would like to be heard.

In 2017 the group undertook a more proactive approach to increasing the diversity of SDWG, addressing barriers to people participating and considering how best to support new members. This marked a change in the group's approach and a workstream dedicated to equality and diversity was created. In partnership with the Quality, Workforce and Development Team at Alzheimer Scotland, a programme was designed to create a safe and supportive space within which to increase the group's knowledge on equality issues.

This presentation will describe how the group's committee members began a rolling programme to aid them in their roles as community representatives. The content, approach and outcomes of the programme to date will be discussed. Referring to the session on equality and LGBT issues, a committee member commented:

"It's important for the group to know these things because we need to be able to welcome new members who are LGBT and have their own issues because of that. I don't think many of us knew anything about gay rights at all but it was so interesting to find out. People keep saying that people with dementia can't learn but with these things I do remember some things vividly. We are still learning and building the group all the time."

In chronological order
Underline denotes presenting Author

Symposium: Lifelong learning and learning about the long life: an exploration of educational gerontology

Social participation, citizenship & the welfare state

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 2.219

F-P6-C6 - Lifelong learning and learning about the long life: an exploration of educational gerontology

Symposium Abstract

Lifelong learning, and especially learning during later life, is an under-valued, under-researched and under-resourced aspect of the experience of ageing. In addition, the teaching of gerontology as a distinct discipline has become less prevalent in the UK, and where it is still taught, gerontology courses very rarely cover the role of learning throughout the whole of life.

The BSG's Educational Gerontology Special Interest Group aims to raise the profile of lifelong and later life learning, and of gerontology as a space for discussion of the whole experience of ageing - including learning in its many forms. In this initial symposium the group invites an exploration of some of the opportunities and challenges of later life learning and the role of gerontologists in the field.

Chair

Caroline Holland - The Open University, Milton Keynes, United Kingdom

246 - Impacts on older people of participating in a university module about ageing

Ellen Tullo[1], Luisa Wakeling[1], Anna Elliott[2]

[1]Newcastle University, Newcastle, United Kingdom. [2]The Francis Crick Institute, London, United Kingdom

Abstract

As life expectancy increases an ever greater proportion of the population are retired older adults with the ability and desire to contribute to society. Newcastle University offers students and older members of the public an opportunity to interact by undertaking an intergenerational module about ageing (NUAGE). This study aimed to systematically evaluate the impact of involvement with the module on the older adults who participated over the last four years. Transcripts of team meetings and focus groups were subject to iterative coding cycles to create and refine an analytical framework. Qualitative data was then retrospectively re-categorised according to the framework. Three key themes in relation to the impact on older people of being involved in the ageing module emerged: 'Learning', 'Barriers' and 'Contributing'. Participation largely led to beneficial impacts on older people although some examples of potentially negative outcomes were also identified. Participation in the NUAGE module was deemed to benefit older people through increased self-awareness, knowledge and generativity. These findings support and add to the growing evidence base concerning the beneficial outcomes of intergenerational education programmes.

369 - An ageing population and the gerontology curriculum in the UK: should there be a relationship?

John Miles

Kilburn Older Voices Exchange, London, United Kingdom

Abstract

It seems obvious. Meeting the needs of an ageing population, increasing in numbers with extended longevity, of growing diversity and inequality, and undergoing rapid institutional change will require a better educated workforce and a more informed citizenry. When I began my Diploma in

'the processes and dynamics of ageing' at the University of London in 1984 this assumption was shared by everyone involved. Peter Shea, for example, who taught the psychology module was primarily a teacher, a visiting lecturer who undertook very little primary research. There were around twenty-five of us in his weekly class which delivered a wide-ranging curriculum over three terms and concluding with a written exam. But twenty years later the course closed. Fewer and fewer employers were prepared to meet the costs and the policy emphasis was on a capable older population fending for itself. Learning preferences appeared increasingly shaped by modular approaches for care-workers and by the short-term priorities of students. Building on recent work (Nash, 2016) I report on conversations with people involved in teaching and studying in the UK over the last thirty years. Is a unitary curriculum desirable or has the multi-disciplinarity of gerontology outrun it? Is teaching the subject in decline or have ageing studies been 'mainstreamed'? If this is a neglected issue what are the consequences? How should a future debate be constructed and sustained?

Nash, P 2016 'The future of gerontological education and the learning of older adults' Manchester Metropolitan University Seminar Series 25/02/2016

473 - Learning in the Fourth Age: the role of physical activity interventions

Manik Gopinath[1], Erica Borgstrom[1], Jitka Vseteckova[2]

[1]The Open University, Milton Keynes, United Kingdom. [2]The Open Universitym, Milton Keynes, United Kingdom

Abstract

Educational gerontology, in supporting notions of learning as a life-long process, has not only unseated negative assumptions about late life learning but also promoted the view of older adults as learners. Learning in later life is known to contribute to health and wellbeing. Yet research around links between learning, ageing and health remains limited to older adults in the 'Third Age'. In this article, we wish to illustrate potential links between learning, ageing and health amongst care home residents, often characterised as being in the 'Fourth Age', who have experienced physical activity interventions.

We conducted a systematic review of qualitative research to synthesise learning-related experiences of physical activity participation and the potential role learning has in shaping adherence. We applied a conceptual framework comprising of seven thematic learning categories derived from learning theories to extract and interpret data from eight selected studies. Our paper offers some evidence to suggest that physical activity interventions can be viewed as opportunities for learning to be 'physically literate' in old age.

The need for safe, secure and supportive learning environments emerges as being key to enabling adherence to physical activity. By tentatively confirming existence of links between learning, ageing and health for those characterised as being in the 'Fourth age', our review extends the view of older care home residents as learners and learning as an on-going process. Further research oriented to understanding barriers and facilitators to learning in addition to its wellbeing implications might usefully contribute to the design of physical activity interventions.

575 - The experiences and motivation of retired English language learners in the Netherlands: An explorative study.

Mariëlle Beringen

University College London, London, United Kingdom

Abstract

This study aimed to provide an interpretative account of the experiences of retired English language learners in a non-assessed context in the Netherlands. Given the expected growth of retired language learners, and the positive impact of later life learning on people's perceived Quality of Life, this is an increasingly important area for research and practice.

The evidence generated through qualitative thematic analysis, suggested that learning English was first and foremost something participants enjoyed doing. They particularly valued the social-connectedness they experienced, both inside of the classroom, but also as a result of the increased opportunities the English language gave them to connect with non-Dutch speakers in various other

contexts. Their motivation primarily stemmed from the supportive learning environment they experienced, but also to a large extent from the awareness of the progress they had made and the subsequent positive effects on their self-esteem. In addition, keeping the brain fit was, in all accounts, captured as being essential in later life.

The meanings of learning as necessary in order to maintain the brain and enhance well-being, can be related to the functional and empowerment objectives as conceptualized in the definition of active ageing (WHO, 2002) in that they allow learners to realize their potential, enabling them to actively participate in society and community life 'in return'.

Recommendations include creating a learning environment that actively promotes social-connectedness, stimulates progress, and provides opportunities for contact with other English language speakers.

Reference:

World Health Organization (WHO) (2002). *Active ageing: a policy framework*. Geneva: WHO.

Culture and diversity in long term care settings

Unequal ageing

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 2.220

385 - The Role of Gender, Race and Class in Family Members' Perceptions of Care Assistants in Residential Care Homes

Heather Cooke, Gloria Puurveen, Jennifer Baumbusch

University of British Columbia, Vancouver, Canada

Abstract

Much of the hands-on care in long-term residential care (LTRC) homes is provided by care assistants (unregulated workers also known as residential care aides, nursing assistants), many of whom are women, with dissimilar ethnocultural backgrounds to residents, and relatively low occupational status. However, families also play an important role in LTRC homes; in Canada, they contribute over 44 million hours of care work each year. Staff and family members' perceptions of each others' roles potentially impact how their relationships evolve, yet little is known about family members' perceptions of care assistants and their work. This presentation draws on data from a larger critical ethnography examining the negotiation of care work in three LTRC homes in British Columbia, Canada. In-depth interviews were conducted with 37 family members, 34 staff and 8 residents , along with 124 hours of participant observations. Grounded in critical theory, three key inter-related themes emerged: role expectations (i.e., how families construct the care assistants' role and rationalize their own); being the 'right' kind of person for the job (i.e., being driven by intrinsic attributes rather than a paycheque); and, the situated context of care assistants (how race, rurality and class reinforce embedded notions of care). Findings highlight how ideas and attitudes about gender, race and class appear to shape families' beliefs about care assistants' skills, and reveal how a focus on intrinsic attributes and/or social locations potentially negates the focus on structural constraints influencing care work.

16 - The role of religious belief for aged residential staff in coping with resident deaths

Rosemary Frey[1], Deborah Balmer[1], Merryn Gott[1], Michal Boyd[1,2]

[1]University of Auckland, Auckland, New Zealand. [2]Waitemata District Health Board, Auckland, New Zealand

Abstract

Aged residential care (ARC) staff members face an increasing exposure to death and active dying. Staff can be negatively affected by resident deaths. Use of religious/spiritual coping has been reported to have positive associations with improved mental health among informal caregivers. The aim of current study was threefold: 1) to describe the extent to which participants considered their religious/spiritual beliefs about the nature of existence influenced their attitudes toward death and dying 2) to describe the

linguistically-embedded components of these differing' meaning structures' 3) to qualitatively examine the impact of these differences in self-reported coping with death and dying. Employing data from 113 staff interviews, word-use patterns [in discussing the influence of religious beliefs on attitudes toward death] are explored within the context of 46 ARC facilities, using a combination of multidimensional scaling and linguistic interpretive analysis of beliefs on their attitude to death and dying. Results indicate that religious belief strength does have an impact on how well staff members cope with death and dying and that membership in one of the three religious belief strength groups (strong influence/ minor influence/no influence) does make a difference in the coping strategies employed by staff. Minor influence group members demonstrated a tension between the personal and professional realms. Greater understanding of the role of religious beliefs in helping staff to make sense of the end of life (EOL) experience can provide the basis for the development of staff supports enabling both improved staff well-being and resident EOL care.

42 - Living in a Jewish Care Home as a Christian: Dementia, Affect and Home-dwelling

Jong-min Jeong

University of Manchester, Manchester, United Kingdom

Abstract

Much research has explored dementia as the lived experience by demonstrating subjective experiences of the senses, emotions and narratives beyond medicalised and institutionalised bodies. Yet little attention has been paid to the ordinary affect of people living with dementia. Based on a decade of voluntary work and one-year of close ethnography in a Jewish Care Home in London, this paper demonstrates the ways in which the feelings and their articulations of an individual living with dementia resonate with those of others, things, and the environment.

It portrays the transformative and affective experiences of an individual living in an Orthodox Jewish Care Home, who was expelled by his Orthodox Jewish family and community for his conversion to Christianity. Despite the fact that his fantasies of returning home while living in the Home are painful and traumatic, his capacity to affect and be affected by his bio-social surroundings open a new platform of co-dwelling, and create a dementia-becoming-otherwise. Accordingly, it illustrates a stream of bodily affective movements, dreams, emotions, feelings and bio-social correspondence in the context of co-dwelling in the Home, calling for a slowing down of hasty evaluative judgements and representational understandings of the lived experience of dementia. Rather than unveiling what these ordinary affects might mean through interpretation, representation and value judgement, this study unfold the ways in which they are already and always embedded in our daily practice in the form of the potential.

576 - Re-thinking care spaces as contact zones connecting elderly migrants and care professionals: the case of culturally profiled day-care centers

Hanna Carlsson, Roos Pijpers, Rianne van Melik

Institute of Management Research, Department of Geography, Planning and Environment, Radboud University Nijmegen, Nijmegen, Netherlands

Abstract

We know that the activities and the atmosphere in care spaces can assist visitors in accessing information and services (Conradson 2003). Elderly migrants, who use less care services than native elderly, is one group who might struggle to navigate an increasingly complex web of care services and regulations. Focusing on how to better meet their needs, we research the role of culturally profiled day care centers within the care landscape of the city of Nijmegen, the Netherlands. We draw on participant observation at four day-care centers and interviews with staff and clients.

Culturally profiled care has been found to improve the wellbeing of elderly migrants (Emami et al. 2000). Our findings show that day care centers also connect elderly migrants to the care landscape, by introducing other forms of formal care and changing norms regarding good care. Furthermore, elderly challenge practices, by

demanding or withdrawing from care activities, and by moving between different centers. TWe therefore suggest that the culturally profiled day care center can thus act as a "contact zone", creating space for the transformation of practices (Simonsen 2007) of care givers and receivers.

Conradson, David. 2003. 'Spaces of care in the city: the place of a community drop-in centre', *Social & Cultural Geography*, 4: 507-25.

Emami et al. 2000. 'An Ethnographic Study of a Day Care Center for Iranian Immigrant Seniors', *Western Journal of Nursing Research*, 22: 169-88.

Simonsen, Kirsten. 2007. 'Practice, spatiality and embodied emotions: An outline of a geography of practice', *Human Affairs*, 17: 168-81.

Intergenerational learning

Connections & relationships

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 3.204

357 - "Data and practice-rich, but theory-poor": The world of intergenerational learning

Stephanie Hatzifilalithis[1,2], Amanda Grenier[1,2]

[1]McMaster University, Hamilton, Canada. [2]Gilbrea Centre for Studies in Aging, Hamilton, Canada

Abstract

To date, concepts and practices of 'intergenerational learning' remain relatively under-theorized in social gerontology. Countless programs are organized around the presumed benefits of intergenerational learning, with the concept widely considered a social vehicle to facilitate an exchange of knowledge and resources between older and younger generations (e.g. Digital literacy programs). Yet, existing programs often have faint and indistinctive conceptual underpinnings. Grounded primarily in developmental models such as Erik Erikson's life span approach and theories of social capital building (VanderVen, 2011), conceptual models contain age and stage based assumptions about 'decline' on one hand, and 'activity' on another. The assumptions, combined with a paucity of conceptual debate, present a number of challenges where theory, methodology and application are concerned. This presentation explores existing conceptualizations and taken-for-granted assumptions that operate with regards to intergenerational learning in social gerontology and in intergenerational programs for older people. It outlines existing theoretical frameworks and documents the models of intergenerational learning, appraising challenges, and how these inform existing methods and approaches. The presentation provides an initial sketch of questions that could be asked, and promising insights for building a more robust conceptual model. Developing a stronger theoretical base for intergenerational learning is a foundational step for building stronger policy and practices for intergenerational learning programs across the world.

Vanderven, K. (2011). The road to intergenerational theory is under construction: A continuing story. *Journal of Intergenerational Relationships*, 9(1), 22-36.

156 - Writing Back: Transforming Ageing via Intergenerational Correspondence

Georgina Binnie

University of Leeds, Leeds, United Kingdom

Abstract

Writing Back is an intergenerational letter-writing scheme that I founded in 2014. The project tackles loneliness and improves community relations by matching University of Leeds students as pen pals with older Yorkshire residents. The programme has grown from an initial cohort of 28 members to include over 200 participants writing to one another on a global scale. For the first time this year, UK pen pals will also write to students at our sister university, Southwest-Jiaotong Leeds Joint School, China. Loneliness is a known health issue and is frequently exacerbated during periods of change. In Leeds, approximately 37,000 older people identify as being lonely or socially isolated (Leeds City Council Public Health Training, 2014). Writing Back is a low-cost and high impact way of tackling loneliness in both demographics.

Whilst Writing Back's student participants will typically be new to Yorkshire, many of the older pen pals will have lived in the county for their entire lives. The older participants play a pivotal role in the project, as their local knowledge helps to ease the students' transition into university life. The students' perceptions of older people are frequently challenged via this correspondence and bi-annual meetings. In this paper, I turn to the letters and project data from Writing Back to showcase how intergenerational letter writing is transforming ageing in our county. By highlighting individual voices from the project, I will further demonstrate how the project has the potential to be replicated on a transnational scale.

67 - "Past, Present and Future: Supporting Later Life Novice Researchers in Nursing." - Report and Outcomes of a BSG funded Small Event at the University of the West of Scotland.

Margaret Brown[1], Raymond Duffy[1], Kathleen Duffy[2]

[1]University of the West of Scotland, Hamilton, United Kingdom.
[2]NHS Education for Scotland, Glasgow, United Kingdom

Abstract

In August 2017, the University of the West of Scotland and NHS Lanarkshire collaborated in the development of a participatory event that aimed to:

- generate interest and involvement of nursing students in promoting evidence into practice.
- involve older people in generating research ideas
- discuss mechanisms for turning later life theory and research into practice more rapidly
- provide a networking opportunity for the University, it's wider healthcare partners and older people.

This presentation will include both a description of the morning seminar section of the event, the afternoon 'Research Jam' and the outcomes achieved. The morning session involved practitioners, lecturers and students presenting their own research to an audience of peers and older people. Created in partnership with older people living locally, the 'Research Jam' generated potential areas for further research. Ketso, a toolkit designed to give everyone present a 'voice', was used to facilitate this process. Used worldwide to encourage creative thinking within groups, a brief description of Ketso will be provided, the process of thematic analysis and findings generated will then be presented. Key themes to emerge were; including the need for involvement of older people at all stages in the research process; investment in education and training in relation to older people's needs and concerns; and a greater focus on locally based, qualitative, action oriented research. Using film footage and photographs to illustrate the process of the day, benefits and challenges will be outlined. The opportunities offered by this type of event will also be outlined.

Symposium: How do we achieve a consistent and coherent approach to measuring outcomes in the field of home adaptations research and practice - Join in the Panel Debate!

Theories, methods & critical perspectives

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 3.211

F-P6-C9 - How do we achieve a consistent and coherent approach to measuring outcomes in the field of home adaptations research and practice - Join In the Panel Debate!

Symposium Abstract

Through collaboration with researchers, practitioners and older & disabled people, the genHOME project is seeking to address the paucity of evidence in the field of home adaptations and inclusive design. The lack of a consistent and coherent approach to measuring outcomes in

research and practice has been identified as a key barrier to developing an evidence base in this field. To address this issue there is a need to gain consensus amongst researchers, practitioners and older & disabled people about what and how we should be measuring outcomes. This symposium is an exciting opportunity for the audience to join in the debate the genHOME project is having on how to achieve this consensus. To do this, the audience will be introduced to a basket of outcomes measured, which were identified in a scoping review conducted by the genHOME team, they will then be asked to debate the following questions:

Do the basket of measures capture the outcomes we need to be considering in this field of research and practice

What are the current barriers for adopting a consistent and coherent approach to measuring outcomes in research and practice

What strategy is needed to overcome the barriers for adopting a basket of outcome measures

The points raised during the debate will help inform the genHOME team's strategy for promoting a a consistent approach to measuring outcomes in home adaptations research and practice

Chair

Rachel Russell - University of Salford, Salford, United Kingdom

644 - Sheila Mackintosh - Biography

Sheila Mackintosh

University of the West of England, Bristol, United Kingdom

Abstract

Sheila Mackintosh is a Research Fellow at the University of the West of England and a Housing Consultant. She specialises in issues to do with housing, later life, and disability; particularly how people can be helped to live independently in their own homes in the community. Recent and on-going projects include: an evidence of the role of adaptations in improving later life for the Centre for Ageing Better; an inquiry into the housing experiences of disabled people for the Equalities and Human Rights Commission; evaluation of a falls prevention project for West of England Care & Repair; change management of home adaptation services for a number of local authorities; and a report on the Disabled Facilities Grant for Foundations. She is currently engaged in a Review of the Disabled Facilities Grant for the Department of Health and Social Care.

645 - Susanne Iwarsson - Biography

Susanne Iwarsson

Lund University, Lund, Sweden

Abstract

Since 2003, Susanne Iwarsson a professor at the Faculty of Medicine, Lund University, Sweden; since 2005 the holder of Ribbing's endowed chair in gerontology and care for older people. She has a PhD in medical science (1997) and is a registered occupational therapist (1979) with clinical experience in geriatrics and primary care. In 2014, she was appointed Doctor Honoris Causa at Riga Stradins University, Latvia.

Iwarsson is heading the research group Active and Healthy Ageing at the Department of Health Sciences, focusing on environmental gerontology in combination with health sciences and neuroscience. Iwarsson and co-workers are studying the ageing individual's and population's opportunities for activity and participation in society. Her extensive publication record showcases the explicitly inter- and transdisciplinary, and cross-national orientation of her work. She has been the main or co-supervisor of 19 completed PhD degrees, in Sweden and abroad, and has PhD students ongoing. She is the Coordinator of the Centre for Ageing and Supportive Environments (CASE) and the Swedish National Graduate School for Competitive Science on Ageing and Health (SWEAH). Iwarsson is the President of the Swedish Gerontological Society (SGS).

646 - Frances Heywood - Biography

Frances Heywood

The School for Policy Studies, University of Bristol (Retired), Bristol, United Kingdom

Abstract

Frances Heywood, OBE, Hon FCOT, BA (Oxon) was, before retirement, a Senior Research Fellow, at the School for Policy Studies, University of Bristol. Whilst there, she carried out extensive research in the field of housing provision and

adaptation for older and disabled people. This included work with disabled research colleagues, the ADSS disabilities sub-committee and with housing, environmental health, occupational therapists and social services officers from many local authorities. Publications include *Money well spent: the effectiveness and value of housing adaptations* (2001) and *Reviewing the Disabled Facilities Grant Programme* (for ODPM, 2005). *Better Outcomes, Lower Costs* (2007), commissioned by the Department of Work and Pensions, was a review of evidence of the benefits to health and social care of housing adaptations and equipment**.** This research highlighted the problem of multi disciplinary research and disparate outcome measures, and led to the start of the genHome project. Before retirement she was a committed member of the ENHR[1] and especially values international cooperation in this field.

Currently she is a trustee of Care and Repair England

[1] European Network for Housing Research

Symposium: Critical Approaches to Age-Friendly Issues: Comparative Perspectives

Environments for ageing in the 21st century

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 4.204

F-P6-C10 - Critical Approaches to Age-Friendly Issues: Comparative Perspectives

Symposium Abstract

The debate around the development of 'age-friendly' neighbourhoods has gathered pace over the past decade. Key factors include: the influence of the World Health Organization; policies promoting 'ageing in place'; and advocacy by older people seeking to improve the quality of life in urban environments. This session reviews the challenges facing the adoption of age-friendly policies across different urban contexts, drawing on a combination of fieldwork observations and policy recommendations. Josefine Heusinger, Birgit Wolter and Meredith Dale examine the impact of gentrification in an inner-city district of Berlin, presenting qualitative research investigating the housing and living conditions of older people. Various policy options relating to the impact of gentrification are explored, these set within the context of urban development. Liesbeth de Donder, Sofie Van Regenmortel and An-Sofie Smetcoren review how macro-processes (e.g. population turnover) interacting with structural features of urban life (e.g. socio-economic factors, organisation of care) influence policies towards ageing population. This is assessed through a study of two contrasting neighbourhoods, drawing upon interviews with older people and their informal carers. Anthea Tinker reports on two major studies examining the impact of age-friendly policies in London, highlighting findings relating to the outdoor environment and transport. The paper also presents a case study involving older people discussing the changes needed to current urban policies and practices. Finally, Chris Phillipson and Tine Buffel present a 'manifesto for change' aimed at sharpening debate within the age-friendly movement and to encourage critical perspectives among the various stakeholders and actors involved.

Chair

Christopher Phillipson - The University of Manchester, Manchester, United Kingdom

92 - An Age Friendly London: What lessons can be learnt from London?

Anthea Tinker

King's College London, London, United Kingdom

Abstract

Anthea Tinker, King's College London

In 2006 – 07 research was undertaken by Anthea Tinker and Simon Biggs (Tinker and Biggs, for the WHO on 'What makes a city age friendly?' This was London's contribution to the WHO Age-Friendly project. A grant from the Greater London Authority enabled this to be updated in

2015 (Tinker and Ginn, 2015). New data was collected. This featured factors that influence the social inclusion and well-being of older people, developments since 2008 highlighting where London has made progress and gaps that remained to be addressed. There are lesson here for other cities.

Some of the findings about the position of London relating to housing, the outdoor environment and transport are especially relevant for other cities. The report also contained research about lessons from abroad and this will be discussed. Notable was the lack of research on the topic of Age Friendly Cities in contrast to the claims made by some cities.

Another notable development has been the emphasis from infrastructure to enhancing a sense of community. In addition more attention is being paid to dementia friendly cities.

The report also included a case study where older people were involved in discussions about changes needed to policy and practice and this will be discussed.

Biggs, S and Tinker, A (2007) 'What makes a city age friendly?' London: Help the Aged, King's College London, World Health Organization

Tinker, A and Ginn, J (2015) 'An Age Friendly City – How far has London come?' King's College London

295 - Age-Friendly Cities: How Macro-processes and City Structures Influence Ageing (Policies) in Brussels

Liesbeth De Donder[1], Sofie Van Regenmortel[1,2], An-Sofie Smetcoren[3]

[1]Vrije Universiteit Brussel, Brussel, Belgium. [2]Statbel (Statistics Belgium), Brussels, Belgium. [3]Vrije Universiteit Brussel, Brussels, Belgium

Abstract

Background. An increasingly large part of older people will be ageing in an urban context, however, the impact of urban changes (such as migration or gentrification) on the lived experiences of older residents remains under-researched. Moreover, within cities significant inequalities between neighbourhoods exist, and macro processes and urban changes impact differently on those urban neighbourhoods. Therefore, this paper examines how macro processes and exo environmental characteristics influence how older adults construct their views on "future preferences on living, housing and care" in 2 distinct, disadvantaged neighbourhoods in Brussels.

Methods. This presentation critically discusses findings from focus group interviews with older people (N=33) and their informal carers (N=17) living in 2 different (disadvantaged) neighbourhoods in Brussels: Brabantwijk (a train station area) and De Jacht (close to the European district in Brussels). These data are put in perspective of population, demographic, and economic data derived from the Census and administrative registers (i.e. population and fiscal registers).

Results. The results highlight how macro-processes (i.e. population turnover, migration history, demographic projections, and political reforms in the fields of care) and the structure of the city (i.e. population composition in terms of migration background and socio-economic status, but also neighbourhood physical transitions and presence of care services) explicitly and implicitly influence (the experience of) ageing.

Discussion. The authors will describe how such knowledge on macro and exo environmental characteristics have the potential to inform policies on ageing, and how these could be taken into account in developing (age-friendly) policies and practices.

163 - How Gentrification in Berlin Influences the Chances of Disadvantaged Older People for an Age-friendly Neighbourhood

Josefine Heusinger[1], Birgit Wolter[2], Meredith Dale[2]

[1]University of Applied Sciences Magdeburg-Stendal, Magdeburg, Germany. [2]Institute for Gerontological Research, Berlin, Germany

Abstract

Berlin is a young city attracting national and international migration. With a tightening housing market and a relaxation of rent controls, housing costs have risen faster than incomes. Less affluent tenants tend to be displaced to the outskirts and the large estates. This process also affects older

people whose income cannot keep pace with the rising cost of housing, or who need to move to more suitable accommodation because of poor health or frailty.

While the City of Berlin's 2013 policy guidelines for the older population touch upon housing, concrete measures are largely restricted to promoting home adaptations. But in certain Berlin boroughs, and at neighbourhood level, stakeholders from administration, nursing care, community work, senior citizens' councils, etc. have initiated steps to adapt neighbourhoods to the needs of older people in a quasi–bottom up approach. Such a process has unfolded since 2010 in the central district of Moabit, an area of largely pre-1914 tenement housing affected by gentrification and changes in ownership arrangements.

Our qualitative studies investigate the living conditions and participation opportunities of an especially vulnerable group: low-income older people in need of support or nursing care, with special reference to the situation of older migrants (mainly of Turkish extraction), many of whom have lived in the area for decades and wish to remain there.

The contribution outlines central findings within the overall urban development context, discussing the opportunities offered by local stakeholders and government, and neighbourhood approaches to improving the situation of older people.

101 - Developing age-friendly cities and communities: a manifesto for change

Christopher Phillipson, Tine Buffel

The University of Manchester, Manchester, United Kingdom

Abstract

The aim of this paper is to provide a manifesto for change for the age-friendly movement. Despite the expansion of the World Health Organization (WHO) Global Network for Age-Friendly Cities and Communities (GNACC), challenges remain in responding to the growth of social inequality, pressures arising from urban regeneration, and the impact of economic austerity on social policies targeted at older people. Given this context, it becomes especially important to develop a framework of action that strengthens commitment to the primary goal of making environments responsive to the diverse needs of people as they age. To assist the debate, this paper presents a ten-point manifesto, drawing upon ideas developed in: '*Age-friendly cities and communities: A global perspective*'. Areas covered include: responding to urban complexity; challenging inequality and exclusion; facilitating community empowerment; co-producing age-friendly cities; developing creative urban design; and integrating research with policy. A key argument developed in the paper concerns the need for a stronger embedding of the age-friendly mission in a citizenship and rights-based narrative of ageing, one that is centred upon values of equality, empowerment, and spatial justice. It is argued that placing such values at the heart of age-friendly work will go far in meeting the goal of what is now a significant movement for social change.

Symposium: Mobility and Transitions in Later Life: Designing, Adapting, Relating, and Caring. Findings from the Co-Motion Project

Environments for ageing in the 21st century

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 4.205

F-P6-C11 - Mobility and Transitions in Later Life: Designing, Adapting, Relating, and Caring. Findings from the Co-Motion Project.

Symposium Abstract

Mobility - the ability to move or be moved freely and easily - is vital if older people are to access services, resources and facilities, and be connected with social networks and the wider world. Active mobility promotes physical health. The sensory and emotional experiences of movement can alter our disposition and sense of self. Mobility

is also associated with values such as freedom, and autonomy. Mobility is not just determined by physical capacities, but by: motivation; physical, cultural, and social environments; accessible transport systems; and assistive technologies.

This symposium will explore different aspects of mobility, drawing on the findings of the Co-Motion project - a three year multi-disciplinary, cross-institutional project, funded as part of the cross council programme Lifelong Health and Wellbeing. Designed as seven different work packages, Co-Motion investigated the links between mobility and wellbeing with a group of almost 100 older people over time as they moved through a range of critical life transitions.

The symposium will consist of four papers:

Paper 1 reports how urban living solutions were co-designed with older people and others to enhance mobility and wellbeing.

Paper 2 explores how older people use mundane mobility as a means of adapting to life transitions.

Paper 3 considers how the behaviours and attitudes of others impacts on mobility and how awareness of the travel needs of older people might be raised.

Paper 4 explores mobility associated with the giving and receiving of informal care and support in later life.

Chair

Karen Croucher - Centre for Housing Policy, University of York, York, United Kingdom

198 - The Mobilities of Care in Later Life

Karen Croucher[1], Rose Gilroy[2], Katia Attuyer[3]

[1]Centre for Housing Policy, University of York, York, United Kingdom. [2]Newcastle University, Newcastle, United Kingdom. [3]University College, London, United Kingdom

Abstract

This paper draws on the experiences of 96 older people who participated in Co-Motion, a mixed method longitudinal study exploring well-being, ageing, and mobility, and introduces the novel concept of “mobilities of care”. By “mobilities of care” we mean journeys made for the purpose of giving and receiving informal care and support, practices and interactions that are defining elements of any close and meaningful relationship. Individual narratives of mobility over time highlighted how “getting out and about” is often related to caring for and supporting non-co-resident “others” including family members, friends, and others within social networks. These journeys could be frequent or occasional, they could be regular and planned following established routines, or unexpected and disruptive in response to a crisis or unforeseen event. They involved various means of transport, could be short and long distances, complex or easy, and presented various challenges to people’s physical and personal resources. These journey had a variety of meanings – they could be reflections and representations of life transitions both of individuals and of their social networks, as well as a representation of established identities and relationships (parent, child, loyal friend), and demonstrations of love, affection, and duty.

Co-Motion demonstrates that for many older people, mobility is not for leisure or utility purposes but to give and receive support and care. As such these journeys have a particular significance in the lives of older people and in the construction of roles, meaning, and identity in later life.

211 - Home alone: The role of personal mobilities in dealing with life transitions

Rose Gilroy[1], Mark Bevan[2], Karen Croucher[2]

[1]Newcastle University, Newcastle, United Kingdom. [2]York University, York, United Kingdom

Abstract

In our society, the freedom to be mobile is critically associated with independence and choice making. Within social policy, the mobility of older people is also understood as connectivity to social, intellectual and cultural stimuli while mobility as movement and exercise is seen as part of the recipe to keep older people active and, significant in this argument, from bearing down too heavily on health and welfare resources.

Co-Motion explored the interplay between mobility and well-being in the lives of 96 people aged 55 (+) who had experienced commonlife transitions: Starting/stopping being a carer (for

an adult); Starting/stopping significant childcare responsibility; Starting to use a mobility scooter or other mobility aid; Stopping driving; Significant loss of sight or hearing; Starting to live on their own; or moving house.

Drawing on quantitative and qualitative evidence this paper considers how older people used mundane mobility as a means of keeping connected with everyday changes in their place and with people reinforcing both strong and weak ties that consolidated a sense of spatial belonging. For those experiencing the pain of bereavement, the need to keep on getting out was a significant strategy in dealing with initial grief. Certain life transitions such as losing sight or giving up driving often demanded combining learning new practical competencies of how to get about with new geographical competencies of how to get to places. Older people identified significant barriers created by service providers and painful encounters with others that militated against maintaining connectivity.

253 - Co-designing urban living solutions to improve older peoples' mobility and wellbeing

Steve Cinderby[1], Howard Cambridge[1], Mark Bevan[2], Karen Croucher[2], Rose Gilroy[3]

[1]Stockholm Environment Institute, University of York, York, United Kingdom. [2]University of York, York, United Kingdom. [3]Newcastle University, Newcastle, United Kingdom

Abstract

Mobility is a key aspect of active ageing enabling participation and autonomy into later life. Remaining active brings multiple physical but also social benefits leading to higher levels of wellbeing. With globally increasing levels of urbanization alongside demographic shifts meaning in many parts of the world this urban population will be older people the challenge is how cities should evolve to enable so-called active ageing.

We report on a co-design study investigating the interaction of existing urban spaces and infrastructure on mobility and wellbeing for older residents (aged 55+ years). A mixed method approach was trialled to identify locations beneficial to subjective wellbeing and participant led solutions to urban mobility challenges. Spatial analysis was used to identify key underlying factors in locations and infrastructure that promoted or compromised mobility and wellbeing for participants. Co-designed solutions were assessed for acceptability or co-benefits amongst a wider cross-section of urban residents.

Our analysis identified three critical intersecting and interacting thematic problems for urban mobility amongst older people: The quality of physical infrastructure; issues around the delivery, governance and quality of urban systems and services; and the attitudes and behaviours of individuals that older people encounter. This identified complexity reinforces the need for policy responses that might challenge perceptions and behaviours of use and access to urban space. Our co-design results further highlight that solutions need to move towards embedding specific locally relevant solutions in inherently geographical spaces, populations and processes to ensure they relate to the intricacies of place.

425 - Promoting mobility and well-being in later life: the impact of attitudes and behaviours

Mark Bevan[1], Karen Croucher[1], Rose Gilroy[2], Steve Cinderby[1]

[1]University of York, York, United Kingdom. [2]Newcastle University, Newcastle, United Kingdom

Abstract

Considerable research attention has focused on the links between mobility and well-being in later life, and the development of environments that enable older people to meet their aspirations and needs is an important concern for social policy. However, just as the physical design of neighbourhoods can promote or limit the way that people get out and about, commentators have also highlighted the extent to which social interactions may act as either facilitators or barriers to mobility.

This presentation reports the views and experiences of older people in three locations in the North of England in relation to their mobility. In addition to discussions about practical issues with regard to getting out and about, participants also reflected on the nature of social interactions

with family, friends and the wider public. For some participants negative encounters with members of the public, as well as service providers, had a significant reported impact on their confidence to be mobile. Our findings support the promotion of awareness raising of the needs of key groups amongst the general public and service providers as part of a broader focus by policy on factors that support age friendly communities. This finding led us to explore how we might take forwards an awareness raising campaign in York using poetry to highlight the travel needs that our participants described to us. We worked with an established poet, and one of the main transport providers in the city who provided space on their buses for the poems.

Symposium: Tackling loneliness and social isolation in the community: Implementation and Impact of the Big Lottery Fulfilling Lives: Ageing Better programme

Connections & relationships

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 4.206

F-P6-C12 - Tackling loneliness and social isolation in the community: Implementation and Impact of the Big Lottery Fulfilling Lives: Ageing Better programme

Symposium Abstract

In 2015, 14 areas across England received funding from the Big Lottery Fulfilling Lives: Ageing Better programme to support the design, implementation and evaluation of projects to address loneliness and social isolation amongst older people. Projects funded by Ageing Better aim to improve the well-being of older people and give them confidence and support so that they can be more active within their neighbourhoods.

This symposium will present findings from a selection of innovative community-based projects to highlight key outcomes and learning to date, focusing on methodological approaches, process and implementation of projects and impact on outcomes, to include:

1) The rewards and challenges of using a co-production approach in a complex multi-component evaluation. Discussions will explore how to involve Community Researchers in long-term projects.

2) How to engage underrepresented groups (with a focus on men, LGBT, carers, and those with complex needs): what works for whom and when.

3) The effectiveness of tailored one-to-one advice services for older people on social isolation, loneliness, well-being, quality of life and community engagement.

This research supports the programme, gathering quality evidence to help local organisations provide more effective services to help alleviate social isolation and loneliness, as well as facilitating wider systems change which promotes an environment that celebrates and promotes positive ageing.

Chair

Sarah Hotham - University of Kent, Canterbury, United Kingdom

570 - Effectiveness of a one-to-one 'Planning for Later Life' service on older people at risk of social isolation: Using the RE-AIM framework to evaluate impact and implementation.

Sarah Hotham

University of Kent, Canterbury, United Kingdom

Abstract

The Planning for Later Life service offers 1-2-1 support to older people in Thanet, Kent as part of the Big Lottery Ageing Better programme to tackle social isolation. The aim of the service is to provide intensive support to older people who are coping with significant change (e.g., retirement) to

prevent social isolation occurring, or minimise its length and impact on mental health and quality of life. Trained 'Life Planners' work one-to-one with participants to understand their personal needs and develop an individualised plan. Referrals come from GPs, Third Sector organisations, hospices, Job centres, and carers support services.

Evaluation of the service is guided by RE-AIM (Glasgow, 1999), capturing individual outcomes and implementation findings with a mixed-method approach. Questionnaire data are gathered pre and post use of the service to explore impact on loneliness, social isolation, mental health and quality of life.

Interim findings suggest reach of the service is promising with 77.5% of those engaging identified as moderately or intensely lonely. 164 participants have provided pre and post data to explore effectiveness, with statistically significant decreases in loneliness ($p<.001$) and social isolation ($p<.001$), coupled with increases in mental health ($p<.001$) and quality of life ($p<.001$) observed. Implementation of the service was explored by interviews with Life Planners and key support personnel who highlighted barriers and facilitators to operating the service.

Evidence illustrates the benefits of the Life Planning service as a prevention and early intervention strategy when tackling social isolation and loneliness in older people.

571 - Bristol Ageing Better: achieving co-production research in the context of a complex programme evaluation

Mat Jones, Jenny Barke, Richard Kimberlee, BAB Community Researcher BAB Community Researcher

University of the West of England, Bristol, United Kingdom

Abstract

Bristol Ageing Better (BAB) is a city-wide programme that aims to address loneliness and social isolation among people aged 50 or over. It runs from 2015 to 2020, and is part of the Big Lottery Fund's Ageing Better programme. The initiative operates in a range of contexts including community development, personalised support, service re-design and culture change across the city.

We report on the evaluation of BAB focusing on the methodological issues raised through efforts to create a co-production research process with a group of twelve older volunteer Community Researchers. Over 30 months this has involved a pooling of skills between academic and volunteer researchers; a rolling programme of research training; extensive, and sometimes difficult, debate; and learning and growth as a team. While most large scale evaluations compartmentalise the role of Community Researchers to specific areas of work, the BAB evaluation is seeking to involve research volunteers throughout decision-making process and across all technical methods. This has taken us beyond the 'co-production comfort zones' of interviews and focus groups into ethnographic, quantitative, economic and systems-level research. Through use of case examples, we assess of the perceived methodological benefits and drawbacks, question central claims and present implications for similar research.

572 - How to engage underrepresented groups: what works for whom and when.

Sarah Alden, Andrea Wigfield

University of Sheffield, Sheffield, United Kingdom

Abstract

Time to Shine, the Ageing Better programme running in Leeds, works with a range of organisations to deliver activities, training and campaigns across the city. Its ambition is to reduce social isolation and loneliness among the older population, and celebrate and promote positive ageing. As a city with a diverse population, the programme is keen to ensure that all sections of the older population across Leeds benefit from the activities offered. This is viewed as particularly important as those identified as less likely to engage (people with complex needs, carers, men, and older people from LGBT and BME communities) can be especially vulnerable to loneliness due to health and support needs, caring duties, and/or cultural preferences. This presentation will consider the facilitators, barriers and strategies adopted by the programme to support those who are less likely to engage. Though all targeted projects will face unique

challenges, it will identify broader themes around what has worked and some of the challenges faced and learning to date.

Extending working lives

Work, retirement & the economy

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 4.210

317 - Work-family histories and extended working lives across cohorts. Evidence from the UK

Karen Glaser[1], Giorgio Di Gessa[1], Laurie Corna[1], Rachel Stuchbury[2], Loretta Platts[3], Diana Worts[4], Peggy McDonough[4], Amanda Sacker[2], Debora Price[5]

[1]King's College London, London, United Kingdom. [2]University College London, London, United Kingdom. [3]Stockholm University, Stockholm, Sweden. [4]University of Toronto, Toronto, Canada. [5]University of Manchester, Manchester, United Kingdom

Abstract

Introduction: Late life labour force participation is influenced by contemporaneous factors such as health and economic status, but also by earlier work and family experiences.

Aim: We examined changes in the relationship between typologies of work and family histories and working up to and beyond state pension age (SPA) across three UK cohorts.

Data and Methods: We analysed respondents aged 55-69 born 1919-1933 in the 1988/89 British Retirement Survey; 1929-1943 in the 1998 British Household Panel Study; and 1939-1953 in the 2008 English Longitudinal Study of Ageing. We considered current labour market status, socio-economic conditions, health, and retrospective family and labour market histories. The associations between work-family experiences and participation in paid work up to and beyond SPA were analysed using logistic and multinomial regression. Analyses were run separately for men and women.

Results: Respondents (and women in particular) who had a strong attachment to the labour market throughout their lives were more likely to be in paid work in later life compared to those with prior weak attachment. These relationships have strengthened across cohorts: recent cohorts of respondents were more likely to have worked throughout their lives, and to remain in the labour market at older ages.

19 - Shaping bridge employment: Is new always better?

Volker Cihlar[1], Ursula Staudinger[2]

[1]Federal Institute for Population Research, Wiesbaden, Germany. [2]Columbia Aging Center, Columbia University, New York, USA

Abstract

Paid work after retirement mostly is a short-duration phenomenon. This presentation focusses on the influence of job selection on the duration of bridge employment. Does it make a difference if those who engage in bridge employment just continue to work in their former career job or if they choose to work in a different (new) occupation?

The analytic sample is a subsample of the Transitions and Old Age Potential (TOP) dataset, a longitudinal life-phase study with two waves of persons aged 57 to 73. For the reported study, the sample was limited to those persons who had started bridge employment after their career job but had already resigned at the second measurement point. This leads to a total analytic sample of N=160. A stepwise linear regression in five models examines the connection of selected independent variables with the *duration of bridge employment*, the zero order regression being the *change of occupation*.

Change of occupation is a stable predictor in all five models. Controlling for selected variables, persons who experienced a change in their occupation from career job to bridge employment stayed 1.9 years longer bridge employed than those who solely extended their career job to bridge employment (B=1.85; p<0.001).

Designing workplaces for bridge employment, employers and employees should ensure novelty in the scope of work in relation to career jobs. A workplace which has been newly selected or tailored for retirement age might increase motivation as well as manageability of occupational tasks.

241 - What role do work histories play in explaining working after retirement in Europe?

Ellen Dingemans[1], Katja Möhring[2]

[1]Netherlands Interdisciplinary Demographic Institute, The Hague, Netherlands. [2]University of Mannheim, Mannheim, Germany

Abstract

Background and Objectives: Scientific studies on the predictors of working after retirement have mostly neglected to examine how the decision to work after retirement is embedded in previous labor-market history. We present an integrative framework based on life course theory to investigate the extent to which individuals' work histories explain their decisions to work after retirement.

Research Design and Methods: The data for this study are retrieved from the Survey of Health, Aging and Retirement in Europe (SHARE), combining information on life histories with information on current retirement transitions. We estimate logistic models to examine how the characteristics of work history predict the probability of working after retirement.

Results: The results show that 9 percent of retirees work past retirement in Europe and that the decision to do so is influenced by previous work history. Retirees who have had atypical work careers and those with high occupational status and flexible careers are particularly likely to participate in paid work after retirement.

Discussion and Implications: Work histories should not be neglected in research on the decision to work after retirement. It is especially important for this research to take account of work flexibility, which may result either from atypical employment or from job changes.

345 - Extended working life in the UK logistics and transport sector: health and wellbeing implications.

Sheena Johnson[1], Helen Beers[2], Nina Day[2], Lynn Holdsworth[1]

[1]University of Manchester, Manchester, United Kingdom. [2]Health and Safety Executive, Buxton, United Kingdom

Abstract

Background: In the UK the logistics and transport sector is experiencing a rise in the average age of the workforce. The work of professional drivers can be detrimental to health with the health and safety performance of the sector worse than average. This study, conducted by the University of Manchester and the Health and Safety Executive, addresses a gap in the evidence base and gives insight into the changing world of work and associated health impacts, as drivers work into older age.

Method: Qualitative interviews were conducted in five medium to large logistics companies with male HGV drivers over fifty years of age (n=14), and managers of HGV drivers (n=7). Structured interviews explored the working environment's impact on health over an extended working life. Data was analysed thematically.

Results: Drivers face high physical and mental demands, long unsociable hours, difficulties accessing healthy food and long periods of sedentary work. Adverse health consequences include stress, musculoskeletal disorders, tiredness and fatigue and health issues linked to being overweight. Drivers reported they find the physical aspect of work more difficult as they aged, although they also reported being better able to cope with mental job demands. Older drivers reported wanting to work fewer hours, and having a calmer work attitude.

Conclusion: The results of the research will be considered, including what participants believed could be done to help improve drivers' health (e.g. access to healthy hot food, understanding managers, good working equipment, information on health and exercise).

In chronological order
Underline denotes presenting Author

Symposium: Technology for dementia: Issues of power and identity

Technology & innovation

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 4.211

F-P6-C14 - Technology for dementia: Issues of power and identity

Symposium Abstract

In dealing with the challenges presented by an ageing society many commentators have identified technology as a key area that needs to be developed in order to address the needs of older people. While some have posited the potential for 'care robots', others have pointed to the existence of already existing technologies which already exist and which may have the potential to engage with the issues surrounding cognitive impairment and dementia. However, often missing from such discussions are the topics of power and identity. This symposium based on research being conducted as part of the EU funded INDUCT (Interdisciplinary Network for Dementia Using Current Technology) international training network throws light on this neglected area in research on technology and dementia. Yvette Vermeer will present work examining the topic 'Power and surveillance technology: What people with dementia and carers needs versus what technology providers provide'. She will show that the providers of such technology do not integrate the needs and views of users of such technology in their approach to the market suggesting at the very least that there is an imbalance of power in this sector. Sebastien Libert will shift the focus of the discussion to examine the relations of power present in what has been described as the 'economies of hope' surrounding technological developments in the potential prevention and treatment of dementia. He will address the tensions present in such activities with discourses of 'active ageing'. This session endeavours to overcome the absent issue of power in this field.

Chair

Paul Higgs - UCL, London, United Kingdom

343 - Power and surveillance technology: What people with dementia and carers needs versus what technology providers provide

Yvette Vermeer[1,2], Paul Higgs[1,2], Georgina Charlesworth[3,2]

[1]University College London, Faculty of Brain Sciences, Division of Psychiatry, London, United Kingdom. [2]Interdisciplinary Network for Dementia Using Current Technology (INDUCT), London, United Kingdom. [3]University College London, Faculty of Brain Sciences, Department for Clinical, Education, and Health Psychology, London, United Kingdom

Abstract

There is a growing availability of surveillance technologies (**ST**) that could be employed by people with dementia and carers to promote independence and safety (Niemeijer et al., 2010). Marketers recognize the importance of ST and numbers of such products are increasing accordingly (Wan et al., 2016). However little research has been concerned with what people with dementia and carers need in ST (Lauriks et al., 2007).

This study outlines the nature of the international surveillance market. A scoping literature review identified users' needs and experiences with ST and an online scan evaluated the marketing messages emanating from such providers of ST products.

The identified needs and challenges of individual users of ST were not reflected in the marketing messages of the providers themselves. Hence a mismatch between needs and marketing messages is apparent. Such a gap not only creates concerns for policy prioritising technology as the main solution to the social challenges of assisting care, but can also become a concealed manifestation of unequal power. ST for people with dementia are universal products also targeted to subordinated groups of prisoners, children, and animals. This represents a hidden dimension of power which should be recognised in research, and its effects challenged. One proposed counteraction would be to adopt research protocols that require such products are

based on the identified needs of the target group rather than extrapolating from general principles. Protocols could reduce any imbalance in power and help develop technologies that actually meet the challenges surrounding dementia.

424 - In search of a hopeful future: exploring meaning and power in dementia today

Sébastien Libert

University College London, London, United Kingdom

Abstract

In January 2018, Pfizer interrupts its major participation in the race for a cure to dementia following the 'continual setbacks' faced in its attempt (Pfizer News, 2018). Unsurprisingly, the news causes an important disappointment among actors of the multiple major public-private endeavours composing the field of dementia research today. This example illustrates some aspects of the dominant *political economy of hope* (Good 2010) shaping this field, especially its international mobilization of efforts and capital around the collective social imaginary of a *hopeful future* for people with dementia. However, explorations of the dynamics of *power* shaping the production and circulation of *meaning* about dementia in this widespread mobilization remain limited among health, social and ageing sciences. Based on a PhD research exploring dementia, technologies and society, this presentation therefore wishes to stimulate these disciplines' interest in conceptualizing power and meaning in such political economy, including their social and ethical dimensions. The turn towards more prevention, risk-tracking, early diagnosis and pre-dementia screening, the constitution and role of a *biosociality* (Rabinow 1996:99) around dementia, and their connection with the ideal of *active ageing* will be some of the themes covered. Such themes, illustrated by examples from various sources (newspapers, advertisement, policy and ethics reports, etc.), will be examined in relation to enlightening scientific theories. On the overall, this presentation wishes to engage a discussion with the audience on this matter to review/expand these arguments and inspire tracks for future research and public engagement.

Arts, leisure and consumption (dementia)

The arts, leisure & consumption

Time: 11:00 - 12:00
Date: 6th July 2018
Location: 4.212

451 - Improving holiday accommodation and service provision for people with dementia and their carers

Mananya Podee

Bournemouth University, Bournemouth, United Kingdom

Abstract

As people grow older, a range of age-related health conditions emerge, including dementia. The complexity of living with dementia creates potential barriers when attempting to improve their quality of life and reduce the impact of the development of their condition. Tourism is one of the methods to keep the minds of people with dementia active (Page et al. 2015). This will give them the opportunity to engage in tourism activities, allowing them to achieve a sense of equality and dignity. This research focuses on the relatively uncovered area of specialized service elements in holiday accommodation in order to support the development of dementia-friendly holiday accommodation. A narrative inquiry approach has been adopted in order for the researcher to fully access the participants' stories (Riessman 2008) from an individual point of view, including those who live with dementia and those who have experience of caring for this group. The in-depth interview technique has been selected and aids the richness of the data collected, through the participants' words, voices, language and narratives (Lichtman 2013). The findings of this study will support appropriate ways to allow people to understand the needs of those with dementia and their carers and may offer alternatives to service delivery in the tourism industry.

Lichtman, M., 2013. *Qualitative research in education: a user's guide*.
Riessman, C. K., 2008. *Narrative methods for the*

human sciences.
Page, S. J., Innes, A. and Cutler, C., 2015. Developing dementia-friendly tourism destinations: An exploratory analysis. *Journal of Travel Research.*

370 - Urban trees, woodlands and forests as places of mental well-being for people with early-stage dementia.

Mandy Cook

University of Dundee, Dundee, United Kingdom

Abstract

Evidence has emerged regarding the beneficial effects of being within green spaces for people with a range of health conditions, and in recent years, there has been a growing awareness that people with dementia should have the necessary environmental support and freedom to access the outdoors. For this PhD research, a critical insight into the meaning and use of the specific setting of woodlands and forests, and how they can contribute to positive mental well-being of people with dementia, was investigated by adopting ethnographic, participatory action research and case study approaches. Qualitative research provided knowledge and understanding about how participation in an intentionally designed woodland activity programme can add value to and benefit the lives of people with dementia living independently.

The intentionally designed experiences (IDEs) model (Ewert et al., 2010) has been adapted to present the findings from this research, which show how through active use of woodlands and forests, people with dementia find their experiences to be meaningful (Phinney et al., 2007). By engaging in the woodland activity programme, people with dementia found meaning in the pleasure and enjoyment they experienced, in their feeling that they still belonged in the world, and in their ability to retain a sense of autonomy and identity (Olsson et al., 2013).

The research reflects on the practical implications of the findings in terms of future policy development and the future management of trees, woodlands and forests in the UK.

285 - Providing equal accessibility to heritage settings for people with dementia by creating supportive environments designed according to their needs.

Monika Sharma[1], Helen Scholar[2], Anthea Innes[2], Jana Haragalova[3]

[1]Salford Institute for Dementia, School of the Built Environment, The University of Salford, Manchester, United Kingdom. [2]The University of Salford, Manchester, United Kingdom. [3]Historic Royal Palaces, London, United Kingdom

Abstract

There are limited opportunities for people with dementia to visit heritage sites in the UK. Research has shown the provision of appropriate support and attention to environmental factors may enable people with dementia and their care supporters to visit heritage sites, which in turn could provide valuable wellbeing and health benefits to the participants. The aim of this paper is to present the findings of research into how people with dementia living in the community can be supported to access heritage settings, using our work with the Sensory Palaces Programme at 'Historic Royal Palaces'. This study aims to understand the views of people with dementia, their care supporters, and staff on the value of visiting historic sites where the sessions are delivered.

The evaluation uses a mixed methods approach, including ethnographic observations of sessions, structured observations of participants using Dementia Care Mapping, Pre and post session questionnaires, and interviews with people living with dementia, their carers, and session facilitators.

The findings of this study suggest it is possible to create inclusive environments that accommodate the needs of people living with dementia, whilst providing a welcoming, stimulating experience and generating a sense of autonomy. Our work indicates that participating in a programme delivered in a historic setting is highly valued by people with dementia and their family members. This paper identifies components of the programme design that could be adapted to enable people with dementia to participate in heritage based activities and environments in other areas.

56 - ‘Still Me’: Creating dementia friendly spaces to support the maintenance of identity and wellbeing through the arts

Christine Milligan

Centre for Ageing Research, Lancaster University, Lancaster, United Kingdom

Abstract

Dementia friendly communities emerged from the â€˜age-friendlyâ€™ movement that has been supported by the WHO for some time. This recognizes that like most older people, those with dementia desire to remain in their own homes, and their own communities, for as long as possible. But it also recognizes the significant socio-environmental challenges this can present. Transforming attitudes to dementia, supporting family and friend caregivers, and promoting meaningful participation for all in the community are essential to the success of any such movement.Â This paper draws on a qualitative evaluation of one such programme that has sought to develop innovative dementia friendly spaces through the arts and arts performance. Focusing on the Dukes Theatre in Lancaster and its partner theatres and cinemas, I discuss how these venues have, over a three year programme of work, developed spaces in which both people with dementia and their family carers can continue to meaningfully participate in ordinary everyday activities that can be crucial to maintaining the sense of belonging and partnership often lost as the dementia journey progresses. Whilst efforts to implement change at the city and community level are laudable, I suggest that it is perhaps at this micro-scale of individual places that we are more likely to successfully implement change.

In chronological order
Underline denotes presenting Author

Parallel Session 7 (P7)

Time: 13:00 - 14:30
Date: 6th July 2018

Symposium: Environments for ageing: social spaces and food places

Health & social care practices & contexts

Time: 13:00 - 14:30
Date: 6th July 2018
Location: Theatre A

F-P6-C3 - Environments for ageing: social spaces and food places

Symposium Abstract

There is an ever-pressing need for innovations that facilitate interconnected health and social care solutions for older adults. To enable this, revealing and understanding older adults' experiential accounts of community spaces is a good starting point. The symposium explores these accounts in both traditional and progressive social spaces that enable participation in later life. Together they reveal older adult social life in a variety of contexts and explore environments such as; lunch clubs, supermarkets and gendered spaces. We consider some of the barriers and facilitators to wellbeing, isolation and participation in later life, as we discuss four projects across two main research areas; health and social care and social gerontology.

The papers, based on qualitative studies, consider issues of social isolation, food security, living alone, and the role of food/meals/shopping in later life. There is a food related focus with analysis of traditional social spaces such as lunch clubs, both Brown et al and Johnson discuss findings related to commensal relationships. In these papers we explore the connections between social eating spaces and social connectedness. Dickinson reflects on older adults' connections and interactions with the broader food system, food (in)security and vulnerability. Fisher et al. considers the juxtaposition of gendered experiences of participation, wellbeing and connectedness through their work with Age UK studying the Men in Sheds organisation. In this symposium, we aim to provide empirically-based perspectives of social spaces that could facilitate positive ageing from a gendered, operational and future health and social care policy perspective.

Chair

Ema Johnson - Sustainable Consumption Institute, University of Manchester , Manchester, United Kingdom

341 - 'I knock things about, get rid of some of my tension, talk about things and have a cup of tea' Men in Sheds as facilitative environments for older men's wellbeing

Jenny Fisher, Rebecca Lawthom, Gillian Yeowell, Sandra Hartley, Emma-Reeta Koivunen

Manchester Metropolitan University, Manchester, United Kingdom

Abstract

Men in Sheds is a global community-based approach to supporting older men to age well and reduce the impact of social isolation in their lives. The Sheds vary according to their location, the organisations that fund and / or run them, and the activities that are on offer for the men. There is limited academic attention on the experiences of older men's engagement in social activities for well-being, compared with women, and the number of older men living alone in the UK is increasing. Social spaces provide an environment for people to connect and meet through engagement in activities.

This paper draws on a study of Men's Sheds, with eighty men and ten family members, that aimed to explore what worked about the Sheds, for whom it worked and in what way, and to consider the role of Men's Sheds in supporting men and their families around wellbeing, relationships, community connectedness and proving social spaces. A mixed-methods study was undertaken including surveys, interviews, a focus group and photo diaries. Thematic analysis of the qualitative

date indicated that the Men in Sheds provided a social environment for the men and facilitated their social connectedness, reduced feelings of isolation. Attending the Sheds provided a work environment after retirement and enabled the men to talk about health in meaningful ways. Through attending a facilitative and social environment for older men that allowed them to socialise and engage in activities, the men's wellbeing imporved following retirement, loss of a spouse or experiences of ill-health.

347 - Maintaining the mundane - the social significance of the supermarket café

Ema Johnson

Sustainable Consumption Institute, Manchester University, Manchester, United Kingdom

Abstract

This paper explores the supermarket café as one dimension of a multi-site ethnography, which examined a range of social spaces and eating places purposefully for or popular with older adults for meal provision. The research takes place in the working-class seaside town of Blackpool, across four sites; a social club, a library café, a community centre lunch club and a supermarket café. The sites enabled an exploration of; market, private and community institutions. Therefore, producing a cross-section of common meal provision experienced by older working-class adults.

The aim was to uncover the experience and understanding of these modes from the perspective of the service providers and older adults. Methods included participatory and observational data collection initially, followed by in-depth interviews. To understand the experiences and meanings people attribute to their meal provisioning practices in relation to maintaining a sense belonging and social participation.

Analysis revealed the supermarket café is often a forgettable space of mundane inconspicuous consumption and yet significant to leisure practices and family life of older adults. Moreover, it can provide a punctuating experience to weekly routines, a busy space to dwell and becomes the main source of familial commensality for some. The paper concludes the supermarket café environment acts as a port of elder social life conducive of everyday participation. Furthermore, with small changes to local commercial and operational policy café spaces such as these could become more inclusionary for older adults, especially those on low incomes or lacking access to appropriate transport.

351 - "Even if you are lonely, do you want to be around lots of other lonely people?" Increasing the attractiveness of community lunch clubs as facilitative environments for ageing.

Laura Brown[1], Zinnia Mitchell-Smith[2], Jenny Fisher[2]

[1]University of Manchester, Manchester, United Kingdom. [2]Manchester Metropolitan University, Manchester, United Kingdom

Abstract

Eating with others (commensality) has been associated with a number of health and wellbeing benefits, including improved nutritional intake (Hays & Roberts, 2006), reduced depression (Tani et al., 2015), reduced loneliness (Skingley, 2013), increased well-being (Milligan et al., 2015), and the development of more robust social networks (Vesnaver et al., 2015). As many older people have limited opportunities for eating with others, community lunch clubs represent important social spaces in which older people can gain these benefits. The aim of this study was to examine the psychosocial barriers and facilitators to attending community lunch clubs that may be faced by older people. To achieve this, interviews and focus groups were conducted with community-living people, aged 59-85 years, who either did or did not regularly eat with other people, as well as with staff and volunteers working with these populations. Participants' views were elicited by asking them to reflect on their own social eating experiences; discuss printed adverts for existing community lunch clubs; and consider hypothetical vignettes describing older adults who were invited to attend a social eating group. Thematic analysis of verbatim transcripts revealed a number of barriers and facilitators to social eating, including

those associated with the social identities of older people, and the stigma of functional difficulties associated with ageing. The results also highlighted clear suggestions as to how the advertisement and running of community lunch clubs could be improved in order to enhance their potential as facilitative environments for ageing.

379 - The contribution of everyday food spaces to the social engagement of older people - the case of the supermarket.

Angela Dickinson, Wendy Wills, Ariadne Kapetanaki, Sue Halliday

University of Hertfordshire, Hatfield, United Kingdom

Abstract

Very little is known about how, where, when and why older people interact with the UK food system or how this affects their food security, influences social isolation or impacts on vulnerability. This paper will draw on data from a study funded by the ESRC in collaboration with the Food Standards Agency (FSA) and for the purposes of this paper focuses on supermarket settings.

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).

Older people interacted with a range of food settings both generic and those specifically targeted at older people such as lunch clubs. Supermarkets were the main place used to acquire food in this study, but older people sourced food from gardens, allotments, lunch clubs, meals-on-wheels, specialist food deliveries and family.

Online food shopping was not used by any of the older people in this study- people preferred to go to shops in person- for social reasons. However, analysis of the video data revealed that social interactions in supermarkets were often transitory and limited in nature.

Older people described supermarket visits as an opportunity for social interaction, but for many, supermarket shopping presented challenges. More could be done to ensure that food places, in particular supermarkets are inclusive spaces that help maintain older people's independence and dignity in food acquisition and impact on health, well-being and ultimately reduce malnutrition.

380 - The contribution of everyday food spaces to the social engagement of older people - the case of the supermarket

Angela Dickinson[1], Wendy Wills[1], Ariadne Kapetanak[2], Sue Halliday[2]

[1]Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, United Kingdom. [2]Business School, University of Hertfordshire, Hatfield, United Kingdom

Abstract

Very little is known about how, where, when and why older people interact with the UK food system or how this affects their food security, influences social isolation or impacts on vulnerability. This paper draws upon data from a study funded by the ESRC in collaboration with the Food Standards Agency (FSA) and focuses on the aspect of supermarket settings.

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Older people generally described supermarket visits as an opportunity for social interaction, but we noted that for many, shopping in supermarkets presents a number of challenges. More could be done to ensure that food places, in particular

supermarkets are inclusive spaces that help maintain older people's independence and dignity in food acquisition and impact on health, well-being and ultimately reduce malnutrition.

Symposium: The growth of the evidence base for housing adaptations and its contribution to the ageing in place agenda - a UK perspective

Environments for ageing in the 21st century

Time: 13:00 - 14:30
Date: 6th July 2018
Location: Theatre B

F-P7-C2 - The growth of the evidence base for housing adaptations and its contribution to the ageing in place agenda - a UK perspective.

Symposium Abstract

The majority of people will age in mainstream housing designed prior to our current understanding of how the physical and sensory aspects of the home environment impact on independence and safety. Housing adaptations overcome the issue of poorly designed mainstream housing by improving the accessibility and usability of the home. By providing permanent or semi-permanent alteration to the physical aspects of a home, housing adaptations can help restore and improve a person's ability to carry out the everyday tasks they want, need, or have to perform as they age. The assessment and provision of housing adaptations has therefore been a part of housing, health and social provision for decades. It has been argued that the evidence base that supports the role of housing adaptations in improving health and well-being is weak. Furthermore, the lack of creative policies and investment in housing adaptation services required to meet the growing needs of an ageing population, has been blamed for on the weakness of evidence in this area. The evidence base, however, is growing in the UK and the purpose of this symposium is to explore this work. The diversity of papers presented at this session (a systematic review of housing adaptations, the older person's perspective of adapting the home, the effectiveness of bathroom adaptations, and understanding the role of professionals in the adaptations process) illustrates and reflects the range of evidence needed to influence policy and investment in this field of ageing in place.

Chair

Rachel Russell - University of Salford, Salford, United Kingdom

410 - The role of home adaptations in improving later life: national policy, local service design and practice

Jane Powell[1], Sheila Mackintosh[2], Rachael Hocking[3], Catherine Foot[3]

[1]University of the West of England, Bristol, United Kingdom.
[2]University of the West Of England, Bristol, United Kingdom.
[3]Centre for Ageing Better, London, United Kingdom

Abstract

This paper presents the findings and recommendations of a systematic review and synthesis of the international evidence on the role of home adaptations in improving later life. It will further discuss the next steps of the Centre for Ageing Better, and how to build on the evidence review to ensure more people in later life live in housing suited to their needs.

A range of academic databases and 'grey literature' were searched. These articles and reports were screened for relevance and then critically appraised and scored for quality. Sixty studies were eligible for inclusion in the systematic review.

There was strong evidence that making small changes to the home or (minor home adaptations) are an effective and cost-effective intervention for preventing falls and injuries, improving performance of everyday activities and improving mental health. There is good evidence that both minor and major home adaptations can improve a range of outcomes for people in later life, especially when they are completed in combination with any necessary repairs, are

delivered in a timely manner and are in line with people's personal goals. There is good evidence that the best outcomes are achieved when families and carers are involved in the decision-making process. People can be put off installing adaptations until they reach crisis point, as they do not wish to change or medicalise their home.

Adapting the home environment by making small changes is important to enable people to remain living at home independently in the community for longer.

653 - Lived Experiences of Home Adaptations for Older People

Cathy Bailey[1], Phillip Hodgson[1], Dominic Aitken[2], Gemma Wilson[1]

[1]Northumbria University, Newcastle upon Tyne, United Kingdom. [2]Newcastle University, Newcastle upon Tyne, United Kingdom

Abstract

Adapting the home to changing need is known to support older people to stay at home, even with limited mobility or long term health conditions. The Centre for Ageing Better commissioned qualitative research to understand motivations for and barriers to acquiring home adaptations and their impact on quality of life. The research was led by a team from Northumbria University, in partnership with Newcastle City Council (NCC), North Tyneside Council (NTC), Newcastle University and Elders Council of Newcastle. Data were collected from two Local Authority sites (Newcastle City Council, North Tyneside Council). A non-representative sampling profile captured diversity and included: age range (65-74, 75-84, 85+), gender, ethnicity, house type and tenure, household composition, minor or major home adaptation and its funding source. Six older adults (three from each site) received training to use a discreet wearable still camera for a one day period within their own home, this automatically capturing taken for granted, everyday use of and interaction with, home adaptations. A further 24 participants took part in a home based, qualitative interview (12 at each site) to explore the range of impacts of home adaptations on the lives of older people. The study also gathered 'lived working experiences' of a range of practitioners (n= 39) seeking best outcomes for home adaptations' users. Key findings emphasise an urgent need for positive messaging about home adaptations, ,that increases to the UK Government Disability Facilities Grants (DFG) budget need simultaneous increases in funding to aspects of the adaptation processes, such as

153 - Bathing adaptations in the homes of older adults (BATH-OUT): Results of a feasibility Randomised Controlled Trial (RCT)

Phillip Whitehead[1], Miriam Golding-Day[2], Stuart Belshaw[2], Tony Dawson[3], Marilyn James[2], Marion Walker[2]

[1]Northumbria University, Newcastle, United Kingdom. [2]University of Nottingham, Nottingham, United Kingdom. [3]Nottingham City Council, Nottingham, United Kingdom

Abstract

Unpublished abstract.

12 - Development of a process protocol to guide practice in the design and construction of home modification for older and disabled people

Rita Newton[1], Rachel Russell[2]

[1]Manchester University, Manchester, United Kingdom. [2]University of Salford, Salford, United Kingdom

Abstract

Home environments that support and improve people's ability to perform everyday activities of daily living provide individuals with an opportunity to achieve successful ageing in place. Occupational therapists are expert in analysing the transaction between the person and their environment and they use the design and construction methods to redress the imbalance caused by the ageing process or disability. This skill is recognised by many, including governments, who utilise the expertise of occupational therapists to deliver housing modification programmes. However, the role of the occupational therapist within housing modifications services has been criticised. In particular, practitioners have been accused of clinical practice that is dis-organised and not founded on the theoretical principles

of the profession. To address this problem, a study was conducted to adapt a design and construction process to structure the process used by occupational therapists. A survey, involving 136 UK based occupational therapists completed an online questionnaire. Qualitative data generated from the questionnaire was analysed using a directed content analysis approach, with the Occupational Therapy Intervention Process Model (Fisher, 2009) and the Design and Construction Process Protocol (Cooper, et al 2008) acting as theoretical frameworks for generating the codes and themes from the data. From the codes and themes, a 4 phase 9 sub-phases home modification process was developed. This paper presents how knowledge and processes taken from the constuction industry have improved the clinical knowledge and practice of Occupational Therapists involved in modifying the homes of older and disabled people.

46 - The benefits and challenges of adapting the home to enable people to age in place

Sue Adams

Care & Repair England, Nottingham, United Kingdom

Abstract

Over the past half century both the demographic and also the housing tenure profiles of British society have changed dramatically. This is due to the increase in life expectancy combined with a radical shift from renting to home ownership during the 1980s and 90s, followed by the rise of the private rental sector.

These changes are combining to create growing social issues with regard to enabling people to age in place. The affordability of home modifications and housing maintenance in later life is a significant issue amongst lower income older home owners, whilst the difficulties resulting from ageing in the private rented sector are just starting to emerge.

In the health and social care sectors 'integration' is the headline aspiration and a key policy driver. Such integration and wider NHS reforms are expected to result in reduced hospital use and more health and care services delivered at or closer to home. However, the quality and suitability of those homes, and the resulting impacts of housing shortcomings on occupants' health, safety and ability to maintain independence, receive limited attention.

The role of home adaptation is mentioned in the context of integration policy, but the challenges experienced by older people who want/ need to adapt their homes to age well in place are considerable. This presentation will examine the emerging picture with regard to home adaptations delivery best practice and related policy issues.

Supporting healthy ageing

Health & social care practices & contexts

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 1.218

325 - How Are We Teaching Older Adult Exercisers? A Qualitative Study of Fitness Instruction

Kelsey Harvey[1,2], Meridith Griffin[1,2]

[1]McMaster University, Hamilton, Canada. [2]Gilbrea Centre for Studies in Aging, Hamilton, Canada

Abstract

This research aims to answer the question: What educational role do exercise instructors for older adults play, and how might this affect the inclusivity/exclusivity of the social exercise environment? To address this question, a constructivist grounded theory methodology is employed to explain the educational methods used by exercise instructors, as well as an institutional ethnography methodology to uncover the power relations embedded within five major curricula used to train and certify older adult exercise instructors in Canada and the United States. Methods include a scoping review, textual analyses of instructor training curricula, observations, and interviews. Findings from a preliminary scoping review revealed that fitness instructors: are key to fostering social cohesion, serve as cultural intermediaries between fitness culture and exercisers, should possess

leadership and interpersonal skills, should possess both exercise and gerontological competence, and are educators. Educational skills are thus recognized as an important skill that exercise instructors should possess, but scant empirical attention has been paid to this topic. Given that exercise instructors are a social determinant of exercise adherence and enjoyment1, it is crucial to understand how instructors' educative role contributes to exercise outcomes, in order to capitalize on the educative methods that foster more socially cohesive and inclusive exercise environments for older adults.

1 Carron, A. V., & Spink, K. S. (1993). Team building in an exercise setting. *The Sport Psychologist, 7*, 8-18.

239 - Exergaming: performing to stay active and healthy in older age

Ines Jogl, Thomas Mayer, Susanne Dober

University of Vienna, Vienna, Austria

Abstract

The use and development of exergames has become widespread in gerontological research particularly in the context of Active and Assisted Living (AAL). In discourses around 'active ageing' and 'ageing in place', exergames are discussed as supporting older adults to remain physically and mentally fit which in turn allows them to better age in place. This empirical contribution critically examines how ideas of staying active are performed by older adults during a 10-month test and evaluation phase of the EnterTrain exergaming system, a gaming system developed within 'EnterTrain' - an ongoing AAL research project.

Altogether 40 participants aged 65 and older test the games which are installed in their homes. Empirical material used for the analysis consist of qualitative in-depth interviews with test users during the trial phase as well as participant observations. Observations during the initial installations of the gaming system contribute to a better understanding of how the participants understand and perform ideas of staying active and in good shape.

The theoretical basis of this contribution is the self-determined theory by Edward Deci and Richard Ryan (2000). According to the self-determined theory, exercising is related to different kinds of motivations following different values. Motivation types are differentiated in autonomous, with a spectrum from intrinsic to extrinsic motivation, and controlled motivation, consisting of external and introjected regulation (Deci and Ryan 2008). Additionally, in order to better capture the interplay of symbolizations and physical performances analytically, Schroeter's concept of the "Doing Age" (2012) is considered.

147 - 'My dentist never told me': Research on the oral health of older people

Anthea Tinker, Oluwatunmise Awojobi, Ali Al Dahwy, Abayen Ahilan, Kiarash Faryabi-Araghi, Vania Hassan, Ross Hills, Timothy Kwaskowski, Li Guanhong, Pippasha Khan, Jennifer Gallagher

King's College London, London, United Kingdom

Abstract

Older people represent a growing section of the population within the United Kingdom and globally1. Oral and dental diseases impact on health and wellbeing. The most common are largely preventable through appropriate self-care and behaviours, supported by regular dental attendance. The main aim of this research was to explore how older people may be supported in maintaining their oral health through regular self-care as they become older. The secondary aim was to provide dental students with this knowledge and offer appropriate recommendations to healthcare services, product manufacturers and those involved in dental education.

The research workshops took place in a Health and Leisure Centre in South London with 8 dental students from years 2 – 4 conducting small group discussions with participants. Older adult participants were recruited through a variety of local organisations. There were 17 participants (3 male and 14 female) aged between 63 and 94 years and 41% were white. Discussions revolved around the main oral health issues they face and identifying advice that would be helpful. Students analysed the responses and categorised them into five main areas of concern including costs and organisation of NHS dentistry, fluoride, dental

anxiety, changes in oral health and taking up good habits. The students devised responses in the form of illustrated leaflets (the participants' choice) which were then discussed at a further workshop. In the light of their feedback, leaflets were modified. The implications of this research relating to policy, practice and dental education will be discussed.

498 - "Just another day": The lived experience of being a hundred years old for ten New Zealanders

Kay de Vries[1], Ashwina Ratan[2]

[1]De Montfort University, Leicester, United Kingdom. [2]Victoria University of Wellington, Wellington, New Zealand

Abstract

The aim of this study was to gain an understanding of the experiences of extended longevity as perceived by centenarians. Centenarians (people over one hundred years of age) are the fastest growing group of the ageing population in developed countries. Ten centenarians aged between 100 and 106 years, living in the Lower North Island of New Zealand, participated in the study. Biographical narrative interpretive method of inquiry guided data collection through face-to-face interviews, and thematic analysis was subsequently undertaken. Four themes were identified: 1) 'becoming a centenarian: "Just another day"'; 2) 'growing up in a privileged environment' that revealed four sub-themes: 'having freedom and choice'; 'being loved and nurtured'; 'living healthy lifestyles'; and having 'good education prospects'; 3) 'unique opportunities in adult life' and; 4) 'positive ageing and celebration of longevity'. The centenarians spoke nonchalantly about their experience of turning a hundred and positive personalities were prominent features of the participants, who all expressed a sense of acceptance and satisfaction with life and contentment with living in the present, a feature throughout their lives that was ongoing at an intergenerational level. This study has provided further insights into the existing literature on longevity and through the narratives of the centenarians has demonstrated the value of Erikson's psychosocial stages of development and Tornstam's theory of gerotranscendence.

95 - A case study for reducing mortality inequalities in lower socio-economic groups: Learning from the Whiteley Village retirement community.

Alison Armstrong[1], Chandra McGowan[2]

[1]Whiteley Foundation for Ageing Well, Walton-on-Thames, United Kingdom. [2]Whiteley Homes Trust, Walton-on-Thames, United Kingdom

Abstract

Whiteley Village is a retirement community. It is unique in the UK in providing cottages for independent living, a care home, and extra care apartments for elderly from lower socio-economic groups. Such individuals would normally be expected to have a lower life expectancy, yet analysis of 100 years of resident data indicates that resident longevity is comparable to higher socio-economic groups (especially for women). We therefore present Whiteley Village as an excellent case study for elderly living that is not based on high personal income. Learning from Whiteley Village could form part of a UK-wide reduction in mortality inequalities experienced in lower socio-economic groups.

For over a century, Whiteley Village has been providing housing, care and support for the elderly of limited means. It houses 500 residents, spanning a 40-year age range, located in 225 acres of Surrey woodland, and is managed by the charity, The Whiteley Homes Trust. There are several inter-related reasons for the increased resident longevity, including: community connections, support and involvement; security and safety; and sense of purpose. These factors help to reduce the negative impacts of deprivation and isolation.

Whiteley Village has a rare opportunity to be bold and innovative in the research we do, and the practical interventions we study. Our research collaborations further highlight the benefits and opportunities for living well in older age. We are investigating diverse topics, such as: the role of technology in elderly living/care; intimate and sexual relationships; mental, emotional and spiritual care; and choice and empowerment.

In chronological order
Underline denotes presenting Author

Service delivery for people with dementia

Health & social care practices & contexts

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 1.219

80 - Use of an integrated and augmented needs-based framework to identify issues affecting effective provision of services for people with dementia and family carers

Chiara De-Poli[1], Jan Oyebode[2], Mara Airoldi[3], Richard Glover[4]

[1]London School of Economics and Political Science, London, United Kingdom. [2]University of Bradford, Bradford, United Kingdom. [3]Blavatnik School of Government, University of Oxford, Oxford, United Kingdom. [4]North East Commissioning Services, Durham, United Kingdom

Abstract

People with dementia and their supporters often find negotiating services complex and confusing. Indeed, the provision of services is a complex task, given variations in people's contexts, the way dementia affects individuals, and personal preferences. As part of a 5-year action research project to improve dementia care using co-creation principles in an area of North-East England, we wanted to find out more about the effectiveness of local care pathways. To do so, we conducted a series of 23 in-depth interviews with people with dementia and family carers to identify key needs, and barriers and facilitators that influenced whether these needs were met. Framework analysis was undertaken by integrating and augmenting pre-existing frameworks for physical (Scholzel-Dorenbos et al., 2010), practical (Wancata et al., 2005) and psychosocial (Kitwood, 1997) needs of people with dementia, and practical (Wancata et al., 2005) and fundamental (Pini et al., 2017) needs of carers. Key needs of people with dementia included help with self-care, getting out and about, and finding/maintaining meaningful occupation. Family members stressed their needs for information about dementia, services and strategies for caring. Lack of continuity, fragmentation of services, and breakdowns in communication were barriers to effective care. Successful support was frequently facilitated by a key, trusted, committed, health or social care professional, from any of a range of organisations and disciplines. We propose conclusions about how services could better meet needs of people with dementia and their families.

550 - Barriers and facilitators to implementing Dementia Care Mapping: Evidence from the EPIC Trial Process Evaluation

Alys Griffiths[1], Rachael Kelley[1], Ivana Holloway[2], Rebecca Walwyn[2], Amanda Farrin[2], Vicki McLellan[2], Clive Ballard[3], Jane Fossey[4], Byron Creese[3], Lynn Chenoweth[5], Murna Downs[6], Lucy Garrod[4], Elizabeth Graham[7], Amanda Lilley-Kelly[2], Adam Martin[2], David Meads[2], Louise Robinson[8], Najma Siddiqi[9,10], Graham Stokes[11], Daphne Wallace[6], Claire Surr[1]

[1]Leeds Beckett University, Leeds, United Kingdom. [2]University of Leeds, Leeds, United Kingdom. [3]University of Exeter, Exeter, United Kingdom. [4]Oxford Health NHS Foundation Trust, Oxford, United Kingdom. [5]University of New South Wales, Sydney, Australia. [6]University of Bradford, Bradford, United Kingdom. [7]Bradford Teaching Hospitals NHS Foundation Trust, Bradford, United Kingdom. [8]University of Newcastle, Newcastle, United Kingdom. [9]University of York, York, United Kingdom. [10]Bradford District Care Foundation Trust, Bradford, United Kingdom. [11]HC-One, London, United Kingdom

Abstract

Dementia Care Mapping (DCM™) is an observational tool used to help improve delivery of person-centred care to people with dementia in formal care settings (Bradford Dementia Group, 1997). The efficacy of DCM has been explored in recent controlled studies, with two demonstrating significant benefits for quality of life and reduced agitation, and two showing no benefits. However, issues have been noted with the implementation of DCM, particularly in those trials where the intervention was care home led. The EPIC Trial (Surr et al., 2016) aimed to explore the effectiveness and cost-effectiveness of DCM. People living with dementia (n = 987) from 50 care homes (DCM intervention = 31, control = 19) participated. Intervention homes received training for two members of staff and were asked to

implement 3 'cycles' of DCM over 15 months. The first cycle was supported by an expert DCM user. A sub-set of 18 intervention homes participated in an integrated process evaluation. Semi-structured interviews (n=75) with expert mappers, care home/unit managers, DCM mappers, residents, staff members and relatives were conducted, alongside analysis of DCM documentation. Using thematic analysis, three main themes were identified: intervention barriers and facilitators, for example the paperwork involved; trial barriers and facilitators, for example the degree of support offered by the expert mappers; and care home level barriers and facilitators, for example support from the care home manager. These findings have implications for the future development of mapper training and for understanding the support required to effectively implement DCM in practice.

217 - The application of a Discrete Choice Experiment to explore the preferences of people with dementia and carer in home support services in early-stage dementia: implications for practice and research

Helen Chester[1], Paul Clarkson[1], Linda Davies[2], Caroline Sutcliffe[1], Sue Davies[1], Jane Hughes[1], David Challis[1]

[1]Personal Social Services Research Unit, Division of Population Health Health Services Research and Primary Care, School of Health Sciences, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, University of Manchester, Manchester, United Kingdom. [2]Manchester Centre for Health Economics, Division of Population Health, Health Services Research and Primary Care, School of Health Sciences, Faculty of Biology, Medicine and Health, Manchester Academic Health Science Centre, University of Manchester, Manchester, United Kingdom

Abstract

This paper explores the application of a Discrete Choice Experiment (DCE) method in research in health and social care in particular in the field of dementia. It uses data collected within NIHR programme of research, 'Effective Home Support in Dementia Care: Components, Impacts and Costs of Tertiary Prevention'.

Findings from a DCE conducted to establish the relative value of different attributes of home support from the perspective of people with early-stage dementia and their informal carers will be reported. The design of the experiment was informed by evidence synthesis and lay consultation. Preferences from 44 people with dementia and 103 carers were obtained through DCE questionnaires administered either face-to-face or online. A conditional logit model was used to determine the attributes most preferred by people with dementia and their carers. Subgroup analyses were undertaken to explore whether preferences varied between people with dementia and their carers and by method of administration. Findings of potential utility to those developing and providing home support services in early-stage dementia will be presented. Additionally, the strengths and limitations of the DCE approach as applied in this context will be critically appraised to inform future research.

419 - Findings from a three year study: Experiences of dementia services by people living with young onset dementia

Tracey Williamson, Luisa Rabanal, John Chatwin, Chris Sewards, Andy Walker, Maria O'Sullivan, Conor Griffiths, Cristina Vasilica, Christian Clausner

University of Salford, Salford, United Kingdom

Abstract

People with young onset dementia (YOD) are commonly in their forties or fifties, yet health and social care services are commonly focused on meeting the requirements of older adults with dementia, therefore not fitting the needs of younger people with dementia. Findings are presented publicly for the first time following the end of the three-year study which completes in July 2018. Fifty participants comprising people living with YOD and their family carers plus twenty-five dementia services staff were interviewed about their experiences of using services in the City of Salford. Data were analysed using thematic analysis and a wealth of insights were gained including: need for more information about leisure/hobbies available; support to identify signs of dementia; psychological and practical coping strategies participants use; value of peer support; support needs at diagnosis; and information needs e.g. timing.

Actions to influence practice include development of: an 'early warning signs' leaflet for people living with YOD; an online/paper-based booklet and video of motivational and supportive 'carer support' statements; a handheld video-book of findings and positive 'carer support' statements; a dementia services summary information flyer.

Future research is needed to explore experiences of people affected by YOD in other settings and perhaps longitudinally. Also there is a need to evaluate the impact of the study outputs. Services can be enhanced to better meet needs of people living with YOD without too much effort/ resource. This paper will interest people living with dementia, researchers and research funders.

177 - Nostalgia ain't what it used to be... or is it? Exploring the psychological benefits of nostalgia for people with dementia.

Gary Christopher[1], Richard Cheston[1], Sanda Ismail[1], Emily Dodd[1], Constantine Sedikides[2], Tim Wildschut[2]

[1]University of the West of England, Bristol, United Kingdom.
[2]University of Southampton, Hampshire, United Kingdom

Abstract

Given inconsistent evidence for the efficacy of reminiscence therapy in dementia care, there is a need to systematically examine what the active elements are (e.g., nostalgia; Ismail et al., submitted). Although nostalgia has been neglected in dementia research, non-clinical studies show that nostalgia buffers people against threat (Routledge et al., 2013). Dementia can be conceptualised as an existential threat (Cheston et al., 2015). To begin with, we wanted to see if the benefits of nostalgia already established in non-clinical populations could be replicated in a sample of people with dementia. Next, we wanted to assess the psychological buffering effect of nostalgia by seeing if it helped people process information about their condition. Research has shown that there is a self-protective memory bias in dementia, such that threatening information is less well remembered (Cheston et al., 2015). Three experiments were conducted to assess the impact of nostalgia on psychological well-being and memory recall. Nostalgia (compared to control) significantly increased social connectedness, meaning in life, self-continuity, optimism, self-esteem, and positive affect. Nostalgic participants also recalled significantly more self-referent dementia-related information. Findings replicate prior evidence from non-clinical populations that nostalgic recall significantly enhances psychological resources. The finding that nostalgia increased recall of self-referent statements about dementia suggests that nostalgia lends participants the fortitude to face the threat posed by their illness (Ismail et al., submitted). This has clinical implications, for instance in facilitating adjustment to a diagnosis of dementia. We argue that nostalgia is in fact the active component in reminiscence therapy.

405 - Living Memories: Using Archival Film for Reminiscence Activities with Persons Living with Dementia

Brian Norris

Living Memories, C.I.C., Exeter, United Kingdom

Abstract

Archival materials are increasingly being incorporated into products and interventions as part of practice with older people. One area of this work involves the use of archival films, videos, photographs, and television and radio broadcasts in tools for reminiscence activities with older people, in particular, individuals living with dementia. Interest in the well-being benefits of this work is based on the ability of these multi-sensory materials to stimulate memories of the past in the person with dementia, and to afford opportunities for increasing communication and social interaction with caregivers and others. One current application of archival film for reminiscence activities is the Living Memories project, drawing on a major proprietary archive covering social and industrial life in Britain from the 1930s onwards. This presentation will describe the development of tools being produced from this material including a series of DVDs and an accompanying reminiscence guide of topics and questions for use by family members and practitioners. Issues such as the tailoring of content to particular audiences, for example, men who may struggle to engage with more generically-targeted social activities for persons with dementia, will also be addressed. Experiences

to date of employing these tools in settings such memory cafés, and with a variety of professional and other user groups will be reported. A related Twitter feed (@memorytriggers) to help younger people communicate with those who grew up in the 1940s-60s and an application for use on mobile devices by care homes, hospitals and other organisations will also be described.

Dementia: theoretical perspectives

Unequal ageing

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 2.218

440 - Risking vulnerability: The precariousness of living with and caring for those with dementia

Alexandra Hillman[1], Ian Jones[1], Catherine Quinn[2], Sharon Nelis[2], Linda Clare[2]

[1]Wiserd, Cardiff University, Cardiff, United Kingdom. [2]REACH, University of Exeter, Exeter, United Kingdom

Abstract

This paper poses the question: how can the concept of precarity help us understand the experiences of those living with or caring for those with dementia and their relative capacities and resources for living well? The concept of precarity recognises the vulnerabilities of older people living with dementia who may, due to increasing forms of dependence, no longer fit shared cultural frameworks regarding what constitutes or counts as a valued life. Discourses of successful and active ageing in particular, create distinctions that potentially devalue and reinforce conditions of increased vulnerability for certain groups, including those older people with physical and cognitive frailty. Precarity is also a concept that highlights life's essential riskiness; it represents a universal insecurity, vulnerability and suffering that suggests precariousness is inherently shared but unequally experienced, with certain lives remaining more susceptible to risks than others. Drawing on qualitative interviews with people living with dementia and their relatives/carers, undertaken as part of the IDEAL study, we aim to identify the contexts and circumstances that contribute to experiences of precarity and to investigate the relationship between people's life experiences and their perceptions of risk, vulnerability and the future in the context of living with dementia.

132 - Discovering Dementia: The Visibility of Deviance

James Fletcher

King's College London, London, United Kingdom

Abstract

Cognition broadly declines with age in most people from their 20s to 30s onward, and dementia-associated pathologies such as beta-amyloid aggregation are common among older people. Therefore, many older people exhibit the pathological and clinical characteristics of dementia. Considering this population of potential people with dementia, one may wonder what distinguishes those who are considered to have dementia from those who are not. One reason may be the perception of deviance in social interaction. The sociology of deviance suggests that we rely on assumptions of normal behaviour to help us interpret other people when we interact with them. When a person acts normally, we deem them normal. When a person acts abnormally, we deem them deviant. Applying this understanding to data from in-depth interviews with people with dementia, I outline three means through which we may be led to interpret a person with whom we interact as having dementia: speech, temporality and novelty. I consider these to be conduits through which deviance becomes visible. These three methods of visibility represent key moments in a person's transition from 'person' to 'person with dementia'. Through such an approach, a relational process of being discovered as a person with dementia is revealed.

439 - Letting go of coherence: Qualitative interviews and the challenges of representing dementia

Alexandra Hillman[1], Ian Jones[1], Catherine Quinn[2], Sharon Nelis[2], Ruth Lamont[2], Linda Clare[2]

[1]Wiserd, Cardiff University, Cardiff, United Kingdom. [2]REACH, University of Exeter, Exeter, United Kingdom

Abstract

Drawing on the IDEAL study, this paper explores a sociological response to the 'turn to personhood' in qualitative research with people with dementia. Recognising the voice of the person with dementia has led to important methodological developments to mitigate the practical difficulties of doing research with people for whom recalling events and reflecting on their meaning poses a challenge. This paper suggests that methods, including the qualitative interview, are imbued with a politics of selfhood in which individuals give coherence to experience and emotion. Such a politics jars with representations of dementia as a gradual decline in capacity, including a capacity to speak. The problem of representation in dementia research requires us to re-think method and methodology: firstly, to re-asses expectations of the research encounter; and secondly, to develop alternative interpretations of meaning which support difference in social and temporal frames, rather than seeking to eliminate them.

70 - Dementia in the workplace: are employers supporting employees with dementia?

Valerie Egdell[1], Mandy Cook[1], Jill Stavert[1], Louise Ritchie[2], Michael Danson[3], Debbie Tolson[2]

[1]Edinburgh Napier University, Edinburgh, United Kingdom. [2]University of West of Scotland, Paisley, United Kingdom. [3]Heriot Watt University, Edinburgh, United Kingdom

Abstract

Dementia is, and will increasingly be, a workplace issue as working lives extend and pension ages increase. Increasing attention on mild cognitive impairment, better recognition of early onset dementias and earlier diagnosis are also part of this evolving picture. This myriad of factors make it increasingly likely that employers will have to be prepared to support employees with dementia.

The requirement to support employees with dementia at work has, amongst other things, a solid legal and human rights foundation. Dementia may be considered to be a disability under the Equality Act 2010. To date, there has been little research on dementia in the workplace. This is somewhat surprising given the emphasis in the academic literature on framing people with dementia as productive contributors to society (Bartlett & O'Connor, 2007; Kitwood & Bredin, 1992).

This paper draws on mixed-methods research conducted in Scotland to explore employer responses to dementia in the workplace. It examines whether employers consider dementia to be a workplace issue; whether legislation ensures that employees with dementia are adequately supported; and what employers see as 'reasonable adjustments' in relation to people with dementia. It is highlighted that employers do not have much experience of dementia (that they are aware of), but that dementia awareness is increasing. Employers are not necessarily fully aware whether employees with dementia are protected under current legislation. Stereotyping views of people with dementia persist. While, continued employment is not appropriate for all, assumptions continue to be made about the capabilities of people with dementia.

559 - Missing Knowledge: Trans people, dementia and social care

Michaela Rogers

University of Salford, Salford, United Kingdom

Abstract

This paper explores the resounding silence that envelops trans people within dementia care and discourse. In doing so, a call is made for research which adds to the modest body of knowledge about trans people's experiences of dementia and their social care needs. The structural influences of heteronormativity and cisgenderism, which help to explain absences and silences within more mainstream discourse, will inform a conceptual framework which is drawn upon to explain the lack of attention paid to trans people within the dementia field. The concept of cisgenderism, in particular, helps to explicate the ways in which non-normative gender identities are neglected,

resulting in the marginalisation of trans-related issues. In addition to the marginalisation of trans issues, this line of inquiry considers another impact to be the privileging of lives and experiences of people who are cisgender (that is, not trans) who are affected by dementia. Offering a novel solution, a discussion of structural competency, a relational approach to healthcare practice which acknowledges systemic cause of health inequalities, will be offered.

Symposium: Neighbourhoods and Dementia: involving people living with dementia as co-researchers

Social participation, citizenship & the welfare state

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 2.219

F-P7-C6 - Neighbourhoods and Dementia: involving people living with dementia as co-researchers.

Symposium Abstract

This symposium is drawn directly from three of the work programmes that constitute the five year [2014-2019] ESRC/NIHR 'Neighbourhoods and dementia mixed methods' study [henceforward the Neighbourhoods study; and see: www.neighbourhoodsanddementia.org] funded under the first Prime Minister's *Challenge on dementia* in 2012. Two of the overarching aims of the Neighbourhoods study are: i) Learn from the process and praxis of making people with dementia and their care partners core to the research agenda; and ii) Build capacity within the research community and the networks of people with dementia and their care partners. To demonstrate translational learning over the course of the Neighbourhoods study we have designed a symposium that draws on work programmes 1, 3 and 5 to illustrate, and illuminate, the research work that is taking place that meets these aims. Work programme 1 of the Neighbourhoods study enables people with dementia from a diverse range of activist and advocacy groups to design and undertake their own research in the neighbourhood and to input across the range of work programmes in the overall study. Work programme 3 is conducting innovative work in the development of a core outcome set (COS) where the contribution to the design and completion of the COS by people with dementia is crucial to its representativeness. Work programme 5 explores dementia training in acute hospitals, and this symposium will focus on the role that people with dementia have played in the study/survey design. People living with dementia will take part during the symposium.

Chair

Cathy Riley - Greater Manchester Mental Health NHS Foundation Trust, Salford, United Kingdom

Discussant(s)

Open Doors - Greater Manchester Mental Health NHS Foundation Trust, Salford, United Kingdom.
Cathy Riley - Greater Manchester Mental Health NHS Foundation Trust, Salford, United Kingdom

146 - Co-research with people with dementia on the Neighbourhoods study: ambitions and advocacy

John Keady, Caroline Swarbrick

The University of Manchester, Manchester, United Kingdom

Abstract

This opening symposium presentation will provide an overview of the development of the Neighbourhoods study and will outline the steps taken during the initial writing of the application, and its subsequent operationalisation, to maximise the voice and representation of people living with dementia in the multi-site research programme. This will include exploring partnership working with the Center for Dementia Research in Sweden and the need for methods development. During this overview, specific attention will be paid to the development of the **CO**-research **IN**volvement and **E**ngagement in **D**ementia model (COINED; Swarbrick et al. 2016), which was co-led by

Caroline Swarbrick (Principal Investigator for work programme 1; see symposium overview) and used a co-operative inquiry approach with groups of people with dementia to generate the model. This process and involvement took around three years. As part of the co-operative inquiry, people with dementia developed an approach to ongoing research training and support that acts as a framework for the entire Neighbourhoods study and as a guide as to what people with dementia want to be involved in during the research process. For example, the domains of the COINED model are: on-going consultation; designing/piloting materials; collecting data; understanding the findings; sharing the findings; translating into practice; evaluating the impact; and future work. Examples from the domains and how they have been applied will be shared in the presentation and as they directly related to the Neighbourhoods study. Implementation of the COINED model will also be shared in subsequent presentations in this symposium.

214 - Co-research alongside Salford INSPIRE: a new research agenda

Caroline Swarbrick[1], Joy Watson[2], John O' Doherty[2]

[1]The University of Manchester, Manchester, United Kingdom. [2]Age UK Salford, Salford, United Kingdom

Abstract

The core vision of work programme 1 (known as 'Member Involvement') of the Neighbourhoods study is to support people living with dementia 'to feel enabled and empowered to develop and facilitate their own research agenda'. Working alongside three advocacy and peer support groups of people living with dementia in Greater Manchester and beyond, members have the opportunity to be involved in an advisory capacity in each of the eight work programmes as well as develop their own research project. This presentation draws on the work of one such Member Involvement group, Salford INSPIRE, which is a dementia-awareness raising group set-up and led by Dr Joy Watson who is living with young onset Alzheimer's disease. Funded through the Neighbourhoods study (in collaboration with Age UK, Salford) and aligned to the COINED model, Salford INSPIRE have both developed and currently lead on a number of intergenerational initiatives aimed at supporting people to share their creative experiences of living with dementia in the neighbourhood. One such initiative is the 'Mr Alzheimer's' campaign, which was conceived by Joy and aims to raise awareness of dementia within primary schools in Salford. We will outline the development of this campaign, which is ongoing across a number of primary schools. Within this presentation, we will also highlight some of the other activities of Salford INSPIRE, including the arts-based event 'Together We Can', which was held at Salford Museum and Art Gallery. Finally, we will share our key learning points of this innovative approach and our future plans.

195 - The role of co-research with people living with dementia in the design and implementation of an accessible Delphi survey

Hazel Morbey[1], Pam Begg[2], Andrew Harding[1], Faraz Ahmed[1], David Challis[3], Linda Davies[3], Mark Hann[3], Fiona Holland[3], Ira Leroi[3], David Reeves[3], Caroline Swarbrick[3], Paula Williamson[4], John Keady[3], Siobhan Reilly[1]

[1]Lancaster University, Lancaster, United Kingdom. [2]Co-facilitator Delaways and Heaton Community Memory Cafes, Morecambe, United Kingdom. [3]Manchester University, Manchester, United Kingdom. [4]Liverpool University, Liverpool, United Kingdom

Abstract

In recent years the development of core outcome sets (COS) – a minimum set of recommended core outcomes used to assess effectiveness – has emerged as an approach to increase the comparability and quality of research evidence (Williamson et al., 2017).

An important step in identifying outcomes is to consult with those who have first-hand experiences (Young and Bagley, 2016). Despite service users often identifying important outcomes that were not previously identified by clinicians (Sinha et al, 2011), a recent review of COS studies notes that consultation with patients or service users (if done at all) tends to be poorly implemented (Gargon et al., 2014).

Embedded in the Neighbourhoods and Dementia programme, work programme 3 seeks to design

a COS for people with dementia living at home in relation to community-based programmes. The 4-phase study design includes: 1) qualitative interviews/focus groups and literature review; 2) Delphi survey and consensus workshop 3) systematic review of existing outcome tools; and 4) stated preference survey.

To our knowledge, there has only been a small number of unsuccessful attempts at involving people living with dementia in a Delphi survey. Reflecting elements of the co-production model underpinning work programme 1 (Swarbrick et al., 2016), this presentation will outline how consultation with people living with dementia (or member involvement) was a key factor in the design and successful implementation of an innovative and modified Delphi survey accessible to people living with dementia.

187 - The role of co-research in the development of a hospital organisational and staff survey exploring dementia training in acute hospitals

Faraz Ahmed[1], Hazel Morbey[1], Andrew Harding[1], Alistair Burns[2], Simon Burrow[2], Linda Davies[2], Mark Hann[2], Fiona Holland[2], Ira Leroi[2], David Reeves[2], Caroline Swarbrick[2], John Keady[2], Siobhan Reilly[1]

[1]Lancaster University, Lancaster, United Kingdom. [2]University of Manchester, Manchester, United Kingdom

Abstract

Approximately 70% of acute hospital beds are occupied by older people, of those, around 40% are people living with dementia (Prince *et al.* 2014). Limited research has been conducted to evaluate dementia training packages, and where evaluation takes place this often focuses on immediate, on-the-day training feedback and effects (Scerri et al., 2017).

Existing systematic reviews have noted only a handful of studies that have involved people living with dementia, when evaluating dementia training using organisational and staff survey (Scerri *et al.*, 2017; Surr et al., 2017). Given the strong steer of work programme 1 to maximise the voice and representation of people living with dementia in our research (Swarbrick *et al.*, 2016), we involved people living with dementia and their carers from the early stages of study design and survey development.

Embedded in the Neighbourhoods and Dementia programme, work programme 5 explores dementia training in acute hospitals, and this symposium will focus on the role that people living with dementia have played in the study design and survey development. This is a mixed method study, which is exploring dementia training in the hospital setting and involves four main components:

1. an organisational level survey of dementia training provision in acute NHS hospitals (approx. 193 hospitals)
2. a staff level survey from a random sample of 24 hospitals (approx. 30 members of staff per hospital)
3. an in-depth case study of dementia training in hospital
4. economic evaluation, and analyses of existing data, including Hospital Episode Statistics.

Symposium: Exclusion to services among older migrants: a stakeholder's perspective

Unequal ageing

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 2.220

F-P7-C7 - Exclusion to services among older migrants: a stakeholder's perspective

Symposium Abstract

Given rapid changes in society (e.g. migration, globalisation) approaches to understanding how new groups of older people experience old age are required. Cities in Europe are challenged with a growing number of migrant populations reaching retirement age. Research concerning the needs of ageing ethnic minority groups within

social gerontology has received scarce scholarly attention. Failing to address specific needs of subgroups within the population can lead to social exclusion. Therefore, access to services among migrant older people is central in this symposium. Two presentations will draw attention to cultural sensitive dementia care among migrant older people in Brussels by exploring the perspective of professional caregivers and the experience of informal caregivers on this subject. Despite the availability of formal care services, adequate solutions are often missing and the greater part of migrant families are excluded from formal and support services. A third presentation identifies the barriers older Chinese immigrants in the Netherlands and Belgium experience to participate in education. In particular, it discusses the potential constraints associated with cultural differences and the impact of Confucian culture. As the first three presentations discuss the barriers and exclusion to formal services, the symposium considered it necessary to reflect on new approaches to reach this increasing group. Consequently, the fourth presentation discusses results from the practice-based project 'Culturally sensitive Care ambassadors' in which 10 volunteers with a migration background and a great interest in care, were trained to support Home Care services in reaching out to and understanding the needs of older migrants.

Chair

An-Sofie Smetcoren - Vrije Universiteit Brussel, Brussels, Belgium

Discussant(s)

Liesbeth De Donder - Vrije Universiteit Brussel, Brussels, Belgium

395 - Identifying experiences, enablers and barriers of healthcare providers for delivering culturally competent care

Ann Claeys[1,2], Saloua Berdai Chaouni[1,2], Liesbeth De Donder[2]

[1]Erasmus University College Brussels, DiversElderlyCare, Brussels, Belgium. [2]Vrije Universiteit Brussel, department of educational sciences, Brussels, Belgium

Abstract

An increasing number of older patients from diverse cultural, ethnic and linguistic backgrounds in Western cities draws the attention to cultural-sensitive dementia care and the cultural competences of care-professionals. Research points out that patients from ethnic minority groups receive lower quality of care and less accurate diagnosis. Therefor it is important to identify components of culturally competent care. This study aims to explore experiences of healthcare providers in caring for older patients with a migration background, and to explore their definitions, visions and barriers of culturally competent care.
Focus groups (n = 6) were conducted with 4 types of respondents: student and qualified nurses, nursing-assistants and physicians. Thematic analysis was used to analyse the data.
Results indicate that healthcare providers who belong to an ethnic minority group are more aware of their own culture and are hence sensible to cultural differences with the older patient. Also, a healthcare provider can build up knowledge about providing culturally competent care, which empowers the caregivers to deal with difficult situations. Having a common language was shown to be an essential element to be able to provide culturally competent care. Moreover, the role of the healthcare organisations seems crucial in supporting the healthcare provider to deliver qualitative, culturally competent health care for persons with dementia.
This study helps to understand how culturally competent care is perceived and implemented in daily practice of healthcare organisations.

391 - Providing 'good' care to older Moroccans with dementia in Belgium: perspective of family caregivers on accessibility and acceptability of professional dementia care.

Saloua Berdai Chaouni[1,2], Claeys Ann[1,2], Liesbeth De Donder[2]

[1]Erasmus University College Brussels, Brussels, Belgium. [2]Vrije Universiteit Brussel, Brussels, Belgium

Abstract

Moroccan workers travelled towards Belgium within the context of labour migration during the '60 and '70 and are now ageing in big cities and regions hosting these labour migrants such as Brussels,. At present, Moroccan older persons are the largest group of 65+ with a migration background living in Brussels. An increasing group among this older population is facing dementia. Dementia is characterised by an increasing care need by the person with dementia. Family and professional caregivers are challenged to provide suitable care to these older migrants. This study explores the service use by family caregivers of older Moroccan migrants. Which services do they use? What are the underlying reasons to use, keep using or not to use these services? Twenty-two family caregivers with Moroccan origin are interviewed about their experience with professional dementia care. Although providing informal care is preferred by the family caregivers, use of different dementia care services is inevitable and starts during the diagnostic phase. Family caregivers experience a poor accessibility of the professional dementia care which enhances their care burden. Reasons not to use professional care are the lack of person-centered care and the insensitivity of professional care to the care-recipients' ethnic and social background. Family caregivers encounter different barriers in their search for suitable care for their older Moroccan family members with dementia. A supporting professional dementia care, that is sensitive to the intersection of the identities of these older persons and their family caregivers, is needed.

397 - Impact of Confucian culture on educational participation among older Chinese immigrants

Renfeng Wang[1,2], Honghui Pan[1], Liesbeth De Donder[1], Koen Lombaerts[1]

[1]Vrije Universiteit Brussel, Brussels, Belgium. [2]Xi'an International Studies University, Xi'an, China

Abstract

Older immigrants experience a variety of challenges when participating in learning activities in the host country. Several studies have examined educational barriers encountered by seniors. However, due to limited geographic coverage and small sample size, these studies often failed to explore the perceived obstacles faced by these marginalized ethnic groups. The objective of this study is to investigate the barriers faced by older Chinese immigrants in educational participation, and then discusses such potential constraints associated with cultural differences for the learning involvement in old age. For this purpose, data were collected through 30 semi-structured interviews with Chinese immigrants aged 57 and above living in Belgium and Netherlands. Interviews were conducted in Mandarin or Cantonese and then transcribed into English. A grounded theory approach was used to analyze the data. Qualitative interviews with these respondents show that the influence of traditional family values, a lack of sufficient educational structures, and language differences hinder participation in organized learning activities. More significantly, results demonstrate that the Confucian heritage culture is an essential factor influencing perceptions towards learning in later life, as well as perceived learning supports and responding to learning participation barriers. The paper concludes by discussing practical and policy issues to support older Chinese immigrants in their learning pursuits.

441 - Findings from the 'Culturally sensitive Care ambassadors – Valorizing talents' project.

Sylvia Hoens, An-Sofie Smetcoren, Liesbeth De Donder

Vrije Universiteit Brussel, Brussels, Belgium

Abstract

The study will present the practice-based project 'Culturally sensitive Care ambassadors – Valorizing talents' in Brussels. Two major challenges in urban deprived contexts are addressed. As stated from previous research, greater part of migrant families are excluded from formal and support services. Secondly, deprived neighbourhoods have high numbers of unemployment, which also include people with migration background (with large local networks) who want to work in the healthcare sector but are not hired because of being unqualified, having disallowed certificates or language problems. In order to attune these two challenges, 10

volunteers with a migration background and great interest in care, were involved in a work-training program as 'care ambassador' to support Home Care services in Brussels. Following research questions were formulated: what are the motives to participate in this project? How did the participants experience the work-training program? What is the added value of the project? This study analyses the data of 10 individual interviews with the care ambassadors and 4 focus group interviews (home care services, trainers, project coordinators and care ambassadors). Participants, both ambassadors as care professionals, mentioned that this project made them reflect on their own actions towards providing culture sensitive care. For the care ambassadors, the benefits of participating in this project were the development of a broad network and a better understanding of the organisation of care for older people in Brussels. The Home Care organisations were aware of valuing the competences of these volunteers and their potential for providing outreach community care.

Sex and sexuality in later life

Connections & relationships

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 3.204

49 - Trans(ition) Time: transgender subjectivities and the masculine ageing body

Alexandre Baril

University of Ottawa, Ottawa, Canada

Abstract

The intersections of transgender issues and ageing are being addressed in a growing literature (Finkenauer *et al.* 2012; Fredriksen-Goldsen *et al.* 2014; Siverskog 2014). While most studies focus on the vulnerability and resilience of trans seniors or make recommendations for "successful transgender aging" (Witten 2014), very little focus exists on how ageing is experienced differently by trans people. Ageing trans men, in particular, are ignored both in gerontology and masculinity studies, despite research on ageing and marginalized masculinities, including gay/queer masculinities (Slevin, and Linneman 2010). While cisgender (i.e., non-trans) ageing men face a degenderization of their identities and bodies as a result of ageist, ableist, and heterosexist tropes associating "real masculinity" with virility, ability, and youth, this phenomenon is potentially more problematic for trans men, as per cisgenderist (or transphobic) norms and structures. Yet ageing trans men remain understudied. Drawing upon my own subjectivity as a trans man, I ask: what is the lived experience of masculinity for ageing trans men who simultaneously face ageism and cisgenderism, two systems that delegitimize their masculine identities and bodies? Mobilizing trans and disability/crip theories, this presentation aims, through an intersectional approach and an auto-ethnographic methodology, to offer critical reflections on the ageing of a population that remains under-theorized. These reflections on ageing trans men are relevant to starting dialogues between fields of study – gerontology, masculinity studies, and trans studies – which must engage in conversations to address inequality in ageing.

552 - Conforming or opposing the stereotypes? A study of the sexuality of Croatian older adults

Matija Sinkovic

University of Zagreb, Faculty of Humanities and Social Sciences, Zagreb, Croatia

Abstract

While in the past it was assumed that sexuality is irrelevant for older adults, recent research has shown that a majority of older adults does consider sexuality and sexual activities as important part of their lives (Graugaard, Pedersen, & Frisch, 2012). Still, stereotypes of asexual old people persist. It is presumed that older adults have no more need, desire nor physical capability for sexual activities, that old bodies are anti-sexual and that any interest in sexuality is inappropriate for their age. These stereotypes present a barrier when looking for intimate partners as they limit the pool of possible partners open for intimate relationship in older age. Also, it is possible that they affect relations within long term relationships and marriages where there is a discrepancy between partners' sexual expectations due to different internalisation of societal expectations.

In this qualitative study of Croatian older adults I will explore how they perceive stereotypes about their sexuality, do they conform to them or actively oppose them and how stereotypes affect their sexual health status and sexual behaviours. Semi-structured interviews were conducted with 30 participants (age >64) and were analysed using thematic analysis. Many older adults have reported that they do not believe in asexuality stereotype and if they had the opportunity they would have more active sexual life while others conformed to the social expectations of asexual older age. Differences between these two groups in general well-being and sexual behaviour are explored.

436 - Older women with Type 2 Diabetes: talking about sex in primary care settings

Stephanie Ejegi-Memeh, Sharron Hinchliff, Maxine Johnson

University of Sheffield, Sheffield, United Kingdom

Abstract

Evidence suggests that older women with Type 2 diabetes may have worse sexual health and well-being outcomes than other groups and yet little research has been undertaken in this area (Copeland et al., 2012). The sexual health and well-being of older women is often overlooked in Western society due to a perception of asexuality (Gott, 2005; Gott & Hinchliff, 2003). This social stereotype of asexuality and the invisibility of older women as sexually agentic can make it difficult for them to discuss issues related to their sexuality in primary care settings. In order to explore sexual health and well-being communication, ten qualitative interviews were undertaken with women over the age of 50 with Type 2 diabetes using an interpretative phenomenological analysis approach (Smith, Flowers, & Larkin, 2009). Findings that will be presented include subjective definitions of sexual problems; discussions with friends, partners and family and; expected reaction of health care professionals towards sexual health and well-being discussions. This presentation will discuss the ways in which being female, older and having Type 2 diabetes intersect, what that means for the sexual health and well-being of the individual and how this may impact on their discussions with healthcare professionals. Practical implications and suggestions for health care professionals will also be presented.

In chronological order
Underline denotes presenting Author

Critical perspectives on ageing and later life

Theories, methods & critical perspectives

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 3.211

87 - Age war as the new class war? contemporary representations of intergenerational inequity

Susan Pickard

University of Liverpool, Bedford Street South, Liverpool, United Kingdom

Abstract

This paper examines intergenerational justice discourses that feature prominently in both the contemporary UK media and beyond arguing that these constitute both a continuation of previous debates about the economic and social burden of the dependent 'fourth age' and a newer denigration of the 'third age', both of which nevertheless possess deep cultural and psychological roots. Both themes are subsumed in the trope of the old as in some ways stealing the future of the nation, represented by youth. Analysing media depictions of intergenerational injustice across several themes, the paper suggests that, whilst justifying welfare retrenchment and other aspects of neoliberalism, the portrayal of social problems in terms of generational war emerges from age ideology and an age system that, among other things, intersects with and naturalises other forms of stratification. This partly accounts for the fact that the attack on the 'third age' is particularly prevalent in left of centre, or progressive, media, including on both sides of the Atlantic. That the age system has been overlooked and underplayed in sociological terms is an important oversight since the former materially and ideologically facilitates the ever-growing socio-economic inequality that is a feature of our times.

184 - Intersectionality, Cumulative Dis/advantage and Multimorbidity

Daniel Holman, Alan Walker

University of Sheffield, Sheffield, United Kingdom

Abstract

Intersectionality has been receiving a great deal of attention in quantitative health inequalities research and also, to a lesser extent, in gerontology. It suggests that the combination of social characteristics (mainly age, gender, ethnicity and socioeconomic factors) is associated with unique (though overlapping) i) positions in the social structure, and ii) associated social identities. In turn, these positions and identities may be associated with particular social determinants of health, such as access to resources, exposure to differential policies, discrimination, and health practices. Despite this attention, many of the theoretical and methodological issues have yet to be worked out. For example, how does the researcher decide how fine-grained intersectional analysis should be? Are additive as well as multiplicative effects important? What methods are available, what are their assumptions, and what are the challenges in implementing them? This paper outlines these issues and explores the potential of the intersectionalities approach for advancing gerontological inequalities research. We compare intersectionality with cumulative dis/advantage theory, suggesting how the approaches can be complementary. In particular, there might be multiplicative effects in the way dis/advantages accumulate, which could help to explain intra-individual divergence. As a case study, we focus on the major and growing societal and personal challenge of multimorbidity – itself concerned with the interaction of (disease) categories. In sum, we argue that intersectionality research has the potential to unpack inequalities in ageing and help policy makers to address some of the most pressing challenges of population ageing.

331 - Negotiating health and social care in later life: neoliberalism, precarity and capital

Bethany Simmonds

University of Portsmouth, Portsmouth, United Kingdom

Abstract

The provision of health and social care is high on the political agenda, particularly in reference to whose responsibility it is to pay for these services now and into the future. Neoliberalism is the underlying dominant political discourse through which politicians and health care reform has been shaped. With growing marketisation and bureaucratisation, health and social care has become more complex, inefficient and confused. Precarity (Grenier *et al*., 2017) is used in this paper to refer to the vulnerability and precariousness that older people experience in the health and social care system. With globalisation, neo-liberalisation and declining social protections, it is argued that older peoples' experiences have become more insecure, risky and hazardous (Grenier *et al*., 2017) and it is within this context that older people are expected to 'consume' and 'choose' their health and social care, regardless of their resources, cohort or other social identities which could impact their ability to access services (ethnicity, gender, disability, sexuality). Finally, levels of capital (physical, social and cultural) mediate older people's access to health and social care systems, for example, family and friends, help patients traverse and negotiate the complexities of a plethora of duplicated services. This paper presents a policy analysis alongside the author's insights into older people navigating the health and social care system in the UK. A blend of Bourdieusian, Foucauldian and Feminist theory will underpin discussion on how social and health care policy has created an adverse environment for precarious older people to access the care they need.

448 - Back to the future: the potential of non-empirical archives as a resource for gerontology research, education and practice

Catherine Hennessy[1], Mary Gilhooly[2]

[1]University of Stirling, Stirling, United Kingdom. [2]Brunel University, Uxbridge, United Kingdom

Abstract

The rise of interdisciplinarity in gerontological science, advances in digital technologies for the storage and retrieval of data and other materials, and growing recognition of the utility of historical information for research, education and practice by gerontologists, all contribute to the importance of the role of archival materials in the field of ageing. Despite these developments, non-empirical archives remain a comparatively underutilised resource across most branches of gerontology outside of the humanities. This presentation explores some of the uses of archives by gerontologists, particularly of non-science-based collections of textual, visual and sonic materials, and advocates increased consideration of the potential of these resources for innovative applications by the gerontological community. Examples of endeavours spanning diverse areas such as longitudinal ageing cohort studies and reminiscence work with older people are highlighted. Underlying this discussion is a consideration of how a wholistic gerontological perspective—one that interrelates biological, psychological, cultural and historical aspects of ageing—can be fostered through the use of a variety of archival materials. The influence of a growing orientation towards public engagement with archival resources through a range of current initiatives involving science bodies, higher education, corporations, community organizations and service providers in more fully exploiting the possibilities offered by archival resources is also examined. The implications of this wider context of support for the use of archives in gerontological research, pedagogy and practice are considered. Finally, some of the theoretical, methodological and practical considerations that gerontologists need to address in employing archival materials are also addressed.

Ageing and place

Environments for ageing in the 21st century

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 4.204

296 - Developing Age-Friendly Rural Communities: The contribution of local participatory planning processes

Stefanie Buckner[1], Amy Barnes[2], Hannah Jordan[2], Calum Mattocks[1], Emily Oliver[3], Daniel Pope[4], Joanna Reynolds[5]

[1]University of Cambridge, Cambridge, United Kingdom. [2]University of Sheffield, Sheffield, United Kingdom. [3]Durham University, Durham, United Kingdom. [4]University of Liverpool, Liverpool, United Kingdom. [5]London School of Hygiene and Tropical Medicine, London, United Kingdom

Abstract

Recent years have seen a proliferation of efforts globally to ensure that cities are places that foster healthy ageing. Despite notable exceptions, relevant activity in rural settings has lagged behind. There is a need to promote the age-friendliness of rural and remote communities, and to identify mechanisms to support this endeavour.

This paper presents emerging findings from an ongoing study that explores the potential of the English Neighbourhood Planning process to deliver age-friendly action plans in rural contexts. Neighbourhood Planning is a participatory planning process that involves communities taking an active role in shaping the development of their area. Based on a stakeholder survey as well as online information and documentary analysis, the national picture of rural Neighbourhood Planning areas will be presented. This will provide an overview of their location, population deprivation levels, and health related priorities – highlighting those that have an explicit or implicit focus on healthy ageing. In addition, emerging findings from case studies will be available for presentation. Insights from interviews and focus groups into the processes, structures and outcomes of Neighbourhood Planning with regards to their potential to support healthy ageing in rural settings will be shared.

With its focus on healthy ageing in rural communities through the lens of Neighbourhood Planning, this study examines an area that has so far remained under-researched. It holds much potential for insights that can contribute to creating age-friendly rural communities and measuring their impact on the lives of older adults.

75 - The proximity of informal care in rural areas

Emma Volckaert, Pascal De Decker, Elise Schillebeeckx

KU Leuven, Ghent, Belgium

Abstract

Flanders (Belgium) is ageing at high speed. In 2060, the number of people aged over 80 will have doubled. This demographic change can be witnessed in the entire region, yet older people are overrepresented in rural and suburban areas. A large majority of the elderly is, in accordance with the Flemish policy, 'ageing in place'. A fundamental assumption in this policy is the availability of informal care, mainly care provided by close family members such as children. However, we argue in this paper that the availability and proximity of the informal care is no certainty and that it is related to environmental factors. Based on qualitative research methods, we compare the situation for elderly living at home in two different rural regions in Flanders ('Westhoek' and 'Kempen'), the first being a work-poor region, characterized by a 'dejuvenation', the latter featuring a higher degree of employment and amenities. We conclude that the current focus of elderly policies in Flanders on ageing in place and the strong emphasis on the role of informal caretakers can only work for elderly whose informal care takers live nearby, which was the case for most of our respondents living in 'Kempen'. However, we argue that for those elderly that cannot rely on close relatives in their immediate surroundings, additional policy measures are needed.

Keywords: informal care; rural ageing; ageing in place; Belgium

34 - Rural women ageing at mid-life: connecting social relationships, place and quality of life

Alison Herbert

Irish Centre for Social Gerontology, National University of Ireland, Galway, Galway, Ireland

Abstract

The presence or absence and quality of social relationships (Hennessy et al., 2014) is of pivotal importance to mid-life rural women in influencing their risks of social isolation, loneliness (Holt-Lunstad et al., 2015), social exclusion, and quality of life, both at mid-life and in older age. Despite this, little contemporary empirical research exists on the diverse connectivity experiences around gendered, rural mid-life.

Informed by a constructivist grounded theory design, qualitative data were collected from one-to-one in-depth interviews with a theoretically-guided sample of 25 women aged 45-65 years. Participants lived in a rural area of Ireland that often features dispersed social connections.

Data analysis underscores the importance of meaningful social relationships, be those with partners, siblings, friends, or others, in giving purpose to life, and in compensating for factors that limit well-being as people age, such as diminishing health and financial autonomy. Spatially, social relationships may be highly dispersed, with family and friends often living some distance away. Connections with neighbours and other community members may be low, leading to further compromise. A projected increase of women living alone in older age, due to increased longevity, 'singlism' (Hafford-Letchfield et al., 2016), divorce-separation, and widowhood highlights possible risk factors associated with social exclusion (Walsh et al., 2016).

The paper concludes by emphasising the need for gendered rural policy interventions at mid-life that may help to maintain or improve social inclusion (Victor and Scharf, 2005), and contribute to enhancing quality of life in older age when rural women may be most vulnerable.

164 - Making the home comfortable, safe and a great fit: Reflections on the AARP HomeFit program in Michigan.

Diane Vondrak Bright

Access Answers, Troy, MI, USA. AARP Michigan, Lansing, MI, USA

Abstract

The American Association of Retired Persons (AARP) is a US national organization that champions the needs of people aged 50+. Their survey of long term needs for creating livable communities indicated that over 90% of persons aged 65+ wish to stay in their homes as they age (AARP 2013). This is consistent with earlier research (Pynoos and Caraviello 2009) which showed that, unless forced by accident, or health related decline, consumers were found to be unaware of what features were needed to make their homes "fit" their physical, sensory, and cognitive needs as they age.

The Michigan AARP took on this challenge and created HomeFit - an educational resource and a pesonalised toolkit for making the home comfortable, safe and a great fit. It also provides for consumer training on HomeFit ,which is delivered by specially trained Occupational Therapists. Over 3,500 consumers in Michigan have completed the training. AARP now presents the program nationally, and the training is seen as a cornerstone in contributing to the creation of Age-Friendly Communities.

This presentation will introduce the HomeFit program, including its self audit, home assessment forms and online resources. Consumer feedback on the program will be shared including lessons learnt that can be applied in other contexts to assist successful ageing in place.

In chronological order
Underline denotes presenting Author

Symposium: Housing with Care at the Crossroads: Exploring the Future of Different Models of Housing with Care

Environments for ageing in the 21st century

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 4.205

F-P7-C11 - Housing with Care at the Crossroads: Exploring the Future of Different Models of Housing with Care

Symposium Abstract

In recent years, the importance of housing in the development of effective community care services has become widely recognised. Housing with care, comprising extra care housing schemes and larger retirement villages, has become increasingly popular, and has been seen as offering a more enabling, homely and cost-effective alternative to residential homes. However, although the volume of provision has grown steadily, to 64,400 dwellings in 2016 (using a broad definition), this is much lower than care home provision, and the potential demand for retirement dwellings is also much greater (LaingBuisson, 2016).

Policy-makers and commissioners have seen extra care housing as an alternative to residential care, including for people living with dementia, but financial and demographic pressures have tended to increase the levels of disability among residents supported by local authorities. At the same time, housing providers have tried to maintain a balance of care needs among their residents, for example by accommodating private payers with lower levels of disability. Providers of larger villages, in particular, also offer a wider range of lifestyle activities to appeal to people wishing to downsize from mainstream housing. However, this can lead to differences in expectations and resentment.

This symposium will explore the changing nature of housing with care, managing quality in extra care housing for older people living with dementia and the changing role of care staff. Finally, the position of housing with care in the context of broader developments in housing for an ageing population will be examined.

Chair

Robin Darton - University of Kent, Canterbury, United Kingdom

118 - Innovative housing for later life or the new residential care? Exploring the future of extra care housing.

Simon Evans, Teresa Atkinson

University of Worcester, Worcester, United Kingdom

Abstract

Extra Care Housing (ECH) emerged in the UK during the 1980's and has grown in popularity due to its ability to support older people to live well at home by remaining independent and in control of how and where they live, along with a strong desire among many people to avoid moving to residential care. For many commissioners, it has been seen as a more 'homely' alternative to care homes with the potential to save money in the longer term. ECH can also be viewed as a vehicle for addressing a wide range of policy objectives, including personalisation, social inclusion and prevention. It is also widely perceived as an appropriate setting for supporting people to live well with dementia through a range of features including dementia friendly approaches to delivering care and environmental design. However, how best to provide ECH that meets the needs of all people living with dementia is still open to debate and needs further exploration. Despite the adaptability of this sector, provision of ECH has increased relatively slowly, with only 0.5% of people aged 65+ living in ECH by 2016. This is due to a range of factors including public spending cuts, welfare reforms, the personalisation agenda, and changing aspirations for later life. This presentation draws on findings from two major research projects to explore the future of ECH housing in the context of social, demographic and financial drivers, changes to the model and a divergence between private and publicly funded provision.

36 - Individuals with dementia living well in extra care housing: the quality challenge for service governance, assurance and improvement

Katey Twyford

University of Sheffield, Sheffield, United Kingdom

Abstract

The presentation is based on a PhD study exploring the potential of extra care housing to support individuals with dementia. Using a grounded theory approach the research has involved talking to people who live and work in extra care to find out what works and what doesn't. The research has revealed four themes that help people live well: first, there is a clear understanding of how independent people have to be when they first move in to extra care, and what support can be provided as people need more help; second, the physical environment helps people to feel safe and to find their way around the building and outside environment easily; third, there is a friendly, skilled and competent team of people to support individuals who have dementia; and lastly, there is a well-developed community where residents can take part in activities, develop new friendships, and reduce unwanted isolation. Concepts of independence, community, culture, leadership, commitment, communication and partnership working have been integral to understanding how extra care works, and to driving up quality and performance. This presentation will consider how different models of service governance, assurance and improvement could help extra care partners develop a pragmatic approach to managing quality, so that partners can jointly deliver a service to best support individuals with dementia to live well in extra care. It will conclude by asserting that culture and strong leadership of people underpin the effectiveness of any quality strategy, and that long-term commitment is required to achieve organisational excellence.

220 - Care workers' experiences and perspectives on their work in extra care housing

Ailsa Cameron, Eleanor Johnson

University of Bristol, Bristol, United Kingdom

Abstract

This presentation will report findings from the ECHO study that explored the provision of social care in ECH. The paper draws on the experiences of 20 care workers, drawn from 4 ECH schemes. The presentation will draw attention to the increasing levels of need for care and support amongst ECH residents and to how care work in the ECH schemes is organised in a time/task manner. The presentation will illustrate how the organisation of care in this way causes frustration for care workers and undermines the 'flexible' and personalised nature of care and support that ECH was thought to provide. Finally, it will demonstrate how some care workers find ways to compensate for this approach by providing 'favours', doing tasks beyond their role.

349 - Developments in housing arrangements for an ageing population - housing with care in context

Jeremy Porteus

Housing Lin, London, United Kingdom

Abstract

Housing with care ticks so many of the boxes for how the UK Government and other policymakers in England are seeking to respond to the demographic changes in our society. It also mirrors the changing expectations of older people. And as outlined in last year's Local Government Association's report, 'Housing our Ageing Population', it therefore seems destined to play a big role in meeting the housing needs of people in later life.

However, both central and local government in the UK need to grasp that reality and be prepared to both exhort, and provide financial and practical incentives, to help further develop the market. Pump-priming the development of extra care housing would not just help the economy cope

with the turbulence of Brexit and, as evidenced by the ECHO research project findings, it would be an investment that improved the lives of future generations of older people, reduced personal and health care costs and benefitted the wider communities we live in.

This session will set out the latest policy drivers (the government's adult social care green paper and social housing green paper) and identify opportunities for inward investment to stimulate the further supply of housing with care.

It is in our grasp to meet the rising expectation and demands of current and future generations of older people both in the UK and beyond. We are facing a new age of housing for our ageing populations.

Symposium: New directions in loneliness research

Connections & relationships

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 4.206

F-P7-C12 - New directions in loneliness research

Symposium Abstract

The portrayal of loneliness in in the UK has changed over the last decade from a social problem of old age to a public health problem with dire consequences for both individuals and society. The established representation of loneliness in the UK was as a social problem of old age: a characterisation that can be traced back to the surveys of older people conducted in the immediate post war period. The policy context within which loneliness in later life is discussed has been reframed and our research questions are increasingly reflecting this public health orientation. One consequence of this is that our research may be neglecting some important -but perhaps less immediately public health relevant-aspects of loneliness in later life. In this symposium we will look at some newly emerging areas of loneliness research. We will present work that seeks to look at the experience of loneliness amongst populations which are less evident in studies that use large surveys such as the English Longitudinal Study of ageing. Two papers will look at dementia and loneliness. Donnellan and Bennett will focus upon the experiences of those caring for people with dementia whilst Rippon and Victor will look at loneliness in caring dyads (people with dementia and their carers) and the challenges of measuring loneliness. Our third paper from Pikhartova and Victor will take a broader view of loneliness by looking at trajectories across Europe to remind us of the importance of the socio-cultural context in the experience of loneliness.

Chair

Christina Victor - Brunel University London, London, United Kingdom

272 - Trajectories of loneliness across Europe: what do they suggest?

Jitka Pikhartova, Christina Victor

Brunel University London, Uxbridge, United Kingdom

Abstract

There is a comparative dearth of longitudinal studies of ageing reporting how loneliness changes over time. Consequently we have little evidence describing trajectories of loneliness and examining the factors which may influence them. We used data from the English Longitudinal Study of Ageing (ELSA) and the Survey of Health, Ageing and Retirement in Europe (SHARE) to examine loneliness trajectories in the sample of the population aged 50+ years.

Data from three consecutive waves of longitudinal ELSA and SHARE panel studies were used to report the prevalence of loneliness, to construct two types of loneliness trajectories, and to identify the main predictors of loneliness at country level. Short form UCLA scale was used as a measure of loneliness. Respondents were categorised according to their scores, and trajectories were built either as (a) never lonely, always lonely, stopped or started reporting loneliness, fluctuations in reporting loneliness; or as (b) always lonely, borderline loneliness, never lonely.

The prevalence of 'always lonely' was 8% in ELSA and ranged from 1% to 5.2% in SHARE countries.

30.7% of ELSA and between 14.6 and 42% of SHARE respondents reported being borderline lonely. The within- and between-countries differences in trajectories of loneliness suggest that social and cultural country characteristics influence reported loneliness more than socio-demographic characteristics of individuals.

The results suggest that loneliness is more influenced by society and national characteristics than by the socio-demographic factors at the individual level.

300 - Exploring loneliness in current and bereaved former dementia carers: A qualitative analysis.

Warren Donnellan, Kate Bennett, Paige Butcher, Max Gray

University of Liverpool, Liverpool, United Kingdom

Abstract

Research shows that dementia care is associated with increased loneliness. Research also shows that widowhood is associated with increased loneliness. However, little research has explored loneliness in people with current and former caregiving experience. This is important because carers are not a static group; they transition through care statuses. It is particularly interesting in the case of spousal dementia care due to changes in communication patterns and the changing dynamic of the marital relationship. For bereaved former carers, loneliness may result from the spouse being physically absent. For current carers the spouse may be perceived as absent despite being physically present. We conducted 20 in-depth qualitative interviews with current spousal dementia carers and bereaved former spousal dementia carers to: i. Identify the extent of loneliness, ii. Explore the perception of loneliness, and iii. Compare loneliness between each carer group. We found that both groups acknowledged loneliness but not all felt lonely. The experience of loneliness was different within and between groups. Some current carers felt lonely because they had lost spousal communication and companionship, whereas others felt that the carer role had forced them to get out and meet new people, which reduced loneliness. Bereaved former carers talked more about the impact of the physical absence of their spouse on loneliness. The findings suggest that caregiving and bereavement are not necessarily associated with loneliness. Practical attempts to reduce loneliness must be sensitive to changing care statuses.

423 - Which is the best way to measure loneliness in people with dementia? A comparison of single and multi-item measures

Isla Rippon, Christina Victor

Brunel University London, Uxbridge, United Kingdom

Abstract

One area where there is potential for studies of loneliness in later life to be more inclusive is by encompassing people with dementia. Few loneliness studies include this important group or their carers. One explanation offered for this exclusion is the ability of people with dementia to answer questions about loneliness. This study looks at the ability of people with dementia to answer questions about loneliness by looking at responses to two loneliness measures: a single-item and a multi-item measure. Data are drawn from baseline wave of the Improving the Experience of Dementia and Enhancing Active Life (IDEAL) study, a five-year (2014-2018) cohort study of 1,550 people with dementia and 1,286 family members or friends who provide support. Loneliness was measured using both a single-item self-report measure and the six-item De Jong Gierveld (DJG) scale. Comparisons are drawn with responses to these questions by carers to establish if there are issues specific to people with dementia or problems with these questions more generally. 10.1% of participants with dementia reported loneliness using the single-item measure and 35.3% using the DJG scale (14.6% and 61.5% respectively for carers). Fewer respondents had missing data on the single-item measure in comparison to the DJG scale (0.9% vs 6.6% for participants with dementia and 4.1% vs 7.0% for carers). Participants with dementia who did not complete the DJG scale had significantly lower levels of cognition (ACE-III) and increased neuropsychiatric symptoms and carers who did not complete the measure had higher levels of wellbeing.

In chronological order
Underline denotes presenting Author

Symposium: Health, work and retirement – Advancing research, policy and practice

Work, retirement & the economy

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 4.210

F-P7-C13 - Health, work and retirement – Advancing research, policy and practice

Symposium Abstract

Many governments are increasing retirement and pension ages for men and women, meaning that more people may have to work for longer, including people who have poor health or unfavourable workplace conditions. Many studies have addressed the implications of these developments in the past years, but open questions are remaining: Who decides to extend their working lives? Is retirement and/or working longer good or bad for health? How can (new) socioeconomic inequalities in health, work and retirement be dealt with? How are work life and family life associated with later life health, work or retirement?

This symposium brings together researchers from projects on work and retirement to present their findings. Prof. Jenny Head (UCL) will present findings from the English Longitudinal Study of Ageing on socioeconomic differences in work life expectancy. Using the same data, Dr. Giorgio diGessa (KCL) will be talking about work histories in relation to health trajectories in later life. Dr. Baowen Xue (UCL) will present insights linking work-family conflict to work exit in later life using information from the Whitehall II data. Again using these data, Dr. Maria Fleischmann will present findings on mental health before and after retirement.

As part of the symposium, implications for policy and practice in the United Kingdom and elsewhere will be discussed. Dr. Brian Beach from ILC-UK will be touching upon questions such as: Is prolonged working feasible for everyone? How can barriers to employment in later life be overcome? Can gradual retirement be a solution to reduce inequalities?

Chair

Maria Fleischmann - University College London, London, United Kingdom

Discussant(s)

Brian Beach - International Longevity Centre UK, London, United Kingdom

279 - Socioeconomic differences in working life expectancy between ages 50-75: evidence from the English Longitudinal Study of Ageing (ELSA)

Jenny Head, Paola Zaninotto

UCL, London, United Kingdom

Abstract

Government policy in the UK and many industrialised countries is to increase state pension age and extend working lives in response to increasing life expectancy. However, extending working lives for older workers is partly dependent on their health status.

In this paper, we investigate differences by socioeconomic position and health status in working life expectancies between ages 50-75, that is, the expected number of years that will be spent in paid work between these ages. We also study variations in healthy working life expectancy, the combination of both being in paid work and in good health.

Using the first six waves of the English Longitudinal Study of Ageing, we applied multistate life table models to estimate working life expectancies and healthy working life expectancies from the ages of 50 to 75. We used two health indicators: (i) sub-optimal self-rated health and (ii) having a chronic disease (heart disease, stroke, diabetes, chronic lung disease, cancer and musculoskeletal disease). Socioeconomic position was measured by occupation grouped into professional, intermediate and routine occupations.

We found that men and women with good self-rated health can expect to spend around double the number of years in paid employment from age 50 compared to those in poor health. Among people with poor health, those in routine occupations can expect fewer years of working life than those in professional occupations. We also found differences according to presence or absence of chronic disease. We consider implications of these findings for policies related to employment of older people.

286 - Work histories and their effect on health trajectories in later life: Evidence from the English Longitudinal Study of Ageing

Giorgio Di Gessa[1], Laurie Corna[1], Debora Price[2], Karen Glaser[1]

[1]King's College London, London, United Kingdom. [2]University of Manchester, Manchester, United Kingdom

Abstract

Background. Health is known to be influenced by work histories. However, most studies examining the impact of work histories on health have focused on only one or two points in time, failing to recognise that physical and mental health are dynamic processes best understood as longitudinal trajectories. In this paper, we adopt a gendered life course perspective to estimate how labour market histories are associated with health trajectories in later life.

Methods. We use waves 3-7 of the English Longitudinal Study of Ageing, including the life history interview at Wave 3 which collected information on the respondents' labour market statuses from the age of 16. We used optimal matching analysis to model individual employment histories up to the state pension eligibility (64 for men and 59 for women in these cohorts). Growth curve models were then used to estimate health trajectories using three measures of health (depressive symptoms, a latent measure of physical health, and quality of life). We controlled for health and socio-economic characteristics at childhood, as well as for decade of birth.

Results. Preliminary analyses suggest that both men and women who were mostly out of the labour market throughout their adult lives were more likely to experience stable but poor health trajectories, although some of this association is accounted for by poor childhood conditions. Among those who worked up to state pension age, respondents who had career breaks and spells of part-time employment were less likely to experience health decline with increasing age.

202 - Work and family conflict in relation to work exit age 50 and beyond: a twenty-year follow-up of Whitehall II study.

Baowen Xue[1], Maria Fleischmann[1], Jenny Head[1], Mai Stafford[2]

[1]UCL Research Department of Epidemiology & Public Health, London, United Kingdom. [21]MRC Unit for Lifelong Health and Ageing at UCL, London, United Kingdom

Abstract

This study investigated relationships between work-family conflict and work exit. We used a cohort of 7,184 British civil servants (5,157 men and 2,027 women) who participated in the Whitehall II Study. Work interferences with family (WIF) and family interferences with work (FIW) scales were measured up to 3 times. Cause-specific Cox models were used to assess the influence of WIF and FIW on four routes of work exit: retirement, health-related, unemployment or homemaker/other. Women were more likely to exit through the homemaker/other route when perceived higher WIF or FIW. This increased risk of exit can be fully explained by family factors (caring responsibility and low control at home). WIF was not associated with men's exit but men with higher FIW were less likely to retire, and this was not explained by family factors or psychosocial working conditions. Men with higher FIW were also less likely to exit to be a homemaker/other, after taking account of family factors. Neither FIW nor WIF was associated with health-related exit or unemployment. Our study suggests that work-family conflict through mid-adulthood may lead to lower work participation in later career stage among women and higher work participation among men. Adjustments in the workplace, such as flexible working hours and location, may help women to reduce work-family conflict and remain at work longer. Men were inclined to compensate family demands by increased work engagement,

however, not reducing their perceived work-family conflict, which may have potentially negative consequences on health.

465 - The relevance of psychosocial working conditions and retirement timing for mental health before and after retirement: a long-term follow-up among British Civil Servants

Maria Fleischmann, Jenny Head

University College London, London, United Kingdom

Abstract

It is unclear how retirement and mental health are related. We focus on the context of retirement, i.e. psychosocial working conditions and timing of retirement, to identify whether long-term associations between retirement and mental health are positive of negative. Using data from the Whitehall II study on British civil servants, we observe individuals' mental health (GHQ score) between two to ten (on average 8.3) times, spanning up to 20 years prior to and 18 years preceding retirement. We differentiate short-term (0-3 years) and long-term (3+ years) effects of retirement for mental health and investigate whether trajectories differ by four measures of psychosocial working conditions and retirement timing. We show that retirement is generally related to short-term improvements in mental health. Stratifying by decision authority, skill discretion, job demands, and work social support, we find that improvements in mental health are more explicit for those retiring from more strenuous jobs with poorer working conditions. Moreover, early off-time or on-time retirement is in the short and long term more beneficial for individuals' mental health after retirement, compared to off-time late retirement. All in all, retirement is generally beneficial for health. The association between retirement and mental health is dependent on the context individuals retire from.

Assistive technologies

Technology & innovation

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 4.211

125 - Comparative Evaluation of Models of Assistive Technologies' Use

Afsaneh Abrilahij, Thomas Boll

University of Luxembourg-INSIDE research center, Esch-sur-Alzette, Luxembourg

Abstract

Many older people have functional limitations and are at risk of losing their ability to live autonomously. Assistive Technology (AT) could help to reduce that risk. However, many older people don't use ATs. Our presentation reviews existing models of ATs use, their applicability to specific types of AT, predictive value, fundamental elements, and critiques of such models.

In systematic literature searches in PsycINFO, MEDLINE, and Google Scholar 46 papers were identified that met our inclusion criteria. 32 papers covered models of ATs use, applicability to special types of ATs, components of models, and their predictive value. 14 papers cover criticisms of models of AT use.

We classified the models into two groups: The first included 11 models focusing on individuals' mental states (e.g., beliefs, desires) as factors explaining ATs use; the second included 22 models that also considered contextual factors (e.g., social influence, physical environment) in addition to individuals' mental states. Across both groups the most frequently included explanatory components were subjective norm and personal attitudes towards AT use, followed by perceived usefulness, perceived ease of use and then intention to use. Models were most frequently applied to information technologies followed by application to socially assistive robots. Unified Theory of Acceptance and Use of Technology 2 (UTAUT2) and an extended version of Technology Acceptance Model showed the highest amount of explained variance in intention to use (56-74%) and an extended model of UTAUT in actual use of ATs (64%). We conclude with recommendations for further improvement of AT use models.

129 - Investigating the environmental barriers to technology adoption for older adults with age-related vision loss (ARVL): Findings from a knowledge mobilization workshop

Colleen McGrath, Ann Marie Corrado

Western University, London, Canada

Abstract

The prevalence of age-related vision loss (ARVL) is steadily increasing and older adults now constitute the fastest growing segment of the population with low vision conditions (Watson, 2001; World Health Organization, 2014), including macular degeneration, glaucoma, cataracts, and diabetic retinopathy. To date, innovative low vision assistive devices (LVADs) have been developed to support individuals with ARVL, however, often these devices are never bought or are quickly abandoned after purchase (McGrath & Astell, 2016). As such, the overarching purpose of this project was to plan, organize, and facilitate a knowledge mobilization workshop to examine the environmental factors that influence technology adoption for older adults with ARVL. A total of 27 people attended the 1-day workshop including older adults with ARVL, family caregivers, healthcare professionals, and industry representatives. The participants engaged in two interactive methods of data collection including: *Show & Tell* and *Technology Interaction*. Framed within a holistic view of the environment, which includes physical, social, cultural and institutional components, the findings highlighted a multitude of environmental factors that influenced the participants' decisions about technology adoption. These included: cost, usability, training, relying on social supports (friends, family and strangers) in lieu of technology, and the preservation of a desired self-image. The participants clearly articulated multiple environmental factors that influenced their decision-making regarding LVAD adoption. By understanding these environmental factors, industry, vision care providers, and policy makers will be better positioned to recommend and fund useable and accessible technologies that match the needs, values, and preferences of older adults aging with vison loss.

61 - Digital Technologies and Community Building in Later Life: A Case Study

Zemfira Khamidullina

University of East London, London, United Kingdom

Abstract

As we move towards an evermore Internet-communicating society, the issues of access, paths to digital engagement and empowering practices for the rapidly ageing population are becoming more and more pressing. My paper looks into the role of Information and Communication Technologies (ICTs) in promoting healthy ageing, including communication, socialisation, and community living in later life. I am particularly interested in how ICTs help older citizens living in remote areas stay connected to their families, peers, ex-colleagues, social and community services, and how they contribute to civic engagement in later life. I explore these issues within the specific social and local context of a remote community with a high ratio of older population. I use narrative inquiry supplemented by ethnographic methods, making use of semi-structured in-depth interviews and participant observations and other ethnographic approaches.

Focused research within the microcosm of people in an isolated remote community offers an interesting perspective in terms of peoples' class, background, cultural capital and employment history, and helps to look beyond generalisations and stereotypes. I look into the complex and nuanced ways in which senior citizens in an isolated remote community use digital technologies in their everyday lives, and how these experiences destabilise the generalisations about universal digital illiteracy of older people. The data collected throughout my fieldwork suggests that older people cannot be pigeonholed as 'digital outcasts', and there are significant differences across the senior population.

In chronological order
Underline denotes presenting Author

126 - The Reasons of Older people for the Use or Non-use of Assistive Technologies: A Systematic Review of Qualitative Studies

Afsaneh Abrilahij, Thomas Boll

University of Luxembourg-INSIDE research center, Esch-sur-Alzette, Luxembourg

Abstract

The baby boomer generation is aging and the proportion of older people in the population is increasing. While people age, functional, cognitive, and physical problems increase. Assistive technology (AT) can help to overcome some activity limitations relevant to aging. Although ATs have potential benefits (e.g., to reduce the burden of caregivers, to increase independence), their usage rate is still low. Whereas several reviews of quantitative studies on factors of ATs use already exist, a systematic review of qualitative research about AT use is still missing. The aim of the current review is to provide more differentiated answers about what makes some older people use ATs while others not.

Based on systematic literature searches in PsycINFO, MEDLINE, and Google Scholar databases 18 relevant papers were identified according to our selection criteria. These studies were based on interviews about reasons of older people for using or not-using diverse types of ATs designed for many different activities.

We classified the key reasons as referring to three aspects: attributes of "potential technology users", "context", and "technology". Perceived usefulness and attitudes towards use were the most common "personal" reasons and social impact by significant others was the most common "contextual" reason, and technology design was the most common "technological" reason influencing use or non-use of ATs. We discussed the identified reasons in relation to the major models of developmental self-regulation and action-theoretical approaches to development in age. Based on the current review, we generated methodological and theoretical recommendations for future research and for practical applications.

Ageing in prison

Environments for ageing in the 21st century

Time: 13:00 - 14:30
Date: 6th July 2018
Location: 4.212

169 - A contradiction in terms? Making healthy choices within a carceral environment.

Sarah Lawrence

Queen's University Belfast, Belfast, United Kingdom

Abstract

Since the 1980's public health policy has become underpinned by neoliberal rationality. This ideological shift places the responsibility on individuals to act in an autonomous fashion choosing healthy choices as a moral imperative. Whilst the downfalls of neoliberal public health policy have been explored within academic literature, little work has attempted to unpick how the 'choice' approach fairs in an environment, such as a prison, which limits personal autonomy. The past decade has saw an increase in older people in prison. These changes in demography have occurred as a result of tougher sentencing policy, an increased pursuit of historic sexual offences and an ageing population. This paper will explore the ways that older prisoners experience health within a carceral environment, the challenges they face in relation to healthy lifestyles and the ways that self-care can be achieved irrespective of the constraints.

301 - Social Care in Prison (SCiP): The Needs of Older Prisoners in Custody

Sue Tucker[1], Claire Hargreaves[1], Mark Cattermull[2], Amy Roberts[1], Jane Senior[3], Tammi Walker[3], Jenny Shaw[3], David Challis[1]

[1]PSSRU, University of Manchester, Manchester, United Kingdom. [2]University of Manchester, Manchester, United Kingdom. [3]OHRN, University of Manchester, Manchester, United Kingdom

Abstract

The 2014 Care Act gave local authorities responsibility for the social care of prisoners in custody. Older prisoners were expected to make up the majority of those eligible. However, little was known about the range of their needs or how best to meet them. Against this background, we sought to i/ scope the nature and extent of the social care needs of prisoners in custody; ii/ explore the degree to which younger and older prisoners' needs differ; and iii/ explore arrangements to identify, assess and meet these. Face-to-face interviews were undertaken with a cross-section of male prisoners in North-West England (n=482, 16.7% 50+) and a questionnaire was sent to local authorities in England (responses received from 81% of 59 authorities containing prisons). Older prisoners were significantly more likely than younger prisoners to need help with personal hygiene (10% v 1.3%), dressing (8.8% v 1.3%) and moving around safely (20.8% v 8.9%), but no significant differences were identified in the percentages not engaged in work/education or with problems developing/maintaining relationships (17.8% and 14.3 % of full sample respectively). Specialist social care staff were widely engaged in prisoner assessments. However, many local authorities had delegated their responsibility for identifying prisoners with social care needs to prison health care staff, and there was considerable variation in the way social care and support was delivered. The findings support calls for a national strategy to address older prisoners' health and social care needs and highlight the need for greater active case finding.

654 - Mild Cognitive Impairment and Dementia in the Prison Population of England and Wales: Identifying Individual Need and Developing appropriate Care Pathways

Katrina Forsyth, Baber Malik, Leanne Heathcote, Jane Senior, Jenny Shaw

University of Manchester, Manchester, United Kingdom

Abstract

Background

There has been a rapid increase in the number of prisoners aged 50 and over across developed countries. Mild cognitive impairment (MCI) and dementia is a significant issue for prisons. However, the prevalence of MCI and dementia amongst the older prisoner population is largely unknown. Prevalence estimates vary, possibly due to discrepancies in the assessment measures used, and no previous studies have examined the prevalence amongst older female prisoners in England and Wales. There are no specialised services or care pathways to support older prisoners with MCI or dementia. Current service provision is consequently suboptimal and ad hoc.
Aims

1) To estimate prevalence of MCI and dementia amongst the older prisoner population;

2) To identify service needs and appropriate care pathways for older prisoners with MCI and dementia throughout custody and on release to the community.

Methods

Part 1: 861 prisoners aged 50 and over, including 269 women and 591 men were screened using the Montreal Cognitive Assessment (MoCA). Participants who screened in, were invited to participate in a full needs assessment which incorporated the Addenbrooke's Cognitive Examination – Third Revision (ACE-iii) and a range of other standardised assessments.

Part 2: A questionnaire was distributed to healthcare managers and governors of all adult prisons in England and Wales (n = 107).

Part 3: Ethnographic observations and semi-structured interviews (approx. 50) concerning 10 individual case studies were conducted.

Part 4: Care pathways and training packages were designed using a balance of care approach.

Preliminary findings will be discussed.

655 - 'They just throw you out': release planning for older prisoners

Katrina Forsyth[1], Jane Senior[1], Caroline Stevenson[1], Kate O'Hara[2], Adrian Challis[3], Jenny Shaw[1]

[1]University of Manchester, Manchester, United Kingdom.
[2]Dublin Institute of Technology, Dublin, United Kingdom.
[3]University of Oxford, Oxford, United Kingdom

In chronological order
Underline denotes presenting Author

Abstract

Older prisoners are the fastest growing incarcerated sub-group. They have more complex health and social care needs than both younger prisoners and their age-matched peers living in the community. Prisoners who have been recently released are at enhanced risk in terms of their physical and mental health. Consequently, there is a need for timely, multi-disciplinary release planning. The aim of this study was to explore the health and social care needs of older male adults discharged from prison into the community. Qualitative interviews were carried out with prisoners with four weeks left to serve (N=62), with follow-up interviews conducted four weeks after release (N=45). Participants were selected from nine prisons in the North of England. The constant comparison method was used to analyse the data. Older prisoners perceived release planning to be non-existent. There was a reported lack of formal communication and continuity of care, causing high levels of anxiety. Older prisoners experienced high levels of anxiety about the prospect of living in probation-approved premises; however, those who did go on to live in probation-approved premises had their immediate health and social care needs better met than those who did not move into such accommodation. Release planning for older prisoners is generally inadequate and there is currently a missed opportunity to address the needs of this vulnerable group.

Plenary: From Occupational Therapy to Environmental Gerontology – A Tale of Learning by Doing & Closing Ceremony

Chair: Professor Josie Tetley, Manchester Metropolitan University Manchester

Time: 14:45 - 16:00
Date: 6th July 2018
Location: Theatre B

648 - From Occupational Therapy to Environmental Gerontology – A Tale of Learning by Doing

Professor Susanne Iwarsson
Lund University, Lund, Sweden

Abstract

As gerontology is a very comprehensive and broad area of inquiry, any researcher interested in issues related to human ageing has to define her specific area of interest and expertise. Starting out from reflections on childhood experiences, in this plenary talk I will describe my scholarly development into environmental gerontology. Spurred by clinical experiences from community-based occupational therapy in Sweden, after academic studies in gerontology, I pursued PhD education in public health, with a specific interest in housing and health issues related to ageing and disability. My early scientific work was concentrated to methodology development based on the notion of person-environment fit, with the Housing Enabler instrument as a recognized contribution. Crucial research career steps were establishing collaboration with public transport planning, and coordinating the interdisciplinary ENABLE-AGE project engaging colleagues in five European countries. With housing, home, health and disability dynamics at the core, my research has expanded to focus on such dynamics in different age segments of the ageing population, health promotion and rehabilitation for specific diagnose groups, and environmental facets such as use of technology. During recent years, user involvement in research has evolved as a specific trait of this research. In addition to describing some research results and achievements, I will reflect upon multi, inter- and transdisciplinary developments and the potential and challenges inherent in establishing infrastructures for research and graduate education on ageing and health. A challenge for coming years is to reframe research priorities and endeavors continuously, based on societal developments and challenges.

Posters are ordered by Poster Board number
Underline denotes presenting Author

Wednesday 4th July 2018

Poster Session / Tea & Coffee Break (Sponsored by Cambridge University Press)

Time: 15:30 - 16:30
Date: 4th July 2018
Location: Theatre B Foyer / The Drum

Poster 1 Submission 549 - Providing Geriatric Emergency Medical Services: Innovations and Trends

John Schumacher, Sarah Chard

University of Maryland, Baltimore County (UMBC), Baltimore, USA

Abstract

Older adults are a rapidly growing population worldwide and emergency and accident departments remain a key care provider. However, models of emergency medicine do not typically align well with the care needs of this heterogeneous older patient population. Since 2007 some emergency departments have responded by creating senior-friendly or geriatric specific emergency care services. This research reports on a survey of the N=83 emergency departments in the U.S. who identify and promote themselves as senior friendly or as geriatric emergency medicine departments. N=54 (65%) responded to a web-based survey with telephone follow up. Analysis of open-ended questions were guided by two major international interdisciplinary supported emergency care guidelines (i.e., Geriatric Emergency Department Guidelines; and, Quality Care for Older People With Urgent and Emergency Care Needs). All responses were thematically analyzed and independently classified by two doctoral level gerontological researchers. Results suggest these emergency departments were innovating based on the major domains suggested in the guidelines. For example, these geriatric emergency departments reported key changes including: the physical environment; staffing intensity & type; and geriatric screening tools & procedures. Respondents noted a major challenge of educating new staff since frequent turnover is experienced in these settings. Remarkably, none of the respondents reported inquiries or questions by their respective government regulators/inspectors regarding their geriatric emergency care innovations. In terms of future needs for their programs, respondents overwhelming reported the need for more and different types of staff (e.g., pharmacists, case managers) followed by quality geriatric emergency medicine education programming and materials.

Poster 2 Submission 20 **Stirling Prize Entry** - Frailty in the new GMS contract – what does it mean to Primary care Providers?

Khulud Alharbi, Harm van Marwijk, David Reeves, Thomas Blakeman

University of Manchester, Manchester, United Kingdom

Abstract

Background

The new General Medical Services (GMS) contract requires general practitioners (GPs) to identify and code all their moderately and severely frail patients and to provide appropriate care. However, frailty is a relatively new and possibly contentious concept to healthcare professionals in primary care.

Aim

This study explores how GPs and primary care providers understand the concept of frailty, whether they find it useful in observing patients, and if judged useful, how they consider frailty in decision-making and care management of individual patients. We also investigate methods that providers use to identify frailty in patients, such as the electronic Frailty Index eFI, and their views on the methods' utility.

Design and Setting

Qualitative study in primary care settings

Method

Qualitative interviews are conducted with up to 20 primary care providers, including GPs, practice nurses and healthcare assistants. Normalisation process theory NPT provides the framework for analysis and interpretation of data.

Results

The work is still ongoing. We present some initial findings here.

Conclusion

Identification of patients with frailty is a requirement of the new GP contract, but it remains unclear whether GPs and other primary care providers will consider it helpful in making better decisions about care or whether it will be perceived as excessive medicalisation creating unnecessary work. Understanding the experience of primary care providers in operationalising the identification of frailty in their daily practice will help to evaluate this new policy initiative.

Poster 3 Submission 359 - How do ambulance clinicians, in the South West of England, perceive frailty, its assessment and the management of patients with frailty? Focus group thematic analysis.

Jonathan Green[1], Suzy Hope[2]

[1]South Western Ambulance Service NHS Foundation Trust, Exeter, United Kingdom. [2]University of Exeter Medical School, Exeter, United Kingdom

Abstract

One in five patients attended by South Western Ambulance Service NHS Foundation Trust (SWASfT) has at least mild frailty (audit data 2017). Frailty identification is now on the national agenda (NHS England). Ambulance services are well positioned to identify frailty (including in people not otherwise in recent contact with healthcare services), and to influence the 'care pathways' down which patients are directed (and therefore health outcomes). Since 2016 the electronic patient record completed by SWASfT clinicians has contained the Rockwood Clinical Frailty Scale (CFS) and Timed-Up-and-Go (TUG) test. A limited educational package regarding frailty, has since been delivered since.

Two focus groups of ambulance clinicians (total n=17) were conducted to assess current knowledge, practice and attitudes regarding frailty, as part of an exploratory project to inform the development of grounded research. Knowledge of conceptual models, appropriate assessment and alternative care pathways varied substantially. The CFS is now widely completed, although conflicting opinions were expressed regarding the context, purpose and suitability of this case-finding tool. Difficulties were identified which appear to inhibit completion of the TUG. Participants discussed a variety of strategies which they employ including treatment options and referral pathways to community services enabling patients to be managed at home, as well as options to refer patients directly to hospital units/ specialists with the aim of facilitating rapid, appropriate assessment, treatment and discharge. Ability to discuss frailty with onward care providers was deemed very useful, but the limited availability of these referral pathways was a principle feature of the discussions.

Poster 4 Submission 503 - Assessment, referral and management of frail elderly patients by ambulance clinicians - exploratory investigation

Jonathan Green[1], Suzy Hope[2]

[1]South West Ambulance Service NHS Foundation Trust, Exeter, United Kingdom. [2]University of Exeter, Exeter, United Kingdom

Abstract

"Can patients be identified before the onset of frailty to prevent further decline in health?" was a key question raised in the recent NIHR call for research to improve outcomes for older people with complex health and care needs. Best practice guidelines (British Geriatrics Society, 2014) regarding older frail people, recommend management in the home environment when support systems fulfil health and care needs. Ambulance clinicians are spending increasing amounts of time attending this cohort and may at times provide the first interface with healthcare services. They regularly make frailty assessments of patients, although the information is rarely used. Patient encounters, often in their own homes, place ambulance clinicians in prime position to provide key information - potentially for identification of "pre-frail" (or "frail") patients, and for initiating appropriate ongoing management. They could also have valuable information which is currently rarely considered when developing new care pathways.

To effectively tap into this rich source of experience and community knowledge, we first need to understand the status quo. This pilot project is therefore auditing, in one large English ambulance trust, the characteristics of the older population being attended, examining how this cohort is currently being assessed and managed (including analysis of electronic patient records, and staff and patient focus groups), how it correlates with the "frail" population identified by primary care, and the effectiveness of current communication links. This baseline information, including trialling proposed methodologies for linking primary care, ambulance and hospital data, will help inform future potentially important interventions and research.

Poster 5 Submission 377 - A Joint Wythenshawe Hospital and Red Cross innovation reduces reattendances and readmissions

Rebecca Cruise[1], Lauren Wentworth[1], Joanna Williams[1], Alison Allcutt[1], Laura Middleton[1], Holly Steward[2], Amanda Palin[2]

[1]Wythenshawe Hospital, Manchester University Foundation Trust, Manchester, United Kingdom. [2]British Red Cross, Manchester, United Kingdom

Abstract

Topic

The NHS has faced increasing operational and financial pressures over the last decade culminating in what the British Red Cross (BRC) last year described as a Humanitarian Crisis. Vulnerable patients are often admitted to acute hospital beds awaiting social support.

Intervention

A combined initiative with BRC and Wythenshawe Hospital was designed to promote independence and assist recovery for patients who are medically optimised, but require practical and emotional support to return home safely. A BRC donor is funding the service for 3 years, which operates Monday-Friday 11am to 7pm, differing from similar schemes elsewhere as visiting services and support can continue for up to six weeks after discharge.

Services on day of discharge include transport home and necessary care to allow patients to settle safely at home. Ongoing support may include phone calls and further visits (maximum twice weekly).

Improvement

Reviewing 2 months of data (August and September) of the 73 patient contacts and comparing the 3 months before and 3 months after being reviewed by the service

there was a 40% reduction in ED attendances

there was a 42% reduction in inpatient admissions

of the admission spells the total number of bed days was reduced from 480 to 310, a saving of 170 bed days

Discussion

This innovation proved economically and socially valuable in providing effective support to our most vulnerable older patients. A Replication and expansion of the service elsewhere is likely to help more people given that the service had to decline referrals when at capacity.

Poster 6 Submission 486 **Stirling Prize Entry** - An Exploratory Study of Pitfalls regarding Information Sharing of Bidirectional Relationship between Hospitals and Care Facilities

Ginji Kawasaki, Taro Sugihara, Muneou Suzuki

Okayama.univ, Okayama, Japan

Abstract

With the rapid progress of aging in Japan, there are significant needs for close collaboration between hospitals and care facilities, but patient information has not been shared seamlessly. One of the reasons for the relocation difficulty derives from the differences in the characteristics. The staffs on both sides possibly conduct information sharing without profound consideration for the difference. It is expected that if mismatches in their intention and way of thinking of the significance of patient's information underlie both sides, the patient's condition unable to maintain and/or improve due to the pitfall of information sharing. Shortening the length of stay, which leads to the number of relocations and earlier discharge from the hospital,

enhance the risks to decline the patient's condition. Information sharing technologies for supporting seamless collaboration between hospitals and care facilities are required to minimize the mistakes of medical care or long-term care caused by the pitfalls. This research investigated the difficulties of information sharing in the transfer process as a pilot study for delineating the specifications of the information sharing system. Six nurses and nine professional caregivers related to the transfer process participated interview. The interview data were transcribed and analyzed by modified grounded theory approach. In the case of transfer from a hospital to a care house, information that caregivers needed was not transmitted, especially information of daily activity support. In contrary, the case of from care houses to a hospital, nurses recognized information from care houses was somewhat insufficient for appropriate medical care.

Poster 7 Submission 266 - Pharmacist-led Medicines Review Services in Indigenous Older Adult Populations in New Zealand – A review of the literature

Joanna Hikaka, Nataly Martini, Rhys Jones

University of Auckland, Auckland, New Zealand

Abstract

In New Zealand, Māori (the indigenous people) experience inequitable health outcomes including higher rates of morbidity and mortality at a younger age, compared to non-Māori. Māori are more likely than non-Māori to be prescribed 'high risk' medicines and experience an adverse drug event, putting older Māori at even greater medicine-related risk.

Internationally, clinical pharmacist services have been shown to improve patient outcomes by reducing avoidable hospitalisations, drug-related adverse outcomes and inappropriate prescribing in a cost-effective manner. An extensive literature review was conducted to identify whether this outcome is the same for Māori older adults in New Zealand. Studies were included if outcomes were reported by ethnicity.

Three diverse studies were identified with varying methodology, interventions and outcomes. Māori participants ranged from 11-41% of the study population with median age of 65-78years. Results included pharmacists reporting Māori had less knowledge of medicines, were seven times more likely to experience a drug related problem and were less likely to be recruited into the medicines review research. The studies failed to examine potential influence that the wider determinants of health had on reported outcomes. This will be discussed in relation to a wider review of the literature including pharmacist services in other indigenous populations including ethnic variability in access to healthcare, provider-patient engagement and cultural competency of health practitioners.

There is no literature detailing pharmacist-led medicine review services designed specifically for, or with, older Māori, despite a lifetime of inequitable health outcomes. Further study is needed in this area.

Poster 8 Submission 165 - Effective frailty management: multiple stakeholder perspectives

Emily Verté[1,2], Dominique Verté[1], Nico De Witte[1]

[1]Vrije Universiteit Brussel, Brussels, Belgium. [2]Belgium & Ghent University, Ghent, Belgium

Abstract

Research demonstrates that there is a growing need for multifaceted support during later life, which demands considering all the resources of (frail) people. This paper constitutes to this demand through the identification of needs from a multiple stakeholder perspective and the assessment of the impact of the environment. A multiple case study analysis was used for this study. To identify all needs an iterative process of interviews (i.e. three iterations) was held for two distinct cases (i.e. clustering of high risk neighbourhoods and low risk neighbourhoods). Three stakeholder groups participated: 1) older people (N=50), 2) informal carers (N=16), and 3) professionals (N=34). After each interview a controlled feedback was organised allowing each of the respondents the opportunity to generate additional insights and clarify more thoroughly the previous iterations. Overall group findings suggest that the needs of community-dwelling

older people are strongly related to the specific characteristics of the context. More specifically, the results identified a distinct set of needs: context independent needs and needs depending on the risk profile of the environmental context. Hence, health, social and other services should not only be individually tailored, but also should encompass the specific assets or thresholds of neighbourhoods in a structural way to achieve an inclusive care and support system.

Poster 9 Submission 475 **Stirling Prize Entry** - "Dementia and Improved Quality of Life: the Promise of Textile Technology"

Andrea Izquierdo Ruiz

The University of Manchester, Manchester, United Kingdom

Abstract

Dementia is a progressive neurological disorder that affects the quality of life of patients. The nature of the condition means that intrusive treatments, regular hospital visits and constant change of location can lead to anxiety, distress and disorientation among other symptoms. However, advancements in wearable and textile technology present exciting opportunities to develop discreet patient support systems. In this paper we evaluate the current fields of research around wearable and textile technologies for mental health to identify how user-centric, design-based methodologies can inform the creation of prototype garments that successfully address key patient requirements.

Poster 10 Submission 480 - Development of a home-based therapy to improve functional actions in people with Parkinson's disease using observation and imagery

Judith Bek[1], Paul Holmes[2], Jordan Webb[1], Chesney Craig[2], Zoe Franklin[2], Matthew Sullivan[2], Emma Gowen[1], Ellen Poliakoff[1]

[1]University of Manchester, Manchester, United Kingdom.
[2]Manchester Metropolitan University, Manchester, United Kingdom

Abstract

Effective non-medical approaches to improve movement and everyday functioning in Parkinson's disease (PD) are needed, with consideration of individual rehabilitation needs. Action observation (AO) and imagination of actions (motor imagery; MI) engage the motor system and facilitate movement, particularly when used in combination1. This project aims to develop a personalised, flexible, home-based therapy for people with PD, using observation and imagery of everyday actions.

A PD-specific AO+MI intervention was designed in consultation with people with PD2, using a tablet-based app modified from a program used with stroke patients3. A focus group explored intervention delivery and obtained feedback on a prototype app. Preliminary testing was then conducted with 4 individuals with mild to moderate PD. The 6-week intervention involved using the app to observe videos of personally-selected everyday actions with simultaneous MI, followed by physical practice.

Training diaries and post-training interviews indicated that the app was acceptable and usable, but the training schedule may have been too intensive, and a greater range of actions was desired. Participants perceived improvements in the trained actions and some transfer to other tasks; changes in MI ability and psychological benefits were also noted. Preliminary data indicated quantitative improvements in dexterity and MI ability.

A home-based therapy using action observation and motor imagery is thus feasible in mild to moderate PD, and may offer both physical and psychosocial benefits.

References:

Eaves DL et al. *Frontiers in Neuroscience* 2016;10

Bek J et al. *Parkinson's Disease* 2016;7047910

McCormick SA, Holmes PS. *Stroke* 2016; 47: ATP157.

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Poster 11 Submission 41 **Stirling Prize Entry** - Researching the Role of Psycho-cognitive Factors in the Recovery Processor for Community-dwelling Older Adults with Hip Fractures: A Scoping Review

Michael Kalu[1], French Simon[2], F Al Zoubi[3], Surajo Sulaiman[4], Norman Kathleen[2], Mohammad Auais[2]

[1]School of Rehabilitation Science, McMaster University, Hamilton, Canada. [2]School of Rehabilitation Therapy, Queens University, Kingston, Canada. [33]School of Physical and Occupational Therapy, Faculty of Medicine, McGill University, Montreal, Canada. [4]School of Rehabilitation Therapy, Queens University, Kingston, Canada

Abstract

Background: Available guidelines for rehabilitation of older adults after hip fracture mostly focus on the role of physical factors in recovery. Emerging evidence supports the role of psycho-cognitive factors in the recovery process after hip fracture. Therefore, a structured scoping review is warranted to provide a comprehensive overview of available evidence on the role of psycho-cognitive factors in the recovery process.

Methods: We followed the framework by Arksey and O'Malley (2005). PubMed, EMBASE, CINAHL, and PsychINFO were searched from inception until July 2016. We included any study with quantitative methods that investigated the role of psycho-cognitive factors on functional recovery for community-dwelling older adults (≥65 years) with hip fractures. Two reviewers independently assessed the relevance of the abstracts, reviewed articles and extracted the data.

Result: Eighty-three studies were included; most were conducted in USA, Italy, and Canada. Seventy-two studies found a significant relationship between psycho-cognitive factors and functional recovery after hip fracture (54 prospective, 15 retrospective, and 3 RCT). Unspecified cognitive impairment, depression, dementia, and delirium were the most investigated factors. Only 13 interventional studies were found, of which 11 concluded that cognition was relevant for functional recovery, either because intervention toward functional recovery was more effective in people with better cognition, or because addressing cognition directly led to better functional outcomes.

Conclusion: Psycho-cognitive factors are associated with functional recovery after hip fractures. Future studies with more robust research designs (RCTs) are needed to provide clinical directions on how best to address psycho-cognitive factors in rehabilitation programs after hip fractures.

Poster 12 Submission 490 - Older people living well beyond cancer: the relationship between emotional support and quality of life

Patty Doran

University of Manchester, Manchester, United Kingdom

Abstract

Over two and a half million people in the UK are currently living beyond a cancer diagnosis, and it is predicted that by 2030 this figure will rise to four million. With the shift in prevalence of cancer has come a focus on cancer survivorship, living well beyond cancer, and addressing inequalities within cancer care. By bringing together the concepts of living well beyond cancer, quality of life and emotional support, this study aimed to produce new knowledge about the impact of emotional support on the lives of older cancer survivors.

Analysis was carried out using data from the English Longitudinal Study of Ageing. A measure for perceived emotional support was constructed to reflect reliability, understanding, and the ability to talk to partners, children, other family members and friends; and CASP-19 was used to measure quality of life.

Most people reported high emotional support and had good quality of life (although cancer survivors on average had slightly lower quality of life compared to people without cancer). However, those who reported having low support (from partners, children and other family) or no support (from friends) reported much poorer quality of life. The relationship was similar for both cancer survivors and older people without cancer.

The findings potentially reflect complex situations (such as being a carer) that can be adversely affected by also living with cancer. Interventions that increase social support, particularly through the act of 'being there' are likely to improve quality of life for older people living with cancer.

Poster 13 Submission 450 - Involvement of unpaid carers in the provision of telecare to older people – findings from the UTOPIA study

Nicole Steils[1], John Woolham[1], Malcolm Fisk[2], Kirsty Forsyth[3], Jeremy Porteus[4]

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Abstract

Unpaid carers are involved, and take on varied responsibilities, if telecare is provided by an Adult Social Care Department (ASCD) in England. Telecare and electronic assistive technologies can support older people with social care needs to maintain their independence. They can also effectively support unpaid carers in their caring role.

Funded by the NIHR/School for Social Care Research, UTOPIA (Using Telecare for Older People In Adult social care) was a mixed-method study that evaluated telecare provision by English ASCDs and its impact on the lives of both older people with social care needs and their unpaid carers. Data collection consisted of an online survey of all English ASCDs, in-depth interviews with senior managers leading on telecare provision, and interviews in four case study ASCDs, including a small number of unpaid carers.

This presentation explores three themes emerging from data analysis:
• ASCDs' strategies concerning unpaid carers and telecare;
• unpaid carers varied involvement in the stages of telecare provision, including assessment, maintenance, response to alarms, and management of the telecare package; and
• ways to overcome existing barriers.

Whilst the findings show how telecare provision can alleviate carer burden and enable unpaid carers, for example, to remain in paid employment, they also show the complexity of their involvement in the telecare provision process, which can cause stress and anxiety. The presentation discusses what could be done to support unpaid carers to enable the effective use of telecare by the older person or themselves and also to meet carers' own needs.

Poster 14 Submission 69 **Stirling Prize Entry** - Resilient against Frailty: An Exploratory Study

Ian Garner[1], Carol Holland[2], Adrian Burgess[1], Louise Atkinson[1]

[1]Aston University, Birmingham, United Kingdom. [2]Lancaster University, Lancaster, United Kingdom

Abstract

Frailty and resilience are viewed as polar opposites along the same dimension i.e. to be resilient is to not be frail (Rockwood, & Mitnitski, 2015). Physiologically speaking this concept may be true. However, both resilience and frailty are more than physiological constructs, and with increasing recognition of psychological factors in frailty progression (Gobbens, van Assen, Luijkx, Wijnen-Sponselee, & Schols, 2010), so too should greater importance be placed on psychological factors in resilience development against frailty. Therefore the current study will assess the relationship between resilience and frailty by completing correlation analysis between resilience and frailty (as well as frailty sub-types: physical and psychological frailty), and hierarchical regressions and moderation analysis to determine the impact of psychological resilience on frailty outcomes (care requirements, quality of life, and unplanned hospitalisation).

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Rockwood, K., & Mitnitski, A. (2015). Resilience and frailty: further steps, best taken together. *European Geriatric Medicine, 6*, 405-407.

Poster 15 Submission 174 - Distress based on the problem areas in diabetes (PAID) scale and the unmet needs of older adults with type 2 diabetes in Taiwan

Ching-Ju Chiu

Institute of Gerontology, College of Medicine National Cheng Kung University, Tainan, Taiwan

Abstract

The problem areas in diabetes (PAID) scale was commonly used to assess diabetes-related distress for diabetes patients. However, in patients with well controlled versus poor controlled diabetes management, score from this scale may indicate different meanings: it is ambiguous to distinguish from individuals with low distress from those did not care about their diabetes when participants reported a low score on the PAID scale. This study by analyzing the PAID scores in older type 2 diabetes patients who were recruited from a medical center in southern Taiwan (N=181) aims to explore meaning of the PAID score in those with well-controlled versus poor-controlled diabetes. It also explored unmet needs of those with poor controlled diabetes by using in-depth interviews. Results show that older age, not married /partnered, hypertension, longer diabetes duration, higher HbA1c level, and depressive symptoms were associated with higher PAID scores. In addition, marital status was an independent factor predicting PAID scores for all patients, and depressive symptom scores prominently explained the PAID score in poor-controlled diabetes patients. From the qualitative data, distress was found to be associated with feeling of unhealthy and sense of deprivation from food. Unmet needs include lack of emotional support, and self-management information on adherence to healthy diet. This study concluded that PAID score may be associated with marital status and emotional support, which further leads to distress in older diabetes patients. It suggests that physicians may aggressively attend to these needs to relieve distress and further improve diabetes care for older diabetes patients.

Poster 16 Submission 89 - Older Adults' Internet Use and Their Social Engagement, Social Network, and Social Capital: Rural-urban Differences

Ching-Ju Chiu

Institute of Gerontology, College of Medicine, National Cheng Kung University, Tainan, Taiwan

Abstract

This study described the Internet usages among middle-aged and older adults during 2007-2016 in Taiwan. Two national-wide data were used. Results show that prevalence rate of Internet usage increased from 30.6% to 66.6%, and from 3.9% to 22.3% in middle-aged versus in older adults. Contents of the Internet usage increased the most dramatically on the use of social network-related apps. A four- to fifteen-fold increases for middle-aged and older adults, respectively. In 2016, the top three Internet activities in middle-aged and older adults were social network (58.7% vs. 13.3%), google (54.8% vs. 16.3%), and media/game (45.2% vs. 13.4%). Cross-sectional data reveals that previous experiences, perspectives of usefulness, and ease of use of the Internet were associated with various domains of social health in urban participants, but only the usefulness was associated with social capital in rural participants. Internet also benefits older adults on social health by their age: it significantly associated with the social capital for younger elderly (55-59 and 60-69 yrs) and the social network for older elderly (70-79 and >=80 yrs). Significant relationship of Internet and social participation was only observed in 60-69 year-old. Longitudinal data reveals that Internet usage was predictive of but not social participation or social capital. Rural-urban digital divide mitigated in middle-aged (50-64) but widen in older adults (65+) during the past ten years. Findings from this study suggest a promising but distinct role of the Internet on promoting social health for older adults living in different urbanization areas.

Poster 17 Submission 79 - Meta-analysis of prospective cohort studies on a cut-off of daily sedentary time and all-cause mortality among older adults

Po-Wen Ku[1], Li-Jung Chen[2], Yung Liao[3], Ming-Chun Hsueh[3]

[1]National Changhua University of Education, Changhua City, Taiwan. [2]National Taiwan University of Sport, Taichung, Taiwan. [3]National Taiwan Normal University, Taipei, Taiwan

Abstract

Sedentary behaviours such as TV viewing, reading, talking on the telephone, computer use, and sitting and socialising etc. are prevalent among older adults in the present era. Unfortunately, a growing body of evidence revealed that greater sedentary time was associated with an increased risk of all-cause mortality in older adults. However, the proper threshold for the amount of daily sedentary time required to reduce mortality remains unclear. This meta-analysis aimed to quantify the dose-response association between daily sedentary time and all-cause mortality and to explore the cut-off point for impairing health in older adults. Prospective cohort studies providing effect estimates of overall daily sedentary time (exposure) on all-cause mortality (outcome) among older adults were identified via multiple databases until December 2017. Dose-response relationships between daily sedentary time and all-cause mortality were assessed using random-effects meta-regression models. All analyses were performed with Comprehensive Meta-Analysis Version 3.3.070 software. Based on the pooled data from 9 eligible studies for inclusion, the results demonstrated a log-linearly dose-response association between daily sedentary time and all-cause mortality (i.e. hazard ratios). Overall, more time spent in sedentary behaviors, especially periods exceeding 6 hours/day, is associated with higher mortality risks. On the basis of a limited number of prospective cohort studies, the findings suggest that it may be appropriate to encourage older adults to engage in less sedentary behaviors, with fewer than 6 hours/day being relevant for all-cause mortality. These findings may provide implications for developing feasible strategies and evidence-based recommendations for the elderly population.

Poster 18 Submission 78 - Effects of a single session of low-intensity exercise on sleep quality in older women with mild sleep impairment

Li-Jung Chen[1], Po-Wen Ku[2]

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Abstract

This study aimed to explore the effects of a single session of low-intensity exercise on sleep quality in older women with mild sleep impairment. A total of 40 women aged 55 or more with mild sleep impairment (Athens Insomnia Scale-5 ≥ 5) were randomized to either aerobic exercise on a treadmill for 50 mins (10 mins of warm-up, 30 mins of low-intensity exercise at 45–55% of age-predicted maximal heart rate, and 10 mins of cool-down) or a control group. Participants wore the sleep actigraphy on the wrist of the non-dominant hand for 2 nights before (pre-test) and 2 nights after exercise (post-test). A mixed-design analysis of variance was used with group as the between-subjects factor and time point as the within-subjects factor. No significant group difference on demographic variables and sleep parameters was found at baseline. Significant group-time interactions were found in sleep onset latency ($p<0.001$) and sleep efficiency ($p=0.025$). After the intervention, the exercise group reduced the time of sleep onset latency for 3.3 minutes ($p=0.001$) and also reported greater sleep efficiency (increase 3.8%, $p=0.008$), but no significant change was found in the control group. No significant group-time interactions were found for the other five sleep parameters (activity counts, total sleep time, wake after sleep onset, or number and length of awakenings). This study suggests that a single bout of low-intensity exercise has benefits on some sleep parameters, including reduction of time for sleep latency and improvement of sleep efficiency in older women with mild sleep impairment.

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Poster 19 Submission 496 - The use of a pragmatic approach to methodology to examine the impact of childhood events across the lifecourse.

Julie Longson

Keele University, Stoke-on-Trent, United Kingdom

Abstract

The impact of discrete historical events is by now well established, as are the lifelong consequences of cohort experiences (Elder 1974). One of the clearest examples of an event with lifelong consequences is war, both in the context of battle and the women and children left behind while male family members are away fighting. Much of the research conducted so far has concentrated on quantifiable outcomes such as mental health (Maniam et al 2014) and has focused on men and the battlefield. Some attention has been paid to the lifelong consequences of childhood separation from parents, either due to fathers fighting or the children being evacuated, but researchers have largely used quantitative approaches (Pesonan et al 2007, Waugh et al 2007).

This presentation takes stock of current knowledge about lifelong consequences of child-parent separation due to war on later life, identifying core themes and findings. It will explore conceptual and methodological leanings and limitations in light of current gerontological theories. It will argue that a lifecourse approach, combined with attention to the lived experience and the analysis of data (such as diaries, letters and newspaper cuttings), produced during or directly after the war in question adds further depth and enhances the current level of understanding.

Poster 20 Submission 335 **Stirling Prize Entry** - Practitioners instrumental in increasing equity of access to psychological therapies for elders

Pam Clarke, Arpana Verma, Pete Bower, Christine Robinson

University of Manchester, Manchester, United Kingdom

Abstract

Despite high rates of anxiety and depression in elders (Andreas et al., 2016), and evidence that psychological therapies are efficacious in elders (Cuijpers et al., 2009), rates of access to psychological therapies are significantly lower in elders than in younger adults (Chaplin et al., 2015). The aim of this qualitative study was to develop insights into what may hinder and help elders' access to psychological therapies, in order to redress such inequity.

Semi-structured, in-depth interviews were conducted with 27 elders and 24 practitioners. Data were analysed thematically using a grounded theory-lite approach (Braun & Clarke, 2013). Data-derived themes from participant groups were constructed, and an over-arching theme (Excuses and alliances) was also created.

Elders experienced life as a battle; despite minimal knowledge of psychological therapies, elders were positive about trying them. Practitioners with least experience of elders, and least autonomy, followed policies and practices that tended to exclude elders from psychological therapies. These practitioners appeared allied more to their organisation than to elders. They were also more likely to proffer explanations for elders' lack of access that served to excuse it. Other practitioners, however, worked in alliance with elders, and challenged excuses for elders' lack of access to psychological therapies.

A checklist was produced based on the results. The checklist was designed to help practitioners reflect on their own practices in relation to elders accessing psychological therapies, and to assist policy makers and practitioners in identifying ways of re-shaping and implementing more elder-centred, and thus more equitable, systems and services.

Poster 21 Submission 141 **Stirling Prize Entry** - Alcohol consumption among Northern Irish people aged 50 and older: first findings from the Northern Irish cohort for the Longitudinal Study of Aging (Nicola).

Hannah McKenna, Michael Donnelly, Dermot O'Reilly

Centre for Public Health Queen's University Belfast, Belfast, United Kingdom

Abstract

Alcohol misuse is a threat to older adult health and quality of life. Large representative aging studies such as The English Longitudinal Study of Aging (ELSA) and The Irish Longitudinal Study on Aging (TILDA) have measured alcohol consumption. This paper presents the first estimates for the Northern Irish population based on initial Wave 1 (cross-sectional) analyses from The Northern Irish Cohort for the Longitudinal Study of Aging (NICOLA), describing the prevalence and nature of alcohol consumption among people aged 50 and older.

Simple random selection from a health-card registration database identified 8500 non-institutionalised respondents aged ≥50. A beverage-specific quantity-frequency self-report questionnaire measured alcohol intake. NICOLA participants were categorised as abstainers, non-hazardous drinkers (1-14 units/week), hazardous drinkers (>14 units/week) and binge drinkers (≥50g of alcohol consumed at least one day per week) according to UK guidelines and previous studies.

39.2% of respondents were abstinent, 43.1% non-hazardous drinkers, 17.7% hazardous drinkers and 4% were binge drinkers. Men reported more hazardous (27.7% men 10.4% women) and binge (9.9% men 3.7% women) drinking. Greater abstinence was reported by widowers rather than those who were married (55.1% to 34.2%) and by those with lower education (55.3% compared to 26%). More 'good' self-reported health was reported by non-hazardous drinkers over abstainers (47% compared to 36%).

Alcohol misuse is a challenge for policy makers due to our 'aging' population. These findings are comparable with those reported by TILDA and ELSA. The data provides a basis for informing appropriately targeted public health programmes and responses.

Poster 22 Submission 415 - Methodological approaches to involving people with dementia and family carers in research advisory roles

Tracey Williamson, Luisa Rabanal, Andy Walker, John Chatwin, Chris Sewards, Maria O'Sullivan, Cristina Vasilica, Conor Griffiths, Christian Clausner

University of Salford, Salford, United Kingdom

Abstract

People with dementia have often been overlooked when it comes to research involvement. This has been in part due to lack of confidence, ability or commitment by researchers. People living with dementia have much to offer research design and undertaking and this paper presents one research team's reflections on methodological approaches used successfully and unsuccessfully in a three year young onset dementia focused study completing in July 2018. Little has been published regarding how to involve people with dementia in study advisory groups. Methodological issues include managing meeting venues and environments, facilitating group interaction, advisor roles in developing study materials and processes of decision making. The unique contribution of this paper is illuminating the detailed attention given to written and verbal communication and supportive approaches, such as meeting individual's transport needs, which have helped optimal involvement to be possible by people affected by young onset dementia. The person-centred approach adopted here placed considerable demands on the team and was only achievable because of the innovative Development Worker resource available. The methodologies we detail and the level of engagement required to apply them, may deter some researchers from involving people with dementia in research which suggests skills and attitudes may need to be taught to aspiring and developing researchers. Future research is needed to test new methodologies for involvement of people with dementia in research advisory groups to identify

what works, for whom, under what circumstances and why. This paper will interest people living with dementia, researchers and research funders.

Poster 23 Submission 389 **Stirling Prize Entry** - An exploratory user study of an assistive technology of handover for caregivers in care homes

Yasufumi Okamoto[1], Taro Sugihara[1], Hiroyasu Miwa[2], Kentaro Watanabe[2], Noriaki Kuwahara[3]

[1]Okayama University, Okayama, Japan. [2]National Institute of Advanced Industrial Science and Technology, Tokyo, Japan. [3]Kyoto Institute of Technology, Kyoto, Japan

Abstract

The elderly gradually lose abilities in respect to physical, mental and cognitive along with aging and need assistance from the others. Professional caregivers in care facilities are required to deeply understand the elderly in order to provide quality care for them. Although it is essential to share information among staffs in the facility to meet desires from the elderly, caregivers often fail to transmit information they have due to a number of tasks and interruptions. This study explored the cause of difficulties for sharing information from the standpoint of the relation between information sharing tasks and stresses, towards deploying an assistive technology of handover. Twenty-two caregivers from two care facilities participated interview about the relation. Then the prototype of the handover assistance have been deployed into one of the facilities. After approximately a months of deployment, time study was conducted in the meal assistance. Four caregivers operated the prototype for 6 month and participated interview about the effectiveness on information-sharing tasks. The interview data were fully transcribed and analyzed by modified grounded theory approach. The interview results indicated that stress factors were derived from malfunctions of information transmission, discontinuing communication caused by forgetfulness and interruptions, fewer opportunities for information sharing, and inappropriate behaviors of recipients. From the results of observation, caregivers figured out that a photo-based information-sharing function in the handover assistance enabled to track rich care records.

Poster 24 Submission 194 **Stirling Prize Entry** - "All the bright colours, I've never seen anything like that before. It makes you happy, cheers you up.": exploration of the physical environment and positive sense of self in frailty.

Chantel Cox[1,2], Caroline Ellis-Hill[1], Michele Board[1], Michael Vassallo[2,1]

[1]Bournemouth University, Bournemouth, United Kingdom. [2]The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust, Bournemouth, United Kingdom

Abstract

In the UK half of all people over 85 are living with frailty, now a recognised long-term condition, and this number is rising. Understanding the complexities of frailty is an increasingly important focus for healthcare providers. Due to negative connotations associated with frailty people who are frail often do not feel able to engage with service providers to enhance their health. Little is known about how services can support positive experiences, meanings and identities of people living with frailty.

The aim of this three phase ethnographic study is to understand how a positive sense of self and identity in older people with frailty is constructed and supported within a NHS Day Hospital which has received good service-user feedback. A preliminary finding from phase one of the study is the effect of the physical environment. Patients and relatives reported that spaces, colours and pictures within the Day Hospital made them feel "happy" and "cheerful" and that this made their experience "less like a hospital", with the associated negative connotations. The data suggest that the colours, textures, pictures and spaces of the day hospital environment give a tangible backdrop to a positive and welcoming sense of place for older people with frailty.

Physical environments may contribute to supporting a positive sense of self by providing a temporary space of familiarity and security to people who may be experiencing multiple changes and losses through their condition of frailty.

Poster 25 Submission 17 - Aged Residential Care Staff Palliative Care Delivery Experience and Education and Psychological Wellbeing

Rosemary Frey[1], Michal Boyd[1,2], Jackie Robinson[1,3], Susan Foster[1], Merryn Gott[1]

[1]University of Auckland, Auckland, New Zealand. [2]Waitemata District Health Board, Auckland, New Zealand. [3]Auckland District Health Board, Auckland, New Zealand

Abstract

Previous research indicates that Aged Residential Care (ARC) staff members are often unprepared for their role in palliative care provision (Marshall et al. 2011). Indeed, addressing the palliative care skills deficit of ARC staff has been identified as of critical importance to delivering quality healthcare in this setting both in NZ and internationally.

A survey of 153 clinical staff across 20 ARC facilities in one urban centre was conducted to explore palliative care experience and education as well as measures of psychological wellbeing.

Although the majority of staff reported having had palliative care education (64.7%) the courses were most frequently under six hours in length (36.2%). Staff members most often report (32.7%) that they spend 1-25% of their time caring for end-of-life residents.

Staff recorded an average burnout score of 2.61 which indicates danger signs of burnout. Twenty-two staff recorded a score of 3.5 or more indicating burnout. Results point to the need for the implementation of a new reciprocal learning model between Hospice and ARC to improve palliative care delivery. Evaluation of this new model is currently underway in collaboration with two local hospices.

Reference: Marshall B., Clark, J., Sheward K. 2011. Staff perceptions of end-of-life care in aged residential care: a New Zealand perspective. *Journal of Palliative Medicine* 14(6): 688-95.

Poster 26 Submission 456 - Specialist services in early diagnosis and support for older people with dementia.

Saima Ahmed[1], Jane Hughes[1], Susan Davies[1], Martin Orrell[2], Paul Clarkson[1], David Challis[1]

[1]The University of Manchester, Manchester, United Kingdom. [2]The University of Nottingham, Nottingham, United Kingdom

Abstract

The aim of this study was to investigate staff roles and tasks in Community Mental Health Teams (CMHT) and memory clinics. This study was one of nine within a five-year National Institute for Health Research (NIHR) programme entitled, 'Effective Home Support in Dementia Care: Components, Impacts and Costs of Tertiary Prevention'.

A cross sectional survey design was used to collect data in England in 2015. Teams were identified by mental health providers (n=68) and invited to complete a questionnaire. Fifty-one NHS Trusts responded and the overall response rate (79%) varied regionally.

Findings indicated that CMHTs were significantly more likely to have larger staff groups. Compared to memory clinics they were also more likely to have staff that were not professionally qualified. The occupational therapist role showed a strong association with the provision of all services in CMHTs. Both CMHTs and memory clinics provided information and advice about the condition. CMHTs provided more services associated with the support of a person with dementia at home.

The variations in the staff mix in CMHTs and memory clinics reflected their different functions. There was limited evidence in both of profession specific interventions relating to the provision of support, information, therapy and education, associated with either diagnosis or long-term support. The potential for a single service to undertake both diagnostic and long-term support merits further investigation.

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Poster 27 Submission 511 **Stirling Prize Entry** - The influence of culture on cognitive assessments: an illustration through a comparison of the ACE-III Urdu (UK) and the ACE-III Urdu (PK)

Nadine Mirza[1], Tahir Khan[2], Taha Khan[3], Maria Panagioti[1], Waquas Waheed[1]

[1]The University of Manchester, Manchester, United Kingdom. [2]University of Cambridge, Cambridge, United Kingdom. [3]Queen Mary University of London, London, United Kingdom

Abstract

The cognitive assessments available to us have been developed in Western countries for specific English speaking populations and are ill suited to the needs of those from a different ethnic back ground. This is due to the impact of culture as it influences the perception of cognitive assessment items, which translation alone does not account for. When target populations differ from the population the assessment was originally designed for we see higher rates of false positive and false negative scores with negative real world implications for dementia diagnoses.

As South Asians are no exception to this cultural bias, we illustrated the impact of culture through a comparison of two versions of *the Addenbrooke's Cognitive Examination Version III (ACE-III) Urdu*, one for British South Asians (UK) and the other for Pakistani South Asians (PK). Both versions underwent a robust cultural validation process to determine their understanding and acceptability within their target populations. This was achieved through cognitive interviewing with 25 cognitively healthy participants each and amendments were made according to participant feedback. The ACE-III Urdu (UK) was culturally validated across British Urdu speakers and the ACE-III Urdu (PK) across Pakistani Urdu speakers.

Despite both versions assessing the same cognitive concepts as the original widely used and psychometrically robust ACE-III, in the same language, across only South Asians, they demonstrate significant differences in their cultural content, especially across items assessing memory and language. Therefore, we have highlighted the impact of cultural context within cognitive assessments and the need for adaptation beyond translation.

Poster 28 Submission 509 **Stirling Prize Entry** - Care Coordination for Older People in the Non-statutory Sector: Lessons from Research

David Challis, Jane Hughes, Caroline Sutcliffe, Michele Abendstern, Rowan Jasper, Helen Chester, Nik Loynes

University of Manchester, Manchester, United Kingdom

Abstract

Little is known about the nature, form and range of care coordination activities provided by the non-statutory sector and what is required to promote its capacity to respond to increasing expectations resulting from recent policy changes. The study aim was to explore and articulate care coordination arrangements for predominantly older people in the non-statutory sector. The research was commissioned by the National Institute for Health Research School for Social Care Research.

The study was undertaken in several stages. First, a scoping review collated existing literature. Second, a database was created of non-statutory sector organisations providing care coordination for older people. Third, an analysis was made of existing documents describing standards of care coordination. Fourth, a national postal survey of non-statutory organisations examined service provision. Fifth, fieldwork was undertaken in a number of organisations and included manager and practitioner interviews.

An expert briefing document was produced to collate and disseminate study findings. These findings were subjected to a SWOT analysis (Hafford-Letchfield, 2010). The strengths of the non- statutory sector were derived from their independence from the state and their flexible approach to staffing. Weaknesses related to their small scale and sometimes limited range of care coordination tasks undertaken. Opportunities existed for the provision of specialist services primarily but not exclusively for older people and partnership working with other local agencies. The threats to their longevity were associated with fixed-term funding and the uncertainties consequent on commissioning processes.

References

Hafford-Letchfield T. (2010) Social Care Management, Strategy and Business Planning, Jessica Kingsley, London.

Poster 29 Submission 334 **Stirling Prize Entry** - Relationship dissatisfaction in caregiving spouses of people with Parkinson's-related dementia

Sabina Vatter[1,2], Emma Stanmore[1], Kathryn McDonald[1], Sheree McCormick[1], Linda Clare[3], Iracema Leroi[1,2]

[1]University of Manchester, Manchester, United Kingdom. [2]Greater Manchester Mental Health NHS Foundation Trust, Manchester, United Kingdom. [3]University of Exeter, Exeter, United Kingdom

Abstract

Introduction: Spouses and life partners (subsequently referred to as spouses) are crucial in supporting people with Parkinson's-related dementia (PRD) with daily tasks and symptom management; however, this can result in increased burden and reduced relationship satisfaction for the spouses. Understanding what impacts relationship satisfaction could help in tailoring support for the couple.

Methods: Cross-sectional data were obtained from 130 spouses of people with PRD in face-to-face home-based assessment visits undertaken with the couple (n = 56), and through postal self-completed questionnaires for spouses (n = 74). Socio-demographic variables and measures of relationship satisfaction, caregiver burden, psychological and physical well-being were collected and analysed. Additionally, severity of Parkinson's disease and neuropsychiatric symptoms were elicited from the assessment visits.

Results: 86.2% of spouses were women (mean age = 69.4 ± 7.5 years) and 95% of couples were married (mean partnership duration = 42.4 ± 13.8 years). Nearly 60% of participants reported relationship dissatisfaction with their partner. Lower relationship satisfaction in spouses was associated with higher burden, anxiety, depression as well as younger age, lower quality of life and longer duration of person with PRD's cognitive impairment and motor symptoms. Spouses' relationship satisfaction was predicted by burden ($\beta = -0.64$, $p < 0.001$) and person with PRD's apathy ($\beta = -0.26$, $p < 0.05$), explaining 58.5% of the variance.

Conclusion: To our knowledge, relationship satisfaction in spouses of people with PRD has not been previously explored. Support interventions may be necessary for this population to help maintain quality of life and couples' relationship.

Poster 30 Submission 568 **Stirling Prize Entry** - Caring for the Caregivers: Exploring the Experience of South Asian Carers of People with Dementia in Greater Manchester Area.

Ambily Sathish

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Abstract

The substantial contribution to dementia care made by the members of ethnic minority groups has not been fully recognised. These groups of caregivers are significantly under-represented in the provision of dementia services and this has been highlighted as a key policy issue by the DOH. They often face social challenges, language and education constraints and cultural barriers when they attempt to access the community services. The aim of this study is to gain an in-depth understanding into how South Asians in Greater Manchester feel about supporting a family member with dementia, particularly what care-giving involves and means to them.

The present study adopted a qualitative methodology using semi-structured interviews. Recruitment is currently in progress, a purposive sample of a maximum of 10 participants with equal distribution of Indian and Pakistani caregivers of PWD will be recruited from the local community centres in the Greater Manchester area. Two participants' accounts were analysed using Interpretative Phenomenological Analysis. The themes emerging were; 'cultural specificity', 'familism', 'power conflict in the family', 'emotional impact on caregivers' and 'appropriateness of available services'. Each theme will be explored

in detail for subordinate themes. Although this abstract presents preliminary emerging themes generated from the account of two participants, some of the issues currently experienced by carers are already highlighted; questions about the services currently in place, whether they are fit for purpose or not. There is therefore, a clear need for this research to explore further to understand the perspectives of caregivers from the South Asian communities.

Poster 31 Submission 520 - Experiences of dementia caregivers in Pakistan

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Abstract

In Pakistan there is very little awareness of dementia and its symptoms, a lack of formal services and no government policy to support the growing problem. This leads to family caregivers of people with dementia (PwD) not recognising the symptoms, delaying seeking help and being burdened by the care. Furthermore, existing knowledge and attitudes of dementia are heavily influenced by religious and cultural norms. To gain a better understanding of the perceptions of dementia and recognise gaps in services, the present study explored the experiences of family caregivers of PwD. This was part of a larger project funded by Age International in London, conducted in Pakistan about the understandings of dementia among PwD, their family caregivers, the general population, and key stakeholders. Semi-structured interviews were carried out on 20 caregivers of PwD in Lahore and Karachi. Thematic analysis was performed on interview transcripts interpreted from Urdu to English. The themes that emerged were in relation to the caregivers' experiences, dementia knowledge, impact of dementia on their lives, coping skills and support needed. Barriers to seeking help included a lack of awareness about dementia and its symptoms – many attributing the symptoms to stress. Family play a significant role in the care of PwD and the belief that this is the families' duty is evident. Caregivers highlighted a need for more day centres to keep PwD active and to provide caregivers with some respite. Campaigns to raise awareness of dementia and targeted dementia policies in Pakistan are urgently needed.

Poster 32 Submission 109 - Pioneering dementia care in Morocco: exploring insights from healthcare providers and informal caregivers

Saloua Berdai Chaouni[1,2], Ann Claeys[1,2], Liesbeth De Donder[2]

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Abstract

Morocco experiences a rapid aging of its population that is reflected in an increase of age-related conditions as dementia. Although no exact figures on dementia prevalence in Morocco are available, it can be estimated that 30 000 Moroccans are diagnosed with dementia each year. Healthcare and organisations are searching on how to develop good dementia care for these older people. In this study, we explore the existing and emerging dementia care in Morocco. A multi-method design was developed: 1) a scoping review of the existing (grey) literature was performed, 2) individual interviews were undertaken with 4 healthcare providers who are working in dementia care in Rabat and Tanger, and 3) a focus group session was held with 13 informal caregivers of a relative with the diagnosis of dementia in Tanger. In recent years, dementia has gained more attention in Morocco. Mainly neurologists and informal caregivers supported by traditional and social media, seem to lead this societal awareness. This collaboration of the informal caregivers and health care workers also forms the base of the emerging dementia care services in Morocco. The current development of dementia care is therefore mainly a bottom-up action and relies on the medical expertise of the engaged doctors and the family caregivers insights by experience. This study with the pioneers on dementia care in Morocco highlights that providing adequate dementia care is a challenge, also for middle income developing countries. It also underlines the need for structural support of bottom-up actions within a (broad) dementia care policy.

Poster 33 Submission 468 - Electrical safety and risk taking: older people's attitudes and behaviour at home

Alexandra Vanta Sardani, Sarah Hillcoat-Nalletamby

Centre for Innovative Ageing, Swansea University, Swansea, United Kingdom

Abstract

Using data from a study about experiences and perceptions of electrical safety amongst older people in Wales, this presentation used both quantitative and qualitative data to address the question "what are older people's perceptions and experiences of risk associated with electrical fires and related accidents in Wales in the home environment?". Data are from focus groups with older people (n=14), qualitative interviews with key stakeholders (n=4) from the fire and rescue service and a charity specialising in home repairs as well as secondary Welsh data sources (Office for National Statistics) about incidents of electrical related fires in dwellings at the national level. Findings suggest that older people in Wales are disproportionately at risk of experiencing an electrical fire in their homes. The majority of older people were aware of the importance of electrical safety and accident prevention to continue living independently at home, but they still engaged in risky behaviours. For instance, they did not check an electrician's professional accreditation or register their electrical appliances. We suggest that social norms and perceived behavioural control influenced older people's electrical safety at home more than awareness of related risks. Moreover, participants raised concerns about the cost of carrying out electrical safety improvements and lack of strict related government regulations and funding schemes to support them. Theoretical significance of the study's findings is discussed in relation to Ajzen's theory of Planned Behavior and Bronfenbrenner's Ecological Systems Theory. Significance of findings for service provision in context of ageing in place is highlighted.

Poster 34 Submission 308 **Stirling Prize Entry** - Green infrastructure and climate change: The role of place for elderly people

Rachel Lauwerijssen

University of Manchester, Manchester, United Kingdom

Abstract

Elderly are vulnerable to climate change and investing in green spaces is a strategy for governments to enhance climate resilience and to reduce their climate vulnerability in urban areas. Green spaces are places where people often have strong emotional bonds and memories with or are connected to memorable life experiences. A central focus will be to what extent these spaces influence identity and meaning to place and how elderly experience and perceive climate change and changes in the built environment through life experiences and memory is unknown.

This research concerns the role of memories and life experiences of elderly people as a qualitative research approach in exploring climate change and their meaning of green areas in cities as a way to improve their everyday health, well-being and quality of life.

Using a mixed-method approach the research will investigate the relationship between quantitative climate data and perceived climate change collected from the elderly by the use of interviews.

The research is intended to contribute to the body of knowledge on climate, green infrastructure and place attachment. Also it might provide additional scientific evidence on the benefits of green areas for elderly and how these places can become meaningful to people across generations. Hence this study can assist in unravelling how ways of attachments and identities flow over time on how it can assist climate adaptation research with the practice of memories and experiences of elderly people.

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Underline denotes presenting Author

Poster 35 Submission 131 - Current situation and challenges of general household eating habits in the Great East Japan Earthquake

Masaki Chiba

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Abstract

The Great East Japan Earthquake of March 11, 2011 was the largest recorded in the history of Japan, with a magnitude of 9.0. On the coast of the Tohoku region (North East Japan) securing food became difficult due to the subsequent tsunami and shredding of the lifeline. The present study seeks to compare changes in public consciousness of emergency food stockpiles before and after the earthquake, the nature and size of stockpiles in ordinary households, and what role emergency food played at the time of the earthquake. We surveyed a total of 171 residents, aged 20 years or older, in the coastal area of Tohoku. The survey was divided into three categories: 1) stockpiling of food before and after the disaster; 2) meals during the disaster; and 3) emergency food. The results show that consciousness of the importance of creating emergency stockpiles of food and drinking water increased following the disaster. However, many respondents questioned whether these measures are truly useful during a disaster. Despite the increased awareness of stockpiling, there was no change in the proportion of people believing stockpiles would genuinely be used. In the future, consideration should be given not just to the quantity of food reserves but also to their quality. It is important not only to make stockpiling easier, but to bring the quality of emergency food in line with that of everyday meals. A key consideration in this goal is access to heating and hygienic environments in which to prepare warm meals.

Poster 36 Submission 10 - The Golden Years Project: Targeting Loneliness and Social Isolation in the Over 60s

Claire King

The Whittington Hospital, London, United Kingdom

Abstract

The multitude of negative effects upon psychological and physical health is only just being realised, with many recent studies into the devastating impact of social isolation and loneliness (Davidson & Rossall, 2015). With these issues being more prevalent in older age groups, and with a rapidly ageing population, these issues are very relevant to modern medicine, and are closely linked with the holistic care and health promotion role of the practitioner.

This presentation discusses a voluntary project, established with a charity that strives to connect isolated and lonely older people in the local community. This charity works to form an understanding of every individual client's loneliness, and develop a truly personalised response to this. The charity has described the main issue echoed nationwide with regard to loneliness interventions, with reaching lonely individuals being the main challenge (Jopling, 2015).

The aim of the project was to create a loneliness intervention with the purpose of increasing the awareness of the project with local primary healthcare professionals, and therefore increase referrals into the service, as part of the holistic practice of community medicine. The intervention was performed by attending and hosting meetings with over 120 members of the primary care multi-disciplinary team.

A critical evaluation at the end of the project assessed and reflected upon explanations for the disappointing numbers of referrals received following the above intervention.

References:

Davidson, S, Rossall, P, 2015. Evidence Review: Loneliness in Later Life. AGE UK.

Jopling, K, 2015. Promising approaches to reducing loneliness and isolation in later life.

Poster 37 Submission 299 - Diversity in social isolation and loneliness across highly active and inactive rurally-living older people

Jolanthe de Koning[1], Afroditi Stathi[1], Suzanne Richards[2]

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Abstract

Background: Loneliness and social isolation (SI) have been linked with low levels of physical activity (PA). However, robust evidence of this association in adults aged 65 and above is not available.

Aim: To explore diversity in loneliness and SI in highly active and inactive rurally-living older adults, and the socio-ecological context in which this occurs.

Methods: Seven-day moderate-to-vigorous PA (MVPA) was measured via accelerometry in 112 rurally-living participants (mean age=73, 52% female). A purposeful sample of 12 highly active (39-113 MVPA minutes/week, mean age=70.8) and 12 inactive participants (2-13 MVPA minutes/week, mean age=75.3), matched for age and gender, participated in semi-structured qualitative interviews. The adapted socio-ecological model of PA determinants and cognitive and deficit perspectives of loneliness informed the interview guide. Directed content analysis was used.

Findings: Active participants reported emotional loneliness due to disrupted family relationships. Inactive participants reported social loneliness due to lack of local social integration and overwhelming work or caring responsibilities. Active participants who pursued life-long solitary, productive interests experienced SI but not loneliness. Similarly, inactive participants with poor physical function, but satisfied with the frequency of their social contacts, experienced SI but not loneliness. Other inactive participants with poor physical function, who adapted life-long social activities to be less physically strenuous, experienced neither SI nor loneliness.

Conclusions: Both highly active and inactive older adults can experience loneliness or SI. Despite common beliefs, reports of both SI and loneliness were not frequent. Low levels of PA may not be associated with loneliness or SI.

Poster 38 Submission 23 - A simple cognitive test of visuospatial episodic memory performed decades before death can predict the ultimate presence of Alzheimer's disease pathology

Andrew Robinson[1], Roseanne McNamee[1], Yvonne Davidson[1], Michael Horan[1], Julie Snowden[2,1], Lynn McInnes[3], Neil Pendleton[1], David Mann[1]

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Abstract

Community- or population-based longitudinal studies of cognitive ability with a brain donation end point offer an opportunity to examine correlations between pathology and cognitive state prior to death. Discriminating the earliest signs of dementing disorders, such as Alzheimer's disease (AD), is necessary to undertake early interventions and treatments.

The neuropathological profile of brains donated from The University of Manchester Longitudinal Study of Cognition in Normal Healthy Old Age, including CERAD and Braak stage, was assessed by immunohistochemistry. Cognitive test scores collected 20 years prior to death were correlated with the extent of AD pathology present at death.

Baseline scores from the Memory Circle test had the ability to distinguish between individuals who ultimately developed substantial AD pathology from those with no, or low, AD pathology, placing the predictive testing period within the preclinical and prodromal AD phase. Predicted test scores at age 65 also discriminate between these pathology groups. The addition of *APOE* genotype further improved predictive ability.

The results raise the possibility of predicting the subsequent development of AD pathology over 20 years before death by using a simple cognitive test. This work may facilitate early interventions, therapeutics and treatments for AD by identifying at risk and minimally affected (in pathological

terms) individuals, in whom the prospects of halting or even reversing disease might be realistic.

Poster 39 Submission 463 **Stirling Prize Entry** - Understanding the lived realities of kinship care for grandparents.

Katherine Brailsford

University of Portsmouth, Portsmouth, United Kingdom

Abstract

What happens to a child when a parent can no longer care for them? For 180,000 children in the UK, this means going to live with relatives. In the UK 51% of kinship carers are grandparents. Kinship care is defined as informal when arrangements are made without the involvement of children's services.

This poster will focus on why research of grandparental kinship care is vital for the development of support services and policy initiatives. Grandparental kinship care has been framed as unproblematic without acknowledgement of the conflicts grandparents can face between their care role and economic, social aspects of their lives. In a survey of 671 kinship carers by Grandparents Plus, 68% gave up work or altered hours due to their kinship care role, this economic uncertainty is compounded by the fact that two in three kinship care children live within the poorest 40% of areas in England. Grandparents may also experience isolation as friendships breakdown due to a lack of commonality in life stage with peers, as well as factors such as age and gender preventing acceptance within parenting friendship circles.

Work within geographical gerontology has investigated the link between age, gender and place on a micro scale. This work could be enhanced using ethnographic techniques that investigate the tensions between subjective experiences of grandparent kinship care and dominant social and cultural images of grandparenting, parenting, age and gender. This research will further understandings of the reality of informal kinship care, helping to enhance support services and policy development.

Poster 40 Submission 114 - Education Abroad: What Can it Teach Students About Caring for Older People?

Gerry Gairola

University of Kentucky, Lexington, Kentucky, USA

Abstract

Can education abroad programs help students learn about care of older people? this paper describes a University of Kentucky (USA) Education Abroad Program entitled "Exploring Health and Care of Older People in Great Britain." The program includes visit to a British hospital, clinic, hospice, housing program and dementia center during a two-week travel program to England, Scotland and Wales. During this program students also have reading assignments and maintain a reflective journal of their experiences and observations. At the end of the program, student submit a portfolio in which they submit a summary of what they have learned about health and care of the elderly in Great Britain. This paper summarizes some of the students' statements about what they have learned during the education abroad program.

Poster 41 Submission 273 - Can the Adam, Rouilly AK060 age suit successfully simulate students' experience of balance problems and risk of falling in frail older adults? A pre- and post-intervention study

Carole Watkins, Ellie Higham, Charley Townley, Michael Gilfoyle

Keele University, Newcastle under Lyme, United Kingdom

Abstract

Evidence suggests that age simulation can have a positive impact on student understanding and perception of ageing (Fisher and Walker 2014). Age simulation suits are designed to simulate the human ageing process but currently there is no evidence that the age suit can effectively replicate the balance disturbance/falls risk experienced by older adults. The purpose of this experimental study was to investigate whether the age suit could successfully simulate balance

problems and/or risk of falling in frail older adults using the Functional Reach Test (FRT), Timed Up and Go (TUG) and Berg Balance Scale (BBS). Thirty physiotherapy students aged 20-40 years performed the three tests first without and then with the age suit, following a standardised procedure. Statistical analysis of the results identified a significant difference between pre (without age suit) and post (with age suit) in terms of FRT scores ($p<0.000005$), time taken to complete the TUG ($p<0.0005$) and change in BBS score ($p< 0.001$). A comparison of participant scores with normative FRT and TUG scores identified that the suit had 'aged' the majority of participants to the normative values for older adults (60+), with some reaching the values for individuals aged 70-89. However, no scores achieved the values indicative of increased falls risk. This study highlights that the age suit is a valid educational tool which extends the value of age suit simulation beyond a more general empathising role, enabling healthcare students to experience and understand the specific challenges to balance experienced by older adults.

Poster 42 Submission 292 - Illness perceptions and attitudes towards people living with dementia amongst adolescents.

Sahdia Parveen, Alys Griffiths, Saba Shaffiq, Jan Oyebode

University of Bradford, Bradford, United Kingdom

Abstract

In order to sustain dementia friendly communities, the inclusion of young people is imperative. The aim of this study was to explore perceptions of dementia and attitudes held by adolescents using Leventhal's common-sense model of illness. A mixed methods approach was utilised with 326 young people aged 14-17 years completing the Brief Illness Perceptions Questionnaire, and 30 young people participated in six focus groups. Framework analysis of qualitative data was conducted using Leventhal's model. The findings suggest that the signs and symptoms associated with dementia were perceived as cognitive, such as memory loss and poor facial recognition. The experience of living with dementia was perceived to be negative as was the emotional impact on the person with dementia. Young people perceived the frustration associated with memory loss and lack of independence to lead to aggressive behaviours. Dementia was thought to be caused by brain damage, old age and traumatic life events. Adolescents were aware there was currently no cure for dementia and of the limitations of medicines. They suggested a number of psychosocial activities that could help support the person such as social interaction and reminiscence. Adolescents highlighted their desire to know more about risk factors for dementia. The findings have implications for the development of dementia friendly initiatives for adolescents with a focus on health promotion and living well with dementia.

References

Leventhal, H., Brissette, I., & Leventhal, E. A. (2003). The common-sense model of self-regulation of health and illness. *The self-regulation of health and illness behaviour*, *1*, 42-65.

Poster 43 Submission 528 - Cultural Gerontology: shifting the paradigm?

Wendy Martin[1], Julia Twigg[2]

[1]Brunel University London, Uxbridge, United Kingdom.
[2]University of Kent, Canterbury, United Kingdom

Abstract

The Cultural Turn came relatively late to gerontology, reflecting the tendency of the field to be dominated by practical issues and policy concerns. Over the last decade, however, cultural influences have increasingly impacted on the field, bringing new theorising, new subject matter to bear. This has expanded the scope of gerontology immeasurably with the result that it is no longer dominated by the perspectives of medicine and social welfare, but ranges more widely intellectually. Age increasingly features as an analytic category across the social sciences; and this growth of interest is reflected in the arts and humanities also. Cultural gerontology thus needs to be conceived as a broad movement of ideas that reflects both changes in the socio-cultural position of older people, and changes in the theoretical and academic analysis of these. What it brings to the table is a wider and more generous approach to the phenomenon and experience of later years and a more broadly based and more

sophisticated theoretical and methodological approach to its analysis. In doing so it raises questions for how we should locate gerontology academically and politically.

References:

Twigg, J. and Martin, W. (2015) 'The Challenge of Cultural Gerontology'. *The Gerontologist*, 55 (3). pp. 353 – 359

Twigg, J. and Martin, W. editors (2015) *Routledge Handbook of Cultural Gerontology*. London: Routledge

Poster 44 Submission 416 - Moving from the Third to the Fourth Age After Dementia Diagnosis - Challenging Discourses of Stigmatisation and Burden.

Libby Morrison

Newcastle University, Newcastle, United Kingdom

Abstract

Recent health and social care policy at national and local level has foregrounded a neo-liberal model of individual autonomy, independence and choice. To 'age well', individuals are increasingly encouraged to manage their own ageing, through improved diet, exercise, and community participation. The common assumption that ageing represents a burden can be challenged by regarding people in their 'Third Age' as being productive, successful, and agentic, reducing demands on health and social care.

Against this background, developing dementia is considered catastrophic, with cognitive decline and dependency representing the antithesis of the individualism and independence which suffuses and is lauded in Western cultures. The spatial, temporal and relational aspects of dementia can invoke feelings of fear and loss as the future and the past crumble under the weight of clinical diagnosis, the inevitability of failure in cognitive abilities, memory loss, dependency and potentially hospital or institutional care. Thus the 'Fourth Age' is viewed as failed, non-agentic and valueless (Gilliard, Higgs, 2010)

Using a feminist ethics of care framework, this poster explores the 'biographical disruption' (Bury, 1982) experienced by service users and formal and informal carers negotiating the path from domestic to institutional care. It assesses how the physical move from home to institution is mirrored in the social imaginary of a move from Third to Fourth Age and personhood to non-personhood . The poster seeks to challenge the discourse of 'burden' and stigmatisation by foregrounding caring relationships as normative, through an ontological framework which sees interdependency and vulnerability as inherent throughout the life-course.

Poster 45 Submission 54 - Female, White, 50: The Lack of Old Age Diversity in Australian Advertising.

Dennis Alexander Olsen

University of West London, London, United Kingdom

Abstract

Following the insight gained by the AHRC in 2013 regarding the perception of older people within Australian society – allegedly marked by scant attention, marginalisation and dismissal –, the proposed paper examines these claims in relation to the representation of older people in advertising.

The research is framed by the idea that the standing of any social group within a society is reflected by the media and, thus, can be determined through the examination of, e.g., advertising (*VitalityTheory*); and, moreover, that the media play a crucial role in a person's socialisation (*CultivationTheory*).

A content analysis, comprising frequency analysis, complemented by qualitative insight, is chosen to examine advertisements featuring older people. The analysis includes a total of *N*=1,050 print adverts, collected between January and March 2015 from four Australian magazines, and features a total of *N*=506 adult characters; *N*=170 of which are considered to be 'older' (50+ years).

The analysis shows that older people, although under-represented compared to their share of the population, are a regular and established feature of stories told by advertisers. Their regular occurrence, plus other indicators such as role prominence, indicates visibility within society and a solid standing as a social group.

However, despite the apparent visibility and 'vitality', there are prevailing aspects of old age that are not represented in advertising, and thus likely neglected in the perception of Australian society. These aspects concern diversity, *i.e.*, ethnic, sex and age diversity, by virtually blanking out non-white characters, as well as older males and characters aged 75+.

Poster 46 Submission 478 **Stirling Prize Entry** - The fabric of life: Dress within the care-home

Ezinma Mbonu

University for the Creative Arts, Epsom, United Kingdom

Abstract

Research has identified that understanding the individual's biography – their life his/her story is pivotal to administering a good standard of care to **BAME** people living with dementia. The collating of life stories is one of the key elements of person-centred care within a **care-home** setting (Bhattachryya and Benbow: 2012). As Milne and Smith emphasise, 'crucial to the life stories of many BME residents is the role and meaning of culture, religion, family life, routines, community norms, diet and dress' (Milne and Smith: 2015). For first generation black and Asian migrants **dress** can be of particular importance, embedded in complex identities and, possibly, providing a sense of continuity with the place of origin. This presentation aims to explore the significant role of **dress** as a lens to view a much larger phenomenon, that of the performance and concept of British identity amongst the first generation migrant **BAME** community living with dementia.

Poster 47 Submission 121 - Envisioning Fashion's Invisible Woman; a work in progress exploring the relationship between age and fashion through the medium of fashion illustration.

Ann Marie Kirkbride Old

Northumbria University, Newcastle-Upon-Tyne, United Kingdom

Abstract

In the U.K.'s homogenised and saturated fashion market opportunities to engage new customers are increasingly rare. However, despite projections that the over 55's clothing market is set 'to grow by 15% to almost £6.7 billion in 2017' (Mintel, 2012a) the older fashion consumer remains ignored. This raises questions as to the reasons for this; are older fashion customers less inclined to consume fashion, or are their needs simply not being met? Or could it be that the fashion industry has rendered the older woman invisible, preferring to promote its products and services on younger models regardless of the target audience? Mintel's Senior Clothing and Fashion Analyst suggests that the latter may be true as 'one in six females aged over-55 don't feel that advertising is aimed at them.'(Sender, 2012b).

This practice-based research project aims to understand more about the relationship between the older woman and fashion by drawing a septaguanarian muse. Using fashion illustration codes to challenge how the older female fashion consumer is portrayed and perceived by herself and others, the project also aims to promote attitudinal change in the fashion industry and broader society, with the longer-term goal of establishing her presence in the fashion community as a muse, a consumer and co-creator.

References:

Sender, T. (2012a) Fashion for the Over-55s; Issues in the Market, Available at http://academic.mintel.com/display/645800/?highlight=true#hit1. (Last accessed: 25 March 2013)

Sender, T. (2012b) Lifestyles of the Over-55s. Available at http://academic.mintel.com/display/629245/?highlight=true. (Last accessed: 25 March 2013)

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Poster 48 Submission 506 - Grandparents' employment in a couple perspective: the case of Italy.

Francesca Zanasi, Inge Sieben

Tilburg University, Tilburg, Netherlands

Abstract

The present work investigates the consequences of grandparenthood in terms of labour market participation for mid-life individuals, using the Italian Multipurpose Survey Families and Social Subjects (2009, 2016).

In Italy, grandparents have a key role as care providers. At the same time, care responsibilities might overlap with grandparents' employment. Firstly, we ask whether the birth of a grandchild lead to labour market adjustments for grandparents. Secondly, building on research about synchronization of retirement, we ask whether coupled grandparents negotiate between them who is going to adjust labour market participation for care responsibilities.

We argue that these negotiations are based on present labour market status, but also on the division of labour implemented during the marriage. For example, an early gendered division of labour might endure in late-life, with grandmothers more likely to withdraw from the labour market following the grandchild birth. On the other hand, the gendered division of labour in early life has long-term consequences on the accumulation of pension contributions and affordability of labour market withdrawal, so that grandmothers might not be able to reshape their work commitment. To the contrary, men who had uninterrupted working careers are likely to meet eligibility criteria for retirement, so they can enact the role of grandfathers; as a response to their husband's role, grandmothers with discontinuous working career might spend the last years of their working career on the labour market to cope with the family's economic needs.

Poster 49 Submission 558 - Multi-level predictors for disability benefit receipt: How relevant are government integration policies?

Zachary Morris

Stony Brook University, State University of New York, Stony Brook, USA

Abstract

Background and Research Question
Reducing early labor market exit onto public disability benefits and helping disability benefit recipients move off benefits to the labor market is widely viewed as an international policy priority. Yet, it remains an open question as to which kinds of integration policies are the most effective and whether integration measures targeted at people with disabilities are effective at all. This paper investigates the relevance of integration policies cross-nationally among seventeen countries and asks: Given a person's health and sociodemographic status, what influence do a country's disability policies have on the likelihood of that individual receiving disability benefits?

Data and Methods
The paper analyzes data from the HRS/ELSA/SHARE to create a harmonized sample of older adults in 15 European countries. Data on disability policies of these countries comes from the OECD (2010). Multilevel logistic regression is used to determine the influence of individual factors and country-level disability policy factors on the likelihood of receiving disability benefits.

Results
The cross-national variation in disability benefit rates appears to be largely uncorrelated with the adoption of many of the major forms of employment integration policy. However, when accounting for a possible outlier (Sweden), there may be a reduced likelihood of going on disability benefits in countries that impose greater responsibilities on employers to accommodate their employees

Discussion
These exploratory results may prove useful to policy makers who must weigh the costs and benefits of expanding integration measures that are directed at older adults approaching the state pension age.

Poster 50 Submission 244 - Life satisfaction of working retirees in Europe

Ellen Dingemans, Kène Henkens

Netherlands Interdisciplinary Demographic Institute, The Hague, Netherlands

Abstract

Objectives. With the increased prevalence of working after retirement, questions are raised about its consequences for life satisfaction. This study examines differences in life satisfaction between full retirees and working retirees in Europe. We hypothesize that these differences depend on the financial resources of retirees and the resources available in the household and country context.

Method. We selected retirees aged 60 to 75 from the 'Survey of Health, Aging and Retirement in Europe' project (N = 53 242) and estimated country fixed effects models to explain their life satisfaction.

Results. The results indicate a positive relationship between working after retirement and life satisfaction for retirees with low pension income without a partner. Additionally, working after retirement seems to be most important for life satisfaction in relatively poor countries.

Discussion. The study results suggest that financial resources are an important boundary condition for understanding the impact of working after retirement on life satisfaction in Europe.

Poster 51 Submission 37 - Mentalization: A protective factor for family caregivers of people living with dementia?

Phil McEvoy

Six Degrees Social Enterprise CIC, Salford, United Kingdom

Abstract

Caring for a family member with dementia can be a rewarding and positive experience, but it is also one that presents significant emotional challenges. Carers (the majority of whom are women) provide high levels of practical assistance and manage distressing behaviours, whilst wrestling with fundamental changes in their relationships with their spouse or parent. This can be a traumatic, life transition that can evoke feelings of guilt and entrapment, enmeshed with complex grief. These pressures contribute to elevated rates of depression and anxiety amongst family carers, in comparison to their peers. This paper adopts a salutogenetic approach to these challenges. It examines the preventive role that mentalization may play in enhancing the strengths and emotional resilience of family carers of people with dementia.

Mentalization is "the process by which we make sense of each other and ourselves, implicitly and explicitly, in terms of subjective states and mental processes." (Bateman & Fonagy, 2010, p. 11). The paper:

Identifies what a mentalizing stance that holds 'the mind in mind' looks and feels like.

Explores the difference between mentalizing and non-mentalizing states of mind.

Highlights some of the reasons why mentalizing may be especially difficult for family carers of people with dementia; and

Illustrates the benefits of using strategies that may help family carers mentalize their experiences.

Practical examples are used to highlight the benefits of using mentalization based strategies.

Bateman, A., & Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. World Psychiatry, 9(1), 11-15.

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