

42nd Annual Conference British Society of Gerontology

Global Ageing: Implications for Individuals and Societies

11th-13th September 2013

University of Oxford

Conference Programme & Book of Abstracts

Organising Team:

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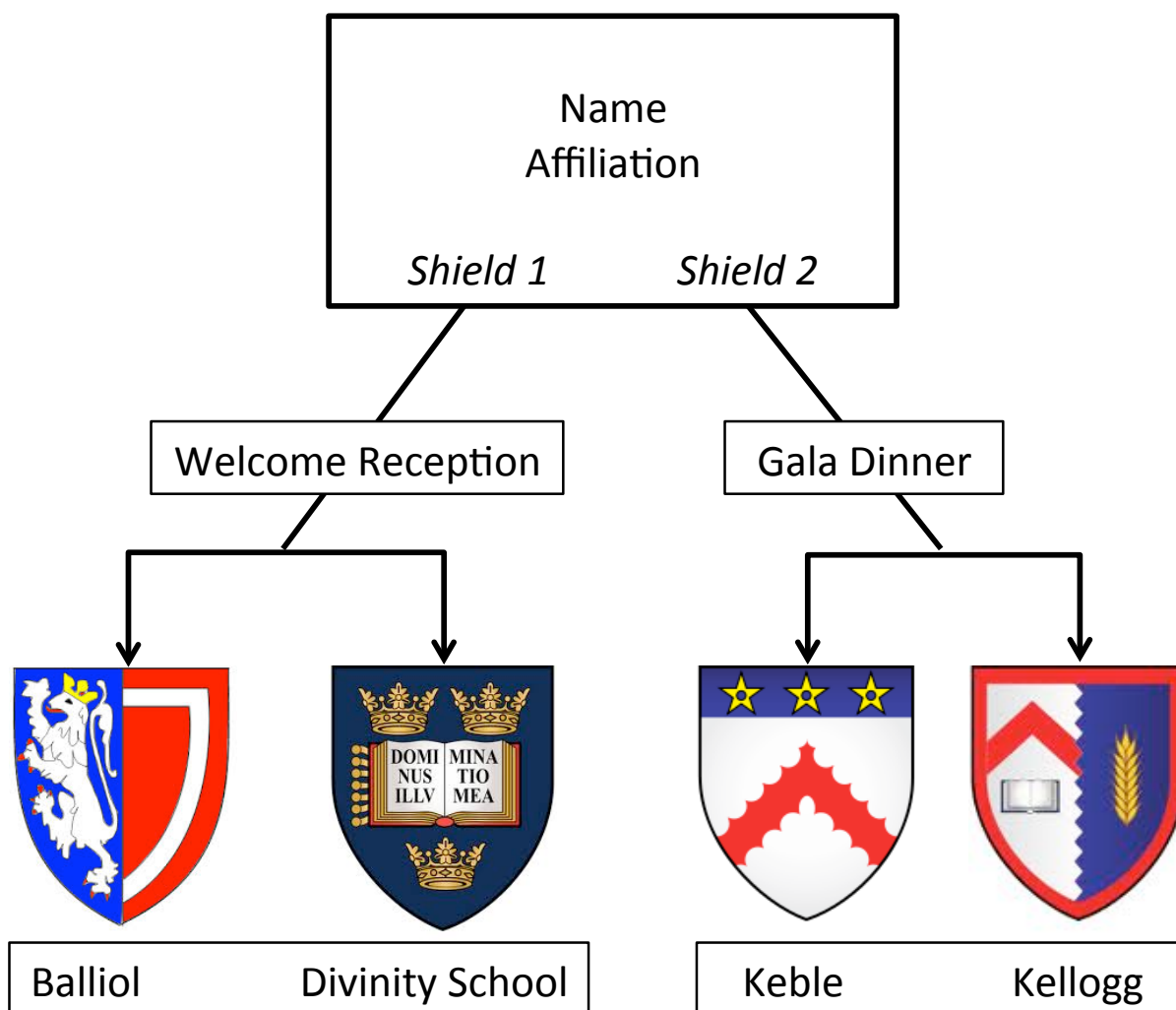
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PLEASE WEAR YOUR BADGE AT ALL TIMES THROUGHOUT THE CONFERENCE.
FOR SECURITY REASONS, YOU WILL NOT BE ADMITTED TO SESSIONS OR SOCIAL EVENTS
WITHOUT IT.

Day Delegates:



Full Conference Delegates:



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Welcome from the President of the British Society of Gerontology

Dear Delegates

As President of the British Society of Gerontology, I would like to welcome you to our annual conference which is being held this year at Oxford University. The conference was last held in Oxford in 2000 when it was all accommodated at Keble College. This year the organising team has had to make extensive use of four Oxford colleges, clear evidence of how our conference grows from strength to strength.

I would also like to take this opportunity to thank the organising team from the Oxford Institute of Population Ageing for all their hard work. Having been on the organising committees for three annual conferences, I know just how much time and effort goes into making such an event happen.

I am sure all of us are going to enjoy a great conference in terms of both its academic and social programmes.

Kind regards

A handwritten signature in blue ink that reads "Robin I. Means". The signature is fluid and cursive, with the first name "Robin" and the last name "Means" clearly legible.

(e-signature)

Professor Robin Means

President, British Society of Gerontology



Welcome from the Oxford Institute of Population Ageing

Welcome to BSG 2013 the 42nd Annual Conference of the British Society of Gerontology, held this year in Oxford and hosted by the Oxford Institute of Population Ageing. This marks a special year for us, as the Institute was established 15 years ago this year, starting life as the Oxford Centre of Population Ageing in 1998.



The theme of BSG 2013 is Global Ageing and has attracted almost 500 delegates. It is particularly exciting that the theme of global ageing has drawn in not only a record number of participants, but also delegates from every continent, representing over 30 countries. Over one quarter of the near 300 presentations during the conference will report on research from other countries, including many cross-comparative questions. The success of BSG 2013 in attracting so many delegates from around the globe reflects the fact that population ageing is now truly a global phenomenon, and researchers, policy makers, practitioners and governments in almost every country are now facing the challenges and reaping the opportunities of this unique demographic development.

Among the delegates at BSG 2013 are some of the world's leading experts in the field. We are delighted to welcome this year's Plenary speakers: from the University of Oxford, Dr Paul Fairchild, Co-director of Oxford's Stem Cell Research Institute and Professor Helen Small from the Department of English; from the WHO in Geneva, Dr John Beard, and from the Munich Centre for the Economics of Aging, Max Planck Institute for Social Law and Social Policy, Professor Axel Börsch-Supan. It is a particular pleasure to welcome Baroness James – P.D.James – to our Conference Dinner.

While the attendance and contribution of every delegate at the conference is highly appreciated, I should like to extend a very warm welcome to our overseas colleagues, particularly members of *AFRAN*, the Institute's *African Research on Ageing Network*, *APPRA*, our *Asia Pacific Research Network on Ageing* and *LARNA*, our *Latin American Network on Ageing*.

We hope you enjoy not only the intellectual stimulation of the conference, but also the Social Programme, and the chance to visit and dine in some of Oxford's beautiful buildings and colleges. Our Welcome Receptions are at the Divinity School, built in 1488 for the teaching of theology, the University's earliest purpose built teaching room, and its first Examination Hall, and at Balliol College, one of Oxford's oldest Colleges celebrating its 750 anniversary this year. Among its distinguished alumni is William Beveridge, founder of the modern welfare state. We also hope you will enjoy the Conference Dinners at Keble and Kellogg, with *Barbershop* entertainment, and the dancing and music which will follow for all.

Some of you are staying in Keble College founded in 1870 with the aim of making an Oxford education more widely available. The Chapel houses the original Holman Hunt's *Light of the World*. Others in Kellogg College, one of Oxford's newest colleges, founded in 1990, and constructed from a series of Grade II listed Victorian Villas. Here students study a range of graduate courses, from Creative Writing to Evidence-Based Healthcare. Or you may be staying in the Arne Jacobsen-designed St. Catherine's College, flanked on one side by the River Cherwell, and on the other by the University Parks, giving St. Catherine's a rural setting, only minutes away from the centre of Oxford.

It is true that more and more people around the world are living longer – and in most cases – healthier lives than previous generations. But it not just a story of increasing longevity. Older people are contributing more and more to our families, communities, workplaces and societies. Add to this the falling fertility levels across the world and population ageing becomes one of the most important 21st Century issues. On behalf of Team BSG 2013 – may I welcome you to Oxford and to the 42nd Annual Conference of the British Society of Gerontology and the chance to discuss and debate this key international question of *Global Ageing*.

Sarah Harper
Director, Oxford Institute of Population Ageing

Welcome from Age UK



The mission of Age UK is to improve the lives of older people. We are a social enterprise and a charity. We aim to improve later life for everyone through our information and advice, campaigns, products, training and research. First-class research, knowledge and research partnerships support this aim.

Our focus is to help people enjoy a better later life – here and in 40 other countries – by providing information and advice, products and services, and support and campaigning.

Our mission is to improve the lives of older people:

- Working with and for people in later life to create opportunity and tackle disadvantage.
- Working with partners at home and abroad to improve later life.
- Focusing on the solutions not just the challenges of an ageing society.
- Being an authority on ageing and older people's issues.

Age UK strongly supports research. Our vision is to be an authority on ageing and older people's issues by funding world-class, high-impact research in order to provide solutions for later life.

Our research portfolio includes high quality research in the areas of:

- Health and wellbeing
- Home and care
- Work and learning
- Travel and leisure
- Finance and economics

'Age UK is delighted to sponsor the BSG's 42nd annual conference. Please join us at our Special Starred Session on Thursday 12 September, 3.45pm-5.15pm.'

Professor James Goodwin, Head of Research



Sponsors & Contributors

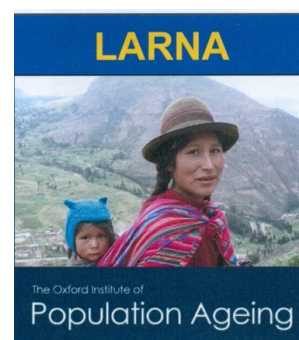
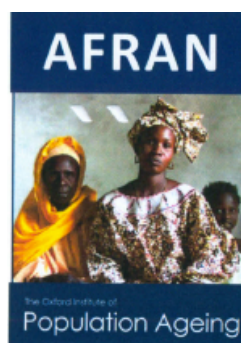


KELLOGG
COLLEGE

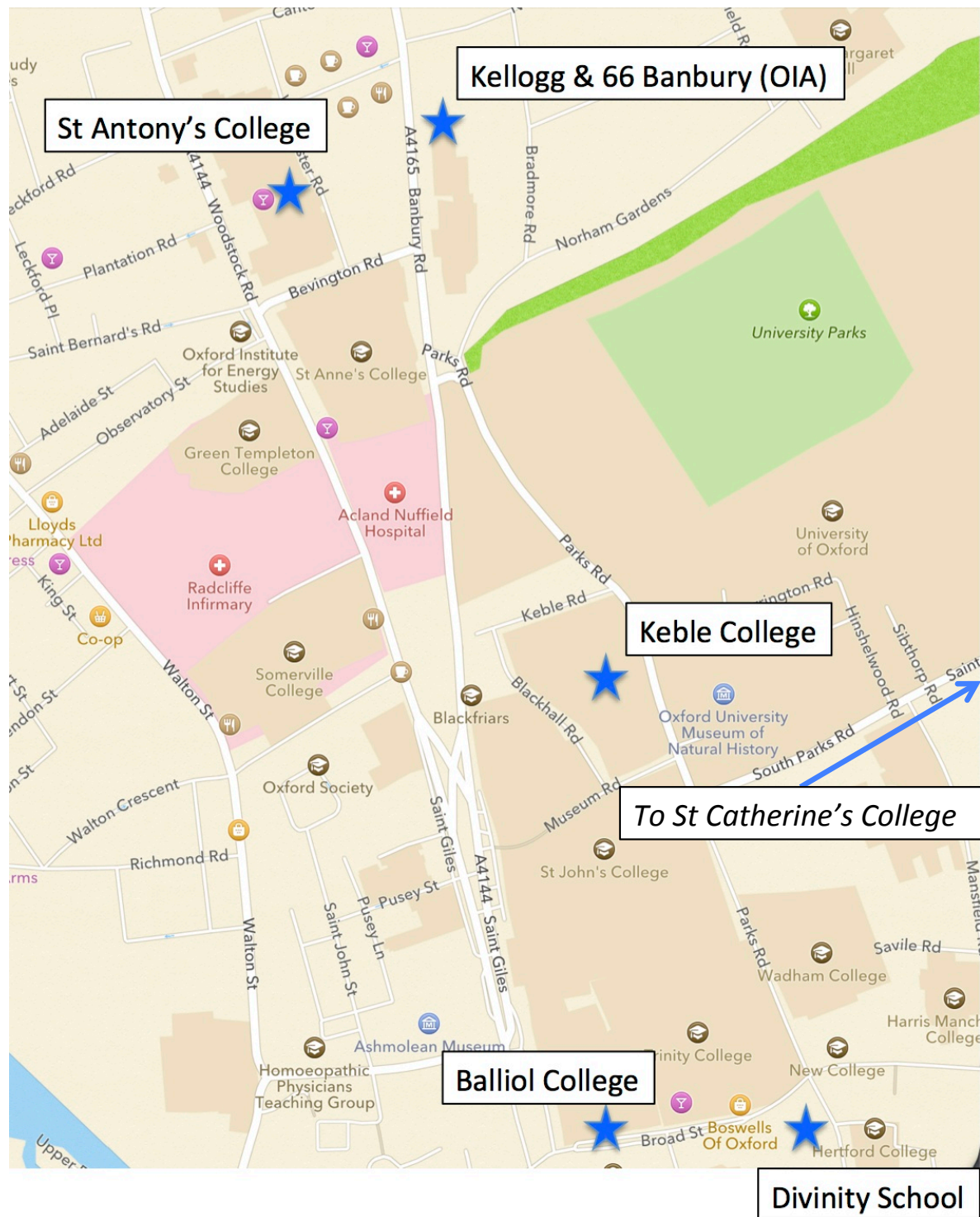


Thomas Pocklington Trust

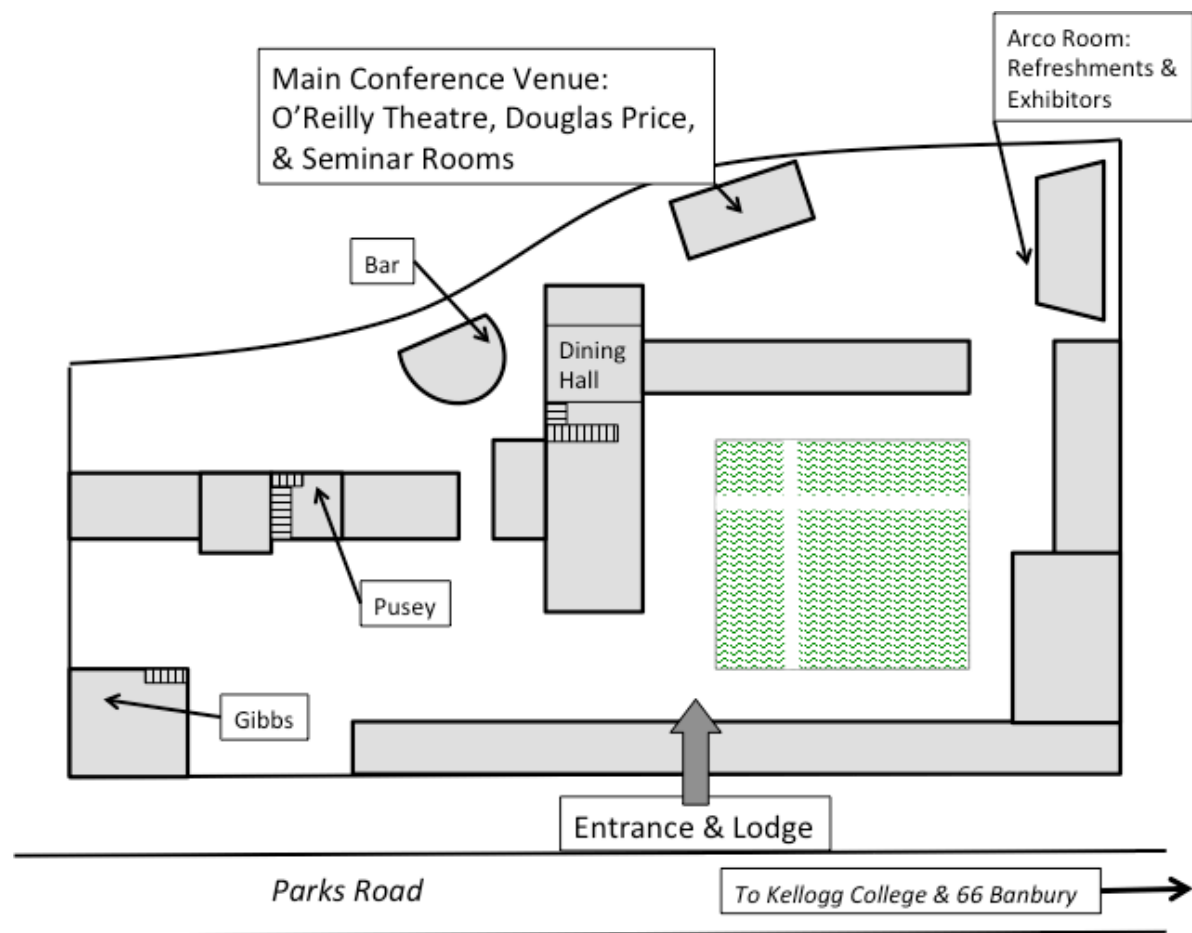
Housing and support for
people with sight loss



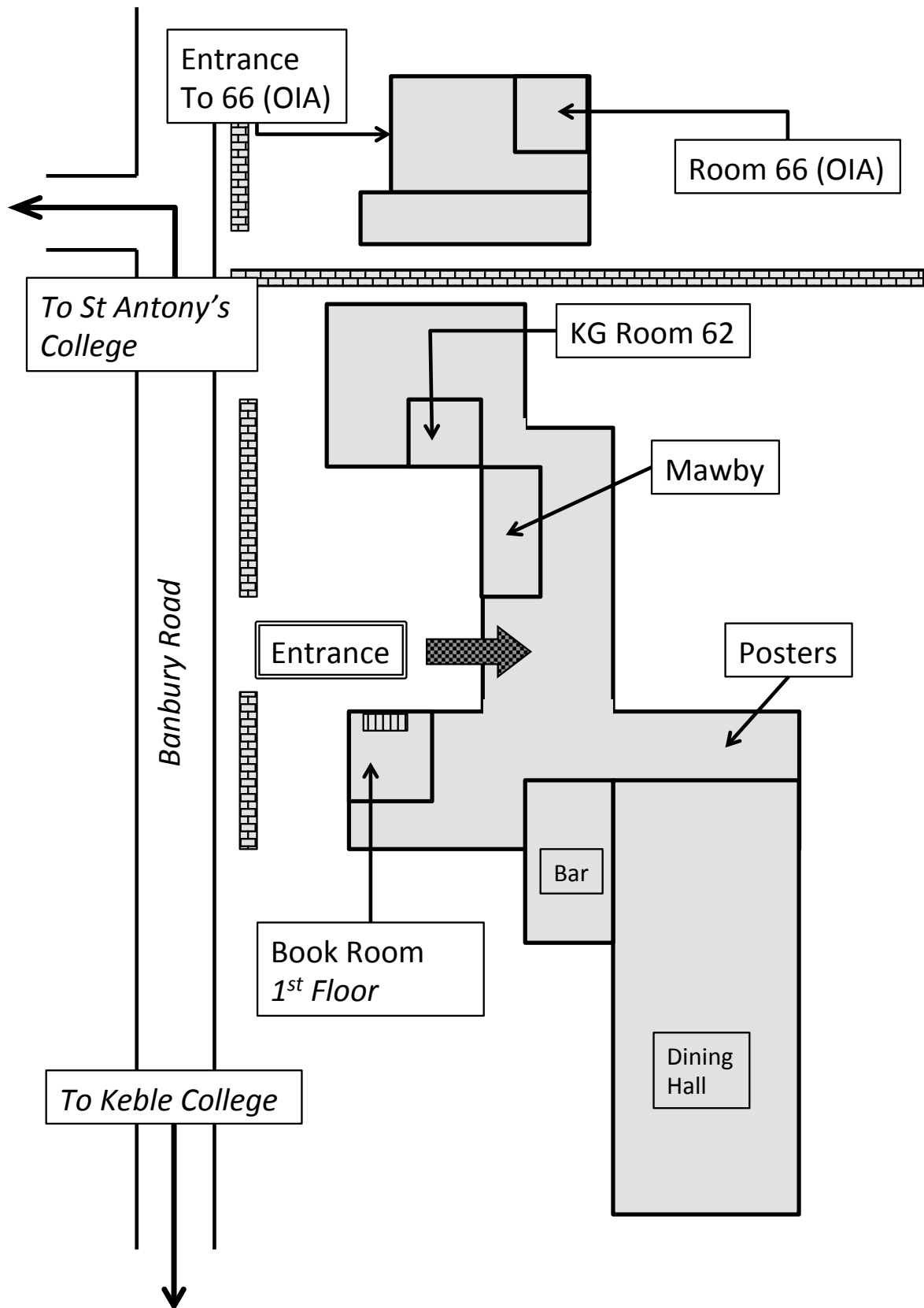
Map of the City Centre of Oxford



Map of Keble College



Map of Kellogg College & 66 Banbury Road (Oxford Institute of Population Ageing)



Conference Facilities

Conference Venue

- All Plenary Sessions and the BSG AGM take place in the Keble Lecture Room with a video link to the Douglas Price Room above.
- Conference parallel sessions are divided between the Keble site where the Health & Care and Research Methods sessions will take place (see page 9) and the Kellogg/Institute of Population Ageing site at 62 and 66 Banbury Road (see page 10) where the Economy & Society and Culture & Values sessions will take place.
- Posters are displayed in both sites (see pages 25 & 26).
- Both sites will serve refreshments at the indicated tea and coffee times.

Lunches

- Lunch on Wednesday is a Brown Bag take away lunch available from Keble College Hall.
- Lunch on Thursday is divided between Keble College Hall and St Antony's College Hall.
- Spaces will be reserved for the Lunch for Newcomers to the BSG at St Antony's.

Social Programme

- The Welcome Receptions take place at the Divinity School and Balliol College.
- The Thursday Gala Dinners & Receptions take place at Kellogg College & Keble College.
- Delegate badges indicate which reception and dinner they should attend (see page 2).
- The Closing Reception takes place in Keble College Dining Hall.

See Map of the City Centre of Oxford on page 8 for locations.

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Information

- Information is available at the Registration Desk in Keble and at the Office of the Institute at 66 Banbury Road throughout the conference.
- All delegates' accommodation enquiries should be raised with the College Porter of the College in which you are staying or at the Office of the Institute at 66 Banbury Road.

Internet Access

Internet access codes for use at the Keble site are available at the Registration Desk.

For information on other facilities such as public transport and cash machines, see the Social Programme Book.

Conference Team

Scientific Committee

Emanuela Bianchera
Kate Hamblin
Sarah Harper
Jaco Hoffman
Kenneth Howse
George Leeson

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Imogen Harper-Donnelly
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Laurel Edmunds
Francesca Ghillani
Laurel Hixon
Pam Irwin
Nana Nanitashvili
Patricia O'Neill
Atulya Saxena

BSG 2013 Conference Programme at a Glance

Wed, 11 Sept	09:00-12:00	Registration
	12:00-12:50	Lunch
	13:00-14:00	Welcome Plenary
	14:15-15:45	Parallel Sessions
	15:45-16:30	Plenary
	16:30-18:00	Parallel Sessions
	19:00-20:30	Welcome Reception
	20:30-23:00	Pub Night (Dinner & Drinks)
Thu, 12 Sept	9:00-10:00	Plenary
	10:15-11:45	Parallel Sessions
	11:45-12:00	Tea & Coffee
	12:00-13:30	Parallel Sessions
	13:30-14:30	Lunch
	14:30-15:30	Plenary
	15:45-17:15	Parallel Sessions
	17:30-18:30	Annual General Meeting
	19:00-20:00	Evening Reception
	20:00-22:00	Gala Dinners
Fri, 13 Sept	9:00-10:00	Plenary
	10:15-11:45	Parallel Sessions
	11:45-12:15	Tea & Coffee
	12:15-13:15	Parallel Sessions
	13:15-14:30	Policy Press Book Launch & Closing Reception

Plenaries: Keble College: O'Reilly Lecture Room & via video link in the Douglas Price Room

Parallel Sessions: Locations can be found in Conference Rooms at a Glance section

Tea & Coffee: Keble College Arco Room and Kellogg Reception

Wednesday, 11 September:

Lunch: Brown bag lunch in Keble College Dining Hall

Welcome Reception: Divinity School of the Bodleian Library & Balliol College

Pub Night: see Social Book for details

Thursday, 12 September

Lunch: Keble & St Anthony's

Annual General Meeting: Keble College O'Reilly Lecture Room

Evening Reception & Gala Dinners: Keble College & Kellogg College

After Dinner: Keble bar open until 11pm; Dancing for all participants at Kellogg College

Friday, 13 September:

Policy Press Book Launch & Closing Reception: Keble College Dining Hall

BSG 2013 Conference Rooms at a Glance

College Room Name & Code				Date	Wed, 11 Sept			
				Time	13:00-14:00	14:15-15:45	15:45-16:30	16:30-18:00
				Session	1	2	3	4
Keble	11	O'Reilly Theatre	KB Lecture		Plenary			
	12	Douglas Price	KB Douglas Price		Plenary Posters			
Kellogg	1	Room 62	KG Room 62			2.1 CV		4.1 CV
	2	Mawby Room	KG Mawby			2.2 CV		4.2 CV
	3	Book Room	KG Book Room			2.3 CV		4.3 ES
Institute	4	Lecture Room	Room 66			2.4 ES		4.4 ES
Keble	5	Seminar Room 1	KB Seminar 1			2.5 HC		4.5 HC
	6	Seminar Room 2	KB Seminar 2			2.6 HC		4.6 HC
	7	Pusey Room	KB Pusey			2.7 RM		4.7 HC
	8	Gibbs Room	KB Gibbs			2.8 HC		4.8 HC
	9	Seminar Room 5	KB Seminar 5					
	10	Seminar Room 6	KB Seminar 6					
	13	Seminar Room 4	KB Seminar 4				Posters	
	14	Seminar Room 3	KB Seminar 3					
Kellogg	15	Reception	KG Reception				Posters	

College Room Name & Code				Date	Thu, 12 Sept				
				Time	9:00-10:00	10:15-11:45	12:00-13:30	14:30-15:30	15:45-17:15
				Session	5	6	7	8	9
Keble	11	O'Reilly Theatre	KB Lecture		Plenary				Plenary
	12	Douglas Price	KB Douglas Price		Plenary	6.12 HC	7.12 HC	Plenary	9.12 HC
Kellogg	1	Room 62	KG Room 62			6.1 CV	7.1 ES		9.1 CV
	2	Mawby Room	KG Mawby			6.2 CV	7.2 CV		9.2 CV
	3	Book Room	KG Book Room			6.3 ES	7.3 CV		9.3 CV
Institute	4	Lecture Room	Room 66			6.4 CV	7.4 CV		9.4 CV
Keble	5	Seminar Room 1	KB Seminar 1			6.5 HC	7.5 HC		9.5 RM
	6	Seminar Room 2	KB Seminar 2			6.6 HC	7.6 HC		9.6 HC
	7	Pusey Room	KB Pusey			6.7 HC	7.7 HC		9.7 HC
	8	Gibbs Room	KB Gibbs			6.8 HC	7.8 HC		9.8 HC
	9	Seminar Room 5	KB Seminar 5			6.9 RM	7.9 RM		9.9 HC
	10	Seminar Room 6	KB Seminar 6			6.10 HC	7.10 HC		9.10 HC
	13	Seminar Room 4	KB Seminar 4						
	14	Seminar Room 3	KB Seminar 3						

College Room Name & Code				Date		
				Time	Fri, 13 Sept	
				Session	9:00-10:00	10:15-11:45
					10	11
						12
Keble	11	O'Reilly Theatre	KB Lecture	Plenary	11.11 HC	12.11 HC
	12	Douglas Price	KB Douglas Price	Plenary	11.12 HC	12.12 HC
Kellogg	1	Room 62	KG Room 62		11.1 CV	12.1 ES
	2	Mawby Room	KG Mawby		11.2 ES	12.2 ES
	3	Book Room	KG Book Room		11.3 CV	12.3 ES
Institute	4	Lecture Room	Room 66		11.4 ES	12.4 ES
Keble	5	Seminar Room 1	KB Seminar 1		11.5 RM	12.5 HC
	6	Seminar Room 2	KB Seminar 2		11.6 HC	12.6 HC
	7	Pusey Room	KB Pusey			
	8	Gibbs Room	KB Gibbs		11.8 HC	12.8 HC
	9	Seminar Room 5	KB Seminar 5		11.9 HC	12.9 RM
	10	Seminar Room 6	KB Seminar 6		11.10 HC	12.10 RM
	13	Seminar Room 4	KB Seminar 4			
	14	Seminar Room 3	KB Seminar 3		11.14 HC	12.14 HC

BSG 2013 Plenary Sessions & Keynote Speakers

All Plenary Sessions will take place in the Keble O'Reilly Lecture Theatre with a video link to the Douglas Price Room above.

Wednesday, 11 September, 13:00-14:00

Opening of the conference & Welcome address

Professor Robin Means (Professor of Health and Social Care in the Department of Health and Social Sciences, University of the West of England)

Professor Sarah Harper (Director of the Oxford Institute of Population Ageing, Professor of Gerontology, University of Oxford)

Keynote speech: "Providing Healthcare for an Ageing Population: The promise and pitfalls of regenerative medicine"

Dr Paul Fairchild (Co-Director of the Oxford Stem Cell Institute, University of Oxford)

Paul Fairchild originally trained in the field of transplantation immunology at the University of Oxford before spending five years at the University of Cambridge where he was involved in the development of strategies for the immunotherapy of autoimmune diseases. Upon returning to Oxford in 1995, he began to apply his immunological background to the emerging field of stem cell biology and regenerative medicine. Five years ago, he developed a vision for establishing the Oxford Stem Cell Institute (OSCI), for which he serves as Co-Director. The Institute brings together 43 laboratories from around the University to collaborate in an interdisciplinary manner to facilitate the application of stem cell biology to the clinic.



Thursday, 12 September, 9:00-10:00

Keynote speech: "The Long Life: Reflections" (including a short showing from the film *Room 335*)

Professor Helen Small (Professor of English Literature and Fellow of Pembroke College, University of Oxford)

Helen Small is the author of *The Long Life* (Oxford University Press, 2007). A comparative study of literature and philosophy, *The Long Life* argues that to understand old age we have to consider more fundamentally what it means to be a person, to have a life, to have or to lead a 'good' life, and to be part of a just society. It pursues these topics through close reading of the work of philosophers, from Plato through to Derek Parfit and Bernard Williams, and literary writers from Shakespeare through to Philip Roth



and J. M. Coetzee. The book was awarded the Truman Capote Award for Literary Criticism (2008), and the British Academy's Rose Mary Crawshay Prize (2008). More recently, Helen Small has written about the 'double standard of ageing' with respect to gender, as theorised by Susan Sontag, and about old age and everyday life in the late writings of Edward Upward. Helen Small is Fellow in English at Pembroke College, Oxford. She is a member of the editorial board for the recently launched journal *Age, Culture, Humanities*.

Thursday, 12 September, 14:30-15:30

Keynote speech: "From Talk to Action"

Dr John Beard (Director of the Ageing and Life Course Programme,
World Health Organization)

John Beard is an Australian physician who initially worked in primary health care, including several years as medical officer for an Aboriginal Medical Service. He led the public health group responsible for developing *Stay on Your Feet*, one of Australia's first and largest community based programmes to prevent falls in older adults. He was a founding investigator for *45 and Up*, an on-going Australian longitudinal study of 250,000 older adults, and his research in New York demonstrates a clear influence of the urban environment on depression, disability and obesity in older people. In January 2009 he was appointed Director of the new Department of Ageing and Life Course at the World Health Organization in Geneva, Switzerland. At WHO his department supports the international community to meet the challenges, and to realize the potential benefits, associated with the rapid ageing of their populations.



Thursday, 12 September, After Dinner

Keble Dinner: P. D. James

P. D. James was born in Oxford in 1920. From 1949 to 1968 she worked in the National Health Service and subsequently in the Home Office, first in the Police Department and later in the Criminal Policy Department. All that experience has been used in her novels. She is a Fellow of the Royal Society of Literature and of the Royal Society of Arts and has served as a governor of the BBC, a member of the Arts Council, where she was Chairman of the Literary Advisory Panel, on the Board of the British Council, and as a magistrate in Middlesex and London. She has won awards for crime writing in Britain, America, Italy and Scandinavia. She has received honorary degrees from seven British universities and is an honorary fellow of Kellogg College. She was awarded an OBE in 1983, and created a life peer in 1991. In 1997 she was elected President of the Society of Authors. She lives in London and Oxford and has two daughters, five grandchildren, and eight great-grandchildren.



Friday, 13 September, 9:00-10:00

**Keynote speech: “Population Ageing is not a Tsunami, and
Demography is not our Destiny: Taking
advantage of our lengthening lives”**

Professor Axel Börsch-Supan (Director, Munich Centre for the
Economics of Aging, Max Planck Institute for Social Law and
Social Policy)



Professor Axel Börsch-Supan, PhD, is the founding and executive director of the Mannheim Research Institute for the Economics of Aging (MEA). Since July 2011, Börsch-Supan has been the director of the Max Planck Institute which is dedicated to Social Law and Social Policy, and the “Munich Center for the Economic of Aging” (MEA). Börsch-Supan is a member of the German National Academy of Sciences, the Council of Advisors to the German Economics Ministry, has co-chaired the German Pension Reform Commission, was member of the German President’s Commission on Demographic Change, and is member of the German Government’s Commission on Demographic Change. He has served as a consultant to many governments, the OECD, the World Bank, the Bundesbank, and the European Central Bank, among others. Current research projects include pensions and retirement behaviour, household savings behaviour, macroeconomics of population aging and financial markets, and panel data and discrete choice econometrics.

BSG 2013 Special Starred Sessions

2.7 RM KB Pusey: Special Starred Session

The New Science of Ageing

Introduction: Professor Sarah Harper (University of Oxford)

Chair: Professor Alan Walker (University of Sheffield)

Alan Walker (University of Sheffield): "Towards a New Science of Ageing"

Lynne Cox (University of Sheffield): "Understanding the biology of ageing"

Susan Hallam (University of London): "Maintaining health and well-being"

Andrew Newman and Anna Goulding (Newcastle University): "Engaging with contemporary visual art: Maintaining health and well-being"

Eleanor van den Heuvel (Brunel University): "Design for a New Later Life"

4.7 HC KB Pusey: Special Starred Session in Health & Care

Loneliness: The State We're In

Introduction: Kenneth Howse (University of Oxford)

Chair: Paul Cann (Age UK Oxfordshire)

Stefanie Doebler (Swansea University): "Loneliness, Isolation and the Bridging Social Capital of Elderly Europeans in Cross-National Comparison "

Lok Sharma Bhattarai (Leeds Metropolitan University): "Revisiting 'independence': can it be a way forward in alleviating loneliness?"

Christina Victor (Brunel University): "Is loneliness really bad for older people?"

Barbara Hanratty (University of York / Hull York Medical School): "Can tackling loneliness reduce health and social service use?"

Mima Cattam (Northumbria University): "Loneliness interventions – are we barking up the wrong tree?"

9.6 HC KB Seminar 2: Special Starred Session in Research, Methods & Training

How to Make the Most of Your Research: Knowledge transfer in practice

Introduction: Dr George Leeson (University of Oxford)

Chair: Professor James Goodwin (Age UK)

John Beard (World Health Organisation): "Knowledge Transfer in Ageing and Health: Generating international impact"

Gail Mountain (University of Sheffield): "Facilitating Knowledge Exchange with Older People: The experience of KT-EQUAL"

Paul Cann (Age UK Oxfordshire): "Using Evidence to Meet the Needs of Older People Locally"

9.12 HC KB Douglas Price: Special Starred Session in Health & Care

Building an Understanding of How to Promote Healthy Ageing

Introduction: Dr Kate Hamblin (University of Oxford)

Chair: Dr Catherine Dennison (Thomas Pocklington Trust)

Clare Thetford (University of Liverpool): "Resilience and visual impairment in old age"
[*Suzanne Hodge (Lancaster); Jude Robinson, Paul Knox (University of Liverpool)*]

Amy Burton (Aston University): "Managing general health with vision impairment"
[*Rachel Shaw, Jon Gibson*]

Jennifer Whillans (University of Manchester): “Onset and Recovery from Visual Impairment: Analysis of Causes and Consequences using the English Longitudinal Study of Ageing” [*James Nazroo*]

Meridith Griffin (University of Exeter): “Physical activity among older people with sight loss: A qualitative research study” [*Cassandra Phoenix (Exeter); Brett Smith, David Howe (Loughborough University)*]

Alison Bowes (University of Stirling): “Best practice in the design of residential environments for people living with dementia and sight loss” [*Alison Dawson, Corinne Greasley-Adams, Louise McCabe*]

BSG 2013 Parallel Sessions

Session 1: Wednesday, 11 September at 13:00

1.11 PL KB Lecture: Plenary

Chair: Professor Robin Means (University of the West of England)

Dr Paul Fairchild (University of Oxford)

“Providing healthcare for an ageing population: The promise and pitfalls of regenerative medicine”

Session 2: Wednesday, 11 September at 14:15

2.1 CV KG Room 62: Cultures of Ageing: Perspectives on ageing among minority communities in Britain (Chair: Christina Victor)

2.2 CV KG Mawby: The Challenge of Cultural Gerontology — Part 1 (Chair: Julia Twigg and Wendy Martin)

2.3 ES KG Book Room: Understanding Generations (Chair: George Leeson)

2.4 ES Room 66: Conceptualisation, Measurement and Determinants of Frailty (Chair: James Nazroo)

2.5 HC KB Seminar 1: Care Homes — Part 1 (Chair: Laurel Hixon)

2.6 HC KB Seminar 2: Health Issues in Later Life (Chair: Kenneth Howse)

2.7 RM KB Pusey: The New Science of Ageing (Chair: Alan Walker)

2.8 HC KB Gibbs: Meeting the Health and Care Needs for Older People in Developing Countries (Chair: Peter Lloyd-Sherlock)

Session 3: Wednesday, 11 September at 15:45

3.12 KB Douglas Price: Posters

3.13 KB Seminar 4: Posters

3.15 KG Reception: Posters

Session 4: Wednesday, 11 September at 16:30

4.1 CV KG Room 62: Cross-Cultural Perspectives (Chair: Jaco Hoffman)

4.2 CV KG Mawby: The Challenge of Cultural Gerontology — Part 2 (Chair: Julia Twigg and Wendy Martin)

4.3 ES KG Book Room: Conceptualisation, Measurement and Determinants of Frailty: (Link) (Chair: James Nazroo)

4.4 ES Room 66: Age and Place (Chair: Brian Beach)

4.5 HC KB Seminar 1: Care Homes — Part 2 (Chair: Joyann Andrews)

4.6 HC KB Seminar 2: Vulnerability (Chair: Pam Irwin)

4.7 HC KB Pusey: Loneliness: The State We're In (Chair: Paul Cann)

4.8 HC KB Gibbs: Social Care Policy (Chair: Kate Hamblin)

Session 5: Thursday, 12 September at 9:00

5.11 PL KB Lecture: Plenary

Chair: Professor Sheila Peace (Open University)

Professor Helen Small (University of Oxford)

“The Long Life: Reflections” (Chair: Sheila Peace)

Session 6: Thursday, 12 September at 10:15

- 6.1 CV KG Room 62:** Ageing and Agency: Developing new theoretical perspectives for critical gerontology (Chair: Jan Baars)
- 6.2 CV KG Mawby:** The Challenge of Cultural Gerontology — Part 3 (Chair: Julia Twigg and Wendy Martin)
- 6.3 ES KG Book Room:** Cross-Cultural Intergenerational Studies (Chair: Jaco Hoffman)
- 6.4 CV Room 66:** Transitioning to Retirement: Understanding the implications for everyday lives (Chair: Kate Burningham)
- 6.5 HC KB Seminar 1:** Home Care Requires More Than Physical Care (Chair: Atenea Flores Castillo)
- 6.6 HC KB Seminar 2:** Home Care — Part 1 (Chair: Laurel Hixon)
- 6.7 HC KB Pusey:** The Role of Technology in Promoting Wellbeing and Independence in Later Life (Chair: Sue Yeandle)
- 6.8 HC KB Gibbs:** When Two Worlds Collide? Policy and practice for housing with care (Chair: Anthea Tinker)
- 6.9 RM KB Seminar 5:** Dementia and Other Methods (Chair: Kenneth Howse)
- 6.10 HC KB Seminar 6:** Unpaid Eldercare and Employment in Europe (Chair: Birgit Trukeschitz)
- 6.12 HC KB Douglas Price:** The Real Dementia Challenge: Using research to change practice for older people with dementia (Chair: Jill Manthorpe)

Session 7: Thursday, 12 September at 12:00

- 7.1 ES KG Room 62:** New Ageing/New Forms of Support (Chair: Brian Beach)
- 7.2 CV KG Mawby:** Meaning in Later Life (Chair: Pam Irwin)
- 7.3 CV KG Book Room:** Women's Ageing (Chair: Emanuela Bianchera)
- 7.4 CV Room 66:** Transitioning to Retirement: Understanding the implications for everyday lives (Link A) (Chair: Kate Burningham)
- 7.5 HC KB Seminar 1:** Reforming Long-Term Care Assessment & Eligibility Processes (Chair: Laurel Hixon)
- 7.6 HC KB Seminar 2:** Home Care — Part 2 (Chair: Trish O'Neill)
- 7.7 HC KB Pusey:** The Role of Technology in Promoting Wellbeing and Independence in Later Life (Link A) (Chair: Sue Yeandle)
- 7.8 HC KB Gibbs:** When Two Worlds Collide? Policy and practice for housing with care (Link) (Chair: Anthea Tinker)
- 7.9 RM KB Seminar 5:** Diversity and Methods (Chair: Jaco Hoffman)
- 7.10 HC KB Seminar 6:** Unpaid Eldercare and Employment in Europe (Link) (Chair: Birgit Trukeschitz)
- 7.12 HC KB Douglas Price:** The Real Dementia Challenge: Using research to change practice for older people with dementia (Link) (Chair: Jill Manthorpe)

Session 8: Thursday, 12 September at 14:30

- 5.11 PL KB Lecture:** Plenary
Chair: Dr Jaco Hoffman (University of Oxford)
Dr John Beard (World Health Organisation)
“From Talk to Action”

Session 9: Thursday, 12 September at 15:45

- 9.1 CV KG Room 62:** Theorizing Masculinities and Ageing (Chair: Edward Thompson)
- 9.2 CV KG Mawby:** Rights and Responsibilities (Chair: Emanuela Bianchera)
- 9.3 CV KG Book Room:** Dementia, Language and the Arts (Chair: Joyann Andrews)
- 9.4 CV Room 66:** Transitioning to Retirement: Understanding the implications for everyday lives (Link B) (Chair: Kate Burningham)
- 9.5 RM KB Seminar 1:** Assorted Methods (Chair: Nana Nanitashvili)
- 9.6 HC KB Seminar 2:** How to Make the Most of Your Research: Knowledge transfer in practice (Chair: James Goodwin)
- 9.7 HC KB Pusey:** The Role of Technology in Promoting Wellbeing and Independence in Later Life (Link B) (Chair: Sue Yeandle)
- 9.8 HC KB Gibbs:** Health Status (Chair: Kenneth Howse)
- 9.9 HC KB Seminar 5:** Complimentary and Competing Care Perspectives (Chair: Laurel Hixon)
- 9.10 HC KB Seminar 6:** Using the Arts to Humanise Healthcare Education about People with Dementia (Chair: Ruth Bartlett)
- 9.12 HC KB Douglas Price:** Building and Understanding of How to Promote Health Ageing (Chair: Catherine Dennison)

Session 10: Friday, 13 September at 9:00

- 9.11 PL KB Lecture:** Plenary
Chair: Dr George Leeson (University of Oxford)
Professor Axel Börsch-Supan (Max Planck Institute for Social Law and Social Policy)
“Population Ageing is not a Tsunami, and Demography is not our Destiny:
Taking advantage of our lengthening lives

Session 11: Friday, 13 September at 10:15

- 11.1 CV KG Room 62:** Ages and Stages: Representations and recollections of ageing (Chair: Miriam Bernard and Michael Murray)
- 11.2 ES KG Mawby:** Supportive Communities (Chair: Trish O'Neill)
- 11.3 CV KG Book Room:** Cultures of Ageing: Perspectives on ageing among minority communities in Britain (Link) (Chair: Christina Victor)
- 11.4 ES Room 66:** Age-Friendly Communities and Urbanization: Contested notions in contested spaces (Chair: Thomas Scharf and Chris Phillipson)
- 11.5 RM KB Seminar 1:** Using Multiple Perspectives to Maximize Meaning in Dementia Research (Chair: Jan Oyeboode)
- 11.6 HC KB Seminar 2:** Care Theory and Economics in the Production of Welfare (POW): Attempts, challenges, results, lessons and hopes (Chair: Bleddyn Davies)
- 11.8 HC KB Gibbs:** The State of the Arts in Dementia (Chair: Claire Garabedian)
- 11.9 HC KB Seminar 5:** The Significance of Care: Care ethics and older people (Chair: Marian Barnes)
- 11.10 HC KB Seminar 6:** Gender and Sexuality as Magnifiers of Later Life Concerns (Chair: Sue Westwood)
- 11.11 HC KB Lecture:** Driving, Mobility, and Transportation: Current and Future older adults (Part 1) (Chair: Charles Musslewhite and Moon Choi)
- 11.12 HC KB Douglas Price:** Self-Management (Chair: Pam Irwin)
- 11.14 HC KB Seminar 3:** Dementia – Part 1 (Chair: Kenneth Howse)

Session 12: Friday, 13 September at 12:15

- 12.1 ES KG Room 62:** Civil Society (Chair: Emanuela Bianchera)
- 12.2 ES Mawby:** Economic Issues in Later Life (Chair: George Leeson)
- 12.3 ES KG Book Room:** Work and Well Being in Later Life: (Re)connecting labour market processes and the ageing process (Chair: Martin Hyde)
- 12.4 ES Room 66:** Times of Change: Intersections of age and rurality across the lifecourse (Chair: Kieran Walsh and Jeni Warburton)
- 12.5 HC KB Seminar 1:** Using Multiple Perspectives to Maximize Meaning in Dementia Research (Link) (Chair: Jan Oyeboode)
- 12.6 HC KB Seminar 2:** Age, Social Relations and Depression (Chair: Keming Yang)
- 12.8 HC KB Gibbs:** LiveWell: Developing interventions and outcome measures to promote health and wellbeing (Chair: Suzanne Moffatt)
- 12.9 KB Seminar 5:** Reviewing European Policy (Chair: David Sinclair)
- 12.10 RM KB Seminar 6:** The Complex Nature of Research Involving People Living with Cognitive Impairment in the Community (Chair: Edye Hoffmann)
- 12.11 HC KB Lecture:** Driving, Mobility, and Transportation: Current and Future older adults (Part 2) (Chair: Charles Musslewhite and Moon Choi)
- 12.12 HC KB Douglas Price:** Frailty and Falls (Chair: Joyann Andrews)
- 12.14 HC KB Seminar 3:** Dementia – Part 2 (Chair: Laurel Hixon)

BSG 2013 Poster Sessions

Posters will be displayed from Wed, 11 Sept, at 13:00 until Fri, 13 Sept, at 13:00.

Posters will be located in Keble College in the room off the Douglas Price Room and in Seminar Room 4. Posters in Kellogg College can be found in the reception area by the dining hall.

1	Hiromi Nakamura-Thomas	A Selection of participants for Home Health Programs for Older Residents	KB Douglas Price
2	Yoshiko Ozawa	Supports for "boundary type" families who care for family members with dementia	KB Douglas Price
3	Aelwyn Williams	Mental health literacy and social support for older people in Wales living with depression	KB Douglas Price
4	Michael Doyon	Ageing and the Demand for Health: A Theoretical Framework Unifying Mathematics and Successful Ageing Theories	KB Douglas Price
5	Warren J. Donnellan-Smith	'Escalator' Theory: The Change Process of Resilience Among Family Dementia Carers	KB Douglas Price
6	Gill Windle	Developing community connections, well-being and resilience in rural North Wales	KB Douglas Price
7	Sarah Milosevic	Exploring access to direct payments by people with dementia living in rural communities	KB Douglas Price
8	Deborah Kwan	Talking Healthy Eating – a study of the dietary practices of women in the role of mother or grandmother	KB Douglas Price
9	Janine Proctor	Berryhill Revisited	KB Douglas Price
10	Martin Wetzel	The Interconnection of Leisure Activities and Health after Retirement: An Inequality Perspective	KB Douglas Price
11	Emma Pinkney	An evaluation of the role of the Admiral Nurse: a systematic evidence synthesis to inform service delivery and research.	KB Douglas Price
12	Kyung Sung Hwang	The characteristics of older people living alone in cold areas in Japan	KB Douglas Price
13	Philipp Manuel Drapaniotis	Functional Ability, Positive Affect And Self-Regulation In Sensory-Impaired And Sensory-Unimpaired Individuals In Very Old Age	KB Douglas Price
14	Philippa Locke	Older People and Social Care Choice: Comparing social care decisions with healthcare decision-making models	KB Douglas Price
15	Christine Dobbs	The impact of informal care-giving on health, personal relationships and/or social life and leisure of six Black and ethnic minorities	KB Douglas Price
16	Thérèse Van Durme	Expected effectiveness of case management for maintaining frail older persons at home	KB Douglas Price

17	Catherine MacLeod	Evaluating arts interventions in dementia care: A methodological review.	KB Seminar 4
18	Nina Trushkova	Motor Learning Training Is the Effective Tool against Cognitive Decline	KB Seminar 4
19	Jen Yates	Mild cognitive impairment and mood: A systematic review	KB Seminar 4
20	Ruth Hopkins	ICT's and older people: overcoming recruitment and interview challenges	KB Seminar 4
21	Motohiko Hara	Comparisons of physical tests and values of serum adiponectin in community living Japanese elderly with and without hypertension	KB Seminar 4
22	Nora Dasoki	Trajectories of happiness and vulnerability: a retrospective appraisal of the life course	KB Seminar 4
23	Clare Cutler	Experiences of war and living with dementia	KB Seminar 4
24	Maria Cheshire-Allen	Coming of Age in Swansea - Using Visual Arts to Promote Multidisciplinary Ageing Research	KB Seminar 4
25	Miyuki Nemoto	Sarcopenic-obese, sarcopenic-lean and physically dependent status in older women	KB Seminar 4
26	Nesta Caiger	Living Longer, Working Longer: Implications for Health, Well-being and Policy	KG Reception
27	Deborah Morgan	The Lived Experience of Loneliness and Social Isolation	KG Reception
28	Beatriz Jiménez-Roger	Intergenerational Solidarity And Ambivalence: A Comparative Approach	KG Reception
29	Christos Pliakos	Evaluating "Age-Friendliness" of the city of Athens in Greece, within the financial crisis context.	KG Reception
30	Gary Pritchard	Ageing in Fear: Bogus Callers, Distraction Burglary and Security Technology in Later Life	KG Reception
31	Burcu Ozdemir	Imbalanced Intergenerational Transfers over the Life Course: The Case of Turkish Women	KG Reception
32	Sarah Dury	'Volunteering among older adults: A mixed-methods approach'	KG Reception
33	Theodore D Cosco	Whose successful ageing? A systematic review and comparison of lay- and researcher-driven perspectives of ageing well	KG Reception
34	Krystal Warmoth	Thinking you're old and frail: A qualitative study of older adults' beliefs regarding frailty	KG Reception

BSG 2013 Parallel Sessions: Presentations

[Co-authors (and affiliations if different) follow abstract titles.]

Wednesday, 11 September, 13:00-14:00

Plenary Session, Session 1, KB Lecture & KB Douglas Price

Chair: Robin Means (University of the West of England)

Paul Fairchild (Oxford Stem Cell Institute, University of Oxford): "Providing healthcare for an ageing population: The promise and pitfalls of regenerative medicine"

Wednesday, 11 September, 14:15-15:45

2.1 CV KG Room 62: Roundtable in Culture & Values

Cultures of Ageing: Perspectives on ageing among minority communities in Britain

Chair: Christina Victor (Brunel University)

Rosalind Willis (University of Southampton): "Cultures of help seeking – comparing the ways Asian and White British older people access social services" [*Maria Evandrou, Priya Khambhaita, Pathik Pathak*]

Karan Jutla (Association for Dementia Studies): "Cultural norms about the role of older people in Sikh families: "respecting your elders""

Vanessa Burholt (Swansea University): "Robust or vulnerable support? An examination of the support networks of older people from six ethnic minority groups" [*Stefanie Doeblen, Christine Dobbs (Swansea University); Christina Victor, Akile Ahmet, Wendy Martin (Brunel University)*]

2.2 CV KG Mawby: Symposium in Culture & Values

The Challenge of Cultural Gerontology — Part 1

Chair: Julia Twigg and Wendy Martin (University of Kent; Brunel University)

Julia Twigg (University of Kent): "The Challenge of Cultural Gerontology" [*Wendy Martin (Brunel University)*]

Chris Gilleard (University College London): "Embodied Identities and Aging" [*Paul Higgs (University College London)*]

Jay Shaw (Brunel University): "Fall Prevention as Emotion Work: Understanding Risk and Identity in Aging" [*Denise Connelly, Carol McWilliam (Western University)*]

Meiko Makita (University of Nottingham): "Health Narratives of Everyday Life"

Martin Hyde (Stockholm University): "Travel and tourism in later life"

2.3 ES KG Book Room: Roundtable in Economy & Society

Understanding Generations

Chair: George Leeson (University of Oxford)

George Leeson (University of Oxford): "Sandwich Generation – UK generations approaching retirement"

John Migliaccio (Mature Market Institute/MetLife): "Sandwich Generation – US generations approaching retirement"

- Toby Williamson** (Mental Health Foundation): “Getting on (with life) - Baby boomers, mental health, and ageing well” [*Janis Grant*]
- Catherine Hennessy** (University of Plymouth): “Later Life Leisure as Ageing Adaptation and Self-Expression”
- Deborah Gale** “Catching Old: Reevaluating the boomer cohorts role”

2.4 ES Room 66: Symposium in Economy & Society

Conceptualisation, Measurement and Determinants of Frailty

Chair: James Nazroo (University of Manchester)

- Bram Vanhoutte** (University of Manchester): “Can frail elderly people be happy?” [*James Nazroo*]
- Alan Marshall** (University of Manchester): “Measuring Frailty: A Comparison of Fried’s frailty phenotype and Rockwood’s Frailty Index” [*James Nazroo*]
- Alan Marshall** (University of Manchester): “Socioeconomic and gender inequalities in trajectories of frailty: findings from a growth modelling approach” [*Gindo Tampubolon*]
- Kris Mekli** (University of Manchester): “Genetics of Frailty: Examination of Candidate Genes Related to Cortisol and Inflammation Pathways” [*James Nazroo*]

2.5 HC KB Seminar 1: Open Session in Health & Care

Care Homes — Part 1

Chair: Laurel Hixon (University of Oxford)

- Athina Vlachantoni** (University of Southampton): “Examining the determinants of moving into residential care and sheltered accommodation” [*Olga Maslovskaya, Maria Evandrou, Jane Falkingham*]
- Sophie Cochand** (University of Lausanne): “Experience and crisis adaptation of elderly couples, when one spouse moves to a nursing home”
- Emily Verté** (Vrije Universiteit Brussel): “The perception of mobility and accessibility for residents, staff and visitors in and around long-term care facilities” [*Liesbeth De Donder (VU Brussel); Nico De Witte (University College Ghent); Dorien Brosens, Tine Buffel, An-Sofie Smetcoren, Sarah Dury, Dominique Verté (VU Brussel)*]

2.6 HC KB Seminar 2: Open Session in Health & Care

Health Issues in Later Life

Chair: Kenneth Howse (University of Oxford)

- Irit Regev** (Sapir College): “The Psychosocial Effects of Continues Exposure to Collective Trauma on Elderly in Two Different Communities in Israel” [*Orit Nuttman-Shwartz*]
- Christel Rapo** (University of Lausanne): “Growing old with HIV: between hope and uncertainty”
- Jennifer Liddle** (Keele University): “A rich man’s disease? Experiences of older people with gout” [*Jane Richardson, Christian D. Mallen, Ed Roddy, Sam Hider (Keele); Sue Ziebland (Oxford University)*]
- Gill Mein** (Kingston University & St. George's University of London): “Pets protecting our health” [*Robert Grant (St George's University of London)*]

2.7 RM KB Pusey: Special Starred Session in Research, Methods & Training

The New Science of Ageing

Introduction: Sarah Harper (University of Oxford)

Chair: Alan Walker (University of Sheffield)

Alan Walker (University of Sheffield): "Towards a New Science of Ageing"

Lynne Cox (University of Sheffield): "Understanding the biology of ageing"

Susan Hallam (University of London): "Maintaining health and well-being"

Andrew Newman and Anna Goulding (Newcastle University): "Engaging with contemporary visual art: Maintaining health and well-being"

Eleanor van den Heuvel (Brunel University): "Maintaining health and well-being"

2.8 HC KB Gibbs: Symposium in Health & Care

Meeting the Health and Care Needs for Older People in Developing Countries

Chair: Peter Lloyd-Sherlock (University of East Anglia)

Peter Lloyd-Sherlock (University of East Anglia): "Pensions and the health of older people in South Africa. Is there an effect?"

Doris Bohman (Blekinge Institute of Technology & Karolinska Institute): "Old age care in a South African context" [*Neltjie van Wyk (University of Pretoria); Sirkka-Liisa Ekman (Karolinska Institutet)*]

Laila Salim (VCARE Social Welfare Society For Healthy and Active Ageing Pakistan): "Situational Analysis of older people In Pakistan" [*Fatima Danish Khalfan*]

Nicamil Sanchez (Australian Catholic University): "Do Socio-Demographic Variables Hinder the Attainment of Successful Ageing: Not in the Philippines"

Wednesday, 11 September, 15:45-16:30

Poster Presentations and Exhibitions, Session 3

KG Reception, KB Douglas Price, & KB Seminar 4

Wednesday, 11 September, 16:30-18:00

4.1 CV KG Room 62: Open Session in Economy & Society

Cross-Cultural Perspectives

Chair: Jaco Hoffman (University of Oxford)

Angela Dickinson (University of Hertfordshire): "What do older people do in their kitchens and why? Risk, vulnerabilities and food safety." [*Wendy Wills, Frances Short, Angela Meah*]

Omobolanle Amaike (University of Lagos): "Gender, Older People's preference and Expectations of care in Lagos State" [*Funmi Bammeké*]

Lai Olurode (University of Lagos): "Gender Differentials in Retirement Antecedents and Life Satisfaction among Formal Sector Retirees in Lagos State, Nigeria" [*Bola Amaike*]

Floriana Constantin (University of Innsbruck): "Textiles for AGEing Society – TAGS – Project Overview" [*J. Šíroký, B. Šíroká, T. Bechtold*]

4.2 CV KG Mawby: Symposium in Culture & Values

The Challenge of Cultural Gerontology — Part 2

Chair: Julia Twigg and Wendy Martin (University of Kent; Brunel University)

Francesca Ghillani (University of Oxford): “Ageing, Migration and the Dynamics of Body and Self”

Melissa Andrew (Dalhousie University): “Reflections on the frailty paradigm” [*Ken Rockwood*]

Susan Pickard (University of Liverpool): “Embodiment in old age: what can feminists tell us about the ‘naturalness’ of bodily decline?”

Katy Pilcher (Brunel University): “Visually Representing the Body in Everyday Life” [*Wendy Martin*]

4.3 ES KG Book Room: Linked Symposium in Economy & Society

Conceptualisation, Measurement and Determinants of Frailty

Chair: James Nazroo (University of Manchester)

Krystal Warmoth (University of Exeter): “Thinking you’re old and frail: A qualitative study of older adults’ beliefs regarding frailty” [*Mark Tarrant, Iain Lang, Charles Abraham*]

Sally Keeling (University of Otago, Christchurch): “Exploring concepts of social health and social frailty in longitudinal studies of ageing”

Hélène Payette (University of Sherbrooke): “Frailty and subsequent functional limitation, disability and mortality in a well-functioning community-living elderly population” [*H. Bergman, C. Wolfson, K. Gray-Donald, J.A. Morais (McGill University); P. Gaudreau, B. Shatenstein (Université de Montréal); N. Malo (Sherbrooke); N. Sourial (Jewish General Hospital Montréal)*]

4.4 ES Room 66: Open Session in Economy & Society

Age and Place

Chair: Brian Beach (University of Oxford)

Rachel Winterton (La Trobe University): “Social participation for ageing Australian rural populations: individual, community and organisational barriers” [*Jeni Warburton*]

Shane Doheny (Cardiff University): “Community and society: on the role of the public in the construction of a society fit for older people in rural places”

Elizabeth Evans (University of Liverpool): “Shopping in Later Life: Implications for Physical and Cognitive Health” [*Kate Bennett, Cherie McCracken*]

4.5 HC KB Seminar 1: Open Session in Health & Care

Care Homes — Part 2

Chair: Joyann Andrews (University of Oxford)

Nat Lievesley (Centre for Policy on Ageing): “The changing profile of care home residents”

Frances Sussex (London Metropolitan University): “Learning To Care (Care Homes for Older People)”

Anne Killett (University of East Anglia): “Organisational culture and residents’ experience of care” [*Diane Burns (University of Sheffield); Fiona Kelly, Alison*]

Bowes, Michael Wilson (University of Stirling); Isabelle Latham, Dawn Brooker (University of Worcester)]

Stephanie Kumpunen (London School of Economics and Political Science): “Choosing a care home in England, the Netherlands and Spain: professional provision of information and older people's preferences” [*Jacquetta Holder (University of Kent); Lisa Trigg (LSE)*]

4.6 HC KB Seminar 2: Open Session in Health & Care

Vulnerability

Chair: Pam Irwin (University of Oxford)

Deirdre O'Donnell (University College Dublin): “Developing an empowerment intervention for the protection of older people from abuse” [*Gerard Fealy, Carmel Downes*]

Lisbeth Cuthbert (University of Kent): “An investigation of care workers’ relationships with the elderly: Understanding the effects of negative and positive intergroup” [*Dominic Abrams*]

Deborah Cairns (Brunel University): “Dignity in care for older people: protecting the vulnerable or promoting autonomy –professionals’ perspectives” [*Veronika Williams (Oxford); Christina Victor (Brunel); Sally Richards (Oxford Brookes University); Andree Le May (Southampton); Wendy Martin (Brunel); David Oliver (City University London)*]

Attracta Lafferty (University College Dublin): “Abuse and Neglect of Older People in Residential Care Settings: Results of a National Irish Survey of Staff-Resident Interaction” [*Jonathan Drennan, Pearl Treacy, Gerard Fealy, Amanda Phelan, Imogen Lyons, Patricia Hall*]

Liesbeth De Donder (Vrije Universiteit Brussel): “Assessing elder abuse: Development of a Risk Taxation Instrument” [*Nico De Witte, Dominique Verté*]

4.7 HC KB Pusey: Special Starred Session in Health & Care

Loneliness: The State We're In

Chair: Paul Cann (Age UK Oxfordshire)

Stefanie Doeblér (Swansea University): “Loneliness, Isolation and the Bridging Social Capital of Elderly Europeans in Cross-National Comparison”

Lok Sharma Bhattarai (Leeds Metropolitan University): “Revisiting ‘independence’: can it be a way forward in alleviating loneliness?”

Christina Victor (Brunel University): “Is loneliness really bad for older people?”

Barbara Hanratty (University of York / Hull York Medical School): “Can tackling loneliness reduce health and social service use?”

Mima Cattán (Northumbria University): “Loneliness interventions – are we barking up the wrong tree?”

4.8 HC KB Gibbs: Open Session in Health & Care

Social Care Policy

Chair: Kate Hamblin (University of Oxford)

Juliette Malley (London School of Economics and Political Science): “Understanding Ethnic Differences in Older People’s Reports of Home Care Quality: Evidence from the English Home Care User Experience Survey” [*Jose-Luis Fernandez*]

Paul Nash (Swansea University): “Cost analysis of supported living environments and the subsequent utilisation of NHS services” [*Ceri Phillips, Angela Farr*]

Julia Kleindienst (Vienna University of Economics and Business): “How do elderly Europeans value informal care?” [*Ulrike Schneider*]

Parvaneh Rabiee (University of York): “Local authority-managed personal budgets – how far do they offer choice, control and personalised home care support?” [*Caroline Glendinning, Kate Baxter*]

Anthea Tinker (King's College London): “Revolutionising long term care: A case study of the Netherlands” [*Jay Ginn, Eloi Ribe*]

Thursday, 12 September, 9:00-10:00

Plenary Session, Session 5, KB Lecture & KB Douglas Price

Chair: Sheila Peace (Open University)

Helen Small (Faculty of English and Pembroke College, University of Oxford):
“The Long Life: Reflections” (including short clip from *Room 335*)

Thursday, 12 September, 10:15-11:45

6.1 CV KG Room 62: Symposium in Culture & Values

Ageing and Agency: Developing new theoretical perspectives for critical gerontology

Chair: Jan Baars (University of Humanistic Studies)

Joseph Dohmen (University of Humanistic Studies): “Active ageing and moral agency”

Jan Baars (University of Humanistic Studies): “Agency and Autonomy: Beyond Independence”

Chris Phillipson (University of Manchester): “Rethinking agency in later life: structural and interpretive approaches” [*Amanda Grenier (McMaster University)*]

6.2 CV KG Mawby: Symposium in Culture & Values

The Challenge of Cultural Gerontology — Part 3

Chair: Julia Twigg and Wendy Martin (University of Kent; Brunel University)

Sukey Parnell (University of West London): “Developing the Image: Facing the body of the older woman in the photographic portrait”

Julia Twigg (University of Kent): “Clothing and the Constitution of Age”

Kirsty Fairclough-Isaacs (University of Salford): “Growing Old in the Spotlight: Celebrity and Ageing.”

Naomi Woodspring (University of the West of England): “Time, Ageing and Body”

6.3 ES KG Book Room: Open Session in Economy & Society

Cross-Cultural Intergenerational Studies

Chair: Jaco Hoffman (University of Oxford)

António Fonseca (Catholic University of Portugal): “Ageing in the rural areas. The role of intergenerational practices.” [*George Leeson (Oxford)*]

Alejandro Klein (University of Guanajuato): “Approaching to the contemporary bonds between grandparents and adolescent grandsons”

Joanne Cook (University of Hull): “The impact of the migration of the child generation on Experiences of Ageing and the Intergenerational Contract in Rural China”
[*Jieyu Lui (University of Leeds)*]

Teresa Atkinson (University of Worcester): “Prime Minister's Challenge on Dementia: Intergenerational Schools Project (It's not all knitting and bingo!!)” [Jennifer Bray]

Kekinde Olufunke Ayenibiowo (University of Lagos): “Youth's Attitude To Grandparents: Implications For Care Of The Aged” [Oluwayemisi Obashoro-John (Lagos); Oyeyemi Bukola Ayeni (Obafemi Awolowo University)]

6.4 CV Room 66: Symposium in Culture & Values

Transitioning to Retirement: Understanding the implications for everyday lives

Chair: Kate Burningham (University of Surrey)

Debora Price (King's College London): “Transitioning to retirement: do couples re-negotiate their money management practices?” [Dinah Bisdee, Tom Daly]

Suzanne Moffatt (Newcastle University): ““It's conditioned by health and finance.” Narratives on the transition into retirement.” [Ben Heaven]

Susan Venn (University of Surrey): “Consumption practices during the transition to retirement: implications for environmental sustainability” [Kate Burningham, Ian Christie, Birgitta Gatersleben, Tim Jackson]

Margaret Lumbers (University of Surrey): “The impact of transitions on satisfaction with food-related life” [Monique Raats]

6.5 HC KB Seminar 1: Roundtable in Health & Care

Home Care Requires More Than Physical Care

Chair: Atenea Flores Castillo (UN Economic Commission for Latin America and the Caribbean)

Atenea Flores Castillo (UN Economic Commission for Latin America and the Caribbean): “Medical Health Care and Cash Transfer Programs for the Elderly in Mexico”

Anne-Gaëlle Fournier (EHPAD La Résidence des Sapins): “Psychological care for dependent older people in nursing homes (Établissement d'Hébergement pour Personnes Âgées Dépendantes, EHPAD).” [Atenea Flores Castillo (ECLAC)]

Maria Teresa Abusleme Lama (Servicio Nacional del Adulto Mayor): “Virtual triad to provide home care”

Paul Willis (Swansea University): “Equal treatment – same or different? An examination of current service provision to older lesbian, gay and bisexual people” [Penny Miles, Ms Michele Raithby, Tracey Maegusuku-Hewett, Paul Nash, Chris Baker]

6.6 HC KB Seminar 2: Open Session in Health & Care

Home Care — Part 1

Chair: Laurel Hixon (University of Oxford)

Yoshimi Wada (University of Bristol): “The meanings of choice in long-term care in England and Japan”

Hazel Morbey (Lancaster University): “Supporting Older Carers of Those Nearing the End of Life” [Sheila Payne, Katherine Froggatt, Christine Milligan, Mary Turner]

José de São José (University of Algarve): “What is going on in the care encounter? A grounded theory of receiving social care”

Goetz Ottmann (Deakin University): “Self-Directed Community Aged Care for CALD, ATSI, and Rural Communities in Australia: A Summary of Working Group Outcomes” [*Anna Millicer (Uniting Care Community Options)*]

6.7 HC KB Pusey: Symposium in Health & Care

The Role of Technology in Promoting Wellbeing and Independence in Later Life

Chair: Sue Yeandle (University of Leeds)

Alan Roulstone (Northumbria University): “Realising Telecare Potential: Policy and Evidence” [*Kate Hamblin (Oxford); Sue Yeandle (Leeds); Peter Buckle (Manchester)*]

Peter Buckle (Robens Institute): “Design, technology and ageing: the use of socio-technical systems approaches”

Gary Fry (University of Leeds): “The AKTIVE project: how telecare can improve the lives of older people prone to falls or who suffer memory problems” [*Kate Hamblin (Oxford)*]

Emma-Reetta Koivunen (University of Leeds): “Exploring telecare use in everyday life: a longitudinal and ethnographical methodology ” [*Emanuela Bianchera (Oxford)*]

Marianne Howard (Leeds City Council): “Telecare to support independent living: Experiences from Leeds City Council / A local authority point-of-view ”

6.8 HC KB Gibbs: Symposium in Health & Care

When Two Worlds Collide? Policy and practice for housing with care

Chair: Anthea Tinker (King's College London)

Robin Means (University of the West of England): “Housing and Care - the Long View”

Robin Darton (University of Kent): “Care and Support for Residents with Different Levels of Need in Housing with Care Schemes in England”

Randall Smith (University of Bristol): “Housing with Care: Terminology Traps”

Simon Evans (University of Worcester): “Is policy driving practice for housing with care? An analysis of survey data from the ASSET project”

Karen Croucher (University of York): “Living Together, Getting Along” [*Mark Bevan*]

6.9 RM KB Seminar 5: Open Session in Research, Methods & Training

Dementia and Other Methods

Chair: Kenneth Howse (University of Oxford)

Suzanne Hardy (King's College London): “The Mental Capacity Act and assessing the capacity to consent of people with dementia”

Ann-Marie Towers (University of Kent): ““Most people lack capacity here” – the ethical and methodological challenges of conducting research in care homes for older adults” [*Nick Smith, Sinead Rider, Elizabeth Welch*]

Priya Khambhaita (University of Southampton): “Limitations to ethnic matching in the recruitment of older Asian male participants” [*Rosalind Willis, Maria Evandrou, Pathik Pathak*]

Alisoun Milne (University of Kent): “Continuing Carers - Developing a conceptual framework to explore their status” [*Eleni Hatzidimitriadou (Kingston University)*]

6.10 HC KB Seminar 6: Symposium in Health & Care

Unpaid Eldercare and Employment in Europe

Chair: Birgit Trukeschitz (Vienna University of Economics and Business)

Ulrike Schneider (Vienna University of Economics and Business): “Work-to-family and family-to-work conflict of working caregivers: Evidence from the European Working Conditions Survey” [*Martin Zuba*]

Birgit Trukeschitz (Vienna University of Economics and Business): “Unpaid eldercare and turnover-intentions: insights into gender patterns” [*Ulrike Schneider (WU), Richard Muehlmann, Ivo Ponocny (MODUL University of Vienna)*]

Marjolein Broese van Groenou (Vrije Universiteit Amsterdam): “Care-giving employees and employers who care – Evidence from the Netherlands” [*I. Plaisier, S. Keuzenkamp*]

Linda Pickard (London School of Economics and Political Science): “Does 'replacement care' help unpaid carers remain in employment in England?” [*Derek King, Nicola Brimblecombe, Martin Knapp*]

Nicola Brimblecombe (London School of Economics and Political Science): “Working and caring in England: Initial results from a new survey of employees” [*Linda Pickard, Derek King, Martin Knapp*]

6.12 HC KB Douglas Price: Symposium in Health & Care

The Real Dementia Challenge: Using research to change practice for older people with dementia

Chair: Jill Manthorpe (King's College London)

Jill Manthorpe (King's College London): “The real dementia challenge: using research to change practice for older people with dementia” [*Kritika Samsi*]

David Lowery (Central and North West London NHS Foundation Trust): “Reducing caregiver burden: a curious corollary of asking a caregiver to do more!” [*Arlinda Cerga-Pashoja, James Warner*]

Steve Iliffe (University College London): “Does tailored education improve the diagnosis and management of dementia in general practice? Findings from the EVIDEM-ED pragma” [*Jane Wilcock, Mark Griffin, Priya Jain, Ingela Thuné-Boyle, Frances Lefford, David Rapp*]

Claire Goodman (University of Hertfordshire): “Using Appreciative Inquiry in Care Homes: “AI Light” to Mitigate Uncertainty Inherent to End-of-Life Care of People with Dementia” [*Sarah Amador*]

Jill Manthorpe (King's College London): “Implementation of the Mental Capacity Act 2005 in health and social care services for people with dementia” [*Dr Kritika Samsi*]

Vari Drennan (Kingston University & St. George's University of London): “Challenges and management of continence/incontinence by people with dementia and carers in the community” [*Laura Cole, Sheila Donovan*]

Thursday, 12 September, 12:00-13:30

7.1 ES KG Room 62: Open Session in Economy & Society

New Ageing/New Forms of Support

Chair: Brian Beach (University of Oxford)

Noreen Orr (University of Exeter): "Older men as museum volunteers: the performance of ageing masculinities"

Robin Hadley (Keele University): "Point number one in your bloody PhD': the experiences of involuntarily childless men as they age."

Mo Ray (Keele University): "The experience of ageing without children" [*Mary Pat Sullivan, Tony Bunce (Brunel); Sheila Hayward (Keele)*]

7.2 CV KG Mawby: Open Session in Culture & Values

Meaning in Later Life

Chair: Pam Irwin (University of Oxford)

Peter Coleman (University of Southampton): "Meaning in Later Life: Distinguishing Developmental from Historical Trends"

Ricca Edmondson (National University of Ireland, Galway): "Exploring Meaning in Later Life: Lessons from the History of the Field"

Emma Domínguez-Rué (University of Lleida): "What Goes Around Comes Back Around: Life Narratives and the Significance of the Past in Donna Leon's Death at La Fenice"

Eric Wollaston (University of the Third Age): "Key Values for the current octogenerian cohort"

Jackie Yan Chi Kwok (Hong Kong Polytechnic University): "Growing Old in Hong Kong: a Life Story Research" [*Ben HB Ku*]

7.3 CV KG Book Room: Open Session in Culture & Values

Women's Ageing

Chair: Emanuela Bianchera (University of Oxford)

Fiona Carmichael (University of Birmingham): "Retirement decisions and experiences for women: A life-course analysis" [*Jo Duberley*]

Bridget Penhale (University of East Anglia): "Mind the Gap – improving criminal justice agencies and social support agencies responses to intimate partner violence against older women" [*William Goreham*]

Loretta Crawley (University College Dublin): "Affective inequalities: older women's obligation to love and care"

7.4 CV Room 66: Linked Symposium in Culture & Values

Transitioning to Retirement: Understanding the implications for everyday lives (Link A)

Chair: Kate Burningham (University of Surrey)

Martin Wetzel (German Centre of Gerontology): "Social Exclusion at the Transition into Retirement: The Role of Education and Last Work Status" [*Oliver Huxhold*]

Helen Ko (Beyond Age Pte Ltd): "Training Designs for Older Workers: A Literature Review and Implications for Research"

Miranda Leontowitsch (St George's University of London): "Early retirement in Germany – on the increase despite financial losses"

Eva Martinez Cruz (University of Surrey): “Pension income differences between retired men and women. Evidence from Spain and the UK”

7.5 HC KB Seminar 1: Symposium in Health & Care

Reforming Long-Term Care Assessment & Eligibility Processes

Chair: Laurel Hixon (University of Oxford)

Melanie Henwood (Melanie Henwood Associates): “Reforming long term care: assessment, eligibility, capped costs and practical implications.”

Raphael Wittenberg (Centre for Health Service Economics and Organisation): “International Review of Assessment and Eligibility for Long-term Care” [*Chris Eleftheriades*]

Jose Luis Fernandez (London School of Economics and Political Science): “Interpreting the Fair Access to Care Service (FACS) eligibility framework in England”

7.6 HC KB Seminar 2: Open Session in Health & Care

Home Care — Part 2

Chair: Patricia O'Neill (University of Oxford)

Mayumi Hayashi (King's College London): “Home care and the voluntary sector: Lessons from Japan”

Patricia O'Neill (University of Oxford): “Chinese Daughters’ Employment Of Foreign Helpers As Surrogate Caregivers For Ageing Parents: Implications for parent-daughter relations”

Utae Mori (Osaka University of Economics): “The voluntary sector and support for family carers in Japan: The situation and challenges”

7.7 HC KB Pusey: Linked Symposium in Health & Care

The Role of Technology in Promoting Wellbeing and Independence in Later Life (Link A)

Chair: Sue Yeandle (University of Leeds)

Katie Brittain (Newcastle University): “Remote monitoring within the homes of older people, can this be conceptualised as an extension of bodywork? “Keeping an eye on” [*Mabel Li, Patrick Olivier (Newcastle); Stephen Lindsay (Swansea University)*]

Louise McCabe (University of Stirling): “Evaluation of tele-psychiatry as part of a memory service for people with dementia living in Grampian and the Shetland Islands” [*Anthea Innes (Bournemouth University); Alan Murdoch (NHS Shetland); Sridhar Vaitheswaran (NHS Grampian)*]

Clare Cutler (Bournemouth University): “Using technology to engage people with dementia” [*Anthea Innes, Ben Hicks*]

7.8 HC KB Gibbs: Linked Symposium in Health & Care

When Two Worlds Collide? Policy and practice for housing with care

Chair: Anthea Tinker (King's College London)

Alan Lewis (University of Manchester): “Daylighting in Extra-Care Housing”

Marcela Pizzi (University of Chile): “Risks and Barriers in State Senior Housing in Chile, the need of a new approach”

Johanna de Almeida Mello (Katholieke Universiteit Leuven): “The determinants of informal caregivers’ perceived burden in the home care setting: relevant

information for the care for older persons at home" [*Jean, Macq, Sophie Cès, Thérèse Van Durme (Université Catholique de Louvain); Anja Declercq (KU Leuven)*]

An-Sofie Smetcoren (Vrije Universiteit Brussel): "The importance of housing quality for older people's feelings of wellbeing and neighbourhood satisfaction" [*Liesbeth De Donder, Nico De Witte, Sarah Dury, Tine Buffel, Emily Verté, Tinie Kardol, Dominique Verté*]

7.9 RM KB Seminar 5: Open Session in Research, Methods & Training

Diversity and Methods

Chair: Jaco Hoffman (University of Oxford)

Tracy Collins (University of Salford): "Conducting longitudinal research with older women: the benefits and challenges."

Nan Greenwood (Kingston University & St. George's University of London): "Focus groups with older carers: the effect of ethnic group composition on focus groups findings" [*Theresa Ellmers, Jess Holley, Gill Mein (St George's University of London & Kingston University); Ann Bowling (Southampton University)*]

Jeroen Spijker (University of Edinburgh): "Flexible ageing: new ways to measure the diverse experience of population ageing in Scotland" [*John MacInnes*]

7.10 HC KB Seminar 6: Linked Symposium in Health & Care

Unpaid Eldercare and Employment in Europe

Chair: Birgit Trukeschitz (Vienna University of Economics and Business)

Christopher Taylor (North Sydney Council Community Services): "Australian Community Aged Care: Challenges and solutions" [*Jed Donoghue (University of Tasmania)*]

Erna Dosch (University of Vechta): "Men juggling care and work: an insight into the narrative of German caregiving husbands and sons"

Myra Lewinter (University of Copenhagen): "Work and care in a changing welfare state: case study from Denmark"

Liesbeth De Donder (Vrije Universiteit Brussel): "Consequences of the work-care conflict: Labour market exit due to caring responsibilities" [*Nico De Witte, Sarah Dury, Sara De Gieter, Peter Theuns, Eva Dierckx, Dominique Verté*]

7.12 HC KB Douglas Price: Linked Symposium in Health & Care

The Real Dementia Challenge: Using research to change practice for older people with dementia

Chair: Jill Manthorpe (King's College London)

Kirsten Moore (National Ageing Research Institute): "Barriers to timely diagnosis and access to services for dementia carers" [*Elizabeth Ozanne, Briony Dow, David Ames (University of Melbourne)*]

Christine Swane (EGV Foundation): "Stigma and social life in the dementia world"

Samuel Nyman (Bournemouth University): "Evaluation of two models of social care for people in the community affected by dementia." [*Anthea Innes, Patricia McParland*]

Simon Evans (University of Worcester): "Recommendations for timely diagnosis of dementia: findings from the ALCOVE project" [*Dawn Brooker, Jenny la Fontaine,*

Jennifer Bray (University of Worcester); Karim Saad (Department of Health NHS England)]

Leona McCalla (University of Bristol): “Dementia and dying: A critical literature review”

Thursday, 12 September, 14:30-15:30

Plenary Session, Session 8, KB Lecture & KB Douglas Price

Chair: **Jaco Hoffman** (University of Oxford)

John Beard (Ageing and Life Course Programme, World Health Organisation):
“From Talk to Action”

Thursday, 12 September, 15:45-17:15

9.1 CV KG Room 62: Roundtable in Culture & Values

Theorizing Masculinities and Ageing

Chair: **Edward Thompson** (College of the Holy Cross)

Kate Bennett (University of Liverpool): “What do older widowers’ relationships with their adult children say about ageing masculinities?” [*Deborah K van den Hoonaard (St. Thomas University)*]

Gabriela Spector-Mersel (Hebrew University & Ben-Gurion University): “A-integration and the never-aging masculinity scripts”

Edward Thompson (College of the Holy Cross): “Older Men's Blueprint for 'Being a Man'” [*Kaitlyn Barnes (Case Western Reserve University)*]

Cassandra Phoenix (University of Exeter): “Doing Masculinity in Physical Culture: What Can We Learn from Physically Active Older Men?” [*Noreen Orr*]

9.2 CV KG Mawby: Open Session in Culture & Values

Rights and Responsibilities

Chair: **Emanuela Bianchera** (University of Oxford)

Lizzie Ward (University of Brighton): “Mobilisations of ‘active ageing’ in lifestyle media and public health policy: Identifying a new ageism?” [*Marian Barnes, Flis Henwood, Jayne Raisborough*]

Joan Harbison (Dalhousie University): “How the “right to protection” overrides older people's right to services: Theoretical concerns” [*Stephen Coughlan, Jeff Karabanow, Sheila Wildeman (Dalhousie University); Madine VanderPlaat (Saint Mary's University); Ezra Wexler (Halifax)*]

Norbert Meiners (FHWT - Private University of Applied Sciences): “German Print Media targeting the Elderly: A Market Study”

Jay Shaw (Brunel University): “Dignity and Care in the Media: A Critical Exploration of the Francis Report” [*Wendy Martin, Christina Victor (Brunel); Pia Kontos (Toronto Rehabilitation Institute)*]

Lucie Vidovicova (Research Institute for Labour and Social Affairs): “Ageism and Age discrimination: Decade of (No) Change?”

9.3 CV KG Book Room: Open Session in Culture & Values

Dementia, Language and the Arts

Chair: Joyann Andrews (University of Oxford)

Brenda Roe (Edge Hill University): "Evaluation of an arts for health programme for older people in the community: Coffee, Cake & Culture" [*Sheila McCormick; Wendy Gallagher (Whitworth Art Gallery); Andrea Winn (Manchester Museum); Teri Lucas, Sophie Elkin (Irwell Valley Housing Association)*]

Azucena Guzman-Garcia (North East London NHS Foundation Trust): "Dance-based exercise for older people with dementia living in care homes" [*Lynn Rochester, Julian Hughes (Newcastle University); Ian James (Northumbria University)*]

Jacqueline Reynolds (Staffordshire University): "Arts, social capital and ageing: towards deeper understandings"

Susan Potter (Arts Evaluation and Research): "Portals to the World: findings from a participatory arts and cultural study" [*Edye Hoffmann (Dementia Compass); Joanna Holland, Rachel Sinfield (The Fitzwilliam Museum)*]

9.4 CV Room 66: Linked Symposium in Economy & Society

Transitioning to Retirement: Understanding the implications for everyday lives (Link B)

Chair: Kate Burningham (University of Surrey)

Katey Matthews (University of Manchester): "The health effects of later-life employment: the importance of employment quality post retirement age" [*Tarani Chandola, James Nazroo, Neil Pendleton*]

Subrata Saha (Women's Concerns): "Entrepreneurship, Ageing and New challenges: socio-cultural perspectives"

Anthony Chiva (Kingston University): "Economic Wellbeing in Later Life: report on the 3C European project" [*Jumbo Klercq (The Elephant in Diversity, NL); Gregorz Karpiuk (University of Information Technology and Management, Poland); Tasos Mastroyiannakis (C.M.T. PROOPTIKI, Greece); Saskia Reijnen (NL); Ines Dominguez, Jorge Alonso (Confederación de Empresarios de Aragón, Spain); Nick Walters (Interval, UK)*]

9.5 RM KB Seminar 1: Open Session in Research, Methods & Training

Assorted Methods

Chair: Nana Nanitashvili (University of Oxford)

Julie Udel (University of Portsmouth): "Access to Information: A collaborative project to develop an community information website" [*Karen Burnell*]

Cynthia Meersohn Schmidt (Durham University): "Studying Age Transitions with Social Imaginaries" [*Keming Yang (Durham); Karen Meersohn Schmidt (Tourne la Terre Association de Poterie et Céramique à Montpellier)*]

Ann Netten (University of Kent): "Developments in measuring social care outcomes: the case of ASCOT"

Nick Smith (University of Kent): "Researcher experience in older adult care and nursing homes" [*Sinead Rider, Ann-Marie Towers, Elizabeth Welch*]

9.6 HC KB Seminar 2: Special Starred Session in Research, Methods & Training

How to Make the Most of Your Research: Knowledge transfer in practice

Chair: James Goodwin (Age UK)

John Beard (World Health Organisation): “Knowledge Transfer in Ageing and Health: Generating international impact”

Gail Mountain (University of Sheffield): “Facilitating Knowledge Exchange with Older People: The experience of KT-EQUAL”

Paul Cann (Age UK Oxfordshire): “Using Evidence to Meet the Needs of Older People Locally”

9.7 HC KB Pusey: Linked Symposium in Health & Care

The Role of Technology in Promoting Wellbeing and Independence in Later Life (Link B)

Chair: Sue Yeandle (University of Leeds)

Marianne Markowski (Middlesex University): “Using constructive design research to develop online social technologies for older people”

Xiaodong Gong (Beijing Institute of Technology): “Social life and ICT Products Use for Elderly People”

Bláithín Gallagher (University of York): “A critical review of recent research on new and emerging technologies for older people” [*Helen Petrie*]

Gary Pritchard (Newcastle University): “Assistive Technology, Telecare and the Irrationalization of Later Life” [*Katie Brittain*]

9.8 HC KB Gibbs: Open Session in Health & Care

Health Status

Chair: Kenneth Howse (University of Oxford)

Shirley Simmonds (University of Southampton): “Hospital admissions among men and women who participated in the Hertfordshire Cohort Study: a record linkage study” [*H.E. Syddall, M. Evandrou, C. Cooper, A. Aihie Sayer*]

Matthew Roberts (Swansea University): “The Effect of Lifestyle on Cognitive Function in Diabetics and Stroke Survivors: Interim Findings from CFAS Wales” [*Vanessa Burholt*]

Laurie Corna (King's College London): “Socioeconomic inequalities in health in the context of the life course”

9.9 HC KB Seminar 5: Open Session in Health & Care

Complimentary and Competing Care Perspectives

Chair: Laurel Hixon (University of Oxford)

Martin Zuba (Vienna University of Economics and Business): “Efficiency in the care of nursing home residents – a systematic literature review” [*Ulrike Schneider*]

Gindo Tampubolon (University of Manchester): “Trajectories of cognitive function of older adults in the U.S. and England”

Denise Burnette (Columbia University): “Integrating Complementary and Competing Perspectives in Care for MCI in India”

9.10 HC KB Seminar 6: Symposium in Health & Care

Using the Arts to Humanise Healthcare Education about People with Dementia

Chair: Ruth Bartlett (University of Southampton)

Sherry Dupuis (University of Waterloo): "The Pedagogical Possibilities of Research-Based Drama in Dementia Care" [*Gail Mitchell, Christine-Jonas Simpson*]

Ruth Bartlett (University of Southampton): "Agnes & Nancy – A short film about two women with dementia"

Hannah Zeilig (London College of Fashion): "Imagining Dementia: Using the arts to educate dementia care staff" [*Fiona Poland, Chris Fox (University of East Anglia)*]

9.12 HC KB Douglas Price: Special Starred Session in Health & Care

Building an Understanding of How to Promote Healthy Ageing

Introduction: Kate Hamblin (University of Oxford)

Chair: Catherine Dennison (Thomas Pocklington Trust)

Clare Thetford (University of Liverpool): "Resilience and visual impairment in old age" [*Suzanne Hodge (Lancaster); Jude Robinson, Paul Knox (University of Liverpool)*]

Amy Burton (Aston University): "Managing general health with vision impairment" [*Rachel Shaw, Jon Gibson*]

Jennifer Whillans (University of Manchester): "Onset and Recovery from Visual Impairment: Analysis of Causes and Consequences using the English Longitudinal Study of Ageing" [*James Nazroo*]

Meridith Griffin (University of Exeter): "Physical activity among older people with sight loss: A qualitative research study" [*Cassandra Phoenix (Exeter); Brett Smith, David Howe (Loughborough University)*]

Alison Bowes (University of Stirling): "Best practice in the design of residential environments for people living with dementia and sight loss" [*Alison Dawson, Corinne Greasley-Adams, Louise McCabe*]

Friday, 13 September, 9:00-10:00

Plenary Session, Session 10, KB Lecture & KB Douglas Price

Chair: George Leeson (University of Oxford)

Axel Börsch-Supan (Munich Centre for the Economics of Aging, Max Planck Institute for Social Law and Social Policy)

"Population Ageing is not a Tsunami, and Demography is not our Destiny: Taking advantage of our lengthening lives"

Friday, 13 September, 10:15-11:45

11.1 CV KG Room 62: Symposium in Culture & Values

Ages and Stages: Representations and recollections of ageing

Chair: Miriam Bernard and Michael Murray (Keele University)

David Amigoni (Keele University): "Ages & Stages: A Source's Story" [*Lucy Munro*]

Ruth Basten (Keele University): "Ages & Stages: An Actor's Story"

Jacqueline Reynolds (Shaffordshire University): "Ages & Stages: A Volunteer's Story" [*Miriam Bernard (Keele University)*]

Jill Rezzano (New Vic Theatre): “Ages & Stages: A Training Participant’s Story”
[Michelle Rickett, Miriam Bernard (Keele)]

11.2 ES KG Mawby: Open Session in Economy & Society

Supportive Communities

Chair: Patricia O'Neill (University of Oxford)

Daniela Klaus (German Centre of Gerontology): “Social Relationships in Later Life: Variations across Educational Groups”

Susu Liu (City University of Hong Kong): “The prevalence of peer support in later life: a qualitative study of community-dwelling elderly in Hong Kong”

John Miles (Keele University): “Exploring the claims of 'intergenerational practice': towards a theory of social contact between young and old”

Myriam Girardin (University of Geneva): “Elderly Family Configurations: The Impact of Family Diversity on the Provision of Social Capital”

11.3 CV KG Book Room: Linked Roundtable in Culture & Values

Cultures of Ageing: Perspectives on ageing among minority communities in Britain

Chair: Christina Victor (Brunel University)

Itsuko (Kanamoto) Toyama (St. Andrew's University): “Pioneers of Active Ageing in Brazil: Searching for the Well-being of Elderly Japanese in Intercultural Context”

Friederike Ziegler (University of York): “Crossing cultures: a comparison of attitudes to dementia among South Asians and British members of the general population”

Akile Ahmet (Brunel University): “Understanding care and caring amongst different ethnic groups living in the UK: the influence of ethnicity, culture and religion”
[Christina Victor, Wendy Martin]

11.4 ES Room 66: Symposium in Economy & Society

Age-Friendly Communities and Urbanization: Contested notions in contested spaces

Chair: Thomas Scharf and Chris Phillipson (Irish Centre for Social Gerontology; University of Manchester)

Tine Buffel (University of Manchester): “Developing Age-Friendly Cities: Case Studies from Brussels and Manchester and implications for policy and practice” [Paul McGarry (*Valuing Older People, Manchester*); Chris Phillipson (*Manchester*); Liesbeth De Donder, Sarah Dury, An-Sofie Smetcoren (*VU Brussel*); Nico De Witte (*Hogeschool Gent*)]

Birgit Wolter (Institute for Gerontological Research): “Ageing in the Neighbourhood: Berlin Case Studies on the Impact of Social and Spatial Structures on the Everyday Lives of Socially Disadvantaged Old People” [Josefine Heusinger]

Sheila Peace (The Open University): “‘Passing By or By Passing’: Intergenerational Interaction in Public Places”

Stefan White (Manchester School of Architecture): “The role of urban design in making cities age-friendly: (con)testing the WHO design guidance in a Manchester Neighbourhood” [Mark Hammond (*Manchester Metropolitan University*)]

11.5 RM KB Seminar 1: Symposium in Research, Methods & Training

Using Multiple Perspectives to Maximize Meaning in Dementia Research

Chair: Jan Oyeboode (University of Bradford)

Jenny La Fontaine (University of Worcester): “Methodological complexities in researching intergenerational family experiences of living with Fronto-temporal Dementia” [*J Oyeboode (University of Bradford); Michael Larkin (University of Birmingham)*]

Stephanie Ellis-Gray (University of Birmingham): “Coding care in domestic settings: An observational study of couples where one has dementia” [*Jan Oyeboode (University of Bradford); Gerry Riley (University of Birmingham)*]

Stephen Williams (University of Bradford): “Added value: The complementary role of care record analysis and key informant interviews in understanding current UK nursing homes” [*Stephen Williams, Murna Downs*]

11.6 HC KB Seminar 2: Symposium in Health & Care

Care Theory and Economics in the Production of Welfare (POW): Attempts, challenges, results, lessons and hopes

Chair: Bledwyn Davies (University of Oxford)

Bledwyn Davies (University of Oxford): “Towards more integrated care theory: potential of some pre-millennium POW features”

Ann Netten (University of Kent): “Personalisation and the social production of welfare”

Julien Forder (University of Kent): “Using the production of welfare approach to estimate the cost-effectiveness of care services”

Jose Luis Fernandez (London School of Economics and Political Science): “The production of welfare and the design of social care funding arrangements.”

11.8 HC KB Gibbs: Symposium in Health & Care

The State of the Arts in Dementia

Chair: Claire Garabedian (University of Stirling)

Karan Jutlla (Association for Dementia Studies): “Creative Arts for People with Dementia: Building Evidence-based Practice.”

Claire Garabedian (University of Stirling): “The arts and dementia: Where to go from here?”

John Killick (Dementia Positive): “The Significance of the Word” [*Maria Parsons (Canadian Dementia Action Network); Karan Jutlla (Worcester); Claire Garabedian (Stirling); Kate Allan (Edinburgh)*]

Maria Parsons (Creative Dementia Arts Network): “Theatre as day care? Joining up arts, culture, health and social care for people with dementia”

11.9 HC KB Seminar 5: Symposium in Health & Care

The Significance of Care: Care ethics and older people

Chair: Marian Barnes (University of Brighton)

Marian Barnes (University of Brighton): “Informed care: ethics and information in care for people with dementia” [*Flis Henwood*]

Sarah Helen Webber (University of Bristol): “Older People's View of Social Care Assessment: An Ethic of Care Perspective”

Lizzie Ward (University of Brighton): “Co-production, deliberation and transformation: working with an ethic of care to achieve change with older people.” [*Marian Barnes*]

Cara Redlich (University of Brighton): “‘What is online care? Older People’s Practices and Experiences of Care using Social Networking’”

Liz Lloyd (University of Bristol): “Duty of care and duty to care: maintaining dignity in care work”

11.10 HC KB Seminar 6: Roundtable in Culture & Values

Gender and Sexuality as Magnifiers of Later Life Concerns

Chair: Sue Westwood (Keele University)

Sue Westwood (Keele University): ““Oh, the thought of it! The thought of all these men walking around with their jim-jams on...””

Louis Bailey (University of Hull): “Health and Social Care Concerns Among Older Trans People” [*Andrew King (Surrey); Yiu-Tung Suen (Oxford); Sue Westwood (Keele); Kathy Almack (Nottingham)*]

Yiu-tung Suen (Chinese University of Hong Kong): “Gay-specific care homes – building a safe haven or a ghetto?”

Kathryn Almack (University of Nottingham): “Health and social care issues affecting older bisexual people”

11.11 HC KB Lecture: Roundtable in Health & Care

Driving, Mobility, and Transportation: Current and Future older adults (Part 1)

Chair: Charles Musslewhite and Moon Choi (Swansea University; University of Kentucky)

Moon Choi (University of Kentucky): “Gender and Racial Disparities in Life-Space Constriction” [*Melissa Lunsman O'Connor (North Dakota State University); Chivon A. Mingo (Georgia State University)*]

Charles Musselwhite (Swansea University): “Missed journeys: the importance of discretionary and social travel” [*Ian Shergold (University of the West of England)*]

Anu Siren (Technical University of Denmark): “Baby boomers’ travel behavior” [*Sonja Haustein*]

Carol Holland (Aston University): “Self-regulation and maintaining safe mobility and independence with older road users”

11.12 HC KB Douglas Price: Open Session in Health & Care

Self-Management

Chair: Pam Irwin (University of Oxford)

Michelle Edwards (Swansea University): “The distribution of health literacy in the social networks of older people living with a long-term health condition” [*Aewlyn Williams*]

Mary Courtney (Australian Catholic University): “The impact of social support and chronic disease self-efficacy on quality of life for older adults” [*Min Lin Wu (Australian Catholic University); Elisabeth A. Isenring (University of Queensland); Lillie M. Shortridge-Baggett (Pace University); Kathleen J. Finlayson (Queensland University of Technology)*]

- Veronika Williams** (University of Oxford): “Managing chronic illness using tele-health: “too old to bother”?” [*Heather Rutter (Oxford Health Foundation NHS Trust); Christy Toms, Lionel Tarassenko, Andrew Farmer (University of Oxford)*]
- Ben Chi-pun Liu** (Brunel University): “Adverse life events and self-efficacy: crisis management in Chinese culture” [*Dion Sik-yee Leung*]

11.14 HC KB Seminar 3: Open Session in Health & Care

Dementia – Part 1

Chair: Kenneth Howse (University of Oxford)

- Sanda Samitca** (University of Lisbon): “Forced changes: family responses to Alzheimer's disease in Portugal”
- Veronica Smith** (University of Stirling): “Community Pharmacists and people affected by dementia”
- Tamara Backhouse** (University of East Anglia): “Supportive factors when looking after people with behavioural and psychological symptoms of dementia in care homes.”

Friday, 13 September, 12:15-13:15

12.1 ES KG Room 62: Open Session in Economy & Society

Civil Society

Chair: Emanuela Bianchera (University of Oxford)

- Aíne Ní Léime** (National University of Ireland, Galway): “Membership of Active Retirement and Quality of Life” [*Aoife Callan, Caroline Finn, Ronan Healy*]
- Mark Allen** (Swansea University): “Older People’s Response to Climate Change” [*Judith Phillips, Mark Stallworthy*]
- Elizabeth Galleguillos** (University of Lausanne): “Towards a new approach to elderly care? An analysis of the Swiss experts committee reports (1966-2007)”
- Yiu-tung Suen** (Chinese University of Hong Kong): “Identity work among older gay men: resisting and rigidifying age norms”

12.2 ES Mawby: Open Session in Economy & Society

Economic Issues in Later Life

Chair: George Leeson (University of Oxford)

- Alison Wadey** (University of Southampton): “Working beyond retirement: Exploring the older health and social care labour force.”
- David Hayes** (University of Bristol): “What are the dominant patterns of expenditure among the older population and what explains these?” [*Andrea Finney*]
- Myra Lewinter** (University of Copenhagen): “Individualizing the risks of old age in Denmark: policy transformations”

12.3 ES KG Book Room: Roundtable in Health & Care

Work and Well Being in Later Life: (Re)connecting labour market processes and the ageing process

Chair: Martin Hyde (Stockholm University)

- Morten Wahrendorf** (Imperial College): “The impact of psychosocial working conditions on health trajectories among older workers”

Marcel Goldberg (Institut National de la Santé et de la Recherche Médicale): “Physical work environment factors and health in later life: the WorkAge project” [*Alexis Descatha, Sandrine Plouvier, Annette Leclerc, Marie Zins*]

Hugo Westerlund (Stockholm University): “Trajectories of labour market exit and health – cross national results” [*Martin Hyde (Stockholm University); Jussi Vahtera (FIOH)*]

12.4 ES Room 66: Symposium in Economy & Society

Times of Change: Intersections of age and rurality across the lifecourse

Chair: Kieran Walsh and Jeni Warburton (National University of Ireland, Galway; La Trobe University)

Jeni Warburton (La Trobe University): “Healthy ageing in rural Australia: A lifecourse perspective” [*Rachel Winterton*]

Kieran Walsh (National University of Ireland, Galway): “Shifting communities - shifting connectedness: Older adult social relations in rural Ireland and Northern Ireland” [*Eamon O’Shea, Thomas Scharf*]

Vanessa Burholt (Swansea University): “Older persons’ rural place attachment in the UK and Canada”

Paul Milbourne (Cardiff University): “The difference that place makes: connecting the material, socio-cultural and more-than-human dimensions of older people’s lives”

12.5 HC KB Seminar 1: Linked Symposium in Research, Methods & Training

Using Multiple Perspectives to Maximize Meaning in Dementia Research

Chair: Jan Oyeboode (University of Bradford)

Robin Digby (Monash University): “Investigating the care relationship between people with dementia and nurses in the hospital setting” [*Allison Williams, Susan Lee*]

Barbara Sharp (University of the West of Scotland): “Involving People with Dementia in Qualitative Research”

Louise McCabe (University of Stirling): “Evaluating a creative, musical project for people with dementia and their carers” [*Corinne Greasley Adams*]

Marie Gabe (Swansea University): “Medication monitoring for people with dementia in care homes: a pre-pilot before and after study” [*Susan Jordan, Sherrill Snelgrove, Gerwyn Panes, Ian Russell, Peter Huxley, Mick Dennis, Ceri Phillips*]

12.6 HC KB Seminar 2: Symposium in Health & Care

Age, Social Relations and Depression

Chair: Keming Yang (Durham University)

Heather Burroughs (Keele University): “Patients’ and therapists’ perspectives on a tailored psychosocial intervention for older people with depression”

Mai Stafford (MRC Unit for Lifelong Health and Ageing): “Social exchanges and depression in later life” [*Paola Zaninotto, Anne McMunn (UCL); James Nazroo (Manchester)*]

Mary Godfrey (University of Leeds): “The lived experience of late life depression”

12.8 HC KB Gibbs: Roundtable in Health & Care

LiveWell: Developing interventions and outcome measures to promote health and wellbeing

Chair: Suzanne Moffatt (University of Newcastle)

Ben Heaven (Newcastle University): “Retirement transitions, social relationships and wellbeing: implications for intervention development” [*Martin White, John Mathers, Suzanne Moffatt*]

Suzanne Moffatt (Newcastle University): “The LiveWell Programme: development of interventions to promote health and wellbeing for adults in retirement transition” [*Ben Heaven, Nicki Hobbs, Paula Moynihan, Claire Cleland, Jose Lara, Alan Godfrey, Elizabeth Evans, Martin White, Lynn Rochester, Falko Sniehotta, Thomas Meyer, John Mathers*]

Jose Lara (Newcastle University): “The Healthy Ageing Phenotype: its distinctive features and measuring tools” [*Alan Godfrey, Elizabeth Evans, Ben Heaven (Newcastle); Laura Brown (Manchester Metropolitan University); Evelyn Barron, Lynn Rochester, Thomas D. Meyer, John C. Mathers (Newcastle)*]

Nicola Hobbs (Newcastle University): “Integrating evidence with co-design methods to develop prototype interventions in later life” [*Gemma Teal (Glasgow School of Art); Ben Heaven, Claire Cleland, John Mathers, Falko Sniehotta, Martin White, Paula Moynihan (Newcastle)*]

12.9 KB Seminar 5: Symposium in Research, Methods & Training

Reviewing European Policy

Chair: David Sinclair (International Longevity Centre (ILC-UK))

Trinley Walker (International Longevity Centre (ILC-UK)): “Adult Immunisation Policy in Europe - gaps and barriers”

David Sinclair (International Longevity Centre (ILC-UK)): “Working Longer: an EU perspective”

Jessica Watson (International Longevity Centre (ILC-UK)): “The burden of constipation in our ageing population – working towards better solutions”

12.10 RM KB Seminar 6: Symposium in Research, Methods & Training

The Complex Nature of Research Involving People Living with Cognitive Impairment in the Community

Chair: Edye Hoffmann (Dementia Compass)

Jane Tooke (Alzheimer's Society): “Negotiating the ethical landscape of field research in the homes of people with dementia”

Leisha O'Brien (University of Cambridge): “From population-based research to developing an intervention study-researchers learning from people living with dementia” [*Jane Fleming (Cambridge); Edye Hoffmann (Dementia Compass)*]

Susan Potter (Arts Evaluation and Research): “To evidence or not to evidence: the search for a common language”

12.11 HC KB Lecture: Roundtable in Health & Care

Driving, Mobility, and Transportation: Current and Future older adults (Part 2)

Chair: Charles Musslewhite and Moon Choi (Swansea University; University of Kentucky)

Alexandra Millonig (Austrian Institute of Technology): “Identifying transport needs of older people by taking into account the heterogeneity in the population of seniors”

Desmond O'Neill (Trinity College Dublin): “Transportation access and modes across the age-span of older adults” [*Michael Gormley*]

12.12 HC KB Douglas Price: Open Session in Health & Care

Frailty and Falls

Chair: Joyann Andrews (University of Oxford)

Samuel Nyman (Bournemouth University): “Learning from older people’s experiences of falling over outdoors” [*Claire Ballinger (Southampton); Judith Phillips (Swansea); Rita Newton (Salford)*]

Angela Dickinson (University of Hertfordshire): “Understanding falls in an acute mental health setting for older people; A case study.” [*Deborah Humphrey, Venkat Narayanan, Caroline Griffiths (Oxford Health NHS Foundation Trust); Christina Victor (Brunel); Charles Simpson (Hertfordshire)*]

Eleanor van den Heuvel (Brunel University): “Continence across Continents to Upend Stigma and Dependency” [*Cara Tannenbaum (University of Montreal)*]

12.14 HC KB Seminar 3: Open Session in Health & Care

Dementia – Part 2

Chair: Laurel Hixon (University of Oxford)

Rena Robinson (California Veterans Home - Yountville): “Required Dementia Care Training for Long-term Care Facilities in the United States: Purpose, Content, and Implementation” [*Gerry Gairola (University of Kentucky)*]

Iliatha Papachristou (St George's University of London): “Impact of dementia progression on food-related processes: A qualitative study of caregivers’ perspectives” [*Nikolette Giatras, Michael Ussher*]

Ben Hicks (Bournemouth University): “Use of computer technology to benefit people with dementia and their carers” [*Linda Miller*]

Friday, 13 September, 13:15-14:30

Closing Session

Professor Sarah Harper (University of Oxford)

Professor Sheila Peace (Open University)

BSG 2013 Abstracts

Maria Teresa Abusleme Lama, Servicio Nacional del Adulto Mayor

6.5 HC KB Seminar 1

Virtual triad to provide home care

In Chile figures show that families are still the main care provider for dependent older or disabled people. Chilean society is getting older, new technologies are improving life quality and birth rates are clearly falling. Nevertheless things are changing: sons and daughters do not feel the obligation to take care of their elderly parents. One of the successful solutions to this situation has been home care from a health and social approach. This paper addresses the experience of Chilean National Service for the Elderly (Servicio Nacional del Adulto Mayor, SENAMA) in recent years. Through a descriptive methodology, based on qualitative instruments, it will show how the government, the civil society and non-profit organizations have organized themselves to create a virtuous triad to provide home care.

Akile Ahmet, Brunel University

[*Christina Victor, Wendy Martin*]

11.3 CV KG Book Room

Understanding care and caring amongst different ethnic groups living in the UK: the influence of ethnicity, culture and religion

The 2001 Census reported that Muslim communities specifically from Pakistani (42.5%), Bangladeshi (16.8%) and Indian (8.5%) communities experienced higher rates of informal care than the general population (15%). In part this may reflect the higher rates of chronic illness among these populations but it is also possible that this may reflect cultural and religious dimensions about caring for people in mid to later life. This paper draws on data from a mixed methods research study funded by the Leverhulme Trust and will explore the influence of ethnicity, culture and religion in how care is defined and experienced amongst different ethnic groups living in the UK. The research involved 1200 quantitative interviews and 60 qualitative in-depth interviews with a sampling strategy that encompassed two chronological age groups: 40-64 years and 64 years and over; and six ethnic groups: Black African, Black Caribbean, Chinese, Pakistani, Indian and Bangladeshi. Our paper will first differentiate and conceptualise ethnicity, culture and religion. The paper will then compare and contrast how the six different ethnic groups understood and experienced notions of care and caring. We will conclude by conceptualising the meanings of care and caring by the participants in relation to ethnicity and religion and how this may impacts on how formal (and informal) care is perceived and accessed.

Mark Allen, Swansea University

[*Judith Phillips, Mark Stallworthy*]

12.1 ES KG Room 62

Older People's Response to Climate Change

A recent national survey in Wales showed that older and younger age groups are the least concerned about the effects of climate change, whilst older people are least likely to express a willingness to change their behaviour to help address climate change (Capstick et al. 2013. Public Perceptions of Climate Change in Wales. Summary findings of a survey of the Welsh public conducted during November and December 2012). As climate change

mitigation or adaptation is unlikely to succeed without behaviour and lifestyle changes (Pidgeon et al. 2009, 2010), this project is seeking to better understand potential drivers of behavioural change. This presentation will highlight key findings from a pilot study into the potential role of twinning as a driver for behavioural change. Wales is twinned with Lesotho in South Africa, a country that has been described as highly vulnerable to climate change. The pilot study uses a psychology framing experiment to test preparedness to act on climate change in different conditions along with a series of qualitative interviews. Implications of the findings for a larger study are discussed, as well as implications of how climate change mitigation is communicated to older people.

Kathryn Almack, University of Nottingham

11.10 HC KG Seminar 6

Health and social care issues affecting older bisexual people

There is an increasing body of research exploring the lives of older LGBT communities, in particular around health and social care provision in later life. However, very often, bisexuality becomes invisible when subsumed under the LGBT label. Bisexuals are often grouped together with gays and lesbians or with heterosexuals, making it difficult to obtain data about bisexuals specifically. Bisexuality may be an identity more commonly associated with younger generations than the oldest generations of older LG & T people but this requires further exploration. Some research has addressed issues of bi-ageing by asking younger cohorts to discuss 'imagined futures'. Evidence to date suggests that bisexual people have experiences of negative encounters with health care providers, including judgment or dismissiveness in relation to their identity, and invasive or inappropriate questions related to their sexuality. Further, because gays and lesbians exhibit health disparities, a common expectation is that bisexual health status will be somewhat better than that of gays and lesbians and somewhat worse than heterosexuals. Research has shown this not to be the case. It is also important to note that an overwhelming focus on negative experience can also do a disservice to the rich lives of bisexual people in the UK and presents the risk of positioning bisexual people themselves as somehow problematic or pathological. Further research that focuses on UK older bisexuals is needed – to explore both negative and positive experiences of healthcare.

Omobolanle Amaike, University of Lagos

[*Funmi Bammeké*]

4.1 CV KG Room 62

Gender, Older People's preference and Expectations of care in Lagos State

Societal attitude to institutional care for older persons is largely negative in Africa because it is perceived as being antithetical to the African worldview of geriatric care. If older persons prefer to live in their own home, then home care is imperative. This study assesses the sources, level and quality of home care available to older people in Lagos State; as well as identify the factors that influence the expectations of older persons in this respect. If institutional care is seen as a place for destitute, then there is a gap between what older people want and the ability of the society to meet this need. In most cases, older persons would rather live in their own homes, than be subjected to inhuman treatment in institutions. It is important to consider the types of care that are available to older people in their homes, the source(s) of this care and the preferences of older persons which shape their expectations. Older persons require care to cope with increasing frailty, diminishing

capacity, social isolation, inadequate access to health care, dwindling or uncertain income and economic depreciation. In developed societies, home care service is popular and can be provided by the State or individuals or groups. The home care varies from place to place but it helps to prevent institutional care or hospital care. So, it is an important alternative. Is there anything that supports the care of older persons statutorily in Nigeria? Beyond rhetoric, in reality what is available to older persons in terms of home care? Are there private agencies delivering home care? What type of care do they provide? How popular? At what point do elderly in Nigeria begin to require help with care? What do they want or what do they think they'd need? The responses will vary depending on various socio-economic and demographic factors. The study will present data from a self-report survey of older persons as well as a survey of existing care services in the 20 local government areas in Lagos State. Modernization theory and life course perspective will be adopted as theoretical tools. It is hoped that the findings of the study will sensitize the stakeholders towards the needs and expectations of older people in this regards.

David Amigoni, Keele University

[*Lucy Munro*]

11.1 CV KG Room 62

Ages & Stages: A Source's Story

Funded under the national multi-research council New Dynamics of Ageing research programme, Ages & Stages is a research collaboration between an interdisciplinary team at Keele University and the New Vic Theatre, Newcastle-under-Lyme. We have explored representations of ageing within the Vic's ground breaking social documentaries and interviewed older people involved with the theatre as volunteers, actors and employees, audience members, and sources for the documentaries. The research was drawn together to create the 'Ages & Stages Exhibition' and a new documentary drama 'Our Age, Our Stage': performed in front of a capacity audience at the theatre as part of BSG's 2012 Annual Conference. The four papers in this symposium are each anchored in the research findings and in the translational work we are now engaged in having been awarded a year's follow-on funding by the AHRC. Together, they provide an insight into key findings from the project and some of the ways in which we have been able to translate research into practical outputs. This paper draws on archival material held in the Victoria Theatre Collection at Staffordshire University. The archive includes not only performance materials, reviews and press cuttings, but also the research materials on which the social documentaries were based, including a remarkable collection of interviews with members of the local community. In this paper, we look at how older people, ageing and the relations between the generations were represented and performed on the stage and at how testimony was transformed into theatrical narrative.

Melissa Andrew, Dalhousie University

[*Ken Rockwood*]

4.2 CV KG Mawby

Reflections on the frailty paradigm

In this final session of the symposium, Professor Ken Rockwood will draw together the key themes and conclusions from the preceding presentations and place these within the context of previous and current thinking on frailty.

The presentation will include reflections on research on frailty, including its measurement and conceptualisation, over the past 30 years. It will consider the social and demographic drivers of the frailty research paradigm, key areas of debate and the competing measures and concepts of frailty that have been proposed. The paper will discuss how successful we have been in discovering the determinants of frailty including both social and genetic factors, and, in a practical sense, what research in this area has achieved in terms of changing clinical practice and public health policy.

The session will conclude with thoughts on what might form the major future lines of enquiry for researchers interested in the conceptualisation, measurement and determinants of frailty.

Teresa Atkinson, University of Worcester

[Jennifer Bray]

6.3 ES KG Book Room

Prime Minister's Challenge on Dementia: Intergenerational Schools Project (It's not all knitting and bingo!!)

In creating Dementia Friendly Communities it is important that we involve schools to educate future generations. The Prime Minister's Challenge set out to dispel many myths around dementia and the Intergenerational Schools Project put this into practice. 21 pioneer schools around the country took part in developing an awareness raising curriculum which saw their pupils involved in meeting people with dementia and those caring for them. Schools developed innovative and life changing activities to help their young people to understand the needs of people living with dementia. The Association for Dementia Studies has been privileged to conduct an evaluation of this work and in this presentation will share the findings of this project. The evaluation captured changes in pupil knowledge and understanding of dementia, a range of resources and activities created by teachers, video footage of pupils and teachers discussing the impact this had upon them and the challenges they faced. Findings demonstrate the impact of the curriculum in effecting change in knowledge, awareness and attitudes amongst both primary and secondary school pupils. The presentation opens up discussion to consider the best way to ensure all schools have access to these curriculum resources and how they can shape the attitudes of future generations.

Kekinde Olufunke Ayenibiowo, University of Lagos

[Oluwayemisi Obashoro-John (Lagos); Oyeyemi Bukola Ayeni (Obafemi Awolowo University)]

6.3 ES KG Book Room

Youth's Attitude To Grandparents: Implications For Care Of The Aged

The main objective of this study was to assess the attitude of youth towards their grandparents. The participants were 224 freshmen of a Federal University in Lagos, Nigeria with age range between 16 and 37 years and mean age of 19.36 years. Attitude to grandfather and to grandmother scales were designed and administered to assess their thoughts, feelings and dispositions towards their grandparents. The scale was based on protective, rejective, loving and ageing dimensions. The result shows that youth have negative attitudes in terms of their thoughts, feelings and dispositions towards their grandparents. Gender and age differences were also found among youth attitudes towards

grandparents. Recommendations were made to counsellors, government policy makers and future researcher.

Jan Baars, University of Humanistic Studies

6.1 CV KG Room 62

Agency and Autonomy: Beyond Independence

A dominant tendency in theories of agency has been to conceive this concept in line with deeply rooted interpretations of personal autonomy as independence. The historical background of this image of independence has been the instrumentally productive adult male. Many prominent contemporary theories of personal autonomy and agency are still characterized by a neglect of interdependence, embodiment and the dependencies that are connected with processes of growing up, adult vulnerability and the eventual fragility of human being. The traditional respect for the instrumentally productive adult male has developed into systemic strategies to supply services to customers and clients who are taken out of their life worlds and treated as independent customers of contractual services. There is a need for theories of agency and autonomy that include these neglected dimensions of human lives, connecting interpersonal domains of agency and autonomy to broader issues of inequalities and social justice.

Tamara Backhouse, University of East Anglia

11.14 HC KB Seminar 3

Supportive factors when looking after people with behavioural and psychological symptoms of dementia in care homes.

Context: Behavioural and psychological symptoms of dementia (BPSD) such as, aggression, anxiety and wandering are common in care homes. They can cause difficulties, both, for the person with dementia and for those who care for them. Little is known about the dynamics, which can impact positively on the care of people with BPSD in care home settings.

Objective: To explore the factors that help care home staff when looking after people with BPSD. Method: Four case studies were conducted within separate care homes in East Anglia. The case studies included participant observations and interviews with care home staff.

Results: Factors contributing positively to the care of people with dementia and therefore reducing the difficulties resulting from BPSD in care homes included: the use of technologies such as, sensors and alarm systems, which contribute to an improved monitoring of residents behaviours; the care home management style and ethos, which can work to support staff and allow a more flexible work practice; individual staff approaches, communication techniques and close relationships with residents, which enhance the inclusion of residents in care practices; and external and internal sources of support and resources for the care home staff team. Conclusions: Multiple diverse factors can contribute in different ways to assist in the care of people with BPSD in care homes. The care home ethos and management style can be particularly important to provide care staff with necessary tools and afford an environment in which the changing needs of the resident can be adapted to.

Louis Bailey, University of Hull

[*Andrew King (Surrey); Yiu-Tung Suen (Oxford); Sue Westwood (Keele); Kathy Almack (Nottingham)*]

11.10 HC KG Seminar 6

Health and Social Care Concerns Among Older Trans People

Within the trans population, a new wave of older people is now emerging – consisting of those who transitioned a number of years ago as well as those who decide to transition in later life. This subset of the trans population is set to increase significantly in forthcoming years, both as a result of the exponential growth rate of people experiencing gender variance and as a result of improved medical technologies, which have enabled people to undergo gender reassignment as well as lead longer and healthier lives. During the next decade, health and social care providers will be under immense pressure to meet the unique challenges and issues presented by this growing demographic. However, from a health and social care perspective, there is a lack of research on trans ageing in the UK and every indication of consequently low levels of knowledge and understanding on the part of policy makers and practitioners.

This paper introduces some of the key issues facing older trans people and pays particular attention to the health and social care needs of trans people in later life. In the absence of a sustained investigation into the health and social care issues facing older trans people, I build on data pertaining to the penalties and inequalities of being trans as a means of anticipating the long-term impact and consequences in later life. Particular attention is paid to the two-fold nature of ageing and transgenderism, and the dual discriminatory effects of ageism and transphobia.

Marian Barnes, University of Brighton

[*Flis Henwood*]

11.9 HC KB Seminar 5

Informed care: ethics and information in care for people with dementia

It has become almost commonplace to claim that poor access to information inhibits care and that, conversely, better information equates to better care. Health and social care policies routinely link information with improved care, enhanced choice and empowerment: both for care givers and care receivers, without the means by which information transforms care being fully explicated. Perhaps surprisingly, there is still little research that interrogates this new orthodoxy directly and examines the information-care relationship systematically and empirically. In this paper, we build on the authors' individual work on care ethics (Barnes, 2006, 2011, 2012) and on social informatics (Henwood, 2008, 2010, 2011) to argue for a more complex and sophisticated understanding of the relationship between information and care, as well as for the importance of distinguishing 'information' from 'knowledge' in care contexts. We develop a new analytical framework - 'inform with care' - which we apply to two case studies taken from joint research examining an information and support programme for carers of people with dementia (Barnes et al, 2013). This involved narrative interviews with 25 carers that explored the impact of this programme on experiences of caring and relationships with care receivers. It identified positive impacts relating to 'attentiveness' and 'competence', but also an emotional impact that could unsettle relationships. We conclude by identifying ways in which Tronto's (1993) ethical elements need to be extended to more fully encompass the epistemological dimension of

care, and the relation between this and the emotional labour of care in the context of dementia.

Ruth Bartlett, University of Southampton

9.10 HC KB Seminar 6

Agnes & Nancy – A short film about two women with dementia

Drawing heavily on Ruth's recent experience of running a dissemination project (funded by the Economic and Social Research Council), involving the making and screening of a short film called *Agnes & Nancy*, this presentation will explore the role of documentary film in educating health care staff about people with dementia.

Agnes & Nancy captures the friendship that has grown between two women with dementia, who have got to know each other through their involvement in the Scottish Dementia Working Group – a campaign group set up and run by people with dementia ten years ago. Agnes and Nancy both have dementia and live relatively independent lives. The film gently unfolds as Agnes journeys to Nancy's home in rural Scotland for the first time, and ends with Agnes back at home again, reflecting on her 'journey to the new Agnes'. It touches on many poignant issues, including quality of life, well-being, and end of life. The film has been screened in England, Scotland, Sweden and Canada, and has been widely acclaimed; this is what one viewer said: 'Hearing [Agnes and Nancy] chat away so naturally and openly was a treat. I loved how the film did not patronise them at all, and didn't indulge in sentimentality'. The presentation will begin by examining the role of documentary film in health care education and move on to show a short trailer from *Agnes & Nancy* before discussing some key issues this art form raises, such as stereotyping and representation. A copy of the film, and the Educational Resource *No Limits/ Reimagining Life with Dementia* it is part of, will be made available to delegates.

Ruth Basten, Keele University

11.1 CV KG Room 62

Ages & Stages: An Actor's Story

Funded under the national multi-research council New Dynamics of Ageing research programme, *Ages & Stages* is a research collaboration between an interdisciplinary team at Keele University and the New Vic Theatre, Newcastle-under-Lyme. We have explored representations of ageing within the Vic's ground breaking social documentaries and interviewed older people involved with the theatre as volunteers, actors and employees, audience members, and sources for the documentaries. The research was drawn together to create the 'Ages & Stages Exhibition' and a new documentary drama 'Our Age, Our Stage': performed in front of a capacity audience at the theatre as part of BSG's 2012 Annual Conference. The four papers in this symposium are each anchored in the research findings and in the translational work we are now engaged in having been awarded a year's follow-on funding by the AHRC. Together, they provide an insight into key findings from the project and some of the ways in which we have been able to translate research into practical outputs. This paper arises from the doctoral work carried out on two key documentaries: *Fight for Shelton Bar* and *Nice Girls*. Using narrative interviews alongside analyses of the productions, it presents reflections on ageing from the perspectives of those who were members of the Vic/New Vic Company and participants in the original documentaries. It examines the impacts being involved with the documentaries had on their lives, on their engagement with the community, and on their views about their own ageing.

John Beard, World Health Organisation

9.6 HC KB Seminar 2

Knowledge Transfer in Ageing and Health: Generating international impact

Kate Bennett, University of Liverpool

[*Deborah K van den Hoonaard (St. Thomas University)*]

9.1 CV KG Room 62

What do older widowers' relationships with their adult children say about ageing masculinities?

Losing a spouse in late life presents a number of challenges to masculine identity. Widowers may feel that they have failed in the role as protector because their wife has died. They may feel that they are no longer a "real man" because they are no longer married. They are also likely to be feeling the emotions associated with bereavement, which run counter to the masculine ideal of the stiff upper lip. The reconstruction of masculinity with respect to these facets is primarily intra-personal. However, a key component of masculinity is its interpersonal expression and negotiation. In this paper, we examine the relationships of widowers with their adult children based on interviews with 86 older widowers from the UK, Canada and the USA. We find that widowers develop strategies to convince their children that they are still real men. Adult sons and widowers have to jointly negotiate their masculinity in relationship to each other while some widowers resist daughters' attempts to adopt wifely roles in their relationship with their father. Widowers also often become closer to their adult children. However, relationships with sons involve an evaluation of their character as men. Widowers' relationships with their daughters involve traditional gendered expectations. In addition, whether daughters are critical of the way their fathers are living their lives, influences how widowers negotiate their masculinity. We conclude by showing the implications of these findings for theories of masculinity in ageing.

Doris Bohman, Blekinge Institute of Technology & Karolinska Institute

[*Neltjie van Wyk (University of Pretoria); Sirkka-Liisa Ekman (Karolinska Institutet)*]

2.8 HC KB Gibbs

Old age care in a South African context

This ethnographic study aimed to describe a group of older South Africans' experiences of old age care in a semi-rural context. Data were collected through focus group and individual in-depth interviews and participant observations involving 16 individuals. Data were analysed using a qualitative content analysis.

The study showed the need of a contextualised development of gerontological care due to lack of formal care for older people living in poor conditions as well as the need of development of guidelines for nursing in home-based care/community-based care in a South African context.

Alison Bowes, University of Stirling

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

9.12 HC KB Douglas Price

Best practice in the design of residential environments for people living with dementia and sight loss

The overarching aim of the proposed research is to assist organisations and individuals to create environments that are sensitive to the needs of and enabling for people with sight loss or impairment who also have dementia by creating new evidence-based resources. The research involves literature review and cumulative structured consultation with stakeholder, including people with dementia and sight loss. We will present findings of our literature review which has examined research evidence on what works for people with dementia and people with sight loss. We will link these findings with the everyday practical experiences of people with dementia and sight loss and those who care for them and with the expert opinion of key informants. We will reflect on the implications of these findings for the development of usable, consistent guidelines for the design of supportive environments.

Nicola Brimblecombe, London School of Economics and Political Science

[Linda Pickard, Derek King, Martin Knapp]

6.10 HC KB Seminar 6

Working and caring in England: Initial results from a new survey of employees

Many studies over the last decade have shown unmet need for social care support among employed carers in England. However, they have not collected information in sufficient detail for the costs of meeting those needs to be estimated. To address this, new data are being collected from working carers in England, with the aim of identifying unmet needs for services for the person they care-for ('replacement care') and the costs of meeting those needs. The methods are based on those developed by Phillips and colleagues in their study, 'Juggling Work and Care' (2002). Our data collection began with an initial screening survey of employees to identify carers, followed by more detailed questionnaires to working carers and the people they care for. This paper reports on the screening survey, which covers public sector employees in England and was undertaken by the Personal Social Services Research Unit at the London School of Economics in 2012/13. Preliminary results show that over 2,900 employees completed the survey, which was carried out online. Of these, approximately 1,660 provide care to family or friends, mainly to older people. The number of working carers in our sample exceeds that in the national Survey of Carers in Households in England 2009/10 (N= 1,169). The paper describes the characteristics of the carers in our sample and the care they provide. The working carers in our sample are compared with those in the Survey of Carers in Households, to identify how far our sample is typical of working carers nationally.

Katie Brittain, Newcastle University

[Mabel Li, Patrick Olivier (Newcastle); Stephen Lindsay (Swansea University)]

7.7 HC KB Pusey

Remote monitoring within the homes of older people, can this be conceptualised as an extension of bodywork? "Keeping an eye on

'Bodywork' or 'dirty work' is a neglected area in both formal and informal care (Twigg, 2000). Hughes (1984) phrased the term 'dirty work' as part of the process of caring for someone where the type of 'caring' work transgresses social and personal boundaries within our

society. Although Twigg (2000) primarily looks at the formal setting for care work this concept can also be applied to the informal process of caring (Brittain & Shaw 2008). Paid roles and professionals who work with the body are accorded status and higher remuneration by placing a distance between themselves and the body, sometimes through the use of technology (Lawler, 1997; Twigg, 2000). Technology to support 'ageing in place' has increasingly become a government priority with the preferred site of care being the home, reflecting trends in community care policies since the 1950s. One proposed solution is remote monitoring (both in formal and informal caring environments), consisting of sensors and warning systems that alert carers when behaviour patterns change. There is increasingly a move within the computing community to investigate in more detail the use of lifestyle monitoring in being able to detect illness and decline in later life. This paper discusses the concept of 'bodywork' in relation to remote monitoring practices, and explores whether such practices transgress social, personal and ethical boundaries.

Marjolein Broese van Groenou, Vrije Universiteit Amsterdam

[J. Plaisier, S. Keuzenkamp]

6.10 HC KB Seminar 6

Care-giving employees and employers who care – Evidence from the Netherlands

The study examines associations of the care context, individual job characteristics and characteristics of the organization on the caregiver's perceived balance between work and care. Data are collected with online questionnaires among employees of 50 organizations. Of the 9180 employees, 22% provided informal care to a spouse, parent, relative or friend. Of them, 52% experienced a good balance between work and care. Perceived support from colleagues and working in an organization expressing support for caregivers increased the odds of a good work and care balance. The results suggest that organizations should discuss informal care with their employees on a structural base and be especially aware of those with high caring responsibilities and those with new caring situations.

Peter Buckle, Robens Institute

6.7 HC KB Pusey

Design, technology and ageing: the use of socio-technical systems approaches

Systems approaches and their relevance to design of technology for an ageing community are considered. In particular, the importance of visual mapping of systems is addressed. This approach encourages participation from all those stakeholders within the system, and particularly those with less technical knowledge but with important information to add to the development of design specification(s) and/or risk assessment of existing technologies and the context in which they are used.

Other advantages include the ability to readily identify system boundaries, map processes and record both strengths and weaknesses of existing or planned system changes. It also provides opportunities to identify opportunities for further market development.

An example of how such a system map is being developed for understanding the needs/risks of technology to help those at risk of falling in their homes, including those with dementia is presented. This illustrates, for example, the complexity of information flow in the system, differences related to local organisational structures, opportunities to engage with others in generating improved systems and the exciting potential for producing innovative new design requirements/specifications leading to technological challenge.

Such approaches have been used elsewhere in healthcare but have hitherto had only limited use in technology/social care settings. Within health care settings the use of risk assessment methods coupled with this approach have required cautious application, as any single method may only identify a sub-set of all risks. It is likely that similar care must be taken when risk assessing technology within social care settings.

Tine Buffel, University of Manchester

[Paul McGarry (Valuing Older People, Manchester); Chris Phillipson (Manchester); Liesbeth De Donder, Sarah Dury, An-Sofie Smetcoren (VU Brussel); Nico De Witte (Hogeschool Gent)]

11.4 ES Room 66

Developing Age-Friendly Cities: Case Studies from Brussels and Manchester and implications for policy and practice

Developing environments responsive to the aspirations and needs of older people has become a major concern for social and public policy. Policies and programmes directed at achieving 'age-friendly' communities are considered to require a wide range of interventions, including actions at the level of the social and physical environment. This article aims to provide a comparison of the age-friendly approaches in two European cities, Manchester and Brussels, with a particular focus on policies and initiatives that promote active ageing in an urban context. Both cities have been recognised as 'age-friendly' cities by the World Health Organization because of their active policy for older people. This comparative paper is developed by examining: first, the main findings from empirical studies which sought to examine experiences of place among older people living in inner-city neighbourhoods in Brussels and Manchester; second, the key factors driving the age-friendly debate in both cities; third, the implementation of age-friendly policies; fourth, the nature of the cooperation between older people and different stakeholders, including both formal and third sector agencies; and fifth, examples of practice initiatives aimed at involving older people in the development of age-friendly environments. The article concludes by discussing the key elements and resources needed to develop age-friendly cities.

Vanessa Burholt, Swansea University

[Stefanie Doeblér, Christine Dobbs (Swansea University); Christina Victor, Akile Ahmet, Wendy Martin (Brunel University)]

2.1 CV KG Room 62

Robust or vulnerable support? An examination of the support networks of older people from six ethnic minority groups

Current common typologies of support networks may not be sensitive to differences within and between different cultures. Previously, six variables were used in K-means cluster analysis to establish a new network typology for older South Asians. Four support networks were identified: 'Multigenerational Households: Older Integrated Networks', 'Multigenerational Households: Younger Family Networks', 'Family And Friends Integrated Networks', and 'Non-Kin Restricted Networks'. In this paper confirmatory latent class analysis is used to test the fit of the model to a larger cross-sectional sample of 600 elders (Indian, Bangladeshi, Pakistani, Chinese, Black African, Black Caribbean) living in the United Kingdom. The aBIC statistic indicates that the model fits the data well, however exploratory factor analysis indicates that a three class model with support networks described as

'Family And Friends Integrated Networks', and 'Non-Kin Restricted Networks' and 'Multigenerational Household Focussed Networks' fit the data better. Using network typologies developed with individualistically-oriented cultures distributions are skewed towards more robust network types and could underestimate the support needs of older people from familistic cultures, who may be isolated and lonely and with limited informal sources of help. We explore the variations in distribution of the two network typologies between the six ethnic groups, and discuss which is more useful in terms of identifying older people with vulnerable networks and service planning.

Vanessa Burholt, Swansea University

12.4 ES Room 66

Older persons' rural place attachment in the UK and Canada

Attachment to place has been considered an important element of the lives of older rural adults for whom close connections to people and to landscape are seen as quintessentially rural (Burholt et al, in press). Yet little is known about the ways in which older adults might be differentially attached to rural places. In this presentation we investigate the multifaceted nature of place attachment through analyses of 3 attachment domains: social attachment (the importance of social interaction and community participation in creating a sense of belonging); aesthetic attachment (relating to beautiful scenery, peace, quiet and a feeling of space); and the amenity/environment-oriented physical attachment (relating to access to services and the environment, formal and informal social support).

Data were drawn from a survey of 846 older adults in rural UK villages. Using a measurement of place attachment instrument that was developed specifically for use with older people living in rural areas of England and Wales, we conducted a cluster analysis of domains of attachment. A 4 cluster solution indicated different patterns of attachment including those who were strongly attached on all domains, and those who had strong aesthetic attachment but little to the social or amenity aspects of place. Only 11 participants were not attached to place in any dimension. Findings showed similarity to profiles of older rural adults developed through analyses of qualitative data in Canada including strongly attached 'community active' residents and 'stoic' residents who felt strong attachment to the landscape but little to people or services.

Denise Burnette, Columbia University

9.9 HC KB Seminar 5

Integrating Complementary and Competing Perspectives in Care for MCI in India

An estimated 35.6 million persons worldwide are living with dementia, a syndrome caused by progressive brain disease leading to loss of intellectual abilities severe enough to interfere with social or occupational functioning. With 7.7 million new cases each year, this figure is projected to reach 65.7 million in 2030 and 115.4 million in 2050. The steeply age-graded incidence of dementia means that countries undergoing demographic transition will be most affected. At present, 58% of persons with dementia live in low and middle income countries -- a share that is expected to exceed 70% by 2050.

Absent the development of vaccination or cure, dementia interventions will continue to focus on compressing the trajectory of the disease and reducing its impact on older adults, their families and societies. A growing body of research suggests that the course of Alzheimer's Disease, which accounts for some 70% of dementia cases, is marked by progressive stages. There is some evidence for an early Subjective Memory Impairment

stage and substantial support for a Mild Cognitive Impairment (MCI) stage. Drawing on models of disablement, I used in-depth interviews and focus groups to explore the process of help-seeking among older adults who screen positive for MCI; their nominated primary caregivers; and a diverse group of health providers in Mumbai, India. Study findings underscore the dynamic unfolding of the experience of cognitive impairment; the independent and overlapping social, cultural, and cognitive strategies used to make sense of this experience from multiple perspectives; and suggested points for targeting prevention intervention.

Heather Burroughs, Keele University

12.6 HC KB Seminar 2

Patients' and therapists' perspectives on a tailored psychosocial intervention for older people with depression

Our research objective was to evaluate the accessibility and acceptability of a tailored psychosocial intervention delivered to older people with depression. The work was conducted as part of a research programme to improve access to mental health services in primary care for people from under-served groups.

Methods We conducted semi-structured interviews with 14 patients in South Manchester to elicit their views on receiving the intervention. Therapists who delivered the psychosocial intervention were also interviewed. All interviews were audio-recorded, transcribed, and analysed using Framework analysis.

Results Housebound patients appreciated the option of receiving one-to-one sessions at home. Patients who joined a group reported benefit from the mutual support and activities provided. Some patients felt that an age difference between therapist and patient was difficult. Patients continued to use the behavioural activation techniques to motivate themselves, and some had developed links with organisations where they could then work as volunteers. Therapists commented on the particular challenges in working with older patients: the need for persistence in encouraging participation, the impact of complex physical health problems on patients' mental health, and how issues from the past impinged on patients' current wellbeing. Accessibility was enhanced by having multiple referral routes. The intervention was generally acceptable in that it met patient need in a timely way, offered choice, and enabled patients to develop strategies to prevent relapse and to make links with organisations to maintain wellbeing.

Amy Burton, Aston University

[Rachel Shaw, Jon Gibson]

9.12 HC KB Douglas Price

Managing general health with vision impairment

This project examined the experiences of older adults with sight loss to determine how vision impairment impacts on general health management. Patients diagnosed with a wide variety of conditions and levels of visual impairment were recruited through NHS specialist eye clinics. Patients were invited to take part in in-depth interviews to help us gain an insider's perspective and learn from patients' experiential accounts. Data were analysed using thematic analysis which focused on: experiences of, barriers and facilitators to, and priorities and techniques for managing general health. Barriers to general health and wellbeing management included: difficulties accessing information, barriers to attending health care appointments, barriers to social engagement, re-engaging with support services

after discharge, and problematic interactions between vision impairment and other comorbidities. Strategies to overcome difficulties and maintain general health included: help from family members and friends, use of low vision services and aids, becoming involved in a club or society for visually impaired older people, establishing routines, and having a positive attitude. Patients are frequently expected to identify their own needs and seek support from appropriate services. In order to do this the patient needs to be fully informed about their vision impairment and the available health and social care services. Information should be openly provided to patients in a format suitable for their needs. In addition patients may benefit from early involvement in support groups which can help patients prepare for problems which might arise as a result of vision loss.

Deborah Cairns, Brunel University

[Veronika Williams (Oxford); Christina Victor (Brunel); Sally Richards (Oxford Brookes University); Andree Le May (Southampton); Wendy Martin (Brunel); David Oliver (City University London)]

4.6 HC KB Seminar 2

Dignity in care for older people: protecting the vulnerable or promoting autonomy – professionals' perspectives

Within the United Kingdom there are well established national and local policies championing the need to provide dignity in care for older people in hospital. We have evidence as to what older people and their relatives understand by the term 'dignified care' but less insight into the perspectives of staff regarding their understanding of this key policy objective.

We undertook a mixed method study including a questionnaire survey, interviews and focus groups with health care staff working with older people to explore health care staff perspectives and experiences of dignified care. This paper will focus on the findings from the interview data set. We interviewed staff involved in the care of older people from different professional backgrounds including medical, nursing, clinical psychology, occupational and physiotherapy and different settings: acute hospital care, community care and mental health settings. Staff were interviewed using a semi-structured interview guide, interviews were audio- recorded, transcribed verbatim and analysed using a thematic analysis approach. Participants' perception of dignity in care for older people focused on the tension between older people as vulnerable, dependent and helpless individuals who require advocacy and older people as independent, active decision-makers of their care. These tensions highlight the complexities of how to care for older people in a dignified way by taking into account the individual vulnerabilities and health conditions older people face whilst respecting and maintaining their personhood and autonomy.

Paul Cann, Age UK Oxfordshire

9.6 HC KB Seminar 2

Using Evidence to Meet the Needs of Older People Locally

Fiona Carmichael, University of Birmingham

[Jo Duberley]

7.3 CV KG Book Room

Retirement decisions and experiences for women: A life-course analysis

It has been recognised that women's careers often follow a different path to men's due to the differential impact of family and domestic responsibilities and their relative under-representation at higher levels of organisations. Thus women are more likely to work flexibly and to experience breaks in employment (Loretto, Vickerstaff and White, 2009). In addition, findings from women's developmental psychology suggest a distinctive relational emphasis in women's careers (Gilligan, 1982; Miller, 1976; O'Neil and Bilmoria, 2005). Nevertheless, many studies implicitly assume that retirement marks a neat ending to continuous employment and the majority fail to take sufficient account of domestic context and experiences over the life course (Duberley et al. 2013; Loretto and Vickerstaff 2011; 2013) This pilot study utilised an innovative combination of quantitative and qualitative methods to examine interactions between patterns of employment, family history and attitudes towards retirement and working in later life. We use a life calendar to collect retrospective data from 30 older women and then use sequence analysis, involving optimal matching and cluster analysis, to capture the underlying structure of the long life histories of older women and derive interpretable typologies of those histories. This analysis is augmented by in-depth qualitative interviews that explore the complexities of the interplay between work, family and personal circumstances and their impact upon experiences of retirement.

Mima Cattan, Northumbria University

4.7 HC KB Pusey

Loneliness interventions – are we barking up the wrong tree?

With loneliness high on the political agenda, solutions for preventing or alleviating loneliness in later life abound. This is clearly exemplified in the House of Lords Committee on Public Service and Demographic Change report 'Ready for Ageing', where the issue of loneliness is raised 32 times in the evidence document, and Annex 17 states: 'The continued growth of the country's older population means that action to combat isolation, loneliness and social deprivation among older people has acquired a new urgency. The Government have a responsibility to support older people to gain equal access to public and private services and to continue to engage closely with the rest of society.' Despite such a bold policy statement it would seem that most of proposed and current interventions focus on individual level services and support, whilst paying little or no attention to the wider social, economic, cultural and political circumstances that impact on loneliness. This presentation will scrutinise some of the current policy drivers that may influence how we approach the development of sustainable, long-term action to reduce loneliness in our ageing population and ask: are we barking up the wrong tree?

Anthony Chiva, Kingston University

[*Jumbo Klercq (The Elephant in Diversity, NL); Gregorz Karpiuk (University of Information Technology and Management, Poland); Tasos Mastroiannakis (C.M.T. PROOPTIKI, Greece); Saskia Reijnen (NL); Ines Dominguez, Jorge Alonso (Confederación de Empresarios de Aragón, Spain); Nick Walters (Interval, UK)*]

9.4 CV Room 66

Economic Wellbeing in Later Life: report on the 3C European project.

The 3C project was developed to enable people 45 plus years to improve their economic wellbeing through increasing perceptions of diverse range of work opportunities (McNair, 2011; EuroFound Europe, 2011; Hasluck, 2011). This was determined as necessary due to the economic crisis, pension's poverty, and increasing unemployment of older workers (DWP, 2005; CROW, 2008; ONS, 2011; Scnalzenberger, et al 2011). A core idea was to introduce older workers to additional forms or ways of working, such as social enterprise, volunteering and active citizenship (EU 2011; Clifton; 2009). The '3C' project was designed as a response to the lifelong learning needs of older adults who are facing socio-economic changes that threaten their social and economic wellbeing. It addresses the consequences of demographic change in the context of economic change, resulting from the current economic crisis. The 3C European funded project commenced at the end of 2011 with a scoping study to determine the needs of older workers for economic wellbeing. This needs analysis determined the structure of a User Manual and associated Training Guidelines. The User Manual was developed to provide: current information on the socio-economic environment; information on a range of work opportunities and ways of testing their applicability to the individual user; and skills building activities ranging from key competencies to stress management. The User Manual has been piloted with user groups for its effectiveness in five countries, including Greece, Netherlands, Poland, Spain and the UK. Based on the piloting the materials have been revised, edited, designed and are due for publication in September 2013. The Training Guidelines will also be tested with the intermediaries, who relate to the 45 plus. This Workshop will present the identified needs, the structure and sample contents of the User Manual, and Training Guidelines.

Moon Choi, University of Kentucky

[*Melissa Lunsman O'Connor (North Dakota State University); Chivon A. Mingo (Georgia State University)*]

11.11 HC KB Lecture

Gender and Racial Disparities in Life-Space Constriction

Introduction: Life-space is defined as the size of the spatial area through which a person travels within a specified time period. Life-space may be socially and culturally constructed beyond physical functioning; therefore, gender and race might influence the size of one's life-space. This study examined gender and racial disparities in life-space constriction among older Americans. Method: Data were from the five-year longitudinal Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) Study (n=2,793; mean age=73.6; 75.8% women). Life-space was assessed with the self-report Life Space Questionnaire, which addressed whether respondents left their neighborhood or town during the past week and their county, state, or region during the past two months. Life space constriction was defined as not traveling beyond one's town. A series of logistic regression models were used to estimate odds ratios for life-space constriction by gender and race.

Results: Overall, White participants and men were more likely to travel beyond their towns and counties than their counterparts at baseline. Race had different influences on acquired constriction in life-space by gender. For men, being non-White was associated with the risk for constricted life-space to town (OR=4.08, 95% CI=1.75-9.47, $p<.001$). For women, conversely, non-Whites were less likely to experience constricted life-space to town than Whites (OR=0.62, 95% CI=0.41-0.93, $p=.021$) after adjusting for sociodemographic and health characteristics. Conclusion: Race and gender play an important role in constructing life-space in old age. Racial disparities in constricted life-space may vary by gender.

Sophie Cochand, University of Lausanne

2.5 HC KB Seminar 1

Experience and crisis adaptation of elderly couples, when one spouse moves to a nursing home

With the global aging of the population, there will probably be more and more elderly couples, who find themselves separated by the move of one spouse to a nursing home. Very often, this separation generates suffering, and constitutes a real crisis for both spouses and for the relationship. It is then important to know more about the way they live this separation, and how they adapt to it, in order to better help them as professionals. I am using a qualitative methodology. I have interviewed spouses separately as well as couples, and I am now well forward in my qualitative analysis of discourse. In this oral presentation, I intend to present some preliminary results.

Peter Coleman, University of Southampton

7.2 CV KG Mawby

Meaning in Later Life: Distinguishing Developmental from Historical Trends

Although the subject of perception of perceived meaning in life has been relatively neglected by life-course theorists in recent years, there is evidence that threats to a sense of existential meaning increase in mid-life and become pervasive in old age. In fact preserving a sense of meaning in life may become more important than maintaining self-esteem. Spirituality is also a neglected topic in social studies. Yet, as western populations become less religious, non-religious spiritual beliefs and practices have become increasingly popular. Social scientists are unrepresentative of the general population in that they tend to regard themselves neither as religious nor spiritual in their attitudes to life.

A popular hypothesis is that religious/spiritual commitments become stronger in later life as persons appreciate better the limits to their own lives. However the evidence from the few longitudinal cross-sequential studies carried out on this subject does not bear out this assumption. Rather there appear to be strong cohort differences in religiosity which persist over the life-span. Distinguishing truly developmental from historical trends in attitudes is an intriguing issue and one to which social scientists should pay more attention.

Tracy Collins, University of Salford

7.9 RM KB Seminar 5

Conducting longitudinal research with older women: the benefits and challenges.

This paper reflects on the process of undertaking a longitudinal study with older women experiencing the transition of later life widowhood. A series of three qualitative in-depth interviews were conducted over a period of eighteen months, August 2004-February 2006,

with twenty-six older widows, 62-90 years of age, in the area of North Staffordshire, United Kingdom (UK).

First, the theoretical and methodological reasons for adopting a longitudinal approach with this cohort are outlined. Second, the advantages of the research design, including the unfolding of expected and unexpected events, as well as the disadvantages, including the various reasons for attrition, are discussed. Finally, strategies for successfully engaging research participants over a prolonged period of time are considered.

Floriana Constantin, University of Innsbruck

[*J. Šíroký, B. Šíroká, T. Bechtold*]

4.1 CV KG Room 62

Textiles for AGEing Society – TAGS – Project Overview

Background: In recent years the demographical ageing impact to European population was realised and it is caused by different aspects in the society. It is obvious that the European population is ageing rapidly (Figure 1.) and ageing becomes one of the main driving forces in our society: -over the last century average life expectancy in Europe has increased for males from 45.7 to 75.0 years, and for females from 49.6 to 79.9 years. - in the EU-25, 22% of the population will be aged over 65 by 2025, rising to almost 30% by 2050 (increase of 60 million people). - furthermore, the proportion of very old people (aged 80 and above) in the EU-25 will grow from 4% in 2004 to reach 6% by 2025 and 10% by 2050.- Eurostat's old-age dependency ratio showed that the ratio for the EU-27 was 25.9 % in 2010 which means there were around four persons of working age for every person aged 65 or over. Senior citizens have specific needs for clothing, assistive fabrics and other textile products fundamental to personal, hygiene and medical products that are an essential part of their daily life. Ageing people enjoying a healthy life have different needs in comparison with the elderly suffering from illnesses and disabilities. Innovation in these areas has the potential to benefit millions of elderly lives, from both groups across Europe, by significantly facilitating and enhancing quality of lives. The TAGS: The primary target of the TAGS project is improving quality of elderly's life; key factor to wellbeing, towards health, social and informal care to match the individual's needs; this requires 'joined-up' thinking by researchers, policy-makers and care agencies on the ground. With this in mind we have prepared this project; coordination and networking, dedicated to textiles for ageing society. The aim of the "TAGS" consortium is to bring together the elderly via social and medical care institutions, research institutions, technology transfer institutions and manufacturers to identify: specific requirements of the elderly and care institutions; latest developments in materials science and technology; and strategies to incorporate developments in the manufacturing chain. The main objectives of "TAGS" are: to identify new materials, techniques, and technologies based on demands and requirements formulated by end-users and industry towards improving textile products; to assess the scope, boundary conditions for innovation and identify barriers preventing progress; to initiate active discussion and dissemination of information; to generate new joint and collaborative concepts, joint research activities; and to formulate recommendations for policy makers. The main fields of TAGS interest were set up in: Bedding textiles; Clothing; Textile products for hygiene and personal care; Therapeutic and recreational/leisure textiles. Summary: The project starts with a collection of available information, like identification of present state of the art, problem areas, demands, and definition of requirements. This will be followed by common understanding between research institutions, industrial partners and end-users to create

new concepts/ideas towards new projects and new innovative products based on elderly demands.

Joanne Cook, University of Hull

[Jieyu Lui (University of Leeds)]

6.3 ES KG Book Room

‘The impact of the migration of the child generation on Experiences of Ageing and the Intergenerational Contract in Rural China’

While China is not a Low or Middle income country the living conditions, family interdependences and reliance on informal familial welfare shares much in common with developing economies. The challenge of population ageing has significant implications as China enters into a period referred to as ‘super ageing’ (Joseph and Phillips 1999). The rapid demographic changes in contemporary China have led some scholars to question the role of adult children in the support systems of older parents (Lee, Parish and Willis 1994).

Consequently, a large-scale migration of younger workers from rural to urban areas has taken place since the 1990s, which geographically separated many adult children from their ageing parents and has posed significant challenges to traditional patterns of support (Silverstein, Cong and Li 2006). Further, despite over half of the world’s older population residing in rural areas, the majority of research is concentrated in urban spaces and relatively little qualitative intergenerational research has been carried out in rural communities (Phillips et al., 2000; Wenger 2001).

The degree to which rural communities can support their older residents is being questioned (Joseph and Phillips 1999). This paper draws from an ESRC funded project, conducted in 2012 (RES-002-22-431). It examines the impact of child generation migration on older people’s experiences of ageing and the subsequent restructuring of rural systems of familial support (economic and social) and intergenerational expectations (Attai-Donfut and Wolfe 2009). It will draw from qualitative intergenerational interviews with at least two generations in 20 families (N=47) in two villages in the Henan province.

Laurie Corna, King's College London

9.8 HC KB Gibbs

Socioeconomic inequalities in health in the context of the life course

It is well established that socioeconomic position (SEP) has an important influence on health inequalities in later life. Yet, the SEP-health relationship among older adults is often considered without reference to the gendered histories of work and family life that shape SEP over time, or the social policy contexts in which these histories unfold. In the context of the life course perspective, this paper links labour market experiences and family roles during the ‘working’ years, socioeconomic resources in retirement, and health trajectories among adults of retirement age in Britain. I use data from the British Household Panel Survey (N=1552). A two-stage latent class analysis was used to model life course experiences in the labour market and the family from young adulthood to retirement age and latent growth models were used to examine the influence of life course experiences on health dynamics in later life. Five distinct latent life paths broadly characterized the work and family experiences of the older adults in this sample, and there were distinct gender patterns consistent with the social policy context in Britain in the post-World War II years. Trajectories of mental health were patterned by life course histories in the labour market in the family, but this relationship was only partly mediated by socioeconomic resources in

retirement. These findings highlight the importance of considering mental health among older adults in the context of the work and family experiences that characterize the working years.

Mary Courtney, Australian Catholic University

[*Min Lin Wu (Australian Catholic University); Elisabeth A. Isenring (University of Queensland); Lillie M. Shortridge-Baggett (Pace University); Kathleen J. Finlayson (Queensland University of Technology)*]

11.12 HC KB Douglas Price

The impact of social support and chronic disease self-efficacy on quality of life for older adults

Purpose This study aimed to examine the joint effects of social support and chronic disease self-efficacy on health-related quality of life based on social cognitive theory-based model is important for identifying variables to target in chronic disease self-management interventions. **Methods** A cross-sectional study design was undertaken. One hundred and fifty seven older adults who had at least one risk factor of hospital readmission were recruited in a tertiary metropolitan hospital in Australia. Data were collected through medical records and self-reported questionnaires. A structural equation modelling approach was conducted to examine the hypothesized study model. **Results** The results suggested that the model provided a good fit to the data, χ^2 ($N = 157$, $df = 78$) = 87.54, $p = .22$; GFI = .93; AGFI: .90; SRMR: .04; RMSEA = .03 (90% CI: .00 to .06), and explained 86% of the variance in health-related quality of life. Social support fully mediated the effect of health characteristics on chronic disease self-efficacy. Self-efficacy beliefs also showed a significant direct effect on health-related quality of life. **Conclusion** These results indicate psychosocial interventions aimed to increase social support could positively mediate chronic disease self-efficacy beliefs which in turn will improve health-related quality of life in older adults who were at risk of hospital readmission.

Lynne Cox, University of Sheffield

2.7 RM KB Pusey

Understanding the biology of ageing

This research aims to understand the fundamental biological changes that occur as we age, with a view to intervening at a molecular level in the ageing process of cells and tissues. The process of cell ageing, or cell senescence, is thought to underlie major diseases and disabilities of older age; hence slowing the rate of cell ageing may provide a useful strategy to ameliorate the deleterious changes leading to ill health in older people. Understanding what regulates cell ageing is fundamental to designing new therapies.

The work of two biology-based projects will be discussed: a study of changes to human cells as they age and interventions that affect the rate of ageing, together with a project that set out to develop new chemical agents to modify cell ageing. These approaches involved synthetic chemistry to develop new drugs, growing human cells in the laboratory and using techniques of microscopy, cell biology, protein chemistry, and molecular biology to study changes in cell behaviour and molecular composition over time.

The projects revealed major changes in cells on ageing. Excitingly, the work identified several interventions that can usefully slow the process of ageing to maintain cellular health for longer. This has implications for tissue health, wound healing and disease incidence in older people. One of the drugs used in this study, rapamycin, has now been shown to

increase the lifespan of mice and to help improve cognitive abilities of Alzheimer's syndrome mice. Hence understanding the basic biology underlying the ageing process should lead to significant advances in tackling the underlying causes of age associated morbidity.

Loretta Crawley, University College Dublin

7.3 CV KG Book Room

Affective inequalities: older women's obligation to love and care

The aim of this paper is to present the affective findings of my PhD study that was undertaken to explain the emotional significance of age-based inequalities experienced by older women. This qualitative study is underpinned by egalitarian feminist gerontological principles. The researcher adhered to the ethical principles of informed consent, confidentiality, and beneficence. Theoretical and snowball sampling was used to recruit twenty-one women aged from 60 to 95 years with an average age of 74 years. In-depth interviews were employed to obtain data about women's experiences and perceptions of inequalities and the impact on their well-being. Although individual women's stories cannot be generalised to the entire population, the selection of a theoretical sample assisted in developing a picture of age-based inequalities specific to individual women that were characteristically typical but not statistically significant. The interviews were, digitally recorded, transcribed and saved for analysis using a qualitative software package (MAXqda). All the typed transcripts of the interviews were analysed and compared. Data was analysed for common themes and key words were drawn from the women's accounts of their daily lives. Key findings indicated that women in old age experienced affective inequalities as obligations, and experienced feeling of exclusion from affective relationships in some circumstances. They experienced injustices in affective areas of life that were largely outside of their control. The implication of this research suggests the need for a broad approach to tackling inequality and in particular affective inequality.

Karen Croucher, University of York

[Mark Bevan]

6.8 HC KB Gibbs

Living Together, Getting Along

Evidence suggests that those with high support needs can find themselves socially marginalised within extra care communities, and that there can be tensions between the "fit" and the "frail". The 'Living Together, Getting Along' project was commissioned by the Joseph Rowntree Foundation. It was a qualitative study that examined a range of current approaches to promoting positive and supportive relationships between older people with and without high support needs living in extra care schemes. These initiatives were driven by provider organisations, by residents themselves, or by external groups. The research concluded that managing organisations need to actively promote a central ethos and culture of respect and tolerance of individuals whatever their background within schemes. One of the ways of promoting respect and tolerance is by raising awareness of the experiences of people with various impairments. Organisations can also take a number of "background enabling" measures to create an underlying environment that helps residents participate, at the same time recognising the individual's right not to participate in community life, or to participate on their own terms. Similarly organisations and particularly scheme managers have a crucial and subtle "brokerage" role in linking, prompting and

supporting residents who are willing to reach out to others. At a time when resources are becoming more scarce, being open to opportunities to share and draw on resources in the wider community is a way of enabling inclusion of all residents in the wider social life of communities.

Lisbeth Cuthbert, University of Kent

[*Dominic Abrams*]

4.6 HC KB Seminar 2

An investigation of care workers' relationships with the elderly: Understanding the effects of negative and positive intergroup

Intergroup contact theory postulates that, under appropriate conditions, contact between members of different social groups can reduce prejudice (Allport, 1954). Much research focuses on positive contact, although in natural settings the outcomes of contact can also be negative. Whilst negative contact is related to prejudice and organisational attitudes (Dhont et al., 2010), it is contended that positive contact can counterbalance the effects of negative contact (Pettigrew & Tropp, 2011). What is not known, is the degree of positive, compared to negative contact, that is required to create this 'tipping point' to improve intergroup relations. To investigate this, 200 carers to the elderly in the UK were surveyed about their contact (positive and negative) with older people, their attitudes to age and their work. Determinants of negative and positive contact were assessed, as was their relationship to prejudice and organizational attitudes. Results are discussed in relation to establishing the optimum ratio of positive to negative contact required to reduce negative outcomes. Theoretical and practical implications for care workers and organizations are discussed.

Clare Cutler, Bournemouth University

[*Anthea Innes, Ben Hicks*]

7.7 HC KB Pusey

Using technology to engage people with dementia

There is little research exploring the experiences of people with dementia and their engagement with technologies such as the Nintendo Wii, Nintendo DS and the Apple I Pad. Engaging people with dementia and their carers in the use of these technologies can promote social engagement, mental stimulation, and physical activity. This presentation will report on a pilot project, conducted in the South of England involving people with dementia in a 'Technology Club', which aimed to encourage engagement in social and leisure activities through the use of the above technologies.

This pilot study identified that the Technology Club provided opportunities for social interaction, stimulation and access to learning. There was huge significance around the desire to learn and the importance of support. The Nintendo Wii and Apple I Pad were found to be the most enjoyed and beneficial technologies used. In particular participants reported that bowling and balance games were the most fun of all the Wii games. Google Earth, was the most popular app used on the I Pad. The Nintendo DS proved to be less popular due to its small screen and difficult navigation routes.

Technology can aid people with dementia in developing and acquiring new skills and knowledge. Games and apps such as bowling, balance games and Google Earth are exciting ways to encourage people with dementia to exercise, challenge their physical abilities and to have fun. A larger research study is required to test the initial findings on a larger scale.

Robin Darton, University of Kent

6.8 HC KB Gibbs

Care and Support for Residents with Different Levels of Need in Housing with Care Schemes in England

Housing with care, including extra care housing schemes and retirement villages, aims to support independence for older people in their own homes, and has been seen as a cost-effective alternative to residential care (Cm 8378, 2012). However, most residents enter housing with care with fewer care needs than those admitted to care homes, and with different expectations. While this is consistent with Government policy to encourage people to plan and prepare for their future, little is known about how social care is provided in housing with care schemes, and how schemes meet a diverse range of support needs.

ASSET is an independent research project commissioned and funded by the Department of Health's NIHR School for Social Care Research from 2012-2014, which is exploring how best to provide adult social care in housing with care schemes in England.

This paper will draw on preliminary findings from the ASSET project, and on other research including the PSSRU's evaluation of extra care housing (Netten et al., 2011), to examine the degree to which care and support arrangements appear to cater for residents with a range of needs, including those who might otherwise be living in a care home. The provision of appropriate care and support is particularly important in the light of possible changes arising from financial pressures, for example reductions in communal catering facilities.

Bleddyn Davies, University of Oxford

11.6 HC KB Seminar 2

Towards more integrated care theory: potential of some pre-millennium POW features

The presentation

[a] Describes the POW approach as a bag of tools for research to help improve fairness effectiveness and efficiency in care where there is close sustained personal service. Tools include core meta-theoretical elements, and matching collection and modelling features. Uses include designing policy and practice models, 'causal' analysis, evaluations, simulating societal and policy changes, and developing indicators, particularly outcome indicators.
[b] Explains POW's core question: what outcomes seem to be enabled by varying levels and combinations of resource inputs, allowing for influences of non-resource factors? Answers to complementary questions extend the argument; eg valuations of outcomes, costs and effectiveness.

[c] Describes key features in current discourse: focus on outcomes valued in their own right; multidimensional causally interdependent outcomes and their relationship to general quality of life, levels of some frequently influencing additional resources associated with improving one or more others; analytic parity for users and informal carers; investigating flexibility in tailoring interventions to individual (including community and system) circumstances.

[d] Describes and illustrates findings revealed by design features linking with ethnographic and historical streams in care theory: eg exploring how differences in circumstances of individuals in their context affect MPs (including 'interpersonal human relationships' and other core influences in the character of care); triadic designs (triangulating perceptions of users, their carers and their care managers); integrating ethnographic work to illuminate: how (by what processes influenced by what circumstances/events) variations in service

resources enabled the observed differences in outcomes; and ‘history’ explaining why influences on how processes.

Johanna de Almeida Mello, Katholieke Universiteit Leuven

[*Jean, Macq, Sophie Cès, Thérèse Van Durme (Université Catholique de Louvain); Anja Declercq (KU Leuven)*]

7.8 HC KB Gibbs

The determinants of informal caregivers’ perceived burden in the home care setting: relevant information for the care for older persons at home

Background / Objective

Informal caregivers (ICs) are crucial partners in the care for older persons and play an important role in helping them stay at home. The Belgian federal government is interested in delaying institutionalization of older persons. As a major predictor of institutionalization, IC’s burden is explored in this paper in order to identify its significant determinants. This is relevant information for home care providers to address these determinants and try to decrease IC’s burden. Methods Professional caregivers fill out the comprehensive geriatric assessment interRAI Home Care (HC) and ICs fill out the Zarit-12 and an economic questionnaire. After descriptive statistics are calculated, the study population is stratified according to impairment levels (ADL-IADL and cognition). Multivariate analyses are performed to identify significant associations.

Results The study population consists of frail older persons in 62 HC projects (n=4389, average age: 80.2, 67% women) who have IC (spouses (54.9%) or children (32.3%), etc.). Behavioral problems and depressive symptoms in the older persons are significant determinants for IC burden in all strata (low, medium and high impairment), mainly for cohabitants. IADL impairment and time spent in care is a significant determinant for burden of non-cohabitants at low and medium impairment strata. Cognitive problems are significant determinants for burden at high impairment level. Conclusion This research shows the strength of having a large study population on IC’s burden combined with older person’s status data. HC providers can use this information to adapt services to specific clients’ populations in order to decrease IC’s burden.

Liesbeth De Donder, Vrije Universiteit Brussel

[*Nico De Witte, Dominique Verté*]

4.6 HC KB Seminar 2

Assessing elder abuse: Development of a Risk Taxation Instrument

Purpose: This contribution describes the development of a risk taxation instrument for elder abuse. Data of social and health services only present a tip of the iceberg of cases of elder abuse. There is a large amount of situations that is left undetected. An instrument to detect likelihood of elder abuse (in an early phase) is needed.

Methods: A pilot-study was developed together with the Flemish Registration Centre for Elder Abuse and Familiehulp to test the Risk Taxation Instrument (RITI) for Elder Abuse among 2010 older people. Home-helpers from Familiehulp administered the instrument in rural, semi-urban and urban areas.

Results: This contribution gives an insight in the RITI, how it was developed, how it can be used and the main outcomes of the pilot-study. Several advantages of the instrument were recognised by the home-helpers: low time investment, easy to use, useful and growing awareness of elder abuse. Additionally, home-helpers expressed the RITI was a confirmation

of their feelings and it gave them an opportunity to come to the fore with their thoughts which otherwise often were oppressed.

Conclusions: The implications of these findings for professionals are discussed in terms of usability of the instrument, further dissemination plans and how practice can use the RITI to take preventive actions.

Liesbeth De Donder, Vrije Universiteit Brussel

[*Nico De Witte, Sarah Dury, Sara De Gieter, Peter Theuns, Eva Dierckx, Dominique Verté*]

7.10 HC KB Seminar 6

Consequences of the work-care conflict: Labour market exit due to caring responsibilities

Introduction:

This contribution focuses on the reconciliation of paid work and informal care. Caring for ill or disabled spouses, elder parents or grandchildren will increasingly be required and performed by active workers. Consequently, it can be expected that older adults will increasingly need to combine multiple roles including paid employee, parent, grandparent, carer ... This study aims to examine the impact of conflicts between multiple roles (informal carer vs. employee) on labour market exit decisions (decision to retire) among older adults. Following, the individual profile (e.g., socio-demographic, socio-economic, type of work) of people who leave the labour market due to family responsibilities will be examined.

Method: Survey data from the Belgian Ageing Studies, a research program that collected data from 67,560 older adults from 142 municipalities across Belgium, provided the empirical evidence for the analysis. Results: The results reveal that 11,3% of older adults retired because of caring responsibilities. Women, older adults with an average education or income, widowed or never married older adults, and former office workers, were more likely to retire due to caring roles. Analyses also demonstrate that those people retired earlier than on average. Conclusion: The implications of these findings in terms of inclusion and participation of older people in the labour market are highlighted. In order to enable a longer working life, health and labour sectors need to develop more supportive actions to reconcile work and informal care. Finally, attention is given to the presentation of a future research project in this field.

José de São José, University of Algarve

6.6 HC KB Seminar 2

What is going on in the care encounter? A grounded theory of receiving social care

There is a substantial literature on the subject of social care for older people. However, this literature has privileged the perspectives of the care providers in detriment to the perspectives of the elders who receive social care. This presentation intends to reveal the main conclusions of a research project, funded by the Portuguese Foundation for Science and Technology, focused on the elders' experiences and perspectives of receiving social care (<http://elderviews.info/website/index.php>). One of the main objectives of this project is to develop an explanatory theory of the process of receiving social care as viewed by the elders. In accordance with this objective, the classic Grounded Theory approach has been used, which means that data collection and analysis have been simultaneously undertaken. The primary data have been collected mainly at the elders' homes through participant observation, interviews and informal conversations. The explanatory theory is under development, considering that the project is still in progress. It is expected that the

developed theory could make a contribution, not only, for the literature but also for professional practice and social policy.

Angela Dickinson, University of Hertfordshire

[*Wendy Wills, Frances Short, Angela Meah*]

4.1 CV KG Room 62

What do older people do in their kitchens and why? Risk, vulnerabilities and food safety.

Background

The UK Food Standards Agency (FSA) is working towards developing a better understanding of the factors influencing older peoples' increased vulnerability to foodborne illness and the risks taken by people in their kitchens. The FSA funded an 18 month qualitative study which aimed to explore the domestic kitchen practices of 20 households, including 10 households with people aged over 60. **Methods** The researchers used an ethnographic approach, spending time observing people in their kitchens, taking photographs and recording video footage as well as talking to participants and involving them in data collection over several visits (e.g. giving participants a diary, disposable camera and video camera). **Findings** Analysis of the data suggests that a number of areas of 'kitchen life' influence the way that older people might become 'at risk'. Kitchen design may not support older people as they age and experience increasing physical or mobility difficulties. Some may engage in what could be perceived by others to be 'risky' behaviour, such as cutting mould off foods before using them. Newly adopted practices- e.g. learning to cook after the death of a spouse, beginning to use unfamiliar technologies, such as microwaves, and frozen ready meals may add additional risks. **Methods** of cleaning were varied and rarely microbiologically driven, with a focus instead on aesthetics, i.e. ensuring surfaces and utensils look and smell clean. **Conclusions** The paper will describe the practices revealed by the research and their potential meaning for food safety policy and practice in relation to safeguarding older people's health.

Angela Dickinson, University of Hertfordshire

[*Deborah Humphrey, Venkat Narayanan, Caroline Griffiths (Oxford Health NHS Foundation Trust); Christina Victor (Brunel); Charles Simpson (Hertfordshire)*]

12.12 HC KB Douglas Price

Understanding falls in an acute mental health setting for older people; A case study.

Introduction

Falls are the most commonly reported patient-safety incident in mental health settings for older people with approximately 36,000 falls reported from these settings annually in the UK. Risk of falling is exacerbated by mental health problems and their treatments. However, we have little understanding of how fall risk is perceived by patients in these care settings or staff and senior managers. This paper will present initial findings from a mixed-methods exploratory case study. **Method** Retrospective analysis of routine falls reporting data for a 36 month period, non-participatory observation (300+ hours), focus-groups with staff (n=6) and interviews with patients (n=26), staff (n=39) and senior managers (n=6).

Result Understanding of falls by patients with mental health conditions reflect the extrinsic and intrinsic perspectives of older people in other settings, however, psychiatric medication, patient behaviour and unfamiliar environment is perceived to add to fall risk by patients and staff. Staff present fall prevention as complex, difficult to balance with patient's need to remain independent and recognise a need to improve knowledge and skills in relation to

physical health issues. Conclusion Routinely collected data, enhanced by patient and staff reflection and observation can aid understanding of factors contributing to falls in acute mental health settings and contribute to risk management, improve patient safety, and be used to develop appropriate interventions.

Robin Digby, Monash University

[Allison Williams, Susan Lee]

12.5 HC KB Seminar 1

Investigating the care relationship between people with dementia and nurses in the hospital setting

Background

The hospital setting has specific challenges for people who have dementia because of a reduced capacity to adapt to an unfamiliar environment. The way the person is treated by others can either support them to acclimatize, or spark further anxiety and anger which may result in challenging behaviour. Nursing people with dementia, especially those who are aggressive or uncooperative can produce negative feelings in nurses and interfere with the nurse-patient care relationship. Research objective: To investigate and discuss the relationship between people with dementia and nurses in the hospital setting. Methods: A search of the literature was undertaken using health databases 1980-2012 with the search terms dementia, Alzheimer's disease, patient/ person, nurse, person-centred care, hospital, empathy, perspective, relationship. Main results The literature suggests that the relationship between the person with dementia and others is central to their experience. Nurses can find caring for people with dementia mentally and physically exhausting and sometimes cope with this stress by withdrawing emotionally from the patient and resorting to 'task-focussed' care. Patients with dementia respond to the emotional climate in the ward and can project their distress as aggression or agitation. The behaviour of the staff and the patients is closely linked. Conclusions Person-centred care has specific relevance for people with dementia. Nurses need education and support to understand and cope with the particular challenges that caring for people with dementia in hospital brings. The morale of the nurses is an important determinant of their ability to deliver empathetic care.

Stefanie Doebl, Swansea University

4.7 HC KB Pusey

Loneliness, Isolation and the Bridging Social Capital of Elderly Europeans in Cross-National Comparison

In European comparison, countries of the South have been found to show higher overall levels of loneliness of the elderly than Scandinavia and the West (Fokkema et al 2012) . This is a puzzle, as in Southern Europe multigenerational co-residence and strong family-ties are more prevalent than in the West. This paper hypothesizes that access to diverse networks, rather than family-contacts is key to understanding loneliness in older people. Beneficial effects of non-family contacts against loneliness have been reported in a number of case studies (Rote, Hill, and Ellison 2013; Demakakos, Nunn and Nazroo, 2006), but are still under-researched in cross-national comparison. Social capital theory distinguishes between bonding (family ties) and bridging social capital (diverse networks). The latter ensures experiences of diversity. Moreover, friendships and free-time activities are engaged in by choice and may thus be more influential for preventing loneliness than family contacts. Southern European countries have been found to be comparatively low in bridging social

capital and high in bonding (family) ties, as well as having comparatively poorer populations on average. This paper explores relationships between access to non-family networks, social participation and feelings of loneliness in cross-national comparison using data from the Survey of Health, Ageing, and Retirement in Europe (SHARE). One aim is to illuminate to what extent country differences in perceived loneliness of older people may be partly accounted for by differences in bridging social capital. Secondly, paths between wealth and socio-economic status, access to social capital and loneliness will be explored in cross-national comparison.

Shane Doheny, Cardiff University

4.4 ES Room 66

Community and society: on the role of the public in the construction of a society fit for older people in rural places

Phillipson (2007) raised the problem of identity and belonging to community among older people in the context of economic globalisation. In specific, the relationship between the individual and community is transformed in a global society so that while "some groups of older people can actively reshape communities ... others are relatively disempowered from the option of managing community and neighbourhood change" (2007: 336). Although Phillipson is correct in this diagnosis, in this paper I will argue that Phillipson overextends the individualistic/ collectivistic dichotomy at the heart of the sociology of community, to discuss issues about the collective constitution of society. Using data collected from three case study sites in rural places, this paper presents an analysis that supports the use of a more public conception of community. This concept, drawn from Habermas's work, focuses attention on how community is not merely socially constructed, but how the activity of construction takes place in the social situation of a kind of public. By becoming sensitive to the extent to which community is constructed in light of a public, we may examine the cultural models underlying 'community', and thus explore (dis)connections between models used by older members of rural places and active members in the local community. This allows scope for a critique both of how older people engage with community, and for a critique of how community engages with older people, and therefore contributes to the development of a community culture that incorporates structures and features suited to older people's needs.

Joseph Dohmen, University of Humanistic Studies

6.1 CV KG Room 62

Active ageing and moral agency

Ageing people are not objects but actors. One of the debates in philosophy is on the moral content of ageing well. My paper will be on some of the fundamental issues: autonomy or care; virtue or authenticity? From a care-ethical perspective, autonomy is not a property of isolated individuals but the product of, and bound up with, relationships. From the perspective of autonomy, it is absolutely bound up with relationships, but certainly not just the product of relations. Also, the caregiver decides for himself/herself whether, when and how he/she takes care of another or not. Therefore, both moral values, care and autonomy, are of vital importance in later life. Also authenticity is quintessential for ageing well, since ageing well cannot be persistent if someone does not believe, truly and from within, in what one thinks and does. The truth of virtue ethics is that values need practical maintenance, for example, through attention, discipline, empathy, patience and respect. Therefore, both

moral perspectives, authenticity and virtue are of vital importance in later life. Meanwhile it is not unproblematic to argue either for an active or a passive lifestyle. An active lifestyle is necessary, but every human life knows its own tragedies, and one remedy is serenity. Therefore both attitudes, active and passive, are of vital importance in later life. This paper is situated in the actual philosophical debate on ageing well and defends the concept of a well-integrated moral attitude.

Emma Domínguez-Rué, University of Lleida

7.2 CV KG Mawby

What Goes Around Comes Back Around: Life Narratives and the Significance of the Past in Donna Leon's Death at La Fenice

This paper examines the life narratives of characters in Donna Leon's much-celebrated novel *Death at La Fenice* (1992). In the first of her Brunetti mystery series, Commissario Guido Brunetti investigates the death of the renowned conductor Helmut Wellauer, poisoned during a performance of *La Traviata* at La Fenice. As his investigation progresses, Brunetti discovers dark secrets in the past of the acclaimed Maestro, revealing his dishonesty and cruelty, but, most shockingly, his involvement in a horrendous case of child abuse and death by neglect. My analysis will address the role of memory and the significance of the past for the present, as the tragic experiences of the Santina sisters in the 1930s become intertwined with those of Wellauer's present wife Elizabeth and her daughter Alexandra. Using literary theory and cultural gerontology as methodological tools, this paper will explore Leon's portrait of the ageing process: Wellauer's lack of remorse for his past sins and his inability to cope with impending deafness will be contrasted with the painful account by Wellauer's former lover, the once famous soprano Clemenza Santina, whose narrative response to her traumatic experience renders the past more alive than the present. The significance of memory, as well as the crucial role of life narratives in the personal and cultural construction of identity, will be addressed to interrogate the ways in which our perception of ageing can be enriched by literary studies.

Erna Dosch, University of Vechta

7.10 HC KB Seminar 6

Men juggling care and work: an insight into the narrative of German caregiving husbands and sons

This research presents initial findings from a study of working men who are also caregivers. Within the context of current demographic changes taking place in German family care, the current 30% share of men as primary caregivers is expected to increase. It is consequently of importance to address the role of men as caregivers and to consider how working men arrange care. For a doctoral thesis, data was analyzed from 30 biographical-narrative interviews conducted with caregiving husbands and sons aged between 32 and 64, resulting in 56 hours of interview data. The interviewees ranged from the unemployed to highly paid employees and the self-employed, of which 21 cared for a parent, one cared for a friend and 8 for their partners. The care support ranged approximately from 6 hours per week to 8 hours per day. A gender and life course focused analysis of the data identified links between the men's biography and their caring role. The findings further exemplify how men juggle with different multi-faceted care roles when combining caregiving with work. In this instance the care role can be seen to position the men as managers. However, care arrangements tend to be predominantly female in character, as women are seen to be the

main providers of informal and formal care. This study indicates that whilst socially prescribed female characteristics are reflected in the male caregiving role a gender specific orientation such as that of breadwinner, appears to be maintained amongst the interviewees.

Vari Drennan, Kingston University & St. George's University of London

[*Laura Cole, Sheila Donovan*]

6.12 HC KB Douglas Price

Challenges and management of continence/incontinence by people with dementia and carers in the community

Research objective: People with dementia experience persistent problems with toileting and incontinence which are difficult to manage. It is a significant factor in decisions to move the person with dementia to a care home. EVIDEM-C investigated challenges and strategies in promoting continence and managing incontinence with people with dementia, living at home, and their family carers. Methods: This was a mixed methods, multi-phased study framed both by public service values of acceptability, appropriateness, equity, effectiveness, and efficiency but also theories of stigma and taboo. Main results: The first phase was a broad review in which little evidence was found about prevalence, effective interventions, local clinical guidance or provision of NHS funded incontinence products tailored to the needs of this population. The second phase explored the experiences and strategies of people with dementia, their family carers and health and social care professionals. People with dementia and their family carers used strategies that emphasised the preservation of the dignity of the person with dementia as well as effective containment of excreta. Health and social care professionals varied in the extent to which they recognised the range of problems and consequently in their repertoire of possible strategies. The last phase investigated interventions as prioritised by family carers: exploring issues in designs of incontinence pads and co-designing tools that are dementia aware and person and carer centred for primary care professionals is assessing and care planning for toileting and incontinence issues. Conclusions: This study illuminates everyday issues and offers insights to inform practice of primary care and social care professionals in addressing multifaceted problems.

Sherry Dupuis, University of Waterloo

[*Gail Mitchell, Christine-Jonas Simpson*]

9.10 HC KB Seminar 6

The Pedagogical Possibilities of Research-Based Drama in Dementia Care

Drawing on a longitudinal research program examining the impacts of a research-based drama called *I'm Still Here*, this presentation will demonstrate the power of drama on illuminating new and enduring realisations and transforming actions for both family members and professionals working in dementia care. Research-based drama triggers personal change through a process that involves: creating a space for bearing witness to others' suffering; expanding while affirming awareness and understanding; increasing comfort, confidence and the courage to change; inspiring new ways of relating; and, for some, breaking open to transformative healing. The presentation will end with a discussion on the applications of research-based drama in health education.

Ricca Edmondson, National University of Ireland, Galway

7.2 CV KG Mawby

Exploring Meaning in Later Life: Lessons from the History of the Field

This paper's objective is to add to our understanding of theoretical and methodological approaches to investigating meaning in later life. It argues that the interdisciplinarity and dynamism characteristic of cultural gerontology give it special purchase on exploring ways in which older people attribute meaning both to their own lives and to later life in general. While the richness of this approach is attracting increasing attention today, it also embraces features that, while integral to the cultural exploration of later life for some decades, may sometimes be overlooked. The paper therefore begins by examining methods used in early works in this tradition to cast light on meanings attributed to later life by their subjects; the aim is to focus on fruitful confluences between theory and method which have the capacity to be fruitful today. In particular, the paper examines intergenerational investigations carried out in Ireland by Arensberg and Kimball in the 1930s, stressing the reciprocity Arensberg and Kimball traced between older people and the cultures in which they lived. The paper contrasts these authors' observations with some aspects of later work in the US by Erikson or Elder, in the UK by Thompson et al., or in Scandinavia by Tornstam. It concludes by arguing in favour of reviving some methods and approaches used by early practitioners in this field.

Michelle Edwards, Swansea University

[*Aewlyn Williams*]

11.12 HC KB Douglas Price

The distribution of health literacy in the social networks of older people living with a long-term health condition

Introduction

Health literacy involves abilities in finding, understanding, appraising and communicating health information in order to engage with the demands of different health contexts. Older people tend to have poorer health literacy and consequently they experience more adverse health outcomes in terms of physical and mental health functioning. Health literacy is part-cognitive skill and part-social skill and can be distributed amongst family, friendship and other social networks. This study aims to explain the 'distributed' nature of health literacy and identify how older people living with a long term condition draw on their social network for support with health literacy related tasks. Method A longitudinal qualitative interview study including 80 participants (aged 65+) with a long-term health condition (diabetes or depression) recruited from a large population study of the health and well-being of older people in Wales, UK (CFAS Wales II). The transcripts were analyzed using the 'Framework' approach. Results The results from phase one interviews explain how older people draw on health literacy mediators within their social network to self-manage their condition and engage with health/social care service support. Differences are identified experiences of social support for health literacy based on physical and mental illness, different types of social networks, rural and urban location, age and gender.

Conclusion Social support is essential for older people to engage with health literacy tasks that promote and manage health. Identifying differences in health literacy support in different social network types may help in designing and targeting appropriate community level health literacy interventions.

Stephanie Ellis-Gray, University of Birmingham

[Jan Oyeboode (University of Bradford); Gerry Riley (University of Birmingham)]

11.5 RM KB Seminar 1

Coding care in domestic settings: An observational study of couples where one has dementia

In the 1990s Tom Kitwood drew attention to the central importance of close relationships for people with dementia, recognising that these are key to sustenance of personhood. This led to a focus on person-centred care in residential settings, and has more recently led to growing research and clinical interest in relationship-centred care in the community. Due to their longstanding intimate nature, spousal relationships involve many dimensions other than caregiving, and supporting spouses may or may not deliver person-centred care as it is understood in residential care settings. The aim of this study was to develop a coding system that could be used to describe and quantify person-centred support given by spouses to a partner with dementia. We took an observational approach, using video-recordings to capture interactions between couples in their own home as they navigated an everyday situation. A set of codes was developed and used to label person-centred and non-person-centred interactions during the observed task. Specialist software called MORAE was employed for coding the video data and allowed us to extract information such as inter-rater reliability and frequency of codes. In this paper we will pay attention to some fundamental considerations related to the conduct of the study, including the challenges inherent in use of video; and the process of developing a coding system which would be reliable and valid, and fulfill its intended function of providing a quantifiable description of the nature of spousal interaction with a person with dementia.

Elizabeth Evans, University of Liverpool

[Kate Bennett, Cherie McCracken]

4.4 ES Room 66

Shopping in Later Life: Implications for Physical and Cognitive Health

In an ageing population, risks for cognitive decline affect the independence and quality of life of older adults and present challenges to the national economy and the health care system. The National Institutes of Health have identified a need for research into four key areas that have promise for improving cognitive ageing: cognitive activity; physical activity; social engagement; and nutrition, all of which can be studied through shopping activities. The current study utilises in-depth semi-structured interviews to identify the cognitive activity, social interaction and physical activity associated with shopping behaviours in an older cohort. This paper will present data from around 25 community-dwelling participants who were interviewed with a focus on shopping frequency, motivation, transport used and social interaction while shopping. The current study suggests that shopping behaviours are multidimensional and encompass a combination of mental, social and physical activity. In terms of physical activity, there is considerable individual variation dependent upon both how mobile each participant is and on their keenness to shop. In the current sample there is evidence of cognitive processes in the planning of shopping trips and decision-making while shopping. Furthermore, shopping provides an opportunity for social stimulation. The findings presented here show that shopping activity is a valuable area in which to study both physical and cognitive health in later life.

Simon Evans, University of Worcester

6.8 HC KB Gibbs

Is policy driving practice for housing with care? An analysis of survey data from the ASSET project

This paper contributes to on-going debates about policy and practice for housing with care by reporting on new findings from ASSET, an independent research project commissioned and funded by the Department of Health's NIHR School for Social Care Research from 2012-2014, which is exploring how best to provide adult social care in housing with care schemes in England.

Data are presented from a scoping survey of 57 commissioners working in unitary and two-tier local authorities across England. Data highlight the complexity and range of models in use for commissioning social care in these settings. Key themes are explored, including the range services that local authorities fund, the contractual arrangements for doing so, and the use of different funding sources including personal budgets. For example, 42% were funding meals, 82% social activities and 86% some form of dementia care.

Policies and strategies are discussed as possible drivers of commissioning approaches. The paper also explores data from 99 housing schemes including tenure mix, arrangements for providing the housing and the care, onsite facilities and their access to non-residents, and the funding models for social activities and other services.

These findings are considered in the context of broad policy initiatives that promote, among other things, inclusive communities, personalisation and independence.

Simon Evans, University of Worcester

[Dawn Brooker, Jenny la Fontaine, Jennifer Bray (University of Worcester); Karim Saad (Department of Health NHS England)]

7.12 HC KB Douglas Price

Recommendations for timely diagnosis of dementia: findings from the ALCOVE project

The Alzheimer's COoperative Valuation in Europe (ALCOVE) project is a collaboration between 19 EU Member States, with the aim to exchange experience and knowledge in relation to dementia and to develop recommendations for policy makers, healthcare professionals, caregivers and citizens. This paper reports on the research carried out in work package six of the project on timely diagnosis, which was led for the UK by the Association for Dementia Studies at the University of Worcester and the Department of Health. We compare findings from a review of 228 articles on early diagnosis and population screening with responses to a questionnaire survey across the 27 EU member states to ascertain the range of current practice. For example, research evidence suggests that the more time that elapses before people come forwards for diagnosis, the less the benefits will be for them when they do receive a diagnosis. However, in our ALCOVE survey the average waiting time from referral to see a specialist for assessment was reported as 8 weeks or less by 81% of countries responding, with nearly a third of countries reporting 4 weeks or less. This suggests that efforts to improve timeliness should focus on reducing the amount of time that it takes people to seek help rather than seeking to improve waiting times for assessment. To conclude, we highlight key recommendations developed from the project in the context of current debates around timely diagnosis and screening.

Kirsty Fairclough-Isaacs, University of Salford

6.2 CV KG Mawby

Growing Old in the Spotlight: Celebrity and Ageing.

This paper will present emergent debates surrounding ageing, celebrity and social media. In recent years, the focus has shifted within celebrity studies to begin to consider gendered conceptions of fame. Ageing has become a particularly pertinent aspect of the field. Social media has shifted the ways in which female celebrities in particular present themselves and importantly, the ways in which the media and the public subsequently view them. This paper will examine the ways in which celebrity culture, gossip blogs, reality TV and social media intersect when representing narratives of ageing. It is particularly concerned with the ways in which celebrity culture has had an impact upon these cultural constructions of ageing.

Jose Luis Fernandez, London School of Economics and Political Science

7.5 HC KB Seminar 1

Interpreting the Fair Access to Care Service (FACS) eligibility framework in England

Supported by evidence from a national survey of local authorities, the presentation will examine recent changes in minimum eligibility criteria across local authorities in England, and the impact on the targeting of resources across FACS need groups. It will then examine the responses to vignettes from 343 care managers across 85 authorities, to explore the relationship between user, worker and area characteristics and local interpretations of FACS need levels. The results suggest significant variability in the interpretation of FACS eligibility criteria, and in particular systematic differences in interpretation between areas depending on local needs thresholds. The results cast important doubts on the validity of current FACS needs eligibility criteria in England.

Jose Luis Fernandez, London School of Economics and Political Science

11.6 HC KB Seminar 2

The production of welfare and the design of social care funding arrangements.

The Production of Welfare (POW) approach advocates a care system that is focussed on final outcomes for service users and their carers. The presentation will discuss some of the challenges of applying the POW framework to the design of funding arrangements for social care. It will illustrate the analysis with the results from a microsimulation model exploring the costs and benefits associated with the Wanless Partnership funding model and the recent Dilnot proposals.

Atenea Flores Castillo, UN Economic Commission for Latin America and the Caribbean

6.5 HC KB Seminar 1

Medical Health Care and Cash Transfer Programs for the Elderly in Mexico

The proportion of the population aged 60 years and over in Latin America and the Caribbean (LAC) will increase from between 7% and 20% in 2015 to between 20% and 38% in 2050 (ECLAC forecasts, 2011). By 2100 these percentages will converge to 35%, a figure similar to the one in European countries for the same year. At the same time, more than 75% of the older population has no access to a social security pension (OIT, 2011). To face these challenges, in LAC more than 28 countries are developing non-conditional and non-contributive cash transfer programs for the elderly (CTPE) to establish a social protection floor. CTPE are being accompanied by medical and psychological home care services. Such is

the case of Mexico City where the universal pension for the elderly aged 68 and over, granted by the local government through the Ministry of Social Development, is reinforced with the Health Ministry's Programa de Atención Domiciliaria a Población Vulnerable. Using quantitative and qualitative research methods, this paper will show that horizontal collaboration between Ministries may reinforce the impact of programs directed to the elderly.

António Fonseca, Catholic University of Portugal

[George Leeson (Oxford)]

6.3 ES KG Book Room

Ageing in the rural areas. The role of intergenerational practices.

The Calouste Gulbenkian Foundation in Lisbon and London launched in 2010 a joint programme of work on Innovative Approaches in Intergenerational Interaction and Learning (IntergenerationALL). This programme of work involved funding a series of projects in the United Kingdom and in Portugal as a means of trialling either especially innovative approaches and/or "importing" best practices in intergenerational interaction and learning. The aim was to focus particularly on projects which are not only intergenerational in nature but also address how lifelong learning and modern technologies can both enhance older people's lives and mitigate loneliness and isolation, and furthermore enhance the quality of life of younger generations, while also strengthening communities and increasing social cohesion. Taking one of the Portuguese projects as a case study, Aldeia pedagógica was a project that aimed to transform the small village of Portela in the Bragança region of Portugal into a village of traditional skills exchange with older people transferring their skills to younger generations. The objective would be to introduce traditional skills to younger generations, encourage intergenerational activity, breakdown stereotypes and reduce the social isolation of older people. Overall, in Portugal, there is in conclusion a sense of added-value of the programme in the universe of intergenerational work. The programme has raised awareness of working with young and old people and of the benefits arising from this work. Indeed, for many the programme has enlightened actors to the positive role that older people still can play in communities.

Julien Forder, University of Kent

11.6 HC KB Seminar 2

Using the production of welfare approach to estimate the cost-effectiveness of care services

Understanding the cost-effectiveness of different social care services can help commissioners and funders to make better decisions about funding those services with public money. The production of welfare approach can be used as a basis for estimating the cost-effectiveness of care services using survey and other routinely available data, rather than by undertaking expensive controlled trials. The PoW approach involves using data about people's current reported care-related quality of life (CRQOL) and assessing how CRQOL varies with the intensity of service use, after accounting for mitigating factors like baseline need, personal circumstances and so on.

The presentation describes how this technique is used, its assumptions and its limitations. We then focus on a particular application to home care services for older people using data mainly from a survey of service users. The analysis is used to produce estimates of the cost-effectiveness of home care services with implications for the appropriate level of funding of

these services. The study concludes with a discussion of how cost-effectiveness information could be employed to improve the use of scarce public resources in adult social care.

Anne-Gaëlle Fournier, EHPAD La Résidence des Sapins

[*Atenea Flores Castillo (ECLAC)*]

6.5 HC KB Seminar 1

Psychological care for dependent older people in nursing homes (Établissement d'Hébergement pour Personnes Âgées Dépendantes, EHPAD)

Taking care of the elderly is one of the French public policy major challenges. While new forms of service delivery take place and new devices appear, assisted-living facilities such as EHPAD are progressively engaging in a high-quality approach by opening their doors to the professional field of psychology.

Older people living in these facilities are often fragile and most of them have invalidating pathologies. This means that care provision needs to be psychological, besides being medical and social. In fact, beyond residents' psychic dimension (cognitive and emotional), their families are often overwhelmed by the physical and psychological effort involved in the caring process.

Working as a psychologist in several EPHADs in the area of Rouen, France, has allowed me to show in this paper the process of taking care of the psychic suffering of three different groups: older people, their families, and their professional care providers (professional personnel in the nursing homes).

Gary Fry, University of Leeds

[*Kate Hamblin (Oxford)*]

6.7 HC KB Pusey

The AKTIVE project: how telecare can improve the lives of older people prone to falls or who suffer memory problems

The role of telecare in social care has been recognised by the UK government, with policies and initiatives already in place to support its implementation. Nevertheless, research exploring its use has been limited in scope. The AKTIVE project (Advancing Knowledge of Telecare for Independence and Vitality in later life) explores how telecare can improve the lives of older people in England prone to falls or who suffer memory problems. Working in two English localities, researchers visited approximately 60 older people using telecare six times over a period of a year. Data was collected using Everyday Life Analysis, a method that explored different aspects of participants' lives (e.g. relationships, past employment, homes and environment) and how these relate to telecare use. It was found that telecare has a wide range of impacts upon older people's capacity to live independent lives, adjust to ageing, manage risk, relate to carers and medical professionals, deal with social isolation, and negotiate their homes and environments. This presentation reports on the valuable contribution telecare can make to the social care of older people in an ageing society and how it can be integrated into existing social care packages and networks in a way that is valued by service users.

Marie Gabe, Swansea University

[Susan Jordan, Sherrill Snelgrove, Gerwyn Panes, Ian Russell, Peter Huxley, Mick Dennis, Ceri Phillips]

12.5 HC KB Seminar 1

Medication monitoring for people with dementia in care homes: a pre-pilot before and after study

Older adults with dementia are vulnerable to the well-known adverse effects of medicines prescribed for mental health problems, but are not routinely monitored for these problems. Aims To explore the introduction and preliminary clinical gains of a nurse-led adverse drug reaction (ADR) profile. Methods The ADR profile was completed by nurses during usual care with 11 participants with dementia, taking antipsychotics, antidepressants or anti-epileptics in 3 care homes in SW Wales. Case note review sought evidence of previous medication monitoring, overlap with usual care, and actions resulting from use of the ADR profile on 2 occasions, one month apart. Results All 11 participants were followed-up. The profile identified previously undocumented problems for all patients at first use: mean number per patient 12.7 [4.7], range 8-21. New problems identified and actioned included: pain (n=2), abnormal movements (n=4), postural hypotension (n=2). Problems ameliorated 1 month later included access to dentist (n=5), and adequate fluid intake (n=4). New care plans were implemented for oral hygiene (n=1) and thrush (n=1), psoriasis (n=1), skin integrity (n=1), postural need (n=1) and constipation (n=1). Medication changes included new medications to manage psoriasis and recurrent oral candidiasis, and a trial of co-beneldopa for movement, posture and gait problems. Conclusions The profile improved the process of care, but longer-term follow up is needed to demonstrate an effect on clinical outcomes. Patients are likely to benefit from structured nurse-led medication monitoring, but without a full clinical trial, profiles are unlikely to be widely adopted in routine care.

Deborah Gale

2.3 ES KG Book Room

Catching Old: Reevaluating the boomer cohorts' role

Some gerontologists assert that the major problems faced by older populations are those society creates for them. We try to talk about a society undefined by chronology, instead by people's personal experience of ageing and yet we still 'need' to use terms like over fifties and the baby boomers. In the UK and the US, the boomers are every bit as diverse as any other cohort, but it is so attractive to use shorthand. Med-tech advancements have given many of us an achievement award in terms of longer, healthier lives. Well being is central to a new narrative because we want both - to remain as well possible and simultaneously be acknowledged as human beings who continue to be viable, despite physical or cognitive decline. Ageing is an acquired disability, acquired by staying alive. This becomes meaningful when you are able to perceive it in terms of life left rather than life already spent. By merit of their sheer number, the boomer cohort has political and economic gravity and should exert impact on the new narrative. That requires decision making and choices. How can we redefine this life stage so that contributions can be maximized and new pathways navigated?

Bláithín Gallagher, University of York

[*Helen Petrie*]

9.7 HC KB Pusey

A critical review of recent research on new and emerging technologies for older people

Objectives: This paper will present the results of a critical review of recent research on emerging technologies for older people (i.e. those aged 60+).

Methods: The review has covered research published in the period 2005 - 2012 in a range of international peer-reviewed journals and conferences in the areas of technology, human-computer interaction, and other relevant publications. On the basis of this review of research, we will explore what problems of older people are being addressed by technologists; whether the research is motivated by user needs; the methodologies used and outcomes presented. The review will also compare research conducted in the last seven years with research in the period 1990 – 2005, reviewed by Rogers, Stronge and Fisk (2005).

Results: The review will provide a overview of the state of the art of technologies for promoting independent living and wellbeing of older people, which should be useful for researchers, developers and practitioners in the field. In particular, it will review research on three technology topics: research that proposes emerging technologies or new uses of technologies for older people; research that investigates the use of new and emerging technologies by older people; and research that provides theoretical or methodological reflections on new and emerging technologies for older people. It will also attempt to identify any important gaps and weaknesses in the current research portfolio and in the methodologies being used. This paper will provide the first results of the review.

Elizabeth Galleguillos, University of Lausanne

12.1 ES KG Room 62

Towards a new approach to elderly care? An analysis of the Swiss experts committee reports (1966-2007)

Since the 1960s, debates about old age policies have intensified remarkably at the Swiss federal level, and long-term care for the frail elderly has considerably gained in importance. It is not surprising since demographic ageing, changes in family patterns and labour market transformations have strongly affected the traditional forms by which dependent aged people were cared. In 1961, a federal expert committee was set up in order to study the problems related to old age. The resulting report, presented, for the first time, a national study of the elderly living conditions, and made proposals for improving existing welfare provisions. Since then, the Swiss federal government had commissioned three other committees with similar purposes, resulting in three new documents (1979, 1999, 2007). Together, they represent the foundations of the Swiss long-term care system for the frail elderly. This article exams the extent to which the current approach to elderly care represents a break with the past. In order to do so, it presents a discursive analysis of the four reports based on a four-dimensional framework. These dimensions includes (1) the approach of the aged and ageing, (2) the approach of the family role in the care of frail older persons, (3) the differentiation between health-care and social care, and (4) the attentiveness to gender inequalities.

Claire Garabedian, University of Stirling

11.8 HC KB Gibbs

The arts and dementia: Where to go from here?

While researchers continue to search for a cure for dementia, health and social care professionals have begun seeking the aid of artist in improving the quality of life of people living with dementia. This alliance between care professionals and artists has inspired new and innovative exploration of how the arts might best be put to use in this context. This partnership has also provided increased recognition of the unique potential for using the arts as a viable, safe, and inexpensive (Sherratt et al. 2004; Hicks-Moore 2005) pathway for reaching and palliating people who, due to the cognitive impairments common to advanced dementias, may no longer have access to other means of communicating (Sixsmith and Gibson 2007). Using examples from a recent project exploring the effects of live and recorded individualised music with older people with dementia nearing the end of life and their carers, this paper discusses possible ways forward towards a greater inclusion of the arts for improving the lives of older people with dementia and their families.

Francesca Ghillani, University of Oxford

4.2 CV KG Mawby

Ageing, Migration and the Dynamics of Body and Self

When approaching old age, women face bodily changes that can represent a source of discontinuity in their lives. Moreover, women are constantly exposed to the social pressure of compelling stereotypes and their bodies are subjected to deep observations and regulations.

The way individuals use, perceive and conceptualize their bodies is heavily affected by the cultural environment they inhabit through the process of socialization. Several studies have suggested that the socialization of the body mainly takes place during youth but only a few have explored if and how this process continues during adulthood and later life.

This study aims to analyse if the exposure to new social norms and meanings during adulthood can affect the conceptions of the body acquired during youth and generate a different perception of ageing.

Interviews were carried out with two groups:

- Women, aged 59 to 73, born in a small Italian village, who moved to London in their adulthood;
- Women, aged 60 to 72, born in the same village and still living there.

All subjects were exposed to the same social conditions in their youth and are becoming older in two different social environments.

Delving into their day-to-day bodily practices and experiences, participants have given insights on the dynamics of body and self and formulated concepts of acceptance, adjustment and adaptation. Substantial differences have emerged between the two groups, reflecting the influence of the two distinctive social contexts and the relevance of migration as a meaningful Life-Course transition.

Chris Gilleard, University College London
[*Paul Higgs (University College London)*]
2.2 CV KG Mawby

Embodied Identities and Aging

The term 'embodied identities' refers to the selective use of corporeal aspects of the body or certain corporeal functions to define an individual's distinct social position. The rise of identity politics in the 1960s gave added impetus to social identities that privileged key distinctions concerning able-bodiedness, gender, race and sexuality. The present paper explores how the corporeal processes of ageing have been affected by and have affected the construction of later life identities in 'second' modernity. Drawing upon critical race and queer theory, we suggest that just as the binary categories of male/female, able bodied/disabled, black/white or straight/gay have been challenged, so the binary of youth/age can also be questioned, leading increasingly to positions of contingency in individual narratives and performances of age and ageing.

Myriam Girardin, University of Geneva
11.2 ES KG Mawby

Elderly Family Configurations: The Impact of Family Diversity on the Provision of Social Capital

This research empirically addresses the impact of the diversity of family configurations on relational resources available in old age by focusing on the structural dimensions of social capital. Previous research made on other age groups showed that bonding and bridging social capitals are unequally made available by family configurations. We hypothesize that individuals develop a variety of family configurations in old age with an unequal emphasis on partnerships, children, siblings, other kinship or pseudo-kinship ties. Overall, we expect that the presence of blood ties in family configuration to increase the likelihood for individuals to develop bonding social capital. Quite distinctly, we expect that family configurations based on distant kin or friends considered as significant family members rather provide bridging social capital. The research uses data collected by the VLV-study (*Vivre / Leben / Vivere*), a large representative survey addressing the family life and health conditions of individuals 65 years old and above living in Switzerland (N=4200). Using cluster analysis, we identified six types of family configurations, with an unequal emphasis on partners, children, siblings and other family members. These types have distinct consequences for social capital and the relational position of the elderly in their family. Results are discussed within the configurational perspective on the family currently developed in European sociology of the Family.

Mary Godfrey, University of Leeds
12.6 HC KB Seminar 2

The lived experience of late life depression

This paper explores the lived experience of late life depression and service use among a purposive sample of ten older people drawn from two community based services aimed at supporting older people with mental health problems. Qualitative interviews using a life history approach were carried out with these older people to examine the confluence of factors that contributed to risk over the life course and into older age. Additionally, interviews were also conducted with the workers who provided support to them; and data relating to service receipt, changing circumstances and life

transitions was collected quarterly over a 12 month period using a pro-forma developed for the purpose. Drawing on research evidence relating to risk and resources for depression in older age, the paper examines how and in what respects community based service models facilitate 'recovery' from the perspective of the older person. Findings reinforce the significance of losses relating to bereavement and disabling chronic conditions that in turn contribute to social withdrawal and reduced self-esteem, exacerbating perceived sense of loss and which together act as barriers to help-seeking. Models of support that facilitate 'recovery' involve painstaking work with people to build confidence and resilience, providing opportunities for them to engage in social and community activities. Even so, the susceptibility of people to further loss over the ageing process, challenges the current conception of service as time limited and episodic.

Marcel Goldberg, Institut National de la Santé et de la Recherche Médicale

[Alexis Descatha, Sandrine Plouvier, Annette Leclerc, Marie Zins]

12.3 ES KG Book Room

Physical work environment factors and health in later life: the WorkAge project

Objectives: WORKAGE examines the ways in which work exposures over the life course influence health outcomes in early old age. The aim of this project is to identify biomechanical, psychosocial and chemical factors in the work environment that shape risks for some health problems and disability when aging.

Methods WORKAGE is based on the GAZEL Cohort Study, a longitudinal cohort established in 1989 among workers of the French national utility. The cohort is composed of 15,011 men and 5,614 women, now aged 60 to 75. There is a wide socioeconomic range of occupational positions. Data including detailed assessments of job strain, biomechanical factors and of personal and health factors were prospectively collected. Covariates cover social characteristics, health behaviours and morbidity. A study was conducted on long-term effects of biomechanical and psychosocial exposure on musculoskeletal disorders, using logistic regression models. **Results** The main findings show long-term effects of biomechanical exposures on back pain, knee and shoulders pain, persistent years after retirement, i.e. after cessation of exposure. Psychosocial factors were less associated with these long-term effects.

Conclusions The role of occupational factors on premature aging is poorly known and underestimated. Life course approaches might reveal that they are indeed major determinants of poor aging and of social inequalities in aging populations. Because working conditions are potentially modifiable, the public health implications of a better knowledge on the long-term effects of occupational exposure could be important.

Xiaodong Gong, Beijing Institute of Technology

9.7 HC KB Pusey

Social life and ICT Products Use for Elderly People

One of the features of today's modern information society is the firmly established digital lifestyle. Based on the Internet, various information communication technology (ICT) terminal products provide us with more convenient, instant and low cost information communication approaches. Through ICT products, information is made available whenever and wherever the user needs it. However, research findings to date show that the usage of ICT products among older people to be much less than that of younger people both in breadth and depth. This paper discusses a study in which 43 elderly people, aged 60-90

from 27 families took part. The face to face semi-structured interviews were conducted over a period from 2011 to 2012 in Beijing, China. The main aim of the study was to understand how the elderly obtain information and communicate with society, including their friends, neighbors and other family members. The paper explores some reasons for the low utilization of ICT products in the older group. Interpretations from the study include that: 1) In China, traditional community is an important support for the social life of elderly people and their participation in it, but with the gradual loss of mobility, the traditional social life pattern cannot be sustained effectively and its scope narrows with age; 2) ICT products can be a good complement for the elderly, enriching the methods and the means by which they interact with society. This is especially true when physiological decline causes loss of mobility, thus reducing or relieving their feelings of isolation and loneliness; 3) In addition, the study reveals that having the ability to use ICT products, such as computers, in everyday life not only provides a new tool for the elderly, but also shows them that they still have the ability to keep up with the pace of modern society, rather than being left behind. This will, in turn, make them feel more confident and increase their level of activity, which will consequently increase their value to society. All of these benefits are key to the elderly having a more positive view of themselves and will help them to live a more independent life in their latter years. Finally, the paper suggests that more physiological and cognitive characteristics of the elderly should be considered in the design process, which will contribute to ease of use and prompt the popularization of the products among older people. This, in combination with timely help or technology support, will have a positive affect during their learning process.

Claire Goodman, University of Hertfordshire

[*Sarah Amador*]

6.12 HC KB Douglas Price

Using Appreciative Inquiry in Care Homes: “AI Light” to Mitigate Uncertainty Inherent to End-of-Life Care of People with Dementia

End-of-life (EOL) trajectories of older people with dementia (OPWD) are often unclear to care home staff and visiting health care practitioners (HCPs) who struggle to determine the transition from living to dying with or from dementia. EVIDEM-EOL tracked the care received by 133 OPWD over eighteen months in six care homes providing personal care only. Just over 20% of the resident cohort died. Even with access to EOL care tools, dealing with pathway, relational and service uncertainty were identified as key issues in EOL care. Phase Two, used a co design approach that used the principles of Appreciative Inquiry-AI to bring together care home staff and HCPs to identify what worked well in EOL care for OPWD and use that as a basis to plan and implement change. The intervention lasted six months that included three facilitated AI meetings in each care home. Recognition and appreciation of existing capabilities and knowledge enabled greater understanding of respective roles in caring for OPWD. The AI process enabled participants to co-develop context specific EOL tools that included a script for discussing EOL wishes with relatives, a tool for use with out-of-hours services and a GP led implementation of advanced care planning. AI did not increase resource use and there was a reduction in unplanned admissions to hospital. This presentation will consider the strengths and limitations of a co design approach in care homes and the extent to which it can help those involved to address the uncertainties inherent to EOL care for OPWD.

Anna Goulding (with Andrew Newman), Newcastle University

2.7 RM KB Pusey

Engaging with contemporary visual art: Maintaining health and well-being

This paper presents the findings from 'Contemporary visual art and the wellbeing of older people' and subsequent work funded by a follow-on fund grant. The project took 56 older people for three visits, individually and in groups, to contemporary visual art galleries in the north-east of England over a two-year period. Participants came from a range of backgrounds and had different prior experiences of art. They were interviewed in focus groups about their experience of the visits and the results analysed. Conceptualising wellbeing in terms of identity processes and social capital the research explored how engagement with contemporary visual art can improve the lives of older people. This paper also describes the follow-on fund work which engaged with arts policy makers and practitioners, through a series of seminars. We attempted to identify and solve some of the major challenges facing those who want to work with older people and the arts, such as obtaining funding and evidencing impact for policy. As part of the attempt to develop evidence-based practice, we developed an arts intervention for older people with dementia. What emerged was a new multi-sensory approach based around creativity, as opposed to using a reminiscence model - whilst reminiscence work is popular, the focus on memory can be difficult for people with dementia. The lessons from this have been taken forward to a new project funded through an AHRC Connected Communities programme large grant entitled 'Dementia and Imagination'. This examines how visual arts interventions can help to create dementia friendly communities.

Nan Greenwood, Kingston University & St. George's University of London

[Theresa Ellmers, Jess Holley, Gill Mein (St George's University of London & Kingston University); Ann Bowling (Southampton University)]

7.9 RM KB Seminar 5

Focus groups with older carers: the effect of ethnic group composition on focus groups findings

Focus groups are commonly used to gain insights and generate ideas. Their small group nature means that participants can discuss and generate new ideas that may not emerge in one-to-one interviews. Focus groups are also useful when exploring cultural values (Bowling 2009). However the impact of ethnic group composition (whether single or multi-ethnic groups) on themes generated in focus groups is unclear. For example, it might be argued that participants in single ethnic focus groups may find it easier to disclose personal information. This paper will therefore explore the impact of ethnic group composition on focus groups with older carers. It is part of a larger ongoing qualitative NIHR-SSCR funded study exploring ethnic differences in satisfaction with social care. Focus group participants are all older carers of people who have had a stroke and come from one of five ethnic groups: Black African, Black Caribbean, Asian Indian, Asian Pakistani, White British. These groups include either single ethnic group participants only or include participants from several ethnic groups. Discussion is focussed around participants satisfaction with social care and what they consider satisfactory and unsatisfactory care.

Qualitative analysis highlights both similarities and differences in the data generated between the single ethnic and the 'mixed' groups. It also explores the impact of gender balance within the groups. Methodological issues of using focus groups as a method of research with older carers will also be discussed.

Meridith Griffin, University of Exeter

[Cassandra Phoenix (Exeter); Brett Smith, David Howe (Loughborough University)]

9.12 HC KB Douglas Price

Physical activity among older people with sight loss: A qualitative research study

Broad scale surveys (not specific to visual impairment) have shown that disabled adults are less likely than non-disabled adults to participate in cultural, leisure or sporting activities (DWP, 2013). Further, participation amongst those with a sensory disability is 4% lower than amongst those with a physical disability, and adults with impairments are more likely than those without to experience barriers to taking part in leisure activities (DWP, 2013; Sport England, 2011). If we are to consider these broader disability participation rates alongside declining participation rates with age, an alarming picture emerges. The primary aim of our research was thus to increase the knowledge and understanding of participation in physical activity among older people (60-75 years of age) who have acquired sight loss later in life, with the objective of identifying the ways in which visually impaired older people's participation in physical activity can be facilitated and/or prevented. Methods included in depth semi-structured interviews with 14 people from each of three geographical areas: the South West, the Midlands, and London (total n=42). Audio diaries and mobile interviews were also employed with a selection of the sample (n=2 of each, per location). Findings emerged covering a range of themes, including: social support; challenge/independence; variety, sustainability and consistency of opportunities; health and fitness; transport and cost, fear and safety; and the environment: built and outdoor, facilities, and awareness of providers. Conclusions include recommendations to address real and perceived barriers and to improve inclusivity, through a consideration of both good and bad practice.

Azucena Guzman-Garcia, North East London NHS Foundation Trust

[Lynn Rochester, Julian Hughes (Newcastle University); Ian James (Northumbria University)]

9.3 CV KG Book Room

Dance-based exercise for older people with dementia living in care homes

People with dementia not only present decline in cognition, but changes in behaviour. These behavioural and psychological symptoms of dementia (BPSD) are treated through pharmacological and psychosocial interventions. Dance research in care homes is lacking, despite being a familiar activity for both male and female residents as a result of their experiences in their youth. An investigation is presented on Danzón, partnered Latin Ballroom dance style as the core dance within a psychomotor dance-based exercise intervention to treat mood and behaviour (DANCE). Following the Medical Research Council framework as a model to inform the development of the intervention, a systematic literature review of qualitative and quantitative studies of dancing with older people with dementia living in care homes. Then, a qualitative pilot study was carried out, which aimed to investigate the effect of introducing DANCE for people with dementia living in care homes (n=13) with care staff acting as facilitators of the dance sessions. This pilot work led to conduct an exploratory trial to focus on individual responses (n=10) using a multiple-baseline single-case design with three phases: A) Pre-Intervention, B) Dancing Intervention, and C) Naturalistic observational follow-up period. Participants were diagnosed with different types of dementia in mild/moderate stages, and their individualised measures of

mood and quality of life were used together with standardised outcome measures across three private care homes. Our preliminary findings suggest that this type of intervention brings positive benefits to residents and care staff.

Robin Hadley, Keele University

7.1 ES KG Room 62

Point number one in your bloody PhD': the experiences of involuntarily childless men as they age.

The global trend of an increasingly ageing population and a declining fertility rate has been widely accepted. Moreover, as men's mortality rates are predicted to soon equal women's, the gender profile of the UK's ageing population is predicted to change. Childless men are, compared to women, missing from gerontological, sociological, infertility, and psychological research. These fields have all mainly focussed on family and women, with the fertility intentions, history and experience of older men being overlooked. Involuntary childlessness may be seen as a complex bereavement formed by multiple losses with distress levels in both men and women in this population have been found to be as high those with grave medical conditions. This paper aims to provide some insight in to the experiences of involuntarily childless older men. Drawing on 27 in-depth biographical interviews (lasting 1-5 hours) conducted with 14 men aged between 49 and 82 from across the country. This paper highlights the complex intersections between men's experience of involuntary childlessness and agency, structure, and relationships. It was found there are diverse routes of entering involuntary childlessness of which interpersonal skills, partner selection, timing of relationships, and the assumption of fertility are important factors. The accounts also demonstrated the importance of relationships: the centrality of it to those in them and the desire for one for those not. Grandfatherhood was referenced through four routes: Latent, Adopted, Surrogate, and Proxy. This paper demonstrates how men's involuntary childlessness affects their life course.

Susan Hallam, University of London

2.7 RM KB Pusey

Maintaining health and well-being

The research reported here focuses on perceived barriers to maintaining wellbeing in older age and a range of initiatives designed to promote well-being in older people including those relating to finance, exercise, sleep, extending the working life, participation in active music making and engaging with visual art.

The projects adopted a range of different designs and methodologies, quantitative and qualitative, including, data modelling, randomised control trials, quasi-experimental designs, correlational designs, questionnaires, interviews (individual and focus group), and observations. Each project provided insights into the factors that mediate against wellbeing in older people and demonstrated that positive outcomes can be generated. The Working Late research showed that positive attitudes towards exercise need to be acquired early on and that exercise itself needs to be tailored to an individual's needs. The SomnIA project found that blue-enriched light improved sleep in older people. The Music for Life project showed that active engagement in making music promoted well-being through the 3rd and 4th ages, while the visual art project supported identity processes aiding participants to maintain continuity with earlier life and deal with change. Deficit models of ageing need to be challenged and expectations raised about what older people can achieve given

appropriate opportunities. When barriers to participation in a range of activities are removed older people benefit in relation to cognition, health and social relationships.

Barbara Hanratty, University of York / Hull York Medical School

4.7 HC KB Pusey

Can tackling loneliness reduce health and social service use?

Loneliness is associated with ill-health and has been implicated as a factor that promotes the use of health and social care by older adults. Tackling loneliness amongst older people has the potential to improve health outcomes, but it may also be an effective way of reducing demand for services and containing the costs of caring for an ageing population. Findings will be presented from a review and synthesis of the literature on the evidence for an association between loneliness and use of health and social care services. Data from observational studies, encompassing almost 20,000 participants will be used to highlight conceptual and methodological challenges and some limitations of this research. These include the measurement of loneliness and its temporal relation to health care use; and assumptions about the appropriateness of increased use of services by lonely people. An older person's path to becoming a service user is likely to have been complex, influenced by family, professional gatekeepers and biographical experiences of the health and social care systems. Current research provides few definitive answers, and a broad range of methods are needed to fully understand the relationships between loneliness and service use, including longitudinal studies and qualitative research.

Joan Harbison, Dalhousie University

[Stephen Coughlan, Jeff Karabanow, Sheila Wildeman (Dalhousie University); Madine VanderPlaat (Saint Mary's University); Ezra Wexler (Halifax)]

9.2 CV KG Mawby

How the "right to protection" overrides older people's right to services: Theoretical concerns

In this paper we argue from a Canadian perspective that in a period when welfare provisions are being increasingly limited legal responses to older people's mistreatment compromise their well-being. We consider evidence gathered in our own recent empirical studies of the implementation of adult protection legislation in Maritime Canada, from Canadian legal and policy documents, and from the international literature. We conclude that whatever the stated intent of adult protection legislation and its accompanying policies the lack of resources available for adult protection and other services reduces professional decision-making to dichotomous conceptualizations of risk and safety and capacity and incapacity that ultimately confer or withhold the right to autonomous living (Grenier, 2012; Herring, 2012). If conferred this right may be short-lived without adequate support and resources. In our discussion we refer to emerging theoretical debates in the legal and gerontological discourse. These include for instance the problematization of [in]capacity as both fluid and transitional (Sabatino & Wood, 2012); the tensions between, autonomy, dependence, frailty, and collective interests; the "right to equality" through supported decision-making (Carney, 2012; Grenier, 2007); and the overall need to elevate "rights consciousness" with regard to older people (Kohn, 2012). Most of all though we argue that the evidence so far indicates that state solutions to older people's mistreatment lie not in the right to protection through the law but in a well-developed social service structure incorporating anti-ageist practices in meeting a range of needs (Biggs & Powell, 1999; Dunn & Holland, 2010).

Suzanne Hardy, King's College London

6.9 RM KB Seminar 5

The Mental Capacity Act and assessing the capacity to consent of people with dementia

I will present guidance on the Mental Capacity Act with particular respect to subsections 30-34 regarding research. In this 'teaching' presentation I will show how researchers should apply and abide by these guidelines and how to conduct capacity-to-consent assessments with potential participants. The ethical, legal and practical issues that researchers must consider will be discussed. I would like to supplement and support the advice with my experiences of conducting capacity-to-consent assessments with care home residents with dementia; highlighting what was effective and what hindered me. I will also discuss the MCA guidelines once research is underway, for example if participants lose capacity.

I would like to present this topic because I could not locate a formal course specifically for researchers concerning the MCA. I undertook formal training with SCIE in December 2012 which was for senior staff and managers. Although it was beneficial for understanding the legal framework, there was no discussion of Sections 30-34. Researchers have to pull resources from a number of avenues to understand the MCA guidance for research, although Dobson's (2008) report: 'Conducting research with people not having the capacity to consent to their participation: A practical guide for researchers' is much appreciated. Advice on what to say during an assessment is scarce.

This presentation will be useful particularly for students and early-career researchers and those who may not yet have conducted a capacity-to-consent assessment with a person considered vulnerable.

Mayumi Hayashi, King's College London

7.6 HC KB Seminar 2

Home care and the voluntary sector: Lessons from Japan

Japan's rapidly ageing population is creating a growing demand for home care. Faced with the challenging demographic context, continuing economic pressures and overstretched traditional mechanisms for delivering care, the Japanese government has been exploring new methods of providing home care for a diverse range of older people, designed to compensate for some of the shortcomings in the provision delivered by the family, the public sector and the market.

This paper focuses on the potential role of the voluntary sector as a viable supplement to existing methods of providing home care for older people. It does this in the context of the increasing marketisation of care, particularly the supply side of the home care market, and the shortfall in public homecare provision in times of austerity. This paper seeks to identify the specific role of the voluntary sector and evaluate the attributes highlighted by its advocates, but also consider emerging problems in its implementation and delivery.

The paper draws on empirical research involving a spectrum of voluntary sector home care agencies in Japan, based on in-depth interviews with key personnel. The perspective is de facto organisational, highlighting the identification of best practice benchmarks together with the challenges encountered in homecare delivery. It will conclude with an evaluation of the homecare provided by the voluntary sector, suggestions for future refinement of the homecare market, along with comments on how experiences and best practice from the Japanese model could be disseminated in Britain and elsewhere in the pursuit of evidence-based 'Big Society' policies.

David Hayes, University of Bristol

[*Andrea Finney*]

12.2 ES Mawby

What are the dominant patterns of expenditure among the older population and what explains these?

Policy-makers and practitioners need a good understanding of the heterogeneity that exists within older people's expenditure and consumption patterns, to inform the design of policies and services that affect the lives of the older population. This understanding also informs the wider academic debate surrounding aspects of financial wellbeing among older people. Although poverty and material deprivation among this population has been the subject of considerable research, the implications of an ageing population and their levels and patterns of expenditure and consumption have not been explored adequately.

Using equivalised and absolute expenditure, this paper presents results from a household-level analysis of the Living Costs and Food Survey by:

1. describing expenditure by age and other key variables using descriptive statistics (among households where the Household Representative Person (HRP) is aged 50 or over, to look at the transition into and beyond retirement);
2. segmenting and constructing a typology of the older population based on their expenditure patterns (using cluster analysis);
3. determining the drivers of these expenditure patterns (using logistic regression analysis), and the reasons for differences among segments of the older population.

This analysis uses an innovative methodology to generate in-depth knowledge about differences that exist within the older population in relation to their expenditure and consumption. Drawing out the implications for policy and research, our aim is to stimulate much-needed further conversation and research in this area.

Ben Heaven, Newcastle University

[*Martin White, John Mathers, Suzanne Moffatt*]

12.8 HC KB Gibbs

Retirement transitions, social relationships and wellbeing: implications for intervention development

Introduction: Retirement transitions are increasingly diverse. Nevertheless, significant changes to behaviours associated with health outcomes are typical. The LiveWell programme aims to improve health and wellbeing in later life, by intervening as people make transitions into retirement. Social relationships, physical activity and diet all influence health and wellbeing, but there is little evidence about: (i) which social components to target; (ii) how wellbeing is defined by people around retirement; and (iii) how to effectively intervene to improve wellbeing in each domain.

Methods: Mixed-methods: systematic review; qualitative study (n=52) using focus groups (n=7), interviews (n= 25) and thematic analysis.

Results: Literature scoping identified three social domains relevant to wellbeing: (i) relationships based on companionship; (ii) social support; (iii) meaningful social roles.

Provision of explicit 'social roles' can improve health and wellbeing for those looking for structure or purpose in retirement. However roles should be clearly defined and tailored to meet the needs of different populations. Resources cited in the literature such as good health, wealth, and rewarding social relationships underpin wellbeing in later life. However

the 'capability' to mobilise resources to achieve outcomes was key in participants' accounts of wellbeing-in-practice. 'Later life' was conceptualised as a period of decline in an uncertain future.

Conclusion: Health and wellbeing in retirement can be promoted through role-provision for those who want a role. Assistance with building capability to achieve desired outcomes, in addition to accumulation of resources, may be an effective intervention strategy. Short term benefits should be emphasised in addition to longer-term outcomes.

Catherine Hennessy, University of Plymouth

2.3 ES KG Book Room

Later Life Leisure as Ageing Adaptation and Self-Expression

Leisure participation in later life has traditionally been researched from theoretical perspectives that have focused on the persistence, reduction or cessation in activities and interests with age. Gerontological theories that have typified this work include activity theory, continuity theory, and theories of behavioural and socioemotional selectivity that emphasise individuals' strategic choice of activities as reflecting their perceived limitations in energy and lifetime remaining. More recently, innovation theory (Nimrod and Kleiber, 2007) has sought to address individuals' use of new leisure activities as a means for realising personal development and reinventing self-identity in older age. While the former theories have assumed that activity patterns in later life represent efforts to maintain or adapt previous leisure lifestyles, innovation theory emphasises the role of personal agency in adding new activities to one's leisure repertoire and the positive subjective functions of these new pursuits. Using data from leisure biographies conducted with 58 persons aged 60 and over in southwest England, this paper examines the forms and uses of their leisure occupations in older age, and intrinsic and extrinsic factors that shaped continuities and discontinuities in their activity patterns over time. Findings indicated that while participants described a core set of activities that characterised their lifetime patterns of leisure, changes in their leisure pursuits with ageing included modifying or dropping some activities as well as frequently taking up entirely new ones. Barriers and opportunities for leisure participation reported by participants and the expressed desire for and significance of meaningful leisure engagement are also presented.

Melanie Henwood, Melanie Henwood Associates

7.5 HC KB Seminar 1

Reforming long term care: assessment, eligibility, capped costs and practical implications.

This paper draws on two pieces of research and analysis commissioned in 2012 by SCIE and Age UK. The Coalition Government's vision for a reformed care and support system is focused on promoting well being and independence, and giving people greater choice and control over their support. A national minimum eligibility threshold is to be introduced, together with portability of entitlement, and a new model for assessment. There are multiple practical issues that arise from such reform. A 'better' assessment tool will not automatically result in improved assessment experiences or more consistent outcomes, and whatever model is introduced will need to be consistent with the objectives of personalisation and allow scope for self-assessment. The variability in eligibility thresholds has long been recognised as problematic and establishing a national threshold would provide a clearer and more consistent approach. However, eligibility cannot be seen out of context, and the wider environment of universal and open access services can significantly

soften the cliff-edge of eligibility. The reform of funding long term care is also relevant to the reform of eligibility and assessment. A 'capped cost' model of funding has been accepted in principle and will potentially bring many more people in contact with the assessment and eligibility system in order for the tariff metre to start running on individual care accounts. The cultural transformation required by local authorities largely concerned with gatekeeping access to publicly funded support will be profound. The paper explores the implications of these issues and the challenges they raise.

Ben Hicks, Bournemouth University

[Linda Miller]

12.14 HC KB Seminar 3

Use of computer technology to benefit people with dementia and their carers

This presentation draws on two streams of work conducted by the author. Firstly, the development of recently published guidance for carers to implement and use Information Communication Technology (ICT) to improve the well-being of people with dementia, funded by the Social Care Institute for Excellence (SCIE). This project involved a literature review and 17 in-depth telephone interviews with academics and care home managers. The information collated was reviewed by a multi-disciplinary expert advisory group of dementia professionals and the subsequent guidance produced was evaluated through field-testing using focus groups and interviews in nine care organisations.

Secondly, the preliminary findings of an on-going doctoral study which explores the use of computer game technology to improve physical, mental and social well-being of older men with dementia in rural areas of Dorset. This work includes an extensive literature review on computer game technology and dementia as well as the results of a consultation group with dementia stakeholders in the Dorset area and three focus/activity groups with men with dementia. Early results show that computer technology has the ability to improve social interaction as well as physical and mental well-being, although a heavily reliance is placed on the carer to enable the person with dementia to engage with the technology and to benefit from it.

Research into the use of commercial computer technology is in its infancy, however there is the potential for it to become a useful tool to facilitate activities for people with dementia and a cheaper alternative to dementia specific technologies.

Nicola Hobbs, Newcastle University

[Gemma Teal (Glasgow School of Art); Ben Heaven, Claire Cleland, John Mathers, Falko Sniehotta, Martin White, Paula Moynihan (Newcastle)]

12.8 HC KB Gibbs

Integrating evidence with co-design methods to develop prototype interventions in later life

Introduction: The LiveWell programme aims to develop pragmatic and acceptable interventions to improve the health and wellbeing of people in the retirement transition. Co-design methods promote service user involvement maximising opportunities to develop acceptable and usable interventions. A co-design process should be informed by the behavioural and social evidence base for interventions to ensure that the generated design ideas are theoretically sound. Methods: Through information integration from qualitative research and systematic reviewing, researchers accumulated evidence for service opportunities and effectiveness of interventions in the retirement transition. Effective

behaviour change techniques and modes of delivery of interventions were identified. Three workshops were conducted using co-design methods. Co-designers were potential intervention-users, deliverers, commissioners and researchers. The workshops involved persona-building, brainstorming and storyboarding new ideas for possible interventions using a variety of prompts informed by the evidence base. Developing ideas, prototyping and integrating the evidence base occurred iteratively. Results: Key emerging design themes were intervention personalisation through identification of needs and desires, and the role of a mentor in identifying resources and setting goals. Integration of design ideas and prototyping was achieved through structured opportunities for discussion and a diversity of interactive methods. Conclusions: Co-design methods integrated multiple sources and types of data, generating design recommendations for theoretically sound and evidence-based interventions. Intervention prototypes will be tested for acceptability and feasibility with older adults. The resulting interventions are more likely to be adopted by intended target groups.

Carol Holland, Aston University

11.11 HC KB Lecture

Self-regulation and maintaining Safe mobility and independence with older road users

Developed countries with an increasingly ageing population face a number of challenges in enabling older adults to maintain independence. A very significant part of maintaining independence is maintaining safe mobility, both as drivers and as pedestrians. In addition to the increase in the older adult population in the UK and similar countries, driving licensing has changed significantly with a greater proportion of older people being active drivers and expecting to continue to be so, many more older women driving than in previous generations, and older drivers making many more trips by car and driving further. However, despite a large amount of evidence on the effects of age on speed of processing, vision and attention, and evidence of the effects of various illnesses (which increase in frequency with increasing age) on driving safety, older drivers manage to stay remarkably safe with collision frequency lower than expected from population statistics. This paper synthesises the research and published statistics to present the suggestion that the key issue in maintaining safety is the self-regulation older drivers engage in to stay safe. The current shift in public attitude expressed, for example, in recent government documents, from a largely negative view of older drivers to a growing recognition that enabling and improving self-regulation and awareness of deficits will maintain safer road use and reduce isolation, is examined from a research perspective. The development of older driver and pedestrian interventions that now focus on improving self-regulation rather than early driving cessation is discussed. The role of self-regulation in adaptation is then applied to older pedestrian issues and the way forward examined.

Marianne Howard, Leeds City Council

6.7 HC KB Pusey

Telecare to support independent living: Experiences from Leeds City Council / A local authority point of view

Local authorities are under growing pressure to provide care to an increasing number of older people with a growing complexion of health and care needs. This combined with a reduction in funding and a changing financial climate results in a demand for new ways to care for people. We will look at how Telecare can aid older and disabled people to remain at

home for longer and provide support to people who need it. We look at the infancy of telecare provision, with the Preventative Technology Grant, to providing a fully mainstreamed integrated service. We will look at the challenges and barriers to providing the service from user participation to charging. We will look at specifically how the service is set up at Leeds City Council and look at the differences of service set up across different local authorities. We will look at how the right equipment is chosen, and the benefits of this to customers. We will include the training and promotion of Telecare to a wider audience and challenges we face in the future.

Martin Hyde, Stockholm University

2.2 CV KG Mawby

Travel and tourism in later life

Later life has traditionally been thought of as a time of stability not mobility. This is changing with the growth of the so-called 'grey tourist market'. This is a fast growing area and, alongside other developments such as retirement migration, it challenges the traditional models employed to understand ageing and later life. However relatively few studies have looked at the role in which (older) age might play in these mobilities. This presentation combines a narrative review of the state of research on tourism in later life and evidence from large scale studies. A number of key issues emerge from this: 1) how to define the senior tourist? 2) how big is this market? 3) are there identifiable market segments? 4) what motivates older tourists? 5) what are the benefits of or obstacles to travel in later life? and 6) how should we research this growing phenomenon? The review shows that the creation of new market segments presents older tourists with a range of possible new identities. However the extent to which these market driven labels accord with older tourists own perceptions of their identity is questionable. This in turn highlights the clash of methodologies Research in the field is dominated by survey driven market research that seeks to create new consumer segments compared to the relative lack of more participatory research that seeks to understand the role that travel and tourism might play in the creation of new identities in later life from the perspective of older people themselves.

Steve Iliffe, University College London

[Jane Wilcock, Mark Griffin, Priya Jain, Ingela Thuné-Boyle, Frances Lefford, David Rapp]

6.12 HC KB Douglas Price

Does tailored education improve the diagnosis and management of dementia in general practice? Findings from the EVIDEM-ED pragma

Background Primary care has a pivotal role to play in dementia diagnosis and management but under-performance is common. Policy pressure and financial incentivisation of dementia care in the NHS provides an ideal opportunity to test an educational intervention. Intervention: We tested a tailored educational intervention package for primary care designed to improve diagnosis and clinical management in an unblinded cluster RCT in twenty-three urban, semi-urban and rural group practices in South East England. A search of electronic medical records identified 1072 people with dementia across the practices. The intervention consisted of up to three practice-based workshops, with their content derived from prior educational needs assessment and educational prescriptions, delivered by experienced tutors. The main outcome measures were case detection pre and post intervention, and rates of two or more documented annual management reviews of

patients with dementia. Results: Case detection pre and post intervention was not significantly different between arms. The estimated Incidence Rate Ratio for the intervention versus the control group was 1.03, (95% CI (0.57, 1.86), $p=0.93$). The number of patients with dementia with two or more annual management reviews documented did not differ between the two arms. The odds ratio for two or more reviews in the intervention arm compared with normal care was 0.83 (95% CI (0.52, 1.33), $p=0.44$). Consequences: Despite high face-validity and positive feedback from practitioners a tailored educational intervention does not improve dementia case identification or documentation of clinical reviews. This may have implications for implementation of the National Dementia Strategy.

Karan Jutla, Association for Dementia Studies

2.1 CV KG Room 62

Cultural norms about the role of older people in Sikh families: “respecting your elders”

Research with Sikh carers of a family member with dementia in Wolverhampton highlighted that there are cultural norms associated with being a Sikh that impact on the various roles and positions within the family. The research highlighted that older Sikhs have a significant role within the family. Whilst there were instances where this was directly referred to in the narratives of some of the participants, the importance of the role of Sikh elders were articulated through discussions about family circumstances. For example, the older Sikhs who took part in the research (spousal carers) were very ambivalent about life in the UK. As individuals raised in communities in rural Punjab, discourses about old age and long term care differ to those within the British context. This was made evident through their discussions about the challenges and difficulties of living as co-resident couples in old age. The younger Sikh participants (intergenerational carers) highlighted “respecting your elders” as a cultural norm made evident from their examples of events in their lives where they have been restricted due to having to conform to their parents’ expectations. As an illness mainly associated with old age, having a family member with a dementia resulted in an increased emphasis on roles and positions in the family. Using examples from the research, this paper provides insightful information about the role of older people in Sikh families and the implications of such cultural norms when a family member develops a dementia.

Karan Jutla, Association for Dementia Studies

11.8 HC KB Gibbs

Creative Arts for People with Dementia: Building Evidence-based Practice.

While there is increasing evidence of the benefits of using creative arts with people with dementia, it remains unrecognised in policy and practice. There is a groundswell of interventions that use a creative art form to support people with dementia to live well. However, many of these interventions have reported only the short term benefits for people with dementia and the long term benefits are yet to be explored. A number of challenges arise for developing such evidence-based practice. For example, there are issues around understandings of what constitutes a creative art form with the common misconception that it is an ‘activity’ that requires additional staff, time and resources. For people with dementia, a creative art form is particularly beneficial when it is meaningful. For an activity to be meaningful, it has to be person-centred. The wide range of activities that this may involve creates challenges for building evidence-based interventions that are transferrable to other settings. Tools for evaluating the long term effects of the developed intervention are also yet to be explored. This paper will discuss and explore the current

issues and challenges for building evidence-based practice to support the use of creative arts for people with dementia so as to encourage this area to be more recognised in research, policy and practice.

Sally Keeling, University of Otago, Christchurch

4.3 ES KG Book Room

Exploring concepts of social health and social frailty in longitudinal studies of ageing

The purpose of this paper is to review sociological involvement in several New Zealand longitudinal studies of ageing, to consider the various ways that interdisciplinary studies have articulated social variables. Commonly measured components can be identified in four broad areas:

Social situation core socio-demographic factors; household and living situation; educational & occupational background and current status

Family and social network – composition, structure and function; geographic location

Supportive context – care and support given and received, satisfaction with support/unmet need. Community and environment – emplaced life history; current participation and perceptions.

These measures are drawn into models to explore associations with health and quality of life outcomes, in ways that align with several comparable international studies. The paper concludes by considering the risk of setting up a new dichotomy between social health and social frailty, despite the intentions espoused, of moderating biomedical determinism. New Zealand gerontological research also needs to address the tensions involved in comparisons conducted within a bicultural society, and with increasing multicultural diversity. On balance, this work can make a contribution to international comparisons, by developing well-aligned social measures, tested in various social and national contexts.

Priya Khambhaita, University of Southampton

[Rosalind Willis, Maria Evandrou, Pathik Pathak]

6.9 RM KB Seminar 5

Limitations to ethnic matching in the recruitment of older Asian male participants

A researcher's position as an outsider or insider can affect the research relationship. A growing number of studies have highlighted the effects of 'race' on the interview process. Shared identity and experience can create a shared empathy between a respondent and a researcher. However, even where shared identity exists, other differences can have significant impacts on communication and the interpretation of data. There is a need to be cautious of the risks associated with ethnic or gender matching and to be wary of making implicit assumptions (Bhopal 2010). This paper draws on qualitative interview reflections from a project on attitudes to social care focusing on Indian, Pakistani and Bangladeshi elders. Barriers to recruiting older male participants were encountered by female researchers. Even where researchers were matched to potential interviewees by ethnicity and language, this was found not be enough when it came to age and gender differences. The authors argue that care must be taken when thinking about which characteristics to prioritise when matching researchers to potential participants. Where matching by gender and age are not possible, focussing on appropriate behaviour (e.g. how best to address participants, physical proximity) and the advice of gatekeepers become ever more important. Finally, facing these barriers as a researcher was also a useful experience when

considering issues that young, female social care practitioners might have in facilitating access to, and provision of, quality care.

Anne Killett, University of East Anglia

[Diane Burns (University of Sheffield); Fiona Kelly, Alison Bowes, Michael Wilson (University of Stirling); Isabelle Latham, Dawn Brooker (University of Worcester)]

4.5 HC KB Seminar 1

Organisational culture and residents' experience of care

The quality of care provided to older people living in care homes is an enduring theme in public policy and practice. There is increasing recognition that organisational culture plays a key part in the quality of care provided to older people in care homes, there is little research that specifically examines the processes of care home culture and how these may be associated with care quality. This presentation draws on an empirical study to investigate the relationship between care home culture and the experience of care of residents, in particular those with high levels of complex needs. Eleven care homes participated in this comparative case study research, with methods combining detailed structured observations of the care experiences of residents with complex needs, and ethnographic research. Our analysis indicates seven inter-relating elements associated with care home cultures that promote or hinder good practice: shared purpose among staff; sense of connectedness between staff, residents, relatives and other visitors; mediating pressures from outside the home; empowerment of staff; openness to change; the care home environment and its uses; and activity and engagement. We add to existing debates on care home culture by suggesting that culture is locally and contextually created, shifting, and delicate. Shared purpose and values cannot necessarily be 'imported', rather, approaches, training and mission need to be 'mediated' in order to be incorporated into explicit and implicit values.

John Killick, Dementia Positive

[Maria Parsons (Canadian Dementia Action Network); Karan Jutlla (Worcester); Claire Garabedian (Stirling); Kate Allan (Edinburgh)]

11.8 HC KB Gibbs

The Significance of the Word

This presentation will tell the story of a writer entering the world of people with dementia, and his realization not only that the language they use is significant and meaningful, but that it is also full of expressive possibilities.

The process described will be that of creating poems with people with dementia individually and in groups.

Amongst the positives of this practice to be identified are the following:

- It gives a voice to people whose language is often ignored or undervalued;

- It reinforces the sense of personhood of the participants

- It harnesses the potential for meaningful symbolic language of those with the condition

- It results in artefacts which can be valued and shared

- It provides an opportunity for combating the stigma that surrounds the client group.

Individuals will be introduced through examples of their characteristic utterances, which have been shaped into poems. By this means one of the possibilities inherent in creative approaches in the field of the arts and dementia will be demonstrated.

Daniela Klaus, German Centre of Gerontology

11.2 ES KG Mawby

Social Relationships in Later Life: Variations across Educational Groups

It is well documented that social relationships contribute to the well-being across the life course but above all in later life. They provide social integration and informal support and thus increase the physical and mental health and the life satisfaction. Based on theoretical considerations it is reasonable to assume that close and supportive relationships are not available to everyone to the same degree and of the same quality. The aim of this presentation is to test whether the number of close relationships and the support potential vary across educational groups – both, in absolute level and along the life course.

Longitudinal data of the German Ageing Survey (DEAS) are applied (1996-2011). Around 6,000 respondents aged between 40 and 85 years in their baseline are available. Panel regressions are carried out. Preliminary findings prove significant effects of education on social relationships. Higher educated have larger social networks and perceive a higher support potential than lower educated. Whereas the group differences in the network size continue throughout the second half of life, they attenuate in terms of the support potential. The findings suggest social inequalities underlying social relationships. In order to shed light on the mechanisms a number of potentially explanatory indicators are introduced and finally tested such as (education-specific) investments in social relationships.

Alejandro Klein, University of Guanajuato

6.3 ES KG Book Room

Approaching to the contemporary bonds between grandparents and adolescent grandsons

This paper, looks for to establish conceptual scaffoldings that provide better understanding in the forms of relationships between grandparents-grandsons, when the latter becomes adolescents. It is necessary to understand in first place that for first time, children and young people have the probability to have their four grandparents alive and in appropriate conditions of physical and mental health. The research was in Montevideo, Uruguay, South America working with adolescents (15 to 18 years of age) that consulted in one Service of Mental Health, into the Psychiatric Clinic- Area of Adolescents, between the years 1997-1999. Those adolescents formed a psychotherapeutic group with a weekly frequency of meetings of one hour approximately. The setting was psychoanalytic and psychodramatical. The sessions were transcribed and reviewed by the two therapists who coordinated the group. The total of adolescents who took part of the group was approximately of 30. Different clinical and social interpretative hypotheses (Klein, 2003, 2004, 2006) were elaborated from this clinical material. These heuristical hypotheses are due to continue and to complete with other researches. At the same time the two therapists coordinated focused groups with grandparents of those adolescents, approximately 40 persons, half women, half men. The main theme of those groups were “how I maintain my relationship with my grandsons”. **RESULTS** It appears different kind of relationship that is possible to put together in three great trends: traditional, not traditional, new trends. Sometimes they are interweaving between them. Also, it is possible to think that in some cases probably we don't have appropriate names for these new relationships configurations. Also it is necessary to take in account that for many current adolescents the family doesn't appear anymore as the traditional idea of “home”, that push grandparents to adopt parents' roles. We distinguish three trends, that:

Traditional Trends: The adolescents reveal the traditional need of care, attention and education. The model continues being asymmetric between one young people and one consolidated adult. The adolescents urge total dedication and perceiving (sometimes with blame) the altruism and self-sacrifice of their grandparents. these grandparents continues feeling that is necessary to transmit traditional roles and tasks as grandparents

No-Traditional trends: The adolescents express that they wait or need understanding and friendship before authority and education. At the same time, the grandparents no longer appear representing only the past, the legacy and the inheritance, but also demanding from their grandsons contact, friendship and understanding. The “complicity” between both of them appears as growth opportunity and mental health. This contact is relevant, looking for to build a common space (Vidal, 2005). Apparently, grandparents need to their grandsons as much as they need those, into emotional encounter that reveals mutual attachments with importance of a good reflective capacity (Fonagy, 1999), promoting a reflective dialogue with them, that avoid serious distortions in their communications. The adolescents expressed that their grandparents can understand clearly their problematic.

New trends: The adolescents reveal the tendency to act with their grandparents something traditionally reserved to the relationship with their parents (avuncular confrontation). They have discussions and demand autonomy with their grandparent, feeling that they can support their demands and transitory hate. Also these modern grandparents (not all, but probably the majority) do not accept anymore to be old grandparents according to their inherited models. They do not transmit those models because they do not want reproduce them in themselves. There is an effect of generational “gap”, is probably something new in the history of the mentalities and the cultures (trans-generational confrontation) and as something inherent of the actual subjectivity of these post-adult grandparents.

Julia Kleindienst, Vienna University of Economics and Business

[*Ulrike Schneider*]

4.8 HC KB Gibbs

How do elderly Europeans value informal care?

No discussion of the social value of informal care can be complete without an idea of its value to care recipients. The occasionally used proxy good method relies on the questionable assumption that informal care is a close substitute for formal care in efficiency, as well as emotional impact, while contingent valuation may pose an excessive cognitive burden on respondents. Though the literature recognises these problems, alternatives are thin on the ground. We therefore use the subjective well-being valuation method to produce an alternative estimate of the total net value to an elderly care recipient in Europe. Using a sample of about 30,000 over 50-year-olds from SHARE, we estimate the welfare effect of receiving care, and investigate several factors determining how highly the care is valued. In order to monetize the value of informal care we estimate an ordered probit model of the impact of both income and care hours on care recipient’s self- assessed life satisfaction. Calculating the marginal rate of substitution between the two then provides a monetary (shadow) value of an hour of care.

We find that respondents receiving support may be negatively impacted by the loss of autonomy. As care needs (as indicated by functional limitations) increase, however, care received becomes an increasingly valued enhancement of their quality of life. At an extreme of care dependency, we estimate a value of over €20/hour. Further investigation will

explore the impact of family relationships to the care-giver, and of (complementary) formal care on this valuation.

Helen Ko, Beyond Age Pte Ltd

7.4 CV Room 66

Training Designs for Older Workers: A Literature Review and Implications for Research

Many researchers have noted the importance of training for employability of older workers. Yet, in many countries, including Singapore, older workers are under-represented in training, particularly the older and less educated. The current policy direction in Singapore is to moderate the inflow of foreign labour and enhance the productivity of the local manpower. With the implementation of the re-employment legislation, more older workers are expected to attend training courses. However, little research has been carried out on the training of older workers. Of the limited empirical studies on this subject, they can broadly be classified under two categories: studies related to training participation and studies related to training designs for older workers. Previous research has noted that while theoretical, methodological and empirical work on training research has increased, little attention has been paid to the special training needs of older workers. Specifically, there is a dearth of empirical research on training designs for older workers. Against this backdrop, this paper reviews the empirical literature on this subject and proposes a research agenda. This review will inform researchers considering investigating topics related to this subject, as well as practitioners involved in the training and development of older workers. Studies precipitated by this review are likely to provide greater insights and add theoretical depth to discussions on this subject. They will also benefit policy makers in Singapore, as well as many other countries confronting ageing workforces.

Emma-Reetta Koivunen, University of Leeds

[Emanuela Bianchera (Oxford)]

6.7 HC KB Pusey

Exploring telecare use in everyday life: a longitudinal and ethnographical methodology

This presentation discusses an innovative mixed method ethnographic methodology in a research project on telecare use by older people with susceptibility to falls and/ or dementia. The AKTIVE project (Advancing Knowledge of Telecare for Independence and Vitality in later life), aimed at examining older people's use of telecare and the barriers and facilitators they encounter. The approach included the perspective of the older person, their family members and others in their caring network. The study was carried out in 65 households over two locations in England, Leeds and Oxford, with research participants using telecare for falls or for dementia or other memory problems, and living in the community. To gather rich data about telecare use in everyday life, a longitudinal ethnography-based methodology, called Everyday Life Analysis of Telecare Use was devised. At the core of this approach are six semi-structured interviews, conducted over a period of a year. Each interview visit has a specific topic for discussion, such as biography, relationships, health or technology. Recurrent visits gave researchers an opportunity to get to know participants and observe changes in their condition and life situation. The interviews were complemented by observations, participant diaries and photographs, visual mapping, and interviews with family carers and care workers. Each of these contributed to provide in-depth understanding of the everyday life situation of the older person, opportunities and challenges linked to the introduction of technology in the households of vulnerable older

people, the impact on formal/informal care arrangements and age-related barriers to technology use.

Stephanie Kumpunen, London School of Economics and Political Science

[Jacquetta Holder (University of Kent); Lisa Trigg (LSE)]

4.5 HC KB Seminar 1

Choosing a care home in England, the Netherlands and Spain: professional provision of information and older people's preferences

The provision, use and views of information and advice when choosing an individual care home were explored in England, the Netherlands and Spain as part of the European Union Cross Border Care Collaboration. Data was collected through 90 in-depth interviews with care home residents, relatives/carers and professionals including social services staff and representatives of care homes. To understand how comparative quality information is valued, 14 focus groups were held with relatives and older people living in the community. The availability of comparable quality information varies greatly across the countries, but the market ideology of choice and competition increasingly steers policies and approaches. Across all countries older people and their relatives report making use of word-of-mouth recommendations and visits and tours of homes to determine quality more than written information. Group discussions suggest non-clinical 'subjective' indicators are valued. Preferences for abstract and specific process and outcome indicators changed during the groups, and varied across the countries – yet clinically-focused indicators were not popular across any of the groups. Information and indicator preferences may be linked to cultural expectations of transitions into formal care settings, as well as individual and public concerns about residential care. The findings have implications for: (1) current trends to provide more online quality information; and (2) current information provision practice that may be of use to other countries.

Jenny La Fontaine, University of Worcester

[J Oyebode (University of Bradford); Michael Larkin (University of Birmingham)]

11.5 RM KB Seminar 1

Methodological complexities in researching intergenerational family experiences of living with Fronto-temporal Dementia

Fronto-temporal dementia (FTD) brings particular challenges for the person and their family, including changes in empathy, social behaviour and personality. However limited research exists which explore the experience of living with and being in relationship with a family member with these difficulties. Existing research has largely considered the interplay between Alzheimer's disease and family relationships, where the impact and experience is significantly different. Furthermore, such research focuses primarily on the dyadic relationship between the person with dementia and their primary family caregiver, in spite of evidence suggesting that dementia impacts upon whole family systems across generations. A qualitative, longitudinal research study, exploring the experience of FTD for intergenerational families over time is currently underway. This research involves regular, in-depth, biographical interviews with participating families, over two and a half years, including the person living with FTD. Methodological complexities have arisen as this study has progressed. These complexities include:

- Which methodology is appropriate given the challenges associated with such research?
- What kind of knowledge is being sought and how can this be accessed?

- The challenges of achieving and representing the multiple perspectives of intergenerational family members
- What is considered to be data in qualitative interviews
- How such research can sensitively address the ethical concerns associated with gaining multiple and sometimes differing perspectives

This presentation will discuss some of the complexities associated with this research study, and consider some of the methods through which these issues are being addressed.

Attracta Lafferty, University College Dublin

[Jonathan Drennan, Pearl Treacy, Gerard Fealy, Amanda Phelan, Imogen Lyons, Patricia Hall]

4.6 HC KB Seminar 2

Abuse and Neglect of Older People in Residential Care Settings: Results of a National Irish Survey of Staff-Resident Interaction

The vast majority of older people living in residential care settings are cared for in high quality, safe and supportive environments, however research evidence suggests that mistreatment does occur (Pillemer & Moore 1989; Georger 2004). This paper presents findings from a national survey of nursing and care staff working in residential care settings for older people in Ireland. Based on the Conflicts Tactics Scale (CTS), a self-administered questionnaire was developed to measure the extent to which staff had both observed and perpetrated the abuse and neglect of older people in their care. A total of 1,316 registered nurses and healthcare assistants working in a randomly selected sample of 64 nursing homes participated in the survey. Over half of the respondents (57%) reported that they had observed one or more neglectful acts and just over a quarter of respondents (27%) reported that they had engaged in at least one neglectful act within the preceding year. Approximately a quarter of respondents (27%) reported that they had observed another member of staff psychologically abuse a resident and eight per cent reported that they had perpetrated acts of psychological abuse. Several factors were found to be associated with the perpetration of neglectful and abusive behaviours. These findings confirm that abuse does occur in residential care settings and that the reasons for such abuse are multi-factorial. A number of strategies are suggested to ensure the protection of older people receiving residential care.

Jose Lara, Newcastle University

[Alan Godfrey, Elizabeth Evans, Ben Heaven (Newcastle); Laura Brown (Manchester Metropolitan University); Evelyn Barron, Lynn Rochester, Thomas D. Meyer, John C. Mathers (Newcastle)]

12.8 HC KB Gibbs

The Healthy Ageing Phenotype: its distinctive features and measuring tools

Introduction. Intervention studies need a panel of measures which capture key features of healthy ageing. Our focus is on outcome measures which can be deployed in community-based, lifestyle intervention studies such as those we are developing in the LiveWell Programme. We adopted the concept of the “Healthy Ageing Phenotype” (HAP) to frame our research. We aimed i) to identify the most important features of the HAP and ii) to identify/develop tools for measurement of those features. Methods. We reviewed the literature on assessment of healthy ageing. We aimed to identify both the most important features of the HAP and tools which could be used for their measurement. Our focus was on

outcomes which are expected to change with age, may be responsive to lifestyle interventions and with evidence for strong association with ageing-related phenotypes including morbidity, mortality and, lifespan.

Results. The HAP is multidimensional and may be characterised by measurement of markers of physiological and metabolic health, physical capability, cognitive function, social wellbeing, and psychological wellbeing. Within LiveWell we are currently selecting core features of the HAP and identifying tools for their measurement.

Conclusion. A minimum set of measures to characterise the HAP is proposed. Such set of measures may have wider utility and could facilitate comparisons across diverse study designs and populations. The LiveWell project is funded by the Lifelong Health and Wellbeing programme which is a Cross-Research Council initiative in partnership with the UK Health Departments.

George Leeson, University of Oxford

2.3 ES KG Book Room

Sandwich Generation – UK generations approaching retirement

This research examines the current situation and future expectations of those born in the period 1952-1962 in the United Kingdom. According to the Office for National Statistics, the mid-2012 population of the United Kingdom is estimated to be 63.2 million persons, with 8.5 million aged 50-60 years (born 1952-1962) comprising 13% of the total population.

This generation is the post 2nd World War baby boomers, born into a time of austerity but a time of dramatic and lasting change. They may have been too young for the swinging sixties to have had a profound impact on their attitudes and behaviours, but those swinging sixties served as a backdrop for their early formative years. Many had a Victorian style upbringing by parents who were themselves the children of true Victorians. This has meant that they have “behaved”. They have behaved when it came to work, savings and family responsibilities, but as they approach retirement – albeit a very different retirement from that of their parents and grandparents – many of them discover that their good behaviour does not look to bear the rewards in later life that they had expected. Subsequently, they are faced with an uncertain future as far as security in later life is concerned.

Some are seemingly well-prepared, others less so, and yet others hardly at all. In most cases, they feel that they have done the “right thing” to prepare, followed the rules, and worked hard, yet find themselves facing lowered expectations, either in reality or perception and significant challenges, with little time to accommodate the changes they will need to make to enjoy the retirement they had hoped for. Even so, they are generally optimistic, relaxed, enjoying life and almost fatalistic about this approaching stage of their lives – but for many it will not be what they had hoped for and expected.

Miranda Leontowitsch, St George's University of London

7.4 CV Room 66

Early retirement in Germany – on the increase despite financial losses

The amount of people taking early retirement in Germany reached an all time high in 2011, with just under half of all new retirees retiring early. Overall the group of early retirees among all retirees has grown to over 48 per cent. Given Germany's economic and social history over the past 60 years, early retirement has been a viable option for many despite repeated governmental attempts to curtail it. There is a polarised debate around whether

early retirement is a life-style choice for those with high income, or whether people, often from lower income jobs, are pushed out of work early, thereby risking potential poverty. By drawing on the theory of cultural ageing along with data from a review of two new major studies on ageing and retirement in Germany and reports by the Federal Statistical Office, this paper will argue that cultural and historical contexts are as important as economic ones in understanding the prevalence of early retirement in Germany today. This will consider past and present incentives to retire early and the role of third age identities. It would appear that negative stereotypes about ageing and later life ranging from those associated with biological, financial and social decline to those of selfishness among the so called 'baby boomers', have coloured these debates without allowing for the type of differentiated analysis of when and why people retire from the labour market which is essential if we are to fully understand this complex set of phenomena.

Myra Lewinter, University of Copenhagen

7.10 HC KB Seminar 6

Work and care in a changing welfare state: case study from Denmark

While the publicly financed and gratis (for user) home care system has the main responsibility for personal care, help with practical tasks is being taken over more and more by informal carers; this is in addition to their roles in social and emotional care and assistance in relation to the health and social systems. Most of these carers work. This paper will analyze the factors facilitating combining work and care as well as the barriers. The former are found mainly in the nature of labour market agreements in Denmark, as well as the Danish concept of "flexibility". The latter stem from the fact that certain workers (often low paid ones) cannot avail themselves of these facilitating factors. The paper will then analyze the recent incremental changes in the Danish home care system with respect to work and care. While informal care itself is not formally recognized in the Danish care discourse, policy changes are shifting more of the burden of care on this care. The percentage of people receiving formal care has fallen by 25% in the past 6 years and access to practical assistance alone has been restricted. In the Home Care Commission currently working on a report, many participants wish to limit formal care for practical help to people who also receive help with personal care. If implemented, this will not only affect informal care but particularly women, as these are the informal carers in Denmark.

Myra Lewinter, University of Copenhagen

12.2 ES Mawby

Individualizing the risks of old age in Denmark: policy transformations

The Danish welfare state has been characterized by a high degree of social solidarity, expressed, among other things, in policies that share the risk of many life events. However there has been an incremental policy shift that is individualizing these risks. This paper will examine how these policies have affected old age by analyzing key policies for older people: pensions and care. In the field of pensions, the development of individual labour market pensions (now covering the large majority of workers) and individual retirement savings has now made an impact on the national old age pension which is regulated according to additional income. The result is among other things, an increase in income inequality in old age. At the same time care is being rationed, with cutbacks in both the amount of care provided and increased demands for eligibility. This has resulted in about a 25% decrease in the number of people receiving public home care during the past 6 years. People with

“small needs” (i.e. help with practical tasks) are having to resort more and more to either the private market or – if they cannot afford it informal care to have their needs met. This has resulted in increased inequality in access to care with the well off pensioners purchasing small amounts of help (even on the black- unregistered market) while others have to either fend for themselves or draw on help from their families.

Alan Lewis, University of Manchester

7.8 HC KB Gibbs

Daylighting in Extra-Care Housing

Many older people experience some form of sight loss. It has been estimated that approximately one in eight people over 75, and one in three people over 90, have a visual impairment sufficiently serious that they should be registered as blind or partially sighted. Previous research has demonstrated the benefits of good daylighting in the homes of people with sight loss, particularly in aiding detailed visual tasks. Daylight also has health benefits, particularly in helping the body to regulate the production of melatonin, which in turn helps to regulate sleep patterns, and in stimulating the body’s production of serotonin, which can reduce the symptoms of depression. Despite these benefits, an evaluation of 23 extra-care housing schemes, undertaken as part of the EPSRC-funded research project EVOLVE (Evaluation of Older People’s Living Environments), revealed that only half complied with the current recommendations on minimum daylight factors in lounges and bedrooms. This is surprising given the prevalence of sight loss amongst older people, and given that extra-care housing is intended primarily for older people. This paper will present the findings of a study, funded by Thomas Pocklington Trust, which aims to identify barriers to compliance with current guidance on daylighting in extra-care housing. The study draws on existing data from the EVOLVE project, and on semi-structured interviews with 20 people involved in developing and designing extra-care housing schemes, particularly those housing schemes in the EVOLVE sample. The study’s findings will inform future design guidance for housing providers and architects.

Jennifer Liddle, Keele University

[Jane Richardson, Christian D. Mallen, Ed Roddy, Sam Hider (Keele); Sue Ziebland (Oxford University)]

2.6 HC KB Seminar 2

A rich man’s disease? Experiences of older people with gout

Gout is an intensely painful form of arthritis, affecting around 1.4% of adults in the UK. It can affect men of any age, whereas women are more likely to develop gout in later life. There is a range of helpful treatments, but it is not known why these are not always used effectively. Lay understandings of gout can create problems with stigma, embarrassment and identity, and sufferers may trivialise the impact of the disease. Previous research has found that people with gout want more information about the condition and treatment. This paper is based on a study designed to enhance understanding of people’s experiences of living with gout in order to improve treatment and outcomes. The study uses qualitative semi-structured video interviews with a diverse sample of around 60 people living across the UK. The study will also lead to the creation of a section about gout on www.healthtalkonline.org – a website that contains interviews with people talking about their experiences of over 60 health-related conditions and illnesses. The website will provide information for people with gout as well as their families and friends, and for health

professionals involved in the care of people with gout. This paper will explore respondents' experiences of living with gout, the factors that are most important to them in managing their gout, and their beliefs about its causes and treatment. Gender differences, interactions with health professionals, accessing information, and the use of alternative or complementary treatments will also be discussed.

This paper presents independent research funded by the National Institute for Health Research (NIHR) School for Primary Care Research. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Nat Lievesley, Centre for Policy on Ageing

4.5 HC KB Seminar 1

The changing profile of care home residents

This paper presents an analysis of Bupa Care Home Census returns for 2012, updating an analysis of previous Bupa census data. The census provides a snapshot of the Bupa care home resident population, not only in the UK but also in Australia, New Zealand and Spain. The analysis highlights the increasing prevalence of dementia and diabetes in care homes while levels of depression appear to be declining and are lower than those in the community. Other observed matters of interest include a possible reversal or slowing of the trend towards shorter lengths of stay. Matters for concern include the increasing prevalence of challenging behaviour among care home residents with interesting regional and international variations in that prevalence. Other unexplained variations include the prevalence of stroke among UK care home residents being more than three times that in Spain.

Susu Liu, City University of Hong Kong

11.2 ES KG Mawby

The prevalence of peer support in later life: a qualitative study of community-dwelling elderly in Hong Kong

Objective: Against the background of population aging, research shows that a solid social support network in later life can contribute to older people's health and well-being. However, studies on social support from peer group amongst Chinese older adults are lacking. This study examines the components of peer support among community-dwelling elderly and its benefits to promote their well-being.

Method: A total of sixteen older adults aged 65 and above living in the community were invited to a qualitative study in Hong Kong. Respondents were conveniently selected from two elderly community centres in two districts respectively. Semi-structured interviews were conducted and findings were reported via thematic analysis method.

Findings: Results showed that old friends, workmates and centre members constituted a peer support network of the elders. Peer group, as a resource of friendship in old age, played an important role in the life of older adults, especially for those who lived separately from adult children. Peer interaction behaviors mainly included regular non-reciprocal activities (e.g. leisure and social activities) and companionship. Findings also indicated that receipt of peer support produced much pleasure to older people, and contributed to distracting loneliness. Older adults were able to gain satisfaction and happiness from peer support, though reciprocity and emotional support are not regarded as their primary goal.

Ben Chi-pun Liu, Brunel University

[*Dion Sik-yee Leung*]

11.12 HC KB Douglas Price

Adverse life events and self-efficacy: crisis management in Chinese culture

Objective

This panel study aims to explore whether there is any age difference in the development of self-efficacy among Chinese adult learners over 12 months' time.

Method A total of 988 of Chinese adult learners participated in this study in 2008, and were re-assessed in 2009. Key measurements include General Self-Efficacy Scale (GSES), the List of Threatening Experiences (LTE), and Leadership Competence (LC) and Policy Control (PC) of the Socio-Political Control Scale. **Results** At follow-up, respondents' mean age was 53.7 (SD=6.9), of whom 99% were females. Structural Equation Modelling results identified three predictors for participants' GSES score at follow-up. The first two are participants' GSES and LC scores at baseline. There is an age difference in the third determinant. The third predictor for younger adults (age≤59) is participants' intention for further study; but is the LTE score at baseline for older adults (age≥60) (RMSEA=0.016; CFI=0.996, Chi-square(df 12)=15.049, p=0.239). The Z-score for age difference is -2.773, p<0.01. **Discussion and Conclusion** Our findings suggest that people at different stages of their life may adopt different strategies for self-affirmation. In our study, those younger respondents built up their self-efficacy through lifelong learning. However, those older respondents developed coping skills after dealing with their adverse life events. Despite dangers of crisis, it can provide people with an opportunity for growth and development. Therefore, those older adults who can handle their threatening life events successfully may strengthen their self-efficacy. Implications for practice and policy will be discussed.

Liz Lloyd, University of Bristol

11.9 HC KB Seminar 5

Duty of care and duty to care: maintaining dignity in care work

In health and social care services for older people instances of neglectful and abusive practices by front-line workers have been highlighted recently. Questions have emerged about the extent to which these should be seen as the outcome of individual, organisational or systemic failures. This presentation examines the links between these and considers in particular how we should understand the connections between the dignity of front-line care workers and of older people in the care system. Factors related to the dignity of both groups include autonomy, dependency, vulnerability; trust, bodily decline; care work; recognition and respect (Lloyd et al 2012, Tadd et al 2009, Sayer 2007). The paper draws on findings from two empirical research projects. The first of these - Maintaining Dignity in Later Life (NDA Programme, project RES-352-25-0016) – examined older people's perspectives on their experiences of being cared for. The second, a current international research project - Reimagining Long-term Residential Care (funded by the Canadian SSHRC), explicitly links the wellbeing of older people with that of care workers (Daly and Szebehely 2009). From a feminist perspective, this linkage is an essential prerequisite of an ethic of care (Kittay et al 2005). Themes explored include the way in which dependency and the need for care are understood in the care system, the relational nature of dignity and autonomy and the complexities of inequalities in power within care work.

Peter Lloyd-Sherlock, University of East Anglia

2.8 HC KB Gibbs

Pensions and the health of older people in South Africa. Is there an effect?

It is sometimes claimed that providing older people with a pension can enhance their health status. This paper reviews available evidence for these effects and analyses new data from the World Health Organisation's Survey of Global Ageing and Adult Health. Focussing on the experience of black African households in South Africa, the paper demonstrates that the health effects of pensions are complex and cannot be reduced to single health outcome indicators or self-reported data. More generally, the paper contrasts the neglect of health services for older people in South Africa with the country's generous old age pension scheme.

David Lowery, Central and North West London NHS Foundation Trust

[*Arlinda Cerga-Pashoja, James Warner*]

6.12 HC KB Douglas Price

Reducing caregiver burden: a curious corollary of asking a caregiver to do more!

Background: An estimated 66% of people with dementia living at home experience Behavioural and Psychological Symptoms (BPSD). These symptoms can challenge relationships, cause significant personal stress and distress, are often central to elevated levels of carer burden and can precipitate care home placement. Treatment and management options are limited. Preliminary evidence suggests exercise may be beneficial. However, studies were limited by methodological weakness and feasibility of the regimes.

Objective: To evaluate the effectiveness of an exercise regime as a therapy for BPSD.

Method: We conducted a pragmatic, randomized, controlled, single-blind, parallel-group trial of a dyadic exercise regime (tailored walking) for community-dwelling individuals with dementia and their carers. (Trial Registration: ISRCTN01423159)

Primary Outcome: Behavioural and Psychological Symptoms as measured by the Neuro-Psychiatric Inventory (NPI) at week 12. Results: There was no significant difference of NPI at week 12 between those receiving the exercise regime and those that did not (adjusted difference in means = -0.41, $p=0.6$, 95% CI [-7.37, 4.32]). However, caregiver burden doubled by week 12 for the control group, but decreased for those receiving the exercise intervention (OR=0.18, $p=0.01$, CI [0.05, 0.69]). Conclusions: This study found that regular simple exercise does not improve BPSD but importantly attenuates changes of caregiver burden. It seems counter-intuitive that the group whom were required to add activities to their daily routine felt relatively less burdened; but nevertheless, these findings have important implications for carers and should be explored through further research.

Margaret Lumbers, University of Surrey

[*Monique Raats*]

6.4 CV Room 66

The impact of transitions on satisfaction with food-related life

Qualitative ($n=640$) and quantitative ($n=3291$) research conducted with non-institutionalized participants over the age of 65 in eight European countries provides evidence that diet, eating and foodwork are foremost a family matter, and trajectories are developed in this context during the life course. This is shaped and changed over time, and the surrounding society and personal constructs always influence the complexity of food habits. Transitions and turning points occur during life and follow the major life events such

as leaving home, family building and becoming a widow/widower. Informal networks may be particularly important for: widowed men without prior food shopping experience and those with significant health problems and limited support. Many expressed a reluctance to request support from their families, particularly in Northern European countries, where seniors did not want to be a burden on their children. Eating healthily was regarded as an investment to ensure independence was kept as the transition of old age approached, but old age could also be a reason for not bothering about it. Food-related goals not only link with health, but also to enjoyment of food in terms of variety, social networks and surroundings. Personal (e.g. ability to taste), social (e.g. family support) and material (e.g. storage facilities) resources deemed important to achieve the desired goals. High perceived relevance and levels of resource ratings link with more satisfaction with food-related quality of life. People who perceived themselves as having high level of goal relevant resources were very satisfied with their food-related quality of life.

Meiko Makita, University of Nottingham

2.2 CV KG Mawby

Health Narratives of Everyday Life

In this paper I explore the ways in which a group of old Mexican women experience the corporeal aspects of ageing and old age. I focus on exploring embodied old age, on the lived experience of having and being an ageing body through the analysis of multiple in-depth interviews with 32 women aged 60 to 89. Mainly, I focus on exploring women's narratives of health: their notions of their own ageing bodies, undergoing physical changes and their strategies to manage their health and ageing bodies in relation to self and others. Most women defined "healthy" beyond just bio-medical or physical terms; very few focused on the absence or presence of specific disease, illness, pain or impairment. In their narratives, there was an evident sense of embodiment as most of them initially equated 'feeling good' to being healthy. They were certainly referring to the emotions derived from their bodily experiences. Yet, more extensive accounts of health were given: health as function; health as fate; health as absence of disease/pain, and health as attitude. For these Mexican women health is something one has, something apart from the self. They "have health" and consequently they objectify their bodies. Theirs are bodies increasingly vulnerable to disease, distress and dysfunction and that is why oftentimes most of them construct their mind as the site of personal agency for their everyday life experience. In doing so, they feel in control of their ageing bodies, their pain, illness or disease.

Juliette Malley, London School of Economics and Political Science

[Jose-Luis Fernandez]

4.8 HC KB Gibbs

Understanding Ethnic Differences in Older People's Reports of Home Care Quality:

Evidence from the English Home Care User Experience Survey

Surveys of users' experiences are increasingly being used to monitor the quality of care in a number of countries. In England, results from successive surveys have consistently found that social care users' experiences of services vary by ethnicity, with people from white backgrounds reporting higher satisfaction and higher quality services compared to people from black and ethnic minorities. There have been very few attempts to unpick the reasons for ethnic differences in reported quality. This paper explores a series of hypotheses using a national survey of home care users aged over 65. One hypothesis is that differences

between ethnic groups are confounded by a concentration of socio-economic factors known to influence reported quality within non-white groups. Using regression techniques we find that differences in reported quality between ethnic groups remain after controlling for relevant factors across a variety of quality indicators. We therefore explore two further hypotheses. First that the effect is confounded by a concentration of people from ethnic minorities in poorly performing organisations, and second that the effect is due to differences in the perceived quality of care delivered by an organisation between ethnic groups. Using multilevel regression techniques, clustering by organisation, we find some evidence to support both hypotheses, but stronger support for the effect being due to differences between ethnic groups in the perceived quality of care for the same organisation. We recommend further research to understand whether the differences in perceived quality reflect real differences in care or differences in reporting styles between ethnic groups.

Jill Manthorpe, King's College London

[Kritika Samsi]

6.12 HC KB Douglas Price

The real dementia challenge: using research to change practice for older people with dementia

Commentators are suggesting that two distinct literatures in England and Wales are evolving: one depicting the Mental Capacity Act 2005 as progressive, empowering and autonomy promoting; the other, a more international literature connected with the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) – about ‘how dreadful laws like the MCA are, how regressive, disempowering, autonomy-denying’ (Series, 2013). For practitioners who act as interpreters of such legislation as well as its agents, such a difference of views may be confusing particularly as recent data is revealing apparently contradictory trends. This paper draws on qualitative longitudinal data from the EVIDEM Mental Capacity Act study, which investigated experiences and perceptions of the Act in relation to older people with dementia among diverse practitioners from all sectors (N=272). The study also investigated older people’s views by interviewing well older people (N=37) and people with dementia (N=16) and carers (15) about everyday decision-making and long-term planning, and whether or not they had had recourse to legal advice and guidance for long-term planning and proxy decision-making. Its findings in relation to implementation of new legislation may be useful to those considering policy, procedure and training materials to support the implementation of planned new social care legislation in the near future.

Jill Manthorpe, King's College London

[Dr Kritika Samsi]

6.12 HC KB Douglas Price

Implementation of the Mental Capacity Act 2005 in health and social care services for people with dementia

Commentators are suggesting that two distinct literatures in England and Wales are evolving: one depicting the Mental Capacity Act 2005 as progressive, empowering and autonomy promoting; the other, a more international literature connected with the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) – about ‘how dreadful laws like the MCA are, how regressive, disempowering, autonomy-denying’ (Series, 2013). For practitioners who act as interpreters of such legislation as well as its agents, such

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Marianne Markowski, Middlesex University

9.7 HC KB Pusey

Using constructive design research to develop online social technologies for older people

This paper presents the methodology of constructive design research, which has been used to develop the 'Teletalker' – a system to make online face-to-face interaction easier for older people. The Teletalker is an installation of two open 'kiosks' connecting two public places via live video and touch-activated audio. The Teletalker system is the researcher's tool and vehicle to investigate the question on how to design online social interaction for older people. In contrast to other design approaches such as participatory design or inclusive design constructive design research emphasises the construction of the product, system, media or space. Consequently, the artifact and its placements, presentation and tangible experience become the key means in constructing knowledge. A constructive design researcher follows the steps similar to those used in Action Research: iteratively planning, acting (i.e. producing a prototype, concept, scenario), observing and reflecting whilst drawing from interdisciplinary knowledge. This paper reflects on the experience and knowledge gained so far employing constructive design research as a method. The researcher's main aim with the Teletalker research is to initiate a discourse around the role and form of online social technologies developed for older people.

Alan Marshall, University of Manchester

[James Nazroo]

2.4 ES Room 66

Measuring Frailty: A Comparison of Fried's frailty phenotype and Rockwood's Frailty Index

This paper addresses the uncertainty around how frailty should be measured by comparing the Fried and Rockwood frailty assessment measures using data from the English Longitudinal study of Ageing (ELSA). The frailty index developed by Rockwood is based on the proportion of the 'deficits' that an individual has experienced. The Fried approach categorises individuals into states of 'robust', 'pre-frail' and 'frail' based on the presence of three or more frailty indicators: unintentional weight loss, slow walking speed, subjective exhaustion, low grip strength and low levels of physical activity. We evaluate the success of each frailty measure in predicting death and moves to a care home, using Cox Hazard models and Receiver Operating Curves. Attendees will gain an understanding of how the Rockwood and Fried frailty assessment measures can be operationalized in ELSA and the relative success of each frailty measures in predicting important adverse outcomes.

Alan Marshall, University of Manchester

[*Gindo Tampubolon*]

2.4 ES Room 66

Socioeconomic and gender inequalities in trajectories of frailty: findings from a growth modelling approach

This paper considers how trajectories of frailty at the older ages (50+) differ according to wealth, gender and living arrangements. Growth curve models are used to capture trajectories of frailty (Rockwood frailty index) by single year of age over 5 waves (8 year period) of the English Longitudinal Study of Ageing.

Levels of frailty are considerably higher for the poorest compared to the richest older people. The inequalities in trajectories of frailty are stark; a poor 70 year old has a very similar frailty trajectory compared to a rich 80 year old. Stratification by gender reveals that women become increasingly frail compared to men with age especially for those who are single. There are very different patterns of wealth inequality in frailty trajectories by gender. Wealth inequalities in frailty persist across the older ages among females whilst trajectories of frailty for the poorest and richest males converge at the oldest ages. This paper considers the drivers of these inequalities and the implications for policymakers and social researchers.

Eva Martinez Cruz, University of Surrey

7.4 CV Room 66

Pension income differences between retired men and women. Evidence from Spain and the UK

Pension regimes across Europe are being reformed due to international pressures on welfare states at the same time that “private” (often tax-subsidized) pensions are increasing. This agenda of pension reforms have included measures to improve how pension policies deal with gender differences in pension income and there is evidence that the reforms will bring greater gender equality, at least in state pensions. Yet, the lack of retrospective application of reforms of this nature on pension systems might be creating income inequalities between age cohorts of retired individuals; the oldest being worse off than young old individuals. Therefore, it is important to examine whether gender differences in pension income are smaller among the retired in their sixties than among the oldest in their eighties or above. This paper explores age cohort differences in pension income among retired men and women comparing two different pension regimes, Spain and the UK. It analyses cross-sectional data based on the latest waves (2010) from the ELSA and SHARE surveys, analysing 2571 retired individuals for Spain and 6955 for the UK. The analysis considers three age groups to allow cohort comparisons (60-69, 70-79 and 80+). Linear regressions compare the impact of age and gender on pension income among the retired in Spain and the UK, while adjusting for other variables. The paper suggests that although women’s pension income is generally lower than men’s in both countries, increasing age has a greater impact on pension income in the UK than in Spain.

Katey Matthews, University of Manchester

[*Tarani Chandola, James Nazroo, Neil Pendleton*]

9.4 CV Room 66

The health effects of later-life employment: the importance of employment quality post retirement age

With an ageing workforce and changes to normal retirement age, there is great importance in understanding how employment, and employment quality, affects wellbeing in later-life. This paper uses propensity score matching to remove selection bias in order to seek a causal effect. Caliper matching examines (i) the effects of working post-retirement age and (ii) the effects of the quality of this employment, on depression, self-rated health and cognitive functioning. Robustness of results is further tested by sensitivity analysis using Rosenbaum bounds. No significant differences in wellbeing remain between retirees and workers in general after accounting for selection bias. However, results show those working in high quality employment have significantly lower levels of depression and poor self-rated health than those in poor quality employment (mean difference in scores of -0.52 (s.e. 0.24) and -0.26 (s.e. 0.12), respectively). Significant differences in wellbeing between retirees and workers disappear when selection bias is accounted for, but findings also suggest that wellbeing after retirement age depends on employment characteristics beyond activity alone. The significant difference in wellbeing between those in high and poor quality employment demonstrates the importance of good workplace characteristics in later-life.

Louise McCabe, University of Stirling

[*Anthea Innes (Bournemouth University); Alan Murdoch (NHS Shetland); Sridhar Vaitheswaran (NHS Grampian)*]

7.7 HC KB Pusey

Evaluation of tele-psychiatry as part of a memory service for people with dementia living in Grampian and the Shetland Islands

This paper presents an evaluation of a telehealth initiative to support memory services the Grampian and the Shetland Islands. The evaluation compared the experiences of people with dementia and their carers accessing services through a video-conference (VC) link; those attending an appointment at a clinic; and those undergoing an assessment at home. A structured questionnaire and semi-structured interviews were conducted with 19 carers and 17 people with dementia. In addition three clinicians were interviewed to identify their views of the memory services and the place of VC in the delivery of memory services. Data were analysed quantitatively and qualitatively to allow for an exploration of the experience of people attending memory services. Participants' reported favourably on the VC and the majority of participants had a positive experience of the memory services. The approach of the clinician and the resultant relationship with the clinician was central to positive perceptions of the memory service. Clinicians' perceptions of the usefulness of the VC component of the memory clinic varied. VC on the Islands was reported on favourably by clinicians reflecting the development of VC as a response to local needs. There was less enthusiasm for VC use by clinicians on the mainland and this was due to a less urgent need for the VC as clinic appointments were more accessible for both clinicians and people with dementia. The project recommended that clinicians take account of individual preferences and abilities of memory service users when offering VC, clinic or home visit appointments.

Louise McCabe, University of Stirling

[*Corinne Greasley Adams*]

12.5 HC KB Seminar 1

Evaluating a creative, musical project for people with dementia and their carers

Research literature suggests that music and singing have broad benefits for people with dementia and their carers. This paper describes the findings from a project that evaluated a creative musical project involving people with dementia, family carers, professional singers and other artists from a national opera organisation. The project involved a series of practice session and several performances. The evaluation included a focused literature review; interviews with staff who worked on the project; and interviews with people with dementia and their carers who participated. A thematic analysis of the data was conducted to explore the experiences of all participants and the outcomes for them during and following their involvement with the project. The staff very much enjoyed their involvement and spoke of a steep learning curve and changes in their understanding of dementia. People with dementia and their carers reported a few issues in the early stages of the project mostly due to a lack of forward planning and incorrect assumptions from staff members but once it got going they spoke of how much they enjoyed it and how much they learnt from the staff and others involved in the project. Other positives outcomes were improved confidence; being part of a group with everyone being equal; improved physical strength and balance; people seeing you in a new (and improved) way. The performances and working with a professional organisation were seen as key elements that helped in promoting these positive outcomes.

Leona McCalla, University of Bristol

7.12 HC KB Douglas Price

Dementia and dying: A critical literature review

End of life care for people with dementia has been a relatively neglected topic; the research that has been conducted indicates extensive problems with the delivery of good quality palliative care. This symposium will discuss the findings of a literature review, which was completed to inform the development of a 'last hours of life' tool to support people who are caring for people with dementia. The aim of the literature review was to consider families and professionals experiences from a range of differing contexts, to inform an evidence base on which to develop the last hour's tool. The main themes that emerged from the review will be explored; there is recognition that the needs of carers and families should be better understood, there is an awareness of the need for better understanding of the relationship between 'informal' and 'formal' spheres of care and that there is need for information to help carers make difficult decisions concerning the end of life. The discussion will evaluate how the literature informed the development of the tool and it will highlight areas where further research is required.

Robin Means, University of the West of England

6.8 HC KB Gibbs

Housing and Care - the Long View

This paper will argue that policy and practice debates in housing and care tend to either lack an historical perspective or to be premised upon a myth of a golden age which never really existed. The paper will go on to cover the period from the early 1980s through to the present time. It will be shown how there have been important continuities but also

significant changes in terms of housing with care policies. Continuities include the marginalisation of housing in community care debates and the tendency to concentrate upon formal housing with care schemes rather than the housing needs of the vast majority of older people in 'conventional' housing. Changes include the growing focus on assistive technology and the knock on consequences of the present squeeze on public expenditure.

Cynthia Meersohn Schmidt, Durham University

[*Keming Yang (Durham); Karen Meersohn Schmidt (Tourne la Terre Association de Poterie et Céramique à Montpellier)*]

9.5 RM KB Seminar 1

Studying Age Transitions with Social Imaginaries

Critical gerontology has stressed the importance of observing situations experienced by older people as a result of the cumulative effect of structural advantages and disadvantages across the life course, the success of processes of secondary socialisation and the conditions for decision making during earlier stages of their lives. Considering these questions in gerontological research presumes ageing as a process, a continuum that challenges our analytical structures and demands the exploration of methodologies akin to the observation of something that presents itself as 'fluid'. Longitudinal methods appear as the most robust option for studying ageing as a process; however, most research lacks the funding and the institutional support to sustain a project lasting for decades. Thus, methodological exploration and innovation, as well as interdisciplinary collaboration are critical for studying ageing while sidestepping the problem of temporality. This study intends to propose a methodological solution. The methodological construction understands the ageing process as transitions that are non-static weaves of participation in social networks, and social networks are in turn understood as situational structures. The observation of transitions is achieved by confronting participants aged 40 and upward with social imaginaries of ageing present in three social domains (mass media, parliamentary politics and older people themselves) in the Chilean context. The contentions in controlling ageing identities in diverse situational networks are portrayed in artistic drawings and in Likert Scales. These instruments allow the researcher to discover the strategies that participants develop in order to control their transitions from middle age into older age.

Gill Mein, Kingston University & St. George's University of London

[*Robert Grant (St George's University of London)*]

2.6 HC KB Seminar 2

Pets protecting our health

It is well known that a good sleep is a determinant of good health. Pets have been found to have a beneficial effect on humans whilst awake but do they have any affect when we are asleep, and indeed falling asleep? We used cross-sectional self-completed data from 6575 participants aged 60-80 years old from the Whitehall II study phase 9 (2009), and examined pet ownership in relation to sleep. We included factors which affect sleep including exercise, feelings about neighbourhood, isolation, health-related quality of life. Participants were asked if they owned a pet, what the pet was, and how attached they felt towards their pet. 29% of participants owned pets, cats being most common, followed by dogs. Dog owners were most attached (78% "very attached") followed by cats, birds and fish. There is little evidence on pet ownership and sleep and there is a very tangled web of causality. We examined five aspects of sleep. Participants were asked if they had trouble falling asleep,

woke several times during the night, had trouble staying asleep, woke feeling tired or had disturbed or restless sleep. We found owning a pet did not affect staying asleep, having disturbed sleep, waking up during the night, waking up tired. However, owning a pet was significantly associated with falling asleep with ease, and this was the same with participants with a long standing illness, regardless of marital status. This positive pet effect was still positive after adjusting for age, gender, whether retired or still working.

Norbert Meiners, FHWT - Private University of Applied Sciences

9.2 CV KG Mawby

German Print Media targeting the Elderly: A Market Study

Background:

To date, periodical publications for the elderly have hardly played a role in population ageing studies, gerontology, and media-orientated research. This study sheds light on a field of research that the scientific world has paid little attention to. Research Aims: This current study uses a quantitative approach to collect data on periodicals and newspapers for the elderly in Germany. The focus, however, is on »The Elderly and the Media« which is a field of research neglected by population ageing, gerontology and the media studies. It was the purpose of this approach to evaluate which periodicals and newspapers for the elderly are offered in Germany, and what are their commonalities and differences. Method: More specifically, results have been documented in a quantitative survey with 786 questionnaires where the national magazine and newspaper editorial offices, senior citizen organizations, voluntary welfare services, city and district councils, the Press and Information Office of the Federal Government and adult education centers were approached and asked to give up-to-date information to questions regarding this field of research. Results: This research found a total of 178 commercial, non-commercial and independent senior citizen publications and newspapers for the elderly in Germany. This compares to 79 publications in 1992 and 115 in 1999. There were, however, significant differences regarding circulation, distribution, publication, reader participation, and number of pages, etc. The undertaking showed that current research in the field of periodic senior citizens publications is not only desirable but from the perspective of the older generation and other special interest groups is imperative. Conclusion: There is a further need for research concerning the question of periodical publications for the elderly. It goes without saying, that this neglected field of research should no longer be ignored.

Kris Mekli, University of Manchester

[James Nazroo]

2.4 ES Room 66

Genetics of Frailty: Examination of Candidate Genes Related to Cortisol and Inflammation Pathways

Introduction The mechanistic pathophysiological pathways of frailty are not known but the cortisol pathway and heightened chronic systemic inflammation are thought to be major contributors. Method We chose 87 genes involved in cholesterol transport, cortisol metabolism and inflammation, analysed with linear regression against the Frailty Phenotype (Fried et al. J Gerontol 2001), using only age and sex as covariates in a population-based sample of 4000 individuals. Results The strongest signals were observed in the Protein Tyrosine phosphatase, receptor type, J (PTPRJ) gene (rs2047812, uncorrected p value=0.00065, β =0.065) and in the promoter region of the Tumor necrosis factor- α

(TNF α) gene (rs1800629, uncorrected p value= 0.002, β =0.057). None of these associations were supported following correction for multiple testing. Conclusion Our results provide some evidence for the involvement of the inflammatory pathway in frailty, although using more informed analysis tools with more comprehensive coverage of this area of the genome may be warranted.

John Migliaccio, Mature Market Institute/MetLife

2.3 ES KG Book Room

Sandwich Generation – US generations approaching retirement

The 76 million American Baby Boomers born in the U.S. after World War II, between 1946 and 1964, is a group often associated with driving significant societal changes. The United States, however, is not the only country impacted by a post-war population explosion. Korea experienced a Baby Boom following the Korean War, with 7 million Koreans born between 1955 and 1963. The Korean Boomers overlap with portions of both the U.S. Middle and Late Boomers (b. 1959–1964), who are, in fact, among the largest segments of the Boomer age group, opening the possibility that the U.S. itself also experienced a post-Korean War acceleration of its Boomer population as well.

The Korean Baby Boomers' unique position as a large generation that grew up and came of age as Korea was experiencing unprecedented industrialization and modernization allowed them the opportunity to create new roles for themselves both as workers and as potential harbingers of a new social direction for Korea. This has positioned them as a transitional generation between the historic traditions of Korean society and the new era of global and societal transformation that the country is experiencing as a whole. The United States component of this study represents 40 million Americans and together the two studies provide a unique body of comparative data.

While these two groups differ in many ways, particularly in terms of how they plan to finance their retirement, their concerns about retirement, and their expected retirement age, they also share commonalities about family issues, caregiving, and generational identity. The results reveal that although Koreans more closely characterize their Boomers as a “transition” generation, both U.S. and Korean Boomers in fact share many of the same challenges, although they are creating unique responses to shared issues and concerns.

Paul Milbourne, Cardiff University

12.4 ES Room 66

The difference that place makes: connecting the material, socio-cultural and more-than-human dimensions of older people's lives

This paper takes as its starting point the notion that place is in a constant state of becoming, being ‘marked by openness and change rather than boundedness and permanence’ (Cresswell, 2004, 39). Engaging with recent academic work on mobilities, rural places are constructed as both intersections of mobilities and spatial moorings, with their senses of persistent stability both maintained and undermined by a complex range of interactions between people, landscape, nature, place and objects. The paper then draws on key findings from a recent study of older people in rural England and Wales, which has involved a survey of 900 older people and follow-on interviews with 60 survey respondents in six rural places, to explore interactions between older people, rurality and place. In this section of the paper attention is given to the ways in which the changing nature of rural places are influencing experiences of older life and how selective processes of ageing are reconfiguring

rural places and cultures of rurality. Utilising materials from the interviews, consideration is given to how older people make sense of and interact with rural place within their everyday lives, with particular attention given to the complexity of relations between stability and change, rural and urban places, and the material, socio-cultural and more-than-human aspects of their lives.

John Miles, Keele University

11.2 ES KG Mawby

Exploring the claims of 'intergenerational practice': towards a theory of social contact between young and old

Ever since Mannheim (1927/1952) identified the complexities of 'the problem of generations' others have tried warily to clarify, or sometimes essentialise, it. Psychologists and educationalists, sociologists, economists, cultural theorists, social gerontologists and geographers all have something to say, while rarely using the term 'intergenerational' in the same way. For 'intergenerational practitioners', who believe in mediating contact between young and old, and often share a political commitment to 'age integration', the policy environment in the UK has been frustrating. Public debate has become anxious, and, at times, inflammatory. During the last decade, concern has gone beyond a preoccupation with attitudes and anti-social behaviour to a structural argument about 'generational equity' in work and housing. Following Luescher et al (2010), and Biggs and Lowenstein (2011), and drawing on my research in Manchester, I consider the competing concerns of academics and practitioners. I address the fit between family experience and wider social relations, and suggest a limit to the affordances of undoing age stereotypes. I propose that the argument is not between modernity's failed distribution of power across the life-course and an emancipatory future, but between one flawed attempt and a future one, through which we must struggle to make sustainable improvements. I propose that research on intergenerational practice move on from its exclusive focus on projects and programmes (Newman and Sanchez, 2007) to locate such activities within a framework of actually-existing generational relations (cf. Phillipson, 2010). I conclude with the outline for a theory of contact between young and old.

Alexandra Millonig, Austrian Institute of Technology

12.11 HC KB Lecture

Identifying transport needs of older people by taking into account the heterogeneity in the population of seniors

The EU project "GOAL – Growing Older, Staying Mobile: Transport needs for an Ageing Society" describes the physical and mental characteristics of older people and identifies profiles which represent the range of characteristics to be formed in the population now and in the future. These profiles of older people have been used to explore in a structured way the needs while driving, using public transport, walking and cycling and the relevant information needed before and during travel, in order to consolidate comprehensive knowledge for developing an action plan for innovative solutions to fulfil the transport needs within an ageing society. This contribution gives an introduction to the profiles of older people and their development based on a variety of information sources (quantitative analysis of the pan-European SHARE database, screening of relevant literature, two questionnaire surveys, and expert input in the course of two workshops). Subsequently, the main findings concerning profile-related needs regarding different transportation and

information services are summarised based on a thorough review of existing knowledge, its coherent understanding and interpretation, future scenario assessment taking into account societal, technological and other developments, stakeholder consultation, and the identification of research needs. Finally the action plan developed in the course of the project will be presented, which will guide future development and research programs by focusing on the development of innovative solutions for transport needs of older people in the near future.

Alisoun Milne, University of Kent

[Eleni Hatzidimitriadou (Kingston University)]

6.9 RM KB Seminar 5

Continuing Carers - Developing a conceptual framework to explore their status

A growing sub group of the UK's two million older carers are those who support a relative in long term care - so called 'continuing carers'. Of the 450,000 care home residents at least two thirds received care from a relative prior to admission and many continue to receive care post admission. This is particularly the case for spouse carers of partners with dementia. To date research on this invisible group has primarily focused on the instrumental roles they perform and what, if any, support they receive from carers agencies or care homes. Far less attention has been paid to the lived experience of continuing carers and the conceptual status such carers occupy. Indeed the limited nature of current analysis of the transition from full time carer to continuing carer draws neither on psychological theory of role transformation nor on relevant sociological concepts. Exploring the process of 'continuing to care' through the intersecting lenses of role identity, social liminality and biographical disruption has the potential to illuminate our understanding of the carer's changed status and psychological vulnerability as well as extend knowledge about, and understanding of, this group of carers.

Suzanne Moffatt, Newcastle University

[Ben Heaven]

6.4 CV Room 66

"It's conditioned by health and finance." Narratives on the transition into retirement.

The once stable and predictable pattern associated with ageing and retirement is changing and it is argued that greater opportunities exist for people retiring today. Such options are, however, socially structured. In the UK and elsewhere, significant polarisation has emerged between affluent early retirees and disadvantaged older workers, those forced to retire early on grounds of ill-health and those working beyond state pension age resulting in increasing social and economic inequalities in later life. This qualitative study examined the factors influencing retirement transition experiences. Participants were 45 men and women aged 53-77 from manual and non-manual social classes living in urban and rural areas in North East England. Data were collected via focus groups and individual interviews and analysed thematically. Among participants, there was a strong consensus about the 'model' transition, characterised by a high degree of choice and control and the level of resources required – finances, health and relationships being the cornerstones. However, the lived experience was marked by (i) uncertainties over the mode of work exit with implications for finances, and (ii) changes in personal circumstances, with implications for health and wellbeing. Conclusions: the actual practice of planning for retirement was contingent and subject to a high degree of unpredictability. Resources (wealth and health) are fundamental

to the transition, but are unstable. Individuals constructed active and productive identities, but the extent to which they could do so successfully was structured by the level of resources available to them.

Suzanne Moffatt, Newcastle University

[Ben Heaven, Nicki Hobbs, Paula Moynihan, Claire Cleland, Jose Lara, Alan Godfrey, Elizabeth Evans, Martin White, Lynn Rochester, Falko Sniehotta, Thomas Meyer, John Mathers]

12.8 HC KB Gibbs

The LiveWell Programme: development of interventions to promote health and wellbeing for adults in retirement transition

Intro: Social relationships, physical activity and dietary choices influence health and wellbeing in later life but there is little evidence about interventions which produce appropriate changes in such behaviours. The LiveWell programme aims to: (i) develop and pilot an integrated suite of interventions to improve the health and wellbeing of people in the retirement transition, and (ii) develop a panel of appropriate outcome measures. We report the prototype of our interventions, with a focus on tools developed to support transitions from work and lifestyle planning. Methods: Integration of four methodologies: (i) systematic reviews (n=3), (ii) qualitative interviews and focus groups, (iii) co-design workshops (n=3), (iv) expert consultation event; (v) pilot testing of interventions. Results: Drawing on evidence from three methodologies (i-iii above) we produced a prototype transition planning tool designed to: (i) collect relevant personal information from service users, (ii) assist retirement planning (iii) set achievable goals. We have produced prototype tools in each behavioural domain (social relationships, physical activity, eating patterns). In the social domain tools were designed to assist with developing social relationships and activities, social support opportunities and meaningful social roles. An expert consultation event assisted with the identification of suitable outcome measures to test the emerging suite. Conclusion: Interventions developed through the LiveWell programme hold promise as an effective, acceptable and evidence-based means of improving health and wellbeing in later life.

Kirsten Moore, National Ageing Research Institute

[Elizabeth Ozanne, Briony Dow, David Ames (University of Melbourne)]

7.12 HC KB Douglas Price

Barriers to timely diagnosis and access to services for dementia carers

Research objectives: Early diagnosis of dementia has numerous benefits including improved access to services and advance care planning. This study examines the experiences of those caring for someone with dementia, reflecting on their journey of identifying symptoms, seeking a diagnosis, learning about dementia and accessing support services while also seeking to identify barriers to supporting carers and people with dementia.

Methods: Semi-structured interviews were conducted with 38 carers of someone assessed as eligible for an Australian case managed package with high care needs and high levels of behavioural and psychological symptoms of dementia. Main results: Carers described not recognizing symptoms of dementia, or their relative not wanting to acknowledge symptoms, as delaying diagnosis. After postponing seeking a diagnosis, further delays were often encountered when GPs failed to respond to significant concerns raised. Waiting times of 3-6 months for different services (diagnostic, assessment for services and then accessing a

package) accumulated to create extensive waiting periods and frustration for carers. Carers found the service system complex and difficult to navigate and some felt that access depended on chance or having a particularly motivated clinician as an advocate. Conclusion: This study identifies a range of societal, health system and social service system barriers to responding to the needs of people with dementia and their carers, a population group that will increase rapidly in coming decades. (Study financially supported by a Dementia Collaborative Research Centre PhD scholarship.)

Hazel Morbey, Lancaster University

[Sheila Payne, Katherine Froggatt, Christine Milligan, Mary Turner]

6.6 HC KB Seminar 2

Supporting Older Carers of Those Nearing the End of Life

This paper presents findings from a two year evaluation of six pilot projects, funded by national Age UK through a Department of Health grant, to Support Older Carers of Those Nearing the End of Life. An innovative Programme directed support to the carer rather than the cared-for person, with the aim to develop potential models of supporting older carers to enable a cared-for family member or relative to die at home, or in a place of their choice. A mixed method formative evaluation study drew on data collected by the pilot projects over a 3 year period, and primary data gathered from site observational visits to each local Age UK organisation. The paper focuses on two key analytical themes: the complex, multiple needs of older carers, and the provision of support through specialist bereavement volunteer services. Illustrative case study examples, together with pilot project profiles, are used to highlight a range of specific issues faced by older carers and their cared-for relatives, the volunteers who work with them and voluntary organisations that put services in place, for both those in need of support, and the volunteer providers of that support. Summary recommendations and models of good practice in supporting older carers and volunteers are outlined.

Utae Mori, Osaka University of Economics

7.6 HC KB Seminar 2

The voluntary sector and support for family carers in Japan: The situation and challenges

Japan is experiencing rapid population ageing due to a combination of declining birthrates and longer lifespans of its citizens. Accordingly, Japan faces a 'superannuated society'. Until recently long-term care for older people was provided by family members, and particularly women, but the extended family has been breaking down due to the trend toward nuclear families and the increased labour participation of women. At the same time, advances in medical technology have resulted in care-giving becoming more intensive and extended. Caring for older relatives was previously the preserve of the family, but this position is no longer tenable. The Long-term Care Insurance Act was enacted in April 2000 under the slogan of 'The Socialization of Long-term Care'. However, most users of services under the new reforms cannot live at home without care provided by their family members. Therefore, the burden on the family remains or even increases. One consequence is the possible physical, mental and/or financial, abuse of elders, a serious social problem. Yet, there is little public support for family carers, and policy and support systems are urgently needed. Drawing on interviews with key personnel from Japan's voluntary organisations that provide pioneering support for family carers who look after frail older people, this paper explores the nature of the support activities and the challenges to providing these. The research

findings will help to inform current and future policies in supporting family carers in Japan and elsewhere. The significant features of the voluntary sector are also considered.

Gail Mountain, University of Sheffield

9.6 HC KB Seminar 2

Facilitating Knowledge Exchange with Older People: The experience of KT-EQUAL

Charles Musselwhite, Swansea University

[Ian Shergold (University of the West of England)]

11.11 HC KB Lecture

Missed journeys: the importance of discretionary and social travel

Giving-up driving is associated with much angst and can result in depression and isolation. Re-examining the qualitative findings of research with over 100 participants suggests that the importance of travel is not only associated with practical needs of getting from A to B as easily, safely and quickly as possible, but is also related to affective and emotional factors. In planning replacements for the car in later life, provision is usually centred around utility journeys, for example concentrating on journeys to the doctors, hospital or for shopping. The needs of a fitter and healthier ageing society go beyond this; the need to provide access to social or entertainment facilities and events, the need to get out and see life going on, to visit the nature and to connect to friends. This paper will also draw on recent work with Community Transport providers and users, as an example of a replacement mobility solution for older people who have ceased driving. Whilst users of community transport are often strong advocates of the mode as a way of meeting specific mobility needs - in particular journeys to health facilities and services, they may have less opportunity to undertake discretionary journeys, which are not supported by community transport schemes. The inability to make 'social' journeys may then have negative consequences for older people in respect of isolation and loneliness. Differences between urban and rural areas and different types of community transport will be discussed.

Paul Nash, Swansea University

[Ceri Phillips, Angela Farr]

4.8 HC KB Gibbs

Cost analysis of supported living environments and the subsequent utilisation of NHS services

Extracare has evolved to provide a living environment where older people can be supported in their own home from having no care requirements through to higher level integrated complex care needs. Burholt, Nash, Doheny, Dobbs & Phillips (2011) have illustrated that differing needs are met in each supported living environment with extracare housing those with the lowest physical and cognitive impairments. What is uncertain is whether extracare simply appeals to those with lesser care needs or whether this environment aids the maintenance of independent living. Little cost information exists regarding the overall benefits of this care environment over any other in fiscal terms. Using retrospective longitudinal information this research compares and contrasts the utilisation of health and social services and their associated costs for those living in Extracare; in their own homes; in sheltered housing; and residential care settings.

A cohort of older people was identified from Swansea and their use of health and social care services monitored. The Secure Anonymised Information Linkage (SAIL) database provided

access to health service utilisation by those in each of the care environments to assess the overall cost effectiveness. A complete economic costing across health and social care services was conducted to ascertain any cost benefit of different supported living environments relating to subsequent utilisation of NHS resources.

The costing information is used to identify the most cost effective environments for delivering different types of care package with recommendations being made in partnership with previous research.

Ann Netten, University of Kent

9.5 RM KB Seminar 1

Developments in measuring social care outcomes: the case of ASCOT

The policy shift towards a focus on outcomes is evident in all areas of government and particularly marked in the field of social care. The Adult Social Care Outcomes Toolkit (ASCOT) is a set of tools for measuring outcomes in social care which can be used across a wide range of user groups and care and support settings. The self-completion version plays a critical role in the English national Adult Outcomes Framework (ASCOF), which is intended to provide information of value for policy planning and evaluation at both national and local levels. Since the launch of the ASCOT website in 2010 (www.pssru.ac.uk/ascot) there has been increasing interest in using versions of the tool from researchers, providers, councils and the international community. As a result of feedback from users and other stakeholders a number of projects have been planned to further develop the ASCOT and its applications. The presentation will provide a brief overview of the toolkit and describe the current developments that are underway including improved methods of including people with severe cognitive impairment, a 'home level' version for care homes and examples of how ASCOT is being integrated into practice by councils and providers.

Ann Netten, University of Kent

11.6 HC KB Seminar 2

Personalisation and the social production of welfare

The original production of welfare (POW) theoretical framework draws on mainstream economics and thus starts from the service or commissioning perspective, with the focus of interest on how services 'produce' welfare for service users. The social production of welfare (SPOW) variant on this approach draws on 'household' economics and thus takes the household or care network perspective, representing services as substituting for, or improving the productivity of, the production of welfare by individuals and their families. This shift in perspective fits well with the personalisation and self-directed support agendas and provides a helpful basis for evaluating the role of increasingly diverse approaches to providing care and support. The approach puts unpaid care at the heart of the process and highlights the importance of evaluating the wider impact of 'personal' budgets and 'individual' services on family carers, which has implications for how we measure outcomes. The presentation will identify some of the approaches being investigated to address these, which draw on and hopefully will feed into the Adult Social Care Outcomes Toolkit.

Andrew Newman (with Anna Goulding), Newcastle University

2.7 RM KB Pusey

Engaging with contemporary visual art: Maintaining health and well-being

This paper presents the findings from 'Contemporary visual art and the wellbeing of older people' and subsequent work funded by a follow-on fund grant. The project took 56 older people for three visits, individually and in groups, to contemporary visual art galleries in the north-east of England over a two-year period. Participants came from a range of backgrounds and had different prior experiences of art. They were interviewed in focus groups about their experience of the visits and the results analysed. Conceptualising wellbeing in terms of identity processes and social capital the research explored how engagement with contemporary visual art can improve the lives of older people. This paper also describes the follow-on fund work which engaged with arts policy makers and practitioners, through a series of seminars. We attempted to identify and solve some of the major challenges facing those who want to work with older people and the arts, such as obtaining funding and evidencing impact for policy. As part of the attempt to develop evidence-based practice, we developed an arts intervention for older people with dementia. What emerged was a new multi-sensory approach based around creativity, as opposed to using a reminiscence model - whilst reminiscence work is popular, the focus on memory can be difficult for people with dementia. The lessons from this have been taken forward to a new project funded through an AHRC Connected Communities programme large grant entitled 'Dementia and Imagination'. This examines how visual arts interventions can help to create dementia friendly communities.

Aíne Ní Léime, National University of Ireland, Galway

[*Aoife Callan, Caroline Finn, Ronan Healy*]

12.1 ES KG Room 62

Membership of Active Retirement and Quality of Life

It is increasingly recognised by international policy organisations that non-governmental organisations that promote older people's participation in society may play an important role in enhancing their physical and mental well-being. Research indicates that participating in older people's organisations enhances the well-being of older people and their level of social engagement. However, there remains a relative lack of research which explores the differentiated motivations by gender and the impact of participating in such organisations on quality of life and loneliness. This paper discusses the findings of a multi-method research study conducted with a non-governmental organisation in Ireland, Active Retirement Ireland (ARI). It assesses the motivations of older people for joining active retirement associations and the impact of volunteering and participation in ARI on the well-being of older volunteers and participants. ARI is a national organisation with 23,000 members that encourages the involvement of older people in a wide variety of activities – including social, physical, and arts activities. The mixed methods study involves a questionnaire sent to 541 chairpersons and 341 members to assess the level and impact of involvement for volunteers and members; five focus groups and 30 interviews were conducted with participants. The latter allows for an exploration of the processes by which participants are impacted and identifies barriers to membership. Comparisons are made between outcomes for ARA members and the wider population of older people. Gender differences in motivation and outcomes are explored. Participants' time spent participating and volunteering is valued in order to assess the value to society.

Samuel Nyman, Bournemouth University

[*Anthea Innes, Patricia McParland*]

7.12 HC KB Douglas Price

Evaluation of two models of social care for people in the community affected by dementia.

Research objective

With increasing numbers of older people living in the community with dementia, efforts are required to identify the best ways to support them and their carers to sustain good quality of life. To this end, we evaluated two memory advisory services operating in the South of England. Methods Qualitative face-to-face interviews were conducted with 10 staff (5 from each service) and 20 service users (10 from each service). Most service user interviews were jointly conducted with the person with dementia and their carer. The data was managed using Nvivo (v.10) and analysed using framework analysis. Main results One service focused on its provision of weekly memory cafés that afforded social engagement, enjoyment, and mental stimulation. However, two service users had unmet needs in relation to help with activities of daily living and need for exercise. The other service focused on providing home visits that afforded tailored and sustained support, which led to signposting to other services, emotional support for carers, and help with instrumental tasks such as booking a holiday with respite care. However, there were some unmet needs such as help with managing a spouse with dementia's changes in mood and information to financially plan for care home admission. Conclusions While both models were successful to some degree, the service that provides home visits appears more successful in identifying and meeting individual needs, with a holistic and sustained approach, and thereby helping people with dementia and their carers in the community sustain good quality of life.

Samuel Nyman, Bournemouth University

[*Claire Ballinger (Southampton); Judith Phillips (Swansea); Rita Newton (Salford)*]

12.12 HC KB Douglas Price

Learning from older people's experiences of falling over outdoors

Falls are a major threat to older people's health and wellbeing. Approximately half of falls occur in outdoor environments but little is known about the circumstances in which they occur. We conducted a qualitative study to explore older people's experiences of outdoor falls to develop understanding of how they might be prevented.

Methods We conducted nine focus groups across the UK (England, Wales, Scotland). We used different recruitment sites so that our sample was from urban and rural settings and different environmental landscapes. Participants were aged 65+ and had a least one outdoor fall in the past year. We analysed the data using framework analysis.

Main results Forty-four adults aged 65 – 92 took part and reported their experience of 89 outdoor falls. Outdoor falls occurred in a variety of contexts, though reports indicated the following contexts may have been more frequent: when crossing a road, in a familiar area, when bystanders were around, and with an unreported or unknown attribution. No strong pattern emerged in regard to the contexts for falls that resulted in fracture or anxiety about future falls. Conclusions While outdoor falls appear to occur in a wide range of contexts, the findings suggest that we need a better understanding of person-environment-activity fit. Whilst providing an engineering solution to mitigate the impact of falls may be desirable (such as lower kerb height, safer roads to cross), it is only by understanding the individual's interaction with that environment that we can start to meaningfully prevent outdoor falls.

Leisha O'Brien, University of Cambridge

[Jane Fleming (Cambridge); Edye Hoffmann (Dementia Compass)]

12.10 RM KB Seminar 6

From population-based research to developing an intervention study-researchers learning from people living with dementia

UK policy initiatives are promoting earlier diagnosis of dementia, but evidence supporting care interventions early in the dementia journey is still scarce. Funding for UK dementia research is set to double by 2015, an opportunity for research to help improve the lives of people in the earlier phases of dementia living in the community. However, dementia research in primary care and the community poses particular methodological, practical and ethical challenges. Methods This session will describe methodological approaches taken in three research projects:

- 1) voluntary sector collaboration building the engagement of people living with dementia in developing a feasibility study (an exercise programme for people with mild to moderate dementia and their family carers)
- 2) mixed methods research with the “oldest old” and carers (exploring attitudes to death, dying and end-of-life care)
- 3) quantitative epidemiology in a population-based cohort (prospective study of falls amongst very old people).

Results and Conclusions Research challenges in community settings include identifying and accessing people in the milder stages of dementia; consent/assent, mental capacity and gate-keeping; definitions, coding, severity rating and how those affected frame memory problems/cognitive concerns/dementia diagnoses; measurement, potential measurement burden and impacts of measurement; missing data, the consequences of disregarding missing data and the pros/cons of proxy information from carers; tensions between the need for flexibility in adapting to individual circumstances or capabilities and the demands of standardised protocols; approaches to optimise inclusion of cognitively impaired people in a community research advisory group and difficulties sustaining their involvement along with carers’.

Deirdre O'Donnell, University College Dublin

[Gerard Fealy, Carmel Downes]

4.6 HC KB Seminar 2

Developing an empowerment intervention for the protection of older people from abuse

Objective: This paper describes a participatory action research process for elder abuse intervention design which is grounded in principles of later life empowerment.

Method: Five focus groups were undertaken with community-dwelling older people, professional advocates and representatives of older people, public health nurses, home help coordinators and senior social workers responsible for managing cases of elder abuse. The focus group data was subjected to inductive qualitative analysis contributing to a robust understanding of later life empowerment within the context of elder abuse intervention. This understanding was supplemented by secondary analysis of qualitative interview data with survivors of elder abuse which focused on the role of power and disempowerment in the experience of abuse. The findings were validated by the focus group participants and consolidated to inform a working group, composed of older volunteers as well as researchers from the National Centre for the Protection of Older People.

Main results: The primary outputs of the working group were the core principles of later life empowerment informing elder abuse intervention design. The secondary output was the design of an intervention for the prevention of financial elder abuse.

Conclusions: This paper describes the process of designing an intervention to prevent financial abuse which reflects the core principles of later life empowerment.

Patricia O'Neill, University of Oxford

7.6 HC KB Seminar 2

Chinese Daughters' Employment Of Foreign Helpers As Surrogate Caregivers For Ageing Parents: Implications for parent-daughter relations

In the past, Chinese daughters were uneducated, bound to the home and dependent on the family. Filial obligation required them to provide care to elderly parents or in-laws. Today however, these women are widely educated, working outside the home, and are self-sufficient. Nonetheless, the care-giving obligation associated with family membership has not abated. Because time is at a premium, many Chinese women employ foreign domestic workers (FDWs) to help manage family responsibilities. This has, in turn, generated its own set of problems and complaints between FDWs, daughters and the elderly they are charged to care for. The purpose of this paper is to explore the ways in which the employment of a FDW can affect the relationship between a daughter-caregiver and her elderly parents or in-laws. Fifty-five Chinese women age 31-63 and six FDWs participated in semi-structured interviews in Singapore and Hong Kong during 2011-2012. Thematic Analysis was used to identify the problems with this arrangement and what it means for the parent-child relationship. In this sample, mistrust, unmet expectations and abandonment were issues between elderly parents and their daughters. FDWs were often caught in the middle, providing instrumental and emotional care, which they may not be trained to do, defending daughters to their distraught parents, and dealing with their own high degree of stress. The use of FDWs to act as surrogate caregivers for daughters will likely become more widespread in the future as families continue to become smaller, more women work and fewer marry.

Desmond O'Neill, Trinity College Dublin

[*Michael Gormley*]

12.11 HC KB Lecture

Transportation access and modes across the age-span of older adults

The role of transport in the health and well-being of older people has been relatively neglected until recently, with an overwhelming emphasis in the research literature on safety rather than on mobility. This study was based on the Irish longitudinal study on ageing (TILDA). TILDA recruited a stratified clustered sample of 8175 individuals representative of the community dwelling population aged 50 and over in Ireland between 2009 and 2011. Wave 1 of the TILDA study included a face-to-face interview and a self-completion questionnaire: the adjusted response rate to the study was 62% and response to the self-completion questionnaire was 84%. The results indicate a changes in transportation access (particularly to being driven by others) and alteration in multi-modality with increasing age. This in turn prompts consideration as to whether increased promotion of multi-modality at earlier stages of adulthood might also increase transportation access in later life.

Lai Olurode, University of Lagos

[*Bola Amaike*]

4.1 CV KG Room 62

Gender Differentials in Retirement Antecedents and Life Satisfaction among Formal Sector Retirees in Lagos State, Nigeria

Gender is a key determinant of life chances and opportunities that are available to individuals throughout the life course. The impact of gender on the quality of life and life satisfaction of older Nigerian are greatly influenced by previous life events and antecedents in terms of socio-economic status. This article discusses the differences between men and women in terms of self-reported satisfaction with life in retirement using selected antecedents among formal sector retirees in Lagos State, Nigeria. Respondents' levels of satisfaction were significantly related to some selected antecedents of retirement satisfaction such as income, health, marital status, occupational status and employment category. A multi-stage systematic sampling method was used to select formal sector retirees in Lagos State. Data emanating from a representative sample of 1321 retired formal sector employees in Lagos State were analyzed with slight differences noticed in reported life satisfaction for men and women. The retirement experiences of respondents were not significantly different between the two genders because men and women reported similar levels of life satisfaction regardless of gender. Specifically, women enjoyed better quality of life than men largely because of the enormous supports they received from informal social systems where they were actively involved as mentors and care givers. These social roles provided women the needed opportunity to access both material and non-material resources which greatly enhanced their living conditions. Life course perspective and liberal feminism are adopted as theoretical tools. The paper concludes with recommendation for integrated pre-retirement training and preparation for workers in Lagos State.

Noreen Orr, University of Exeter

7.1 ES KG Room 62

Older men as museum volunteers: the performance of ageing masculinities

The recent shift in the imaging of older men from negative depictions of disengagement to images of 'doing' and 'performing' in leisure activities reflects the ideals of 'positive' or successful ageing. The older man as the active consumer of leisure, it has been suggested, has the opportunity to avail of different masculine identities from those produced around work. However, little research has considered how older men construct and maintain masculinity when they have retired from paid employment.

This presentation will contribute to the nascent body of work that is addressing the experiences of older men as men. It will explore how older men 'do' masculinity in their post-retirement lives through museum volunteering which is defined as a 'self-generated' leisure practice. Drawing on qualitative research with retired museum volunteers in two museums in the south and east of England concerned with restoring, preserving and presenting Britain's aviation and maritime heritage, this presentation will demonstrate the 'tenacity of military-masculinity' in the everyday lives of these older men.

A number of themes emerged from their accounts and will be discussed in the presentation; examples include their 'labour' of restoration and presentation of the artefacts, their detailed knowledge of the artefacts, their acquisition and demonstration of skills and the importance of camaraderie. The presentation will show how the museum artefacts provided 'symbolic resources' for volunteers' personal memories and stories about

childhood, WWII and working life. For these older men, their everyday leisure practices as museum volunteers were a way of doing gender, 'being masculine'.

Goetz Ottmann, Deakin University

[*Anna Millicer (Uniting Care Community Options)*]

6.6 HC KB Seminar 2

Self-Directed Community Aged Care for CALD, ATSI, and Rural Communities in Australia: A Summary of Working Group Outcomes

Background: The roll-out of Consumer-Directed Care (CDC) programs to Culturally and Linguistically Diverse (CALD), Aboriginal and Torres Strait Islander (ATSI), and rural or remote communities poses significant challenges to Australian policy makers and program managers. Indeed, cultural and geographical factors play an important role in shaping the needs and preferences associated with CDC of these communities. However, to date there is very limited research evidence available that could guide care professionals in the delivery of CDC to CALD, ATSI, and rural communities. Addressing this issue, this paper presents the outcomes of a six months long consultation process involving older people and carers from three community groups as well as case managers and care coordinators. Method: An action research process involving around 40 people in four fortnightly working group meetings over six months was employed to capture the cultural, socio-geographical and contextual factors that shape older people's needs and preferences regarding CDC delivery to CALD, ATSI, and rural communities. Results: The findings highlight important cultural and socio-geographical factors that have to be taken into account when delivering CDC programs to CALD, ATSI and rural communities. The paper provides an overview of the most important factors and describes solutions that have been developed with service providers to address them. Conclusion: CDC approaches have to be tailored to resonate with the needs and preferences of CALD, ATSI, and people living in rural and remote communities. Without these adjustments, CDC programs are likely to hold very little purchase with older people in these communities.

Iliatha Papachristou, St George's University of London

[*Nikolette Giatras, Michael Ussher*]

12.14 HC KB Seminar 3

Impact of dementia progression on food-related processes: A qualitative study of caregivers' perspectives

As dementia progresses one area that can help maintain connection and memories with others is within the food domain. There is little research in this area particularly from the informal caregivers' perspectives. Therefore, a qualitative study was conducted to explore the impact of dementia progression on food-related processes from the perspectives of informal caregivers. Ten men and ten women caregivers of those with dementia underwent a semi-structured interview. Transcripts were analyzed using thematic analysis. The caregivers' narratives indicated a set pattern of decline, with food shopping being the first ability to decline, followed by food preparation and the ability to eat. Caregivers adapted to their food roles; for example, by becoming responsible for financial issues. These adaptations were described as stressful yet satisfying as food care was seen as an important social time. Educating caregivers' about the likely adaptations to food processes may increase food satisfaction for both parties.

Sukey Parnell, University of West London

6.2 CV KG Mawby

Developing the Image: Facing the body of the older woman in the photographic portrait

In 2002 the United Nations issued a call for images of older people, particularly women. In doing so it voiced a growing concern, particularly acute in Anglo-American society, with a lack of 'positive' representation of the old and the respect and dignity historically accorded to elders – increase in wisdom, accretion of knowledge, spiritual gains – a lack strongly felt by women of all ages of a collective scotoma (Friedan, 1993, Plunkett, 2012, Warren et al, 2012, White et al, 2012). What the UN did not address, however, was why the photographic image of the older woman is so problematically dogged by negative associations, the complex conditions surrounding her (non)reception or what it might take for an image to resonate 'positively' on the collective cultural retina. The ubiquitous usage, mechanical capture and apparent realism of the photograph make it a central tool in establishing difference which allow for myriad subjective readings whilst simultaneously masking the complex transaction of the encounter and the many artistic and aesthetics choices made within the process of its production. In this paper, I develop issues of polarising attributions that attach to photographic portraits of older women made or shown within the context of ageing and examine the work of artists such as Jeurgén Teller, that playfully and transgressively explores the fault line of the cultural imaginary to offer new performative strategies for the exploration of issues of age, beauty and power in contemporary photographic practice that challenge cultural stereotypes and the dismissal of the ageing 'feminine' body.

Maria Parsons, Creative Dementia Arts Network

11.8 HC KB Gibbs

Theatre as day care? Joining up arts, culture, health and social care for people with dementia

This paper explores the growth of interest in using creative arts to promote health and well-being for people with dementia located within the landscape of partnerships known as arts and health. Given reported benefits of arts in dementia including community engagement, reducing social isolation and challenging stigma besides facilitating agency and self-expression, health and social services are increasingly engaging with artists, arts organisations and cultural institutions to deliver key outcomes such as prevention, independent living and quality of life. In this they are finding an arts and cultural sector keen to respond to changing demographics and the potential of new audiences. Hence the rise in gallery and museum education programmes involving older people in heritage and visual arts and increasing NHS and local council support for particular dance, singing, music, drama, craft and literature projects that support people with dementia. Despite positive artistic and social outcomes, funding remains piecemeal and short term as both statutory commissioners and care providers look to clearer demonstration of the effectiveness especially the cost effectiveness of creative arts. A new piece of work to develop theatre as day care in a well-established south east London community arts venue illustrates the benefits and difficulties of cross sector collaboration between a small arts organisation, local authority social services, and a voluntary organisation with responsibility for support for people with mild dementia.

Hélène Payette, University of Sherbrooke

[*H. Bergman, C. Wolfson, K. Gray-Donald, J.A. Morais (McGill University); P. Gaudreau, B. Shatenstein (Université de Montréal); N. Malo (Sherbrooke); N. Sourial (Jewish General Hospital Montréal)*]

4.3 ES KG Book Room

Frailty and subsequent functional limitation, disability and mortality in a well-functioning community-living elderly population

Frailty, conceptualized as a state of vulnerability, has been associated with adverse health and functional outcomes, and increased mortality in various populations. The objective of this study was to examine the predictive value of an operational definition of frailty, which included mood and cognition in addition to physical attributes, in a cohort of generally healthy older adults. The NuAge study is an observational study of 1,793 community-dwelling men and women aged 67-84 years apparently cognitively and functionally-intact at recruitment. A frailty score (range 1-7) was calculated at baseline according to the presence (1) or absence (0) of the following criteria: weight loss $\geq 5\%$ or BMI < 22 ; physical activity (PASE) score $< \text{mean} - 1\text{SD}$; vitality (SF36) $< \text{mean} - 1\text{SD}$; walking speed $< 1\text{m/s}$; handgrip strength $< \text{mean} - 1\text{SD}$; cognition (MMSE) < 28 ; mood (GDS) < 10 . Functional limitation [NAGI score (0-70); mean = 23.6; CI(23.1-24.2)], disability (dependency in $\geq 1\text{ADL} = 13.6\%$) and mortality (5.8%) were determined 4 years later. Mean frailty score at baseline was 1.2[CI(1.1-1.3)]. After adjustment for age, sex, education, marital status, smoking and chronic conditions, multivariate linear regression showed that frailty was significantly associated with subsequent greater functional limitation ($\beta = 1.35$; $p < 0.0001$). In an adjusted logistic regression model, higher frailty score was associated with increased incidence of disability [OR = 1.56; CI(1.26-1.92)]. Finally, a Cox proportional-hazards regression model showed an increased risk of mortality for elevated frailty scores (HR = 1.584; $p < 0.0001$). Early signs of frailty are present in the apparently healthy elderly and are associated with decreased functional status and survival.

Sheila Peace, The Open University

11.4 ES Room 66

'Passing By or By Passing': Intergenerational Interaction in Public Places

Urban policy development in public places needs to take on board the relational understandings of space where age, alongside other factors, can be seen as a key variable in determining who does what, where and when. Underpinning the essential features of the WHO model of Age-Friendly Cities (WHO, 2007) are aspects of the physical, material and social environment that can have a direct bearing on the well-being of people in later life. Yet intergenerational interaction has a direct impact on whether people of all ages feel included or excluded. Environmental assessment leading to material changes, however small scale, will be dependent on consultation, design and the commitment of resources for action; whereas attitudinal issues are dependent on a recognition of how intergenerational 'difference' is negotiated everyday and where discourse is essential. This paper returns to data from two research studies undertaken in the south of England (a) the environment and identity study (LB Haringey, Bedford, semi-rural settlements Northamptonshire 1999-2003) and (b) the study of public space within the town centre of Aylesbury (2004-2007) to consider how issues of contested space, avoided space, the regulation of space, and the relationship between time and space demonstrate unity or disunity between generations providing additional factors that need to be brought to the age-friendly model.

Bridget Penhale, University of East Anglia

[*William Goreham*]

7.3 CV KG Book Room

Mind the Gap – improving criminal justice agencies and social support agencies responses to intimate partner violence against older women

Context: This EU-funded (Daphne III programme) study on Intimate Partner Violence (IPV) and Older women included partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal. The project ran from 2011 until 2013 and addressed the issue of how to improve responses by criminal justice and social support agencies to intimate partner violence against older women. Until now, comparatively little has been known about this issue and this project helps to address that knowledge deficit. This work builds on previous work in this area, specifically a study undertaken between 2009-2011. Method: The first phase of the study consisted of analysis of case files held by the police and other criminal justice agencies in each country. Phase two consisted of the development of guidance and training material for criminal justice agencies. The final phase consisted of the development of guidance and PR and awareness raising material in conjunction with social support agencies. Results: The case file analysis was undertaken in 7 different police forces across England and Wales and 150 cases were analysed across a number of different fields. Likewise the expert workshops with criminal justice and social support agency representatives consisted of representatives from both countries, who contributed to the development of guidance, training and awareness raising materials concerning intimate partner violence and older women, which also involved seeking the views of older women. The results of the case file analysis and the subsequent phases of the project will be presented and explored.

Chris Phillipson, University of Manchester

[*Amanda Grenier (McMaster University)*]

6.1 CV KG Room 62

Rethinking agency in later life: structural and interpretive approaches

Over the course of the 1990s and 2000s, debates in gerontology focused around the period of the 'fourth age' as a complex socio-cultural construct. These contributions have moved beyond the long-standing use of the fourth age as an uncritical age-based criterion in research samples or simply as a marker of eligibility for services. They have, for example, produced a new set of challenges for interpretations of the fourth age, and, in particular, concerns about the extent to which agency may be said to operate within this period of the life course. The assumption that agency is either present or absent is one that plays out in academic debates and organisational practices. Although the focus on older people at advanced age with impairments is long overdue, concerns with regard to the role of agency within late old age are also beginning to emerge. This paper will examine the following questions: how do circumstances considered typical of the 'fourth age' challenge current understandings of agency? How do we account for agency in situations of frailty and impairment? The paper will, first, seek to clarify the way in which the 'fourth age' has been constructed; second, the literature on agency will be assessed; third, the contradictions and tensions between approaches to agency and the fourth age will be reviewed; fourth, the discussion will conclude with a review of issues for further research and development.

Cassandra Phoenix, University of Exeter

[*Noreen Orr*]

9.1 CV KG Room 62

Doing Masculinity in Physical Culture: What Can We Learn from Physically Active Older Men?

Very little is known about how older men maximise masculine capital within the context of physical culture. As part of this roundtable discussion on theorising masculinities in ageing, this gap in knowledge will be modestly addressed. This contribution will draw from data generated through life history interviews conducted with 23 physically active older men (age 60 – 80 years) as part of a larger project exploring the impact of physical activity on perceptions and experiences of (self-)ageing¹. The data was subjected to multiple forms of narrative analyses, which revealed a variety of coexisting masculinity scripts (Spector-Mersel, 2006) concerning bodily control, health behaviours and social relations. These findings expand emerging research that demonstrates how older men can and do attend to their health in gendered ways (Calasanti et al., 2013; Phoenix & Sparkes, 2009). The implications of these findings for the development of new conceptual frameworks that envision older men as never taking a leave from performing masculinities – and the significance of physical culture for “doing gender” in this process - is discussed.

This research was supported by the Economic and Social Research Council (RES-061-30-000551)

Susan Pickard, University of Liverpool

4.2 CV KG Mawby

Embodiment in old age: what can feminists tell us about the ‘naturalness’ of bodily decline?

Whilst the myth of inferiority based on ‘natural’ differences has been exploded as far as gender, race and other bodily-based differences are concerned, progress in problematising ideologies around the ‘natural’ decline of older bodies has proved more intractable. I have argued in a previous paper that the feminist toolkit can be helpful in terms of deconstructing this ideology providing methodologies which, in their most basic form of separating sex and gender, can be paralleled in terms of distinguishing the physiology of older bodies from the roles older people occupy in society. In this paper I apply this framework to empirical data by drawing on the work of feminists who have produced critical, often autobiographically informed, accounts of embodiment at different points in their life course, positioned during different historical eras. Drawing on the writings of both second and third wave feminists, I will ask what we can learn from these writings about the particular nature of the obstacles that militate against deconstructing negative ontologies of the older body. Finally, I will explore the degree to which third age discourses offer the possibility of shifting conceptualization of the ‘naturalness’ of the ageing body – or else, and more subtly- work rather in the opposite direction, in strengthening this ideology.

Linda Pickard, London School of Economics and Political Science

[*Derek King, Nicola Brimblecombe, Martin Knapp*]

6.10 HC KB Seminar 6

Does 'replacement care' help unpaid carers remain in employment in England?

Unpaid care and employment is a key policy issue in England. The government places a high priority on supporting people who provide care to remain in employment. Policy has until recently emphasised the role of employers in providing flexible working conditions, but there is now a new emphasis on 'replacement care' for the cared-for person. The objective of this paper is to look at the effectiveness of social care support and services for the cared-for person ('replacement care') as a means of supporting unpaid carers to remain in employment in England. The analysis uses secondary data from the 2009/10 Personal Social Services Survey of Adult Carers in England, a large-scale survey of over 35,000 carers in contact with councils. The results so far suggest that there is a positive association between carers' employment and receipt of social care services by the cared-for person. Where the cared-for person receives services, such as home care, the carer is more likely to be in employment than if the cared-for person does not receive services. This relationship remains true when controlling for other factors that may affect carers' employment, such as gender, age, ethnicity and health. The positive association between carers' employment and 'replacement care' is a necessary condition if services for the cared-for person are effective in supporting working carers. The results therefore give support to the hypothesis that services for the cared-for person may help carers to stay in employment. The paper will conclude by discussing the policy implications of these results.

Katy Pilcher, Brunel University

[*Wendy Martin*]

4.2 CV KG Mawby

Visually Representing the Body in Everyday Life

As people grow older, daily norms and practices can be disrupted, the taken for granted nature of embodiment challenged, and people may increasingly be required to make sense of bodily changes in order to maintain and/or re-negotiate their identities. Drawing on the findings from an empirical study *Photographing Everyday Life: Ageing, Bodies, Time and Space* funded by the ESRC, this paper explores the significance of the body in everyday life for 62 women and men aged 50 years and over in the UK. Participants took photographs of their different daily routines to create a weekly visual diary, which was explored through in-depth interviews to make visible the rhythms, patterns and meanings that underlie our habitual and routinised everyday worlds. This paper explores the ways that participants represent their bodies through the visual, including representing the healthy/'active' body; the gendered body (and the use of technologies to achieve this); and how visual representations indicate that the body is a process of becoming, a continual bodily 'project' (Gill et al., 2005), which is both socially and physically constructed through the practices participants engage in to maintain, discipline, and work on and with their bodies. The paper further highlights the potential disruptions, bodily betrayals, and moments of flux, in experiences of constructing the body in everyday life, and in representing the body through the visual. We conclude by exploring the significance of these bodily representations and practices to the ways that age and ageing are understood and represented.

Marcela Pizzi, University of Chile

7.8 HC KB Gibbs

Risks and Barriers in State Senior Housing in Chile, the need of a new approach

Inadequate design of housing for the elderly pose risks and barriers when performing Basic Activities of Daily Living, (BADL) affecting quality of life and inclusion in society.

This paper presents findings of an assessment of architectural barriers in the performance of BADL in homes built by the State of Chile for elderly. Performance, by non disabled older people, of 40 tasks, required for Transferring, Dressing, Eating, Bathing, Washing and Using the Toilet were evaluated. Participants were visited by two observers and requested to simulate the tasks. Information was recorded identifying those carried out with difficulties and the architectural barrier not allowing adequate performance.

Forty participants aged 72+- 6 years (24 women) were assessed, having difficulties to carry out 34+- 10 of the tasks. Transferring and dressing were those with higher proportion performed with difficulty. Inaccessibility due to height and inadequate design of objects were the main barriers detected. We concluded, architectural barriers, limited one third of the total tasks required to carry out BADL. A reassessment of senior housing architectural design, should be further explored in order to extend independence in time rather than undermine it. Senior housing policies in Chile, have attended those unsheltered, through the provision of new units but the development of public policies focused on improvement of existing housing should be a relevant issue. Only recently research related to elderly housing has shifted from new designs towards the improvement of existing housing, which usually have not been accommodated to fit the needs of the elderly. A first step towards improvement of the environment is an adequate assessment of potential risk situations and barriers.

Susan Potter, Arts Evaluation and Research

[Edye Hoffmann (Dementia Compas); Joanna Holland, Rachel Sinfield (The Fitzwilliam Museum)]

9.3 CV KG Book Room

Portals to the World: findings from a participatory arts and cultural study

How might we identify and assess the impacts that increased cultural activity has upon the mental health and wellbeing of an ageing population? Crucially, how do we ensure that individual voices are both heard and listened to in 'participatory' research studies? The evaluation of Portals to the World set out to answer these questions. The study was devised to assess the impacts of a participatory arts programme upon individual adults experiencing Alzheimer's and/or dementia, their carers, project team members and the Fitzwilliam Museum. Findings suggest positive outcomes for those individuals and organisations engaged in the study. Benefits for participants cited in the evaluation include: development of skills, experience and knowledge; increased confidence and self-esteem; development of communication and social skills; improved mental health and wellbeing. Benefits for the Fitzwilliam Museum include: development of skills, experience and knowledge for staff members; diverse and increased audiences; new and continuing partnerships. Benefits for the wider community meanwhile include: developing and strengthening relationships; encouraging tolerance and understanding; greater social inclusion and community cohesion.

Susan Potter, Arts Evaluation and Research

12.10 RM KB Seminar 6

To evidence or not to evidence: the search for a common language

Despite a growing acceptance of the benefits of engagement in the arts by medical staff, carers and patients, research crossing the interface between arts and health remains a contested field. The two sectors do not necessarily share the same values, language, working methods or evaluation techniques. Delivered by the Fitzwilliam Museum, Cambridge in collaboration with Dementia Compass, Portals to the World provides an experimental research model that crosses the divide of arts and health, in providing creative and social opportunities in support of adults experiencing Alzheimer's and/or dementia and their carers. This session will therefore explore the complexities of devising an evaluation at once rigorous, yet sensitive and flexible to the needs of individual participants with cognitive impairment, their carers, programme deliverers and funding organisations. It will also examine whether the drive for hard evidence is relevant to such programmes when participant numbers are small, when outcomes vary according to the individuals involved and importantly, whether it is ethical to impose a clinical framework upon arts and cultural practice that is not concerned with clinical outcomes.

Debora Price, King's College London

[*Dinah Bisdee, Tom Daly*]

6.4 CV Room 66

Transitioning to retirement: do couples re-negotiate their money management practices?

There is a substantial sociological literature on gendered money management within couples, in particular the imbalances of power and access to financial resources that become embedded in couple dynamics and relationships. Yet the maintenance of 'couple identity' and the symbolic power of money to signify affection, trust, accommodation and stability are also important; women will often engage in long term sacrifice of consumption and wants as a mechanism for maintaining equilibrium, coping and adapting to financial inequalities over time. Money management is an important part of gendered 'husband' and 'wife' identities in later life, as well as the enactment of 'couple identities' over time. As couple age, these arrangements risk destabilisation from external events such as retirement or ill health. Drawing on interviews with 45 couples with at least one partner over 65 undertaken as part of the ESRC study 'Behind Closed Doors: Older Couples and the Management of Household Money', we examine how couples navigate their money management practices across the transition to retirement. We find that age itself does not change money management practices within couples, and contrary to widespread assumptions, retirement and pension transitions were only very rarely catalysts for change in financial arrangements or practices. Couples can strive in fairly convoluted ways to maintain existing money management practices, which were often determined very early in the relationship (influenced by even earlier experience within families and earlier relationships) and once determined, were often resistant to change throughout the relationship.

Gary Pritchard, Newcastle University

[*Katie Brittain*]

9.7 HC KB Pusey

Assistive Technology, Telecare and the Irrationalization of Later Life

Assistive Technology (AT) and telecare provision is a key United Kingdom (UK) government priority, framed as a rational response to the escalating costs associated with an ageing population. This paper draws on qualitative data with older AT and telecare users and their carers to explore the impact that substituting 'traditional' forms of care with AT has on the lives of older people. We argue that although AT and specifically telecare, is viewed as being the solution to supporting our ageing population to 'age in place', there are also negative, irrational and unanticipated consequences which have the potential to dehumanize older people. Drawing on and critiquing Ritzer's (1994) concept of McDonaldization, we argue that while AT use brings undoubted benefits; they also have the potential to produce unintended and potentially harmful outcomes. These include the misuse or non-use of equipment, dehumanization, the signaling of vulnerability and dependence. We conclude by discussing the focus of governments.

Parvaneh Rabiee, University of York

[*Caroline Glendinning, Kate Baxter*]

4.8 HC KB Gibbs

Local authority-managed personal budgets – how far do they offer choice, control and personalised home care support?

A majority of older people offered personal budgets choose to have these managed by the local authority and used to purchase council-commissioned services. This paper reports a recently completed study looking at how far council-managed personal budgets offer choice and control over services, compared with that experienced by people who take their personal budget as a cash direct payment. The study included the perspectives of senior managers, front-line staff, home care providers and older service users. The paper will reflect on the new contracting arrangements between local authorities and home care provider agencies; and the roles of local authority and home care agency staff in shaping demands from managed personal budget-holders for flexible, personalised home care services. Overall, the study found some increase in competition between home care providers, with the potential for this to be translated into more responsive services for individuals. However, a range of communication barriers, both long-standing and new, made choice, control and flexibility difficult to achieve.

Christel Rapo, University of Lausanne

2.6 HC KB Seminar 2

Growing old with HIV: between hope and uncertainty

Since the advent of highly active antiretroviral therapy, life expectancies for persons with HIV infection are similar to those for uninfected people. Growing old with HIV is an emerging problematic for industrialised countries. Researchers and health care providers need to be aware of the new difficulties and the psychosocial needs faced by this population. The purpose of this research is to identify the way this population is growing old, and their experience of the ageing process. I interviewed 6 persons aged fifty or more living with HIV, using the life story method (Dominicé, 2002). After a content analysis, 10 main themes were identified. I focused on the theme « Living in the uncertainty ». People I interviewed are

ambivalent : in one hand, they are thinking that the future will be better thanks to the progress of medicine. In the other hand, they think that their health will decrease due to the threat of the disease itself and due to the long term effects of the antiretroviral medication. Thinking about the future raises stress and anxiety. Hope and being optimistic seems to be one of the best ways to cope with a chronic disease that raises uncertainty about the future. In this oral presentation, I intend to present this topic as preliminary results of my research.

Mo Ray, Keele University

[Mary Pat Sullivan, Tony Bunce (Brunel); Sheila Hayward (Keele)]

7.1 ES KG Room 62

The experience of ageing without children

Childless older people have traditionally been regarded as uniquely disadvantaged when compared to older people with children. More recently, there has been recognition that defining ageing without children as an undifferentiated and disadvantaged experience is inappropriate. This paper reports on the findings from in-depth, biographical interviews with 30 older women and men aged between 60 and 85. The findings highlight the importance of recognising the diversity of contexts in which people age without children. Research participants reflected on life course experiences of being or feeling excluded at times by the dominance of parenthood and its centrality as an assumed adult role. Nevertheless, participants overwhelmingly demonstrated investment of creativity, energy and personal resources in developing personally valued lifestyles. Participants reflected a belief that they were often less encumbered by family duty and expectation when compared with peers with children and grandchildren. This belief was often characterised by ambivalence –on the one hand, acknowledging the freedom of being able to experience new opportunities and on the other, an anxiety about being seen by others as ‘selfish’. By and large, participants did not feel personally disadvantaged by being childless and reflected on the ways in which they had invested in roles and responsibilities which critically, were perceived as being of value to others as well as to themselves. Participants reflected concern about the importance of making appropriate arrangements for future care and support needs. Identifying for example, a person who they trusted to make ‘best interest’ decisions should they lose decision-making capacity, was an issue identified as being of considerable importance. Whilst anxiety about who might provide support and care was acknowledged by most participants, this was invariably coupled with recognition that older people with children should not assume the availability of care from their adult children.

Cara Redlich, University of Brighton

11.9 HC KB Seminar 5

‘What is online care? Older People’s Practices and Experiences of Care using Social Networking’

Recent technological developments into computerised or digital terrains are noted to have been largely accepted into the experience of daily living, permeating communication, pastimes, interactions and transactions (Miller and Horst, 2012). Indeed the British government appears eager to pursue the digital project, reportedly closer to launching the ‘Digital-by-Default’ agenda in an effort to determine how services will be provided (Government Digital Service, 2013). However, it is often argued that older people are particularly at risk of becoming digitally excluded by being unable or unwilling to take up new forms of technology and communication (Bell, 2007; Berry, 2011). Yet, further studies

show that this is not necessarily the case. More specifically, older people have been shown to use the internet and associated devices in everyday, contextualized and often highly creative ways (Harley and Fitzpatrick, 2009; Khvorostianov et al., 2011; Xie, 2008).

My research as a PhD student is at its formative stages in considering older people, ethic of care and social networking technology (such as blogging, facebook, twitter). This research questions what care looks like online, and aims to look specifically at how the practices and experiences of care are facilitated by social networking. Drawing from an ethic of care perspective, the research will undertake qualitative, ethnographic research to uncover rich and detailed data to explore meanings and interpretations of older people involved in social networking. This paper will highlight and discuss my research to date, specifically tying together the research strands of older people, social networking and ethic of care.

Irit Regev, Sapir College

[*Orit Nuttman-Shwartz*]

2.6 HC KB Seminar 2

The Psychosocial Effects of Continues Exposure to Collective Trauma on Elderly in Two Different Communities in Israel

Since 2001, the southern region of Israel has been the target of Qassam rocket attacks. These situation raises questions about ways elderly people adapt and the factors that contribute to psychological distress. Most of the studies dealing with exposure to threat, have focused on children, and adults or on short term exposure to threat. However, there is a lack of knowledge on how elderly people cope with ongoing threats.

The current study seeks to broaden professional knowledge about elders responses to ongoing threats, and about predictors of psychological distress.

The study aims to compare the impact of the prolonged exposure to Qassam attacks among elderly in different communities: urban and rural and to examine the impact of personal resources: personality, social and cognitive on psychological distress. We examined those questions by calculate correlations between the following variables: Demographics, personality traits (self esteem and self mastery), cognitive appraisal (threat, challenge and efficacy) and the dependent variable: psychological distress (PTS).

Questionnaires were collected from 298 elders (190 urban and 108 rural). The results revealed that urban elders reported higher psychological distress (higher levels of PTS). For the rural elderly, economy attribute to psychological distress, while for the urban elderly, cognitive variables - especially sense of threat attribute to psychological distress.

The findings suggest that type of community serve as protection against stress. Elderly living in urban community are more vulnerable. On the other hand, elderly people who have better personal resources – cognitive or personality can cope effectively with threatening situations.

Jacqueline Reynolds, Staffordshire University

9.3 CV KG Book Room

Arts, social capital and ageing: towards deeper understandings

Social capital is a poorly understood concept, and in a context of an academic focus on how to measure it and considering changing levels over time, we have limited understandings about the nature of social capital and a lack of qualitative insights into how it is actually experienced by people (Blackshaw and Long 2005). Group arts participation is recognised as a potentially valuable means of developing social capital, but again, little attention is paid to

the mechanisms by which this happens, or to the actual nature of arts-generated social capital and what difference it makes in people's lives. Moreover, from a gerontological perspective, whilst interest in social capital is implicit in literature on ageing, there is little that explicitly addresses the social capital of older people.

This presentation discusses research findings that highlight the links between arts participation and social capital. It considers the distinctive nature of older people's social capital from a life course perspective, and offers qualitative understandings of the ways in which social capital is actually experienced by individuals. It argues that social capital and people's group arts engagement can be linked to the wider concept of 'resourceful ageing', which in turn addresses the impact of life-course experiences on later life opportunities and challenges.

Jacqueline Reynolds, Staffordshire University

[Miriam Bernard (Keele University)]

11.1 CV KG Room 62

Ages & Stages: A Volunteer's Story

Funded under the national multi-research council New Dynamics of Ageing research programme, Ages & Stages is a research collaboration between an interdisciplinary team at Keele University and the New Vic Theatre, Newcastle-under-Lyme. We have explored representations of ageing within the Vic's ground breaking social documentaries and interviewed older people involved with the theatre as volunteers, actors and employees, audience members, and sources for the documentaries. The research was drawn together to create the 'Ages & Stages Exhibition' and a new documentary drama 'Our Age, Our Stage': performed in front of a capacity audience at the theatre as part of BSG's 2012 Annual Conference. The four papers in this symposium are each anchored in the research findings and in the translational work we are now engaged in having been awarded a year's follow-on funding by the AHRC. Together, they provide an insight into key findings from the project and some of the ways in which we have been able to translate research into practical outputs. This paper draws on individual and group interviews carried out with older people who are volunteers at the theatre. The interviews explored participants' involvement with the theatre both now and throughout their lives, as well as issues around ageing, intergenerational relations and sense of place. Here, we look particularly at the role the theatre has played at times of transition and/or bereavement in later life, showing how volunteering may provide simultaneously a broadening of horizons and a sense of continuity, continued social engagement and security.

Jill Rezzano, New Vic Theatre

[Michelle Rickett, Miriam Bernard (Keele)]

11.1 CV KG Room 62

Ages & Stages: A Training Participant's Story

Funded under the national multi-research council New Dynamics of Ageing research programme, Ages & Stages is a research collaboration between an interdisciplinary team at Keele University and the New Vic Theatre, Newcastle-under-Lyme. We have explored representations of ageing within the Vic's ground breaking social documentaries and interviewed older people involved with the theatre as volunteers, actors and employees, audience members, and sources for the documentaries. The research was drawn together to create the 'Ages & Stages Exhibition' and a new documentary drama 'Our Age, Our Stage':

performed in front of a capacity audience at the theatre as part of BSG's 2012 Annual Conference. The four papers in this symposium are each anchored in the research findings and in the translational work we are now engaged in having been awarded a year's follow-on funding by the AHRC. Together, they provide an insight into key findings from the project and some of the ways in which we have been able to translate research into practical outputs. This paper looks at how the newly developed Ageing, Drama and Creativity training course has been received. A key element of the follow-on project, it consists of six half-day sessions in which participants explore topics such as ageing and ageism; stereotyping; and intergenerational relations; attend a performance of *Happy Returns* (the new *Ages & Stages* performance piece); and engage in experiential drama and theatre making activities. The multidisciplinary course includes health and social care practitioners; housing association employees; voluntary sector workers; educators; and arts practitioners.

Matthew Roberts, Swansea University

[*Vanessa Burholt*]

9.8 HC KB Gibbs

The Effect of Lifestyle on Cognitive Function in Diabetics and Stroke Survivors: Interim Findings from CFAS Wales

This paper examines the influence of lifestyle behaviours (physical activity, alcohol, nutrition and smoking) on cognitive function in individuals with the previously diagnosed health conditions of stroke, type II diabetes, hypertension, myocardial infarction or depression. In previous studies these conditions have been associated with cognitive decline.

The analysis was performed on a non-representative subsample of data from the Cognitive Function and Ageing Study in Wales (CFAS Wales), which is an epidemiological study of older people in Wales. The sample included individuals aged 65 years and over. The sample was stratified so that 50% of the main sample was aged 65-74 years, and 50% were aged 75 years and older. Moderation and mediation were performed to determine whether lifestyle behaviours moderated or mediated the negative association between stroke or diabetes and cognitive function. Statistical covariates of age, education, gender and Welsh Index of Multiple Deprivation scores were entered into analyses due to their association with cognitive function. The results indicated that physical activity and alcohol partially mediated the negative association between stroke or type II diabetes and cognitive function. The nutritional variables of fruit and vegetables moderated the negative association between type II diabetes and cognitive function.

Rena Robinson, California Veterans Home - Yountville

[*Gerry Gairola (University of Kentucky)*]

12.14 HC KB Seminar 3

Required Dementia Care Training for Long-term Care Facilities in the United States: Purpose, Content, and Implementation

Approximately 5 million Americans have Alzheimer's disease. This number is expected to increase to between 13 and 16 million individuals by 2015. Many of these individuals will require nursing home care when they can no longer be cared for at home. Although the numbers of nursing home residents with dementia are growing, many in the field of gerontology have noted the lack of required dementia education for nursing home workers. In 2012 the United States Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS) launched the Partnership to Improve Dementia Care in Nursing

Homes to promote comprehensive dementia care and therapeutic interventions for nursing home residents with dementia-related behaviors. As part of this effort, the CMS created “Hand in Hand: A Training Series for Nursing Homes Toolkit” and mailed a free copy of the training Toolkit to all long-term care facilities throughout the country. The training materials consist of an orientation guide and six (6) one-hour video-based modules, each of which has a DVD and an accompanying instructor guide. The training emphasizes a person-centered care approach that focuses on residents as individuals while also emphasizing the role of the caregivers working most closely with them.

This paper describes content of the required dementia care training and some of the considerations, such as the development of team work, important to the effective implementation of the training within a long-term care setting.

Brenda Roe, Edge Hill University

[Sheila McCormick; Wendy Gallagher (Whitworth Art Gallery); Andrea Winn (Manchester Museum); Teri Lucas, Sophie Elkin (Irwell Valley Housing Association)]

9.3 CV KG Book Room

Evaluation of an arts for health programme for older people in the community: Coffee, Cake & Culture

Objectives To identify the benefits and impact of an arts for health programme on the wellbeing of older people living in residential care populations and evaluate its feasibility.

Methods Non-participant observation was undertaken using Spradley’s (1990) nine dimensions with field notes made during and after each session along with comments from participants. Data were transcribed, summarised and content analysis performed.

Agreement on themes was reached by discussion and consensus with the project team. A final group interview with project and care staff was also undertaken. Ethics approval was obtained from the University Faculty Research Ethics Committee.

Findings Seventeen residents, 10 care staff and 1 relative from 2 residential care communities attended with up to 8 residents and 5 care staff consistently attending the majority or all sessions. The sessions were identified as taking the form of performance with 4 distinct acts. Planning the sessions and activities was important with sufficient time allowed for Welcoming and Departing of visitors and accessing transport. High ratio of care staff to resident was a feature of one organisation while the other relied solely on one care staff. Individuals’ participation with the activities varied according to previous and current interests; taking time to become involved and varied with individual or group activities.

Conclusion The Arts for Health programme for older people from community populations is feasible and requires specific planning and sufficient resources. Older residents and their carers benefited from participating in the programme and contributed to their continued wellbeing, social engagement and ‘creative ageing’.

Alan Roulstone, Northumbria University

[Kate Hamblin (Oxford); Sue Yeandle (Leeds); Peter Buckle (Manchester)]

6.7 HC KB Pusey

Realising Telecare Potential: Policy and Evidence

The recent Whole System Demonstrator pilots might suggest the role of telecare in ageing in place is more limited than previously assumed. However, the affording of ageing in place brings greater benefits well beyond simply hospital episodes foregone or reduced falls. The ability to make and sustain choice in later life in a familiar environment also underpins the

policy imperative. Evidence also suggests that to substantiate the value and scope of telecare we need to better understand how policy and evidence intersect and which aspects of the design, use and personal perceptions of telecare foster or limit use.

This symposium contribution aims to draw the links between macro-policy and micro-level efficacy in the substantiation of the value of telecare. It will argue that we need to draw down the range of available evidence on the role of telecare in formulating longer-term policy interpretations of the value or limits telecare may hold for frail/disabled older people.

Subrata Saha, Women's Concerns

9.4 CV Room 66

Entrepreneurship, Ageing and New challenges: socio-cultural perspectives

Introduction: The current recession creates growing unemployment which has pushed a significant part of the population into seeking self-employment for economic survival. This paper offers an insight to how social and cultural perceptions of ageing, gender and ethnicity act as a driving force to starting a business and to what extent, social networks serve a protective function in the face of entrepreneurial adversities, and how this collaboration promotes entrepreneurship at an older age. **Methods:** A participatory approach was used that involved establishing a partnership between the community organisations, participants and the researcher. Two focus group interviews were conducted with older and younger trainees from diverse ethnic groups living in the Reading and Wokingham boroughs who attended an Entrepreneurship Skills Training programme funded by the National Lottery. In addition, in-depth interviews were conducted with 9 individual trainee participants. Participants were asked to draw their own social network map. **Main results:** The findings revealed that friends and family provide vital and reliable sources of support and business information about opportunities for starting a business. For women and the participants over 50 the dominant motivation leading them to start an own business was need, while for the younger group the motive was more aspirational and creative. Women see starting their own business gives them autonomy, flexibility and freedom and allow them to combine with their caring roles. **Conclusions:** The study suggests that how women and older people can be assisted to create new businesses and not be seen as marginalised.

Laila Salim, VCARE Social Welfare Society For Healthy and Active Ageing Pakistan

[Fatima Danish Khalfan]

2.8 HC KB Gibbs

Situational Analysis of older people In Pakistan

Background:

This study aimed to know the state of healthy and active living of the elderly population in Pakistan. It explored their thoughts on cognitive, physical, personal, social and financial needs. It also expounded on the role of the government and non-government organizations in the fulfillments of their needs. Method A qualitative approach was employed to capture data through eight focus groups in different regions of Pakistan. Each group consisted of 6 to 8 participants. Purposive sampling was used. Jane Ritchie's thematic framework model was used for the analysis of the transcribed data. Results Analysis indicates a myriad of problems surrounding the elderly. The living style shifting increasingly from extended families to nuclear families is resulting in more isolation and depression in the elderly members of the family. Additionally, a rise in the non-communicable disease such as CHD,

diabetes, depression has increased the expense of living with no proper health insurance policy available particularly for senior citizens. Even the existing retirement plan is insufficient for good living. Also strongly suggested was the need of the government to review the policies of pension and have policies for health benefits on retirement. The participants vocalized the necessity in the aging people to be involved in healthy activities keeping them busy and agile while protecting them from psychological distress.

Conclusion Population ageing, specifically in developing countries such as Pakistan having a shortage of professionals for aging segment, too few quality care nursing homes, services and shelters, and ignored social needs, requires urgent strategic actions at the national, regional and global levels to ameliorate their living status.

Sanda Samitca, University of Lisbon

11.14 HC KB Seminar 3

Forced changes: family responses to Alzheimer's disease in Portugal

Portugal, like other European countries, has a growing elderly population and consequently an increasing number of persons suffering from Alzheimer's disease (AD). This situation has considerable implications for the sufferers' family, who will have to deal with this disruptive situation. Moreover, since treatment solutions are not yet available and the offer in terms of care-services still scarce, families are called upon to provide care at home.

Drawing on qualitative interviews, the paper aims to characterize the experience of the adult children of persons suffering from AD in Portugal and explores how care arrangements are decided and set up among siblings. The key focus is on who becomes the main carer, through which decision process, and what are his/her underlying motivations? In addition, the study looks at the informal and formal support instruments available to and used by this main carer. Results show that the presence of a parent with AD induces changes in social and family interactions, requiring therefore the (re)definition of family routines and interactions to accommodate the illness. In practice, one child generally becomes the main carer with additional but differentiated support from other family members and, increasingly, the use of complementary professional or non professional paid care.

Nicamil Sanchez, Australian Catholic University

2.8 HC KB Gibbs

Do Socio-Demographic Variables Hinder the Attainment of Successful Ageing: Not in the Philippines

Most of the study on successful aging (SA) finds that socio-demographic factors like poverty, being female, low level of education hinder its attainment that are mostly based on western and developed countries. Thus, it is important to include the perspective of older person from developing country in the debate on SA. In reconciling the different findings of the literature and recognising the subjective perspective and objective empirical data, the operational definition of successful ageing in this study is the attainment of wellbeing and independence of activity of daily living and continuous social participation, and social interaction. This study explores the socio-demographic factors of SA in the Philippines. Predictive Analytic Software 20 is utilized to analyse the ANOVA and t-test from the survey of (N: 200) older persons composed of (f: 188) female and (f: 82) male. Based on the sample data, there is no significant difference between gender, place of residence, marital status, and level of income in the attainment of SA. SA in the Philippines has its unique features since it is not mainly influence by socio-demographic factors.

Ulrike Schneider, Vienna University of Economics and Business

[*Martin Zuba*]

6.10 HC KB Seminar 6

Work-to-family and family-to-work conflict of working caregivers: Evidence from the European Working Conditions Survey

In the past two decades research has improved understanding of associations between adult care and paid work. However, past research focused on carers' labour force participation rates, working hours or hourly pay rates. This study examines the impact of informal care obligations on time-based work-to-family conflict and on absenteeism. Although caregivers' higher probability to miss days at work is often assumed in the literature few studies provide empirical evidence. The analyses use data from the fourth European Working Conditions Survey to investigate the relation between informal care, perceived work-family conflict and the occurrence of absenteeism in 31 countries. We conduct an ordered logistic regression to examine the level of perceived work-family conflict and and logistic regression to examine absenteeism. We find higher levels of higher level of work-family conflict and absenteeism among caregivers. Work schedules and time regimes affect carers' and non-carers' work-family conflict alike. Yet, good friends at work and work overload have a larger impact on carers' work-family conflict. Furthermore, we found indications for a trade-off between perceived work-to-family conflict and absenteeism via workplace policies.

Lok Sharma Bhattarai, Leeds Metropolitan University

4.7 HC KB Pusey

Revisiting 'independence': can it be a way forward in alleviating loneliness?

Increasing experiences of loneliness in older people and failure of intervention to bring about desired outcome have provoked further research in the field. In this paper, I argue that the notion of 'independence' is often wrongly utilized in planning and intervention of older people's health and social care. Independence is core human value and essential for one's dignity and wellbeing. But the idea as a human value has become something that is little understood, misunderstood, exaggerated, or misrepresented in policy as well as in everyday terms. I argue that the idea of 'independence' should not have been taken as a value term as oppose to something being social, connectedness, or engagement. Instead, it is essential to accept the limit and boundary of independence. Misrepresentation of the values of independence has made the issue of loneliness more complex and obscure. Increasingly isolated lives, technical views of independence being understood as equivalent to 'disconnectedness', operational extremism to the notion of privacy and confidentiality that all contributed to escalate loneliness. In this paper the existential theory of loneliness will be discussed along with the limit and boundary of independence that are to be accepted in concerns of emotional wellbeing and social health. Comparison will be drawn of the societal views and values of the East and West, so-called collective and individualist society. A new policy theme will be sketched onto which social policy and intervention could be developed negotiating between the notion of independence and loneliness.

Barbara Sharp, University of the West of Scotland

12.5 HC KB Seminar 1

Involving People with Dementia in Qualitative Research

As people with dementia become more vocal about their rights and wishes, the call to be engaged meaningfully in research about their experiences is increasingly heard. Involving people with dementia meaningfully in research necessitates a person centred and situational approach, with careful consideration of associated ethical issues.

In any field of care there are advantages to the development of informed practice in practitioners becoming involved in research. In dementia research specifically, transferable practice skills in communication and involvement can enhance participant experience.

The presentation will describe the involvement and care of people with dementia in a phenomenological study exploring their subjective experiences of stress. The study method involves gathering data from focus groups of people with dementia from across Scotland and a small number of interviews with spouses. For the focus groups, audio and video recordings ensured verbal and non-verbal data was captured. The focus will be on how the researcher transfers and builds on experience in dementia practice to realise the desired engagement of people with dementia in a qualitative study and how both practicalities and ethical issues were addressed to ensure participants were prepared and cared for throughout the process.

Jay Shaw, Brunel University

[Denise Connelly, Carol McWilliam (Western University)]

2.2 CV KG Mawby

Fall Prevention as Emotion Work: Understanding Risk and Identity in Aging

The discourse of fall risk and fall prevention is increasingly present in the domains of health services and policy for older people, as narratives about delaying dependence and decline are continually offered for/by older people progressing through later life. Prioritizing the mitigation of risk of falling in health care implies particular ideals of the identities to which older people aspire. However, if these ideals of aging identities go unexamined, health care practitioners may reinforce a potentially harmful understanding of aging in their efforts to promote independence and prevent falls. Drawing on findings of a two-phase phenomenological study of (a) the experience of anticipating falling amongst older people, and (b) the experience of enacting fall prevention amongst health professionals, this paper explores how social ideals of aging intersect with the practice of fall prevention. Integrating themes from cultural gerontology, this study suggests that older people structure their lived-experience of anticipating falling around efforts to achieve (often contradictory) “youthful” identities in the context of aging. Risk-taking figures prominently in achieving these embodied identities, leading to challenges in negotiating the meaning and value of efforts to prevent falls. By re-conceptualizing fall prevention as “emotion work”, health care practitioners may recognize the challenges inherent in older peoples’ understanding of risk in daily life, helping older people to situate risk in their lives in meaningful ways. The paper will conclude with comments on the challenges and contradictions of engaging in fall prevention as “emotion work” in an epoch of risk reduction and an aging population.

Jay Shaw, Brunel University

[*Wendy Martin, Christina Victor (Brunel); Pia Kontos (Toronto Rehabilitation Institute)*]

9.2 CV KG Mawby

Dignity and Care in the Media: A Critical Exploration of the Francis Report

The Francis Report examined the roles of commissioning, supervisory, and regulatory organizations in the “appalling” care provided at Mid-Staffordshire NHS Foundation Trust between 2005-2009. The Report featured prominently in news and social media, such as Twitter, leading up to and directly after its publication. This media reporting constituted a key means of disseminating the content of the report and its implications for the NHS and the care of older people. This paper critically explores the dissemination of the Francis Report through two key means of news information reporting: UK newspapers and Twitter. We thematically analyzed newspaper articles that included the keywords “Francis”, “Mid Staffs”, or “Mid Staffordshire” in The Guardian, The Times, The Telegraph, The Daily Mail, and The Sun. Newspaper articles were sampled two weeks prior to publication and six weeks after publication of the Francis Report. We also archived and thematically analyzed tweets using the hash-tag “#Francis” over an eight week period (following the same time frame). Preliminary findings suggest that newspaper reporting sensationalized the likelihood of poor care at additional hospitals in the UK (especially for older people), escalating public fear through a risk discourse of neglect and lack of compassion in the NHS. Conversely, Tweets were primarily written by those directly involved in the NHS, providing concrete suggestions for specific NHS changes and professional reactions to the Report. This paper will conclude by comparing and contrasting these different media and their roles in addressing the Francis Report, focusing on implications for the care of older people.

Shirley Simmonds, University of Southampton

[*H.E. Syddall, M. Evandrou, C. Cooper, A. Aihie Sayer*]

9.8 HC KB Gibbs

Hospital admissions among men and women who participated in the Hertfordshire Cohort Study: a record linkage study

Research objective

Two thirds of people admitted to hospital in the UK are aged 65+, but data collected on admissions at the population level do not allow identification of individual risk factors for service use. The aim of this research was to use data linkage to explore service use among individual members of the Hertfordshire Cohort Study (HCS). Methods Between 1998 and 2004, 2997 men and women aged 59-73 years underwent an HCS baseline assessment, characterising their health, lifestyle and social circumstances. We have obtained mortality and Hospital Episode Statistics data for them from baseline to 31/03/2010, and have linked these with the HCS database. Preliminary results HCS participants experienced a total of 8741 hospital admissions during follow-up. 5183 (59%) admissions arose from men, 6503 (74%) were elective, 5056 (58%) were day cases and 8517 (97%) resulted in discharge to usual residence. The commonest primary diagnoses were ischaemic heart disease, cataract, chest pain, follow-up after cancer surgery and arthritis of the knee. Diagnostic tests were dominant among the primary procedures.

2168 (72%) men and women were admitted at least once during the follow-up period (median 3 admissions, 7 days in hospital). These people differed at baseline in a number of ways; for example they were less likely to be home-owners than those who had no admissions. (78% vs 84%, $p < 0.001$) Conclusions Although hospital admissions were common

among the cohort the range of individual experiences was wide. These linked datasets provide potential for further and more specific analyses in future.

David Sinclair, International Longevity Centre (ILC-UK)

12.9 KB Seminar 5

Working Longer: an EU perspective

David Sinclair will present findings from a European review of policies on supporting older workers and the view across the EU of how member states are responding to the challenges of an ageing workforce, including the role of occupational health schemes.

Anu Siren, Technical University of Denmark

[*Sonja Haustein*]

11.11 HC KB Lecture

Baby boomers' travel behavior

In general, travel activities decline with age and especially as a consequence of retirement. The previously observed effects of increasing age and age-related transition points may however be cohort dependent. The post-World War II cohorts, "baby boomers", will comprise a large share of tomorrow's older population, and it is expected that they will differ from their parents' generation when they grow old. The aim of the present study was to explore baby boomers' travel behaviour before and after retirement, and the implications that changes in travel habits or the maintenance of a high level of mobility may have in terms of the future travel demand. Data were collected by interviewing a sample of Danish persons born in 1946 and 1947 at baseline in 2009 (n = 1,772) and at follow-up in 2012 (n=864). The boomers were highly (auto)mobile, with good access to personal transportation. Nevertheless, there was a clear tendency to reduce car use over time, and as a consequence of retirement. On the other hand, retirement means increased leisure time, and the findings indicated that with retirement, the boomers travelled more often for leisure purposes and increased their car use in these trips. I.e., even if the overall level of car use decreased after retirement, car use for special leisure purposes increased after retirement. Finally, we found that retirement has a bigger impact on men's than on women's car use, probably reflecting the fact that many women use other modes of transport than car for commuting to work.

An-Sofie Smetcoren, Vrije Universiteit Brussel

[*Liesbeth De Donder, Nico De Witte, Sarah Dury, Tine Buffel, Emily Verté, Tinie Kardol, Dominique Verté*]

7.8 HC KB Gibbs

The importance of housing quality for older people's feelings of wellbeing and neighbourhood satisfaction

Within research the importance of housing and environment for the independence of older people has been established. The main purpose of this study is twofold. First, it investigates the influence of poor housing quality on indicators of individual's wellbeing (feelings of loneliness, feelings of unsafety, psychosocial well-being, and frequency of falling). Second, the research examines the relationship between poor housing quality and subjective variables describing characteristics of the environment (neighbourhood involvement, quantity and quality of contact with neighbours, and neighbourhood satisfaction).

Survey data from the Belgian Ageing Studies for 67,560 people aged 60 and over living self-reliantly in 142 municipalities in the Northern part of Belgium provide the empirical evidence for the analysis. A multiple linear regression model was conducted. Findings show a positive relationship between poor quality of housing and indicators of individual's wellbeing, indicating that the more inappropriate the dwelling, the more unsafe older people feel and the higher feelings of loneliness, feelings of depression, and frequency of falling they report. Poor housing quality also correlated significantly with all the subjective environmental characteristics. The strongest relationship was detected for neighbourhood involvement. The more inappropriate the dwelling, the less older people feel involved in their neighbourhood. The results reveal that inappropriate housing has a negative influence on several indicators of individual's wellbeing and subjective environmental characteristics. Findings point out the need for adjusted housing in later life, so that older people can stay longer and with higher life-quality independently at home.

Randall Smith, University of Bristol

6.8 HC KB Gibbs

Housing with Care: Terminology Traps

It is not unusual for literature reviews by UK researchers to focus on sources in a single language, viz English (or a variant thereof). In an attempt to overcome this limitation for a study of housing with care (see other papers in this symposium), two existing international networks of academics were used in an attempt to identify relevant publications in Scandinavian languages. This paper outlines some of the issues raised, particularly the problem of recognising the cultural specificity of concepts that provide challenges for the process of translation. For instance, what does "housing with care" mean to a Scandinavian researcher? "Translation is not just about linguistic practices, it takes us well beyond issues about languages; it is a broader research agenda with sensitivities to culture, context, diversity, inequalities, ethics and politics" (Lendvai and Bainton, 2013). Translation needs to reflect local contexts, emphasising the specific rather than the general. This can result in traps for knowledge and/or policy transfer when undertaking a literature review that attempts to overcome the limitations of monolingualism without being a full-blown study in comparative social research. Could the framework used for researching housing with care in England lead to sidelining of schemes in Scandinavia rather than be sensitive to the specific contexts in which they are located?

Nick Smith, University of Kent

[Sinead Rider, Ann-Marie Towers, Elizabeth Welch]

9.5 RM KB Seminar 1

Researcher experience in older adult care and nursing homes

In this paper we reflect upon researcher experience within residential care settings for older people. We draw on an on-going study of care and nursing home residents' quality of life carried out by a team of researchers. In this study researchers spend a considerable amount of time within care and nursing homes to understand the lived experience of residents. The research uses a combination of observations and interviews with residents, the families of residents and members of staff to gather data. In addition, time is also spent with residents and staff explaining the study and gaining informed consent. Care and nursing homes can be a challenging environment for the researcher and in this paper we consider these challenges. In particular we look the impact of carrying out research on the

researcher, the impact upon data the researcher experience has and the ethical issues researcher experiences illuminates.

Veronica Smith, University of Stirling

11.14 HC KB Seminar 3

Community Pharmacists and people affected by dementia

This study aims to identify what relationship community pharmacists have with people with dementia and their caregivers. The intention is to allow a broader understanding of the impacts on the individual community pharmacist of supporting people affected by dementia in order to strengthen policy. **Methods** Study part one Through individual interviews with four senior pharmacists working in advisory positions, key information about pharmacy practice was gained. Community health care professionals were interviewed to establish the relationship between them and the pharmacist. Study part two The second part of the study focused on the services community pharmacists provide for people affected by dementia. The researcher shadowed five community pharmacies; eight individual interviews were conducted with community pharmacists and two with technicians. Nine participants with dementia and their carers were interviewed as matched pairs and three as carers alone. **Main Results and conclusions** Community pharmacies offer support to people affected by dementia in a number of ways; prescription management, medication and health advice. Many pharmacists provide medication using a monitored dosage system; this may increase medicine concordance in people with dementia. Community pharmacists have no formal way of knowing whether a patient has a diagnosis of dementia, often relying on recognising dementia medication. Better information sharing between the pharmacist and other primary health care providers could amend this. The community pharmacist is a health professional, uniquely available without appointment. They are ideally placed to initiate preferred early referral for dementia diagnosis. A formal referral system may expedite identification.

Gabriela Spector-Mersel, Hebrew University & Ben-Gurion University

9.1 CV KG Room 62

A-integration and the never-aging masculinity scripts

Stressing a temporal consideration of gender across the life course, I have proposed the hegemonic masculinity scripts as a conceptual tool in theorizing masculinity. Examining Western men's later lives according to this thinking, reveals doubly truncated hegemonic masculinity scripts. First, as gendered scripts, given the cultural conception of older adults as ungendered, and second, as masculine scripts, due to older men's social invisibility. Western hegemonic masculinity scripts are concluded at middle age, thus lacking respectable models of later life masculinity. How do Western older men construct their identities in face of the truncated masculinity scripts? Two major strategies are reported in the literature. The first - continuity in their personal identities - may represent an "opposing strategy" to the disrupted scripts, through the preservation of past (young) masculine ideals. While allowing for the maintenance of respectable masculine selves, this strategy runs the risk of denying the aging process itself. The opposite strategy – discontinuity in masculine identities – might express an internalization of the interrupted masculine scripts, thus depriving older men of the sense of coherence and self value. As a possible outlet of this seemingly no-win situation, I suggest the concept of a-integration (Lomranz, 1998), that refers to the toleration of inconsistencies, gaps and oppositions, as a basic human state that

especially typifies later life. Empirically, a integration between a hegemonic masculine identity and acknowledgment of the aging process might reveal itself in two-parts narrative interviews. Data from two studies on older Israeli men show that participants claimed hegemonic masculine selves in their "spontaneous" life stories, yet when answering to direct questions, they expressed recognition of the various limitations stemming from their advanced age, along with a pragmatic attitude in responding to them.

Jeroen Spijker, University of Edinburgh

[John MacInnes]

7.9 RM KB Seminar 5

Flexible ageing: new ways to measure the diverse experience of population ageing in Scotland

Population ageing has become a core policy concern because of the implications of current and projected population age structures for future economic performance and the viability of pensions, health care and social care systems. However the debate is often based on 'fixed' definitions of 'old age' such as age 65+, something which neglects continuing and substantial improvements in both life expectancy and healthy life expectancy. Neither does such an approach consider the diversity of the ageing experience. Objectives: To describe a taxonomy of different ageing experiences in Scotland (e.g. by birth cohort, sex, marital status, living arrangements, SES, deprivation); to see if such a taxonomy can be used to distinguish between a 'third' and 'fourth' age on empirical considerations; to use other approaches to the conventional old-age dependency ratio to describe population ageing. Data and method: We use alternative definitions of the elderly based on remaining life expectancy to construct estimates of the size and composition of the elderly, and their ratio to the actually economically active population in Scotland, using Scottish Longitudinal Study and register data. Results: Today's 79 year-old female is literally the new 75 year-old given the identical remaining 10 years of life expectancy that 75 year olds had in 1980, although there are social and other differences in ageing. Conclusion: Not only are claims about the sustainability of social or healthcare arrangements based on misleading ageing indicators unfounded, social costs are likely to differ according to personal characteristics.

Mai Stafford, MRC Unit for Lifelong Health and Ageing

[Paola Zaninotto, Anne McMunn (UCL); James Nazroo (Manchester)]

12.6 HC KB Seminar 2

Social exchanges and depression in later life

Research objective: To investigate associations between social exchanges in different types of relationships and depression among late middle age and older adults.

Methods: Using data from the English Longitudinal Study of Aging, baseline (2002) positive and negative exchanges with partners, children, other family and friends were linked to depression (defined as four or more symptoms on the eight item Center for Epidemiologic Studies Depression Scale). These analyses will be extended to also consider changes in social exchanges over eight years of follow-up. Results: There are gender differences in social exchanges, with women on average having more positive exchanges with children, other family and friends though not with their partner. Using data on social exchanges at baseline, we show that positive and negative exchanges with partners and with children are independently associated with depression two years later, adjusting for covariates including baseline depression symptoms. Negative but not positive exchanges with other family and

friends are associated with depression. The association between depression and social exchanges is weaker among the above 70s compared with those aged 50 to 70 years. We also examine changes in social exchanges over eight years of follow-up and describe the characteristics that distinguish those with improving versus declining quality of relationships. Conclusions: Whilst some previous studies suggest that negative exchanges are more salient for depression, we find that negative and positive exchanges with partners and children appear equally salient for depression onset. However, negative exchanges with family and friends contribute to depression whereas positive exchanges do not.

Yiu-tung Suen, Chinese University of Hong Kong

11.10 HC KG Seminar 6

Gay-specific care homes – building a safe heaven or a ghetto?

The recently expanding literature on sexuality and ageing repeatedly points out that non-heterosexual older people show a high level of fear over entering into care homes, due to prevailing heterosexism. Some older gay men therefore express the desire for gay-specific care homes, seeing such as a safe heaven where they can be secure and open about themselves. However, others see it as a ghetto where they are pushed into. Drawing on: (1) older gay men's narratives of ideal care arrangements in later life; (2) research on gay-specific sports organizations; and (3) organizations set up for ethnic minority older people, this paper critically assesses the pros and cons of developing gay-specific care homes.

Yiu-tung Suen, Chinese University of Hong Kong

12.1 ES KG Room 62

Identity work among older gay men: resisting and rigidifying age norms

The recently expanding literature on sexuality and ageing has positioned older gay men as stigmatized, and sometimes even as 'victims', in the youth-obsessed gay culture. Although I share these studies' concern over ageism and homonormativity in the gay community, this underestimates the agentic power that older gay men possess. This paper addresses this gap and critically assesses the question of identity among older gay men, in particular, how they negotiate with the stigma of ageing in relationship formation. From a symbolic interactionist perspective, I read in-depth life story interviews conducted with 25 self-identified older single gay men in England as accounts of identity construction. The analysis reveals that older gay men engage in complex negotiations with the discourses surrounding ageing. Three patterns are identified: (1) internalization of age norms; (2) disidentification with being old through intra-generational ageism; and (3) recasting the meanings of ageing. An interesting paradigm thus emerges: while older gay men resist the governance of ageism and homonormativity over their lives, they are simultaneously rigidifying such social structure, and even imposing that on other older gay men. While recognizing that such negotiations with the stigma of ageing require physical, social and mental resources, this paper challenges the sweeping generalization that older gay men are necessarily subordinated in the gay community. This paper contributes to existing understandings of gender, sexuality and ageing by arguing for taking into account the subjectivity of older gay men. It also offers ways to think about the roles of ageism and homonormativity in the gay community.

Frances Sussex, London Metropolitan University

4.5 HC KB Seminar 1

Learning To Care (Care Homes for Older People)

The quality of provision for older people in care homes is currently of much public and professional concern. Based on four care homes, this research investigated what learning activity best promotes development in their care workers. Interviews with older people, staff and managers revealed different perspectives on what learning and development activity assists the care worker role. The study explored whether it is the acquisition of knowledge, skills or other aspects of professional identity that facilitate any change required in care workers to better perform tasks, and also the most effective methods to deliver this learning/development. The study exposed the complex dynamic between attitude to, and proficiency in, care tasks, alongside the diverse nature of learning that will initiate development in individual care workers. Whilst formal training and qualifications do have value, these are not per se associated with improvement in ability. Findings reveal that professional identities are formed through more subtle processes operating within care homes, reconciling innate staff attributes with learned professional values, knowledge and skills. In analysing the data, Bourdieu's concept of habitus helped explore learning and behaviours of care staff; Foucault's theories informed analysis of how identity and power are negotiated in the care home context through agency, structure and discourse. The research concludes that an understanding and management of attitudes, as a precursor to behaviour, can ensure care workers create a highly valued care environment; this study therefore offering a positive narrative to the provision of care for older people in care homes.

Christine Swane, EGV Foundation

7.12 HC KB Douglas Price

Stigma and social life in the dementia world

Cultural images of dementia were constructed throughout history, creating quite negative expectations of the mental and emotional capacities of older people. Both medical and public focus has been on the 'severely demented' for decades, the most deviant behaviour catching attention of professionals and the media. These cultural processes have resulted in a discourse equating all dementia with severe dementia. From the beginning of the 1990s a conceptual change towards a more humanistic approach in dementia care can be traced: from the person with dementia to the person with dementia, popularly speaking. Tom Kitwood was an important pioneer of this approach. But people with dementia are still categorized – and stigmatized – as 'the demented', with a 'changed personality', as they are often unable to conform to the standards of social behaviour and their communication can be difficult to understand. Hence they become disqualified from full social acceptance as our sense of Normality is challenged. Language is a two-sided sword and there is no way out of the paradox of labelling. Language is the only means to communicate about dementia. While talking about people with dementia in order to make their needs understandable, each person with dementia is included into the category of 'the demented' or 'the Alzheimer patient' and at the same time excluded from society. Do we risk missing the opportunity to explore the social and human similarities between people with and without dementia: We all live in a social world?

Gindo Tampubolon, University of Manchester

9.9 HC KB Seminar 5

Trajectories of cognitive function of older adults in the U.S. and England

Decline in cognitive functions is often taken to be a telltale sign of ageing. In fact, severely impaired cognitive functions have been known to be a huge burden in high income countries according to the recent WHO burden of diseases figures. Yet very little is known about the trajectories of cognitive function decline in older adults over time. Using two sister longitudinal ageing studies, the U.S. Health & Retirement Study and the English Longitudinal Study of Ageing, trajectories of cognitive function from 2002 to 2010 are drawn. Applying linear mixed model to memory function of older adults, the net effects of socio-economic positions, behavioural risk factors, and social integration are examined. The results from the study of cohort members aged 50 and over indicate that their trajectories follow a curvilinear curve, that there is a dose-response patterns to wealth and levels of education, that social integration enhances cognitive function and that regular vigorous physical exercise benefits cognition.

Christopher Taylor, North Sydney Council Community Services

[Jed Donoghue (University of Tasmania)]

7.10 HC KB Seminar 6

Australian Community Aged Care: Challenges and solutions

This paper will outline some of the major issues confronting community aged care provision in Australia. It will outline population trends and assess the levels of chronic disease in the older population. The second part of the paper will assess some of the challenges raised by the Australian Productivity Commission report into Aged Care. Finally the paper will put forward some solutions that have not been fully considered in the Productivity Commission report, to make the provision of community aged care more sustainable.

Community aged care services in Australia will undergo significant change in the next four years. Many community organisations that provide Community Aged Care services will have to change the way they provide services and how they market their services to older people. There are significant challenges facing the Australian aged care system including:

- Increased numbers of older people
- An increasing number of aged based disease and disability
- Rising expectations of the type of care received
- Community concerns about the variability of care
- Decline in the number of carers
- A need for more nurses and personal care workers with enhanced skills.

(Productivity Commission Inquiry Report June 2011)

Changes will also occur in government funding and administration. In 2012 the Australian government took over the funding and administration of Aged Care services and programs from State governments. The Home and Community Care program (HACC) program was split into two distinct areas with the State running disability services. It is anticipated that there will be major changes in the way that services are funded with an expected move to a client contributions based system by 2018.

Clare Thetford, University of Liverpool

[Suzanne Hodge (Lancaster); Jude Robinson, Paul Knox (University of Liverpool)]

9.12 HC KB Douglas Price

Resilience and visual impairment in old age

We report findings from a qualitative study into the changing support needs of people with sight loss, using data collected from two linked studies conducted in 2007 and 2010. Biographical narrative interviews were conducted with 37 people with long-term sight loss in the 2007 study, 21 of whom were re-interviewed for the 2010 follow up study. Data revealed a range of barriers that prevented them from accessing the support they required at the time of need. The follow-up study highlighted that some people appear to cope better than others and this is not necessarily a reflection of the severity of their visual impairment. Some people appeared to be more resilient than others – to cope with adversity created not only by their sight loss, but also a range of other factors, such as poor physical health and widowhood. We begin to explore some of the factors which enable some people with sight loss to adapt and cope better than others, to maintain independence and a decent quality of life. The large number of people with sight loss in the UK is expected to grow considerably in coming years due to population ageing. A new approach, in the context of restricted resources, is required, focussing on preventing the need for expensive care packages by supporting older people with visual impairment to remain independent for as long as possible. A resilience framework may offer such an approach by concentrating on what people can do and how they can continue to be supported to do so.

Edward Thompson, College of the Holy Cross

[Kaitlyn Barnes (Case Western Reserve University)]

9.1 CV KG Room 62

Older Men's Blueprint for 'Being a Man'

Does the cultural blueprint of 'being a man' that older men endorse still call for masculinity performances that project 'no sissy stuff' and toughness? This paper examines the masculinity standards that older men perceive as their manhood mandate. Study 1: Survey data from 349 men (age 60 and older) and structural equation modeling of the Male Role Norms Scale provide evidence that older men reorder masculinity norm priorities. The anti-femininity directive is less salient. Maintaining respect is their primary masculinity directive, followed by a reaffirmation of the precept 'be tough.' Study 2: Older men basically reject with the premise that sexual function remains important to performative masculinity, yet survey data (N=132 men age 50 and older) show that the key determinant of their beliefs about importance of sexual performance/ competency is their adherence to a traditional masculinity ideology, not their age nor their ED status. Gender matters; older men perceive traditional masculinity standards as salient to their later life.

Anthea Tinker, King's College London

[Jay Ginn, Eloi Ribe]

4.8 HC KB Gibbs

Revolutionising long term care: A case study of the Netherlands

Background: The applicants undertook research for the Technology Strategy Board on revolutionising long term care in Europe based on an analysis of the literature and policy

documents. As a result of this the Netherlands was identified as having a similar demographic profile but as having examples of care provision that the UK could learn from. Research objectives: To provide relevant information about the Netherlands on how support is provided to older adults in need of long term care, in their own or alternative homes. Methods: An updated search of relevant literature was carried out together with a visit to interview key people in the Netherlands and to see innovative schemes that could be adopted in the UK. Main results: Lessons about policies include the dropping of personal budgets due to problems including expense and fraud. Two sorts of innovations were found. The first were initiatives for older people with modest long term care needs. These included telecare, the use of the internet, smart homes, apartments for life, co-housing and various co-operative initiatives. The second type was for people with intensive long term care needs including dementia, which included not-for-profit care complexes enabling older people to live with a degree of normality and autonomy in family-like households. Conclusions: The initiatives have been motivated by a desire to enable active ageing in place and key factors were the importance of social relationships, the value of environments and community belonging, listening to users and opportunities for business.

Jane Tooke, Alzheimer's Society

12.10 RM KB Seminar 6

Negotiating the ethical landscape of field research in the homes of people with dementia

There is a general acceptance that the voices of people with dementia need to be included in research. Nevertheless debate still surrounds the ethics of such research in practice. This is largely because the cognitive impairment associated with this set of conditions poses particular dilemmas, many of which do not have straightforward solutions. Some researchers have suggested the need for a 'moral sensitivity' that can cope with the shifting and multiple complexities involved. Drawing on experience of evaluating Alzheimer's Society services, this paper details the practice of 'moral sensitivity' while carrying out research in the homes of people with dementia. It highlights the difficulties faced by researchers who need to instantaneously negotiate a complex ethical landscape that is often further blurred by being situated in the homes of participants. This paper argues that when gathering the voices of people with dementia researchers need to be continuously reflexive about decisions made while in the field as well as after the event. Practicing such a situated reflexivity may help ensure that researchers' immediate responses are as ethically founded as possible.

Ann-Marie Towers, University of Kent

[Nick Smith, Sinead Rider, Elizabeth Welch]

6.9 RM KB Seminar 5

"Most people lack capacity here" – the ethical and methodological challenges of conducting research in care homes for older adults

Recent figures suggest that in excess of 80% of care home residents have dementia or significant memory problems (Alzheimer's Society, 2013), presenting researchers with significant challenges when designing and conducting research in these settings. Whilst not everyone included in this figure will necessarily fall under the remit of the Mental Capacity Act, any research planning to take an inclusive approach will have to: (1) justify the inclusion of people who might lack capacity to give their own consent and (2) address the ethical and methodological challenges that this presents. This paper reflects on our own experiences of

conducting research in care homes for older people and reports on the challenges we have faced over the last year, as well as the strategies we have adopted to overcome them. We begin by considering the frequently used term “they lack capacity” and relate this back to the Mental Capacity Act and how it is implemented by Research Ethics Committees. After considering the ethical issues, we move on to discuss the practicalities of complying with the requirements of the Act in a care home environment. We share our own experiences of involving ‘consultees’ and discuss the burden this places on care home staff and the implications this has for the design of future research.

Itsuko (Kanamoto) Toyama, St. Andrew's University

11.3 CV KG Book Room

Pioneers of Active Ageing in Brazil: Searching for the Well-being of Elderly Japanese in Intercultural Context

After the U.S. government restricted Japanese immigration in 1907, the Japanese government encouraged its citizens to emigrate to Brazil. Though pre-war Japanese immigrants were once perceived as *kimin* (abandoned people), they later became the most successful ethnic groups. It has been a long time since they were called “*japonês garantido* (guaranteed Japanese).” There are now about 1,500,000 Nikkei (people of Japanese descent) living in Brazil. For the past few decades the Japanese community in Brazil has aged dramatically in a young country that has recently become aware of its own ageing. Ironically the model minority stereotype has prevented elderly Japanese from being seen as a discrete group in need of social support or health care. Without the support of Brazil’s government, the Japanese community needed to find a means of coping with ageing. Cultural facilities and activities were introduced, and ethnic networks are mobilized to manage crises and maintain well-being even as the elderly lose family ties to intermarriage and *dekasegi* (working in Japan) among the young. How have Japanese immigrants been ageing actively in a multicultural society? How has the ethnic community contributed to the well-being of the elderly? This paper answers these questions by illustrating various forms of well-being among ageing Japanese immigrants in Brazil. Japanese communities in six urban areas, three fazendas, and five welfare facilities for elderly Japanese were investigated. In addition to participant observation, oral life histories of 72 elderly Japanese were collected. This ethnographic research is based on fieldwork, conducted from 1999 to 2009.

Birgit Trukeschitz, Vienna University of Economics and Business

[*Ulrike Schneider (WU), Richard Muehlmann, Ivo Ponocny (MODUL University of Vienna)*]

6.10 HC KB Seminar 6

Unpaid eldercare and turnover-intentions: insights into gender patterns

This paper examines whether providing informal eldercare to an older dependent person predicts employees’ intentions to change jobs or exit the labour market and, if so, which particular aspects of both caregiving (e.g. time demands, physical /cognitive care burden) and their current work environment shape these intentions. We used data from a sample of 471 caring and 431 non-caring employees in Austria and split the analyses by gender. We found different aspects of informal caregiving to be associated with the intention to change jobs and with the anticipated labor market withdrawal of male and female workers. A time-based conflict between informal eldercare and paid work was significantly and positively related to the intended job change of female workers but not of their male counterparts.

Flexible work arrangements were found to facilitate the attachment of female workers to their jobs and the labor market. Intentions to exit the labor market of male workers appeared to be triggered by a physical care burden rather than time demands.

Julia Twigg, University of Kent

[*Wendy Martin (Brunel University)*]

2.2 CV KG Mawby

The Challenge of Cultural Gerontology

Over the last decade, Cultural Gerontology has emerged as one of the most significant and vibrant parts of writing about age. Reflecting the wider Cultural Turn, it has expanded the field of gerontology beyond all recognition. No longer confined to frailty, or by the dominance of medical and social welfare perspectives, gerontology now addresses the nature and experience of later years in the widest sense. The paper will explore the principle intellectual and social developments that underlie the emergence of cultural gerontology. Opening with a critical review of the sources and scope of the approach, it will trace from where these new impulses came, the theoretical traditions that inform them, and the challenges they present.

Julia Twigg, University of Kent

6.2 CV KG Mawby

Clothing and the Constitution of Age

Clothing – particularly when presented under the guise of fashion – can seem a lightweight sort of topic, not deserving serious academic analysis, especially in the context of old age where frailty and decline may seem to present both society and individuals with more pressing issues. But in this paper I will argue that clothing and dress are in fact highly relevant to the analysis of age, and that they intersect with some of the key issues of gerontology, in particular ones relating to the body and its cultural expression. Dress allows us to explore the complex ways in which ageing is both a bodily and a cultural phenomenon. It is also part of how social difference is made manifest. Though we are accustomed to this in relation to forms of social difference like class and gender, it is true of age also. Exploring the ways clothes are age ordered thus allows us to interrogate age as a form of identity and a social category. It also allows us to examine arguments about change, particularly though the debate on the reconstitution of ageing and the potential role of consumption culture in this.

Julie Udell, University of Portsmouth

[*Karen Burnell*]

9.5 RM KB Seminar 1

Access to Information: A collaborative project to develop an community information website

Following last year's presentation on the PEOPPLE (Putting Evidence for Older People into Practice in Living Environments) Project methods, we present one of the implementation projects. The PEOPPLE project was a collaboration between the university, older people in the community, and local statutory, voluntary, and community groups to identify and prioritize research questions tailored to meet older people's needs. Throughout the consultation phases of the project, access to health and social care information, as well as information about local groups and organisations, was a priority for our stakeholders. They

wanted to know the best way for this information to be presented to and accessed by older people, especially if online. At the time of the project, Portsmouth City Council (PCC) were developing a website to home the large amount of information concerning community groups, advice, and activities that was currently interspersed in an existing database alongside information from PCC and the NHS. This website would become the Portsmouth Independent Living Network (PILN). The PILN would be tailored to local people, of all ages, to help them to remain living independently, and our interest was in meeting the needs of older people in Portsmouth to help promote health and wellbeing. The PEOOPLE team and PCC worked together conducting surveys and focus groups to gather information about information needs, preferred format, and how to improve accessibility. Methods and results will be presented.

Eleanor van den Heuvel, Brunel University

2.7 RM KB Pusey

Design for a New Later Life

Continence problems are extremely common in older women and many choose to manage their symptoms using absorbent pads but fears about pad leakage can reduce well-being and confidence in affected women. We report the use of user centred design and multi-disciplinary working to produce and test an assistive technology to provide an early warning device to alert the wearer to pad failure. The taboo surrounding continence matters causes huge recruitment difficulties when inviting people to participate in these studies.. It was important to involve potential users in the design process to ensure that the technology developed was acceptable and usable. Focus groups of carers, sufferers and age-related peers were organised, and individual interviews were offered where these were preferred. Transcripts were analysed thematically. Smart underwear that alerts the wearer to pad leakage was developed and clinically evaluated. 56 women aged 38-93 years completed the full evaluation, trialing the prototypes products over a period of two weeks each. Around 90% of participants thought the Smart Underwear to be good or OK and thought that it would give them more confidence. Some reported aspects of the design that could be improved, notably the fit of the underwear and the size of the sensor. The Smart Underwear may not be suitable for individuals who sweat excessively without further design modifications. A commercial product that incorporates the user feedback in the design, could be a useful tool for improving the lives of women who use continence pads.

Eleanor van den Heuvel, Brunel University

[*Cara Tannenbaum (University of Montreal)*]

12.12 HC KB Douglas Price

Continence across Continents to Upend Stigma and Dependency

In Canada, the UK, and France, almost 40% of women aged 65+ experience urinary incontinence, but the taboo surrounding this condition means that little more than 15% seek medical care for their problems. For many of these women, incontinence symbolises a decline into frailty, dependency, old age and incompetence. Coping strategies include the avoidance of social activities because of the potential for embarrassment due to loss of bladder control in public, resulting in a vicious cycle of reduced participation, social isolation, depression, and loss of independent living. Urinary incontinence associated with shame, social isolation and depression is also a risk factor for falls and a major factor in care home. This is a tragedy as incontinence is largely treatable, with cures and improvements

obtainable at all ages even with conservative management. CACTUS-D aims to investigate the effectiveness of an international continence promotion strategy aimed at community-dwelling older women to improve incontinence, allowing women to remain active and healthy for longer in older age. CACTUS-D is implementing a randomized controlled trial across Western Canada, Quebec, France and the UK to test a continence promotion program against a sham control for older community dwelling women. The continence promotion program is grounded in theories of effective knowledge transfer, behaviour change, and constructivist learning, and aims to incite women to seek professional care or initiate evidence-based self-management.

Bram Vanhoutte, University of Manchester

[James Nazroo]

2.4 ES Room 66

Can frail elderly people be happy?

Subjective wellbeing is strongly influenced by physical health, and high wellbeing sometimes is seen as factor of resilience. By examining the influence of frailty on several aspects of wellbeing, such as satisfaction with life, depressive symptoms and eudemonic wellbeing, while at the same time controlling for social background, both direct and indirect influences of frailty on subjective wellbeing can emerge. We will use information from the English Longitudinal Survey of Ageing (ELSA) in a structural equation modelling (SEM) framework, which allows us to draw both cross-sectional and longitudinal conclusions on the relation between physical and mental wellbeing.

Susan Venn, University of Surrey

[Kate Burningham, Ian Christie, Birgitta Gatersleben, Tim Jackson]

6.4 CV Room 66

Consumption practices during the transition to retirement: Implications for environmental sustainability

We are repeatedly reminded of the challenges of a global ageing population, with forecasts of failing pension plans, cultural instability and heavy burdens on health and social care. We are also reminded that climate change is one of the most challenging issues we face today with calls for everyone to adopt more 'sustainable lifestyles'. Rarely, however, do the implications of these two challenges intersect, unless to portray older people as vulnerable and at risk of extreme weather conditions on the one hand, or as 'greedy geezers' engaging in unsustainable levels of consumption to the detriment of younger generations on the other. In this paper we contribute to the debates on the implications of an ageing population on the environment by assessing the validity of the rhetoric accompanying the consumption patterns of retiring 'baby boomers'. We undertake this through an exploration of the reality of their everyday grocery shopping and cooking practices as they transition to retirement. In-depth interviews with 40 men and women in four locations in the UK were conducted at three points in time, one prior to retirement, one following retirement and a final interview eight months later (n=120 interviews). We suggest that retirees' grocery shopping and cooking practices were governed by three factors, (a) increased access to time and loosening of daytime structure and routine (b) the reification of thrift as a virtue, and (c) the influence of caring roles and identities on consumption choices, all of which have both negative and positive implications for environmental sustainability.

Emily Verté, Vrije Universiteit Brussel

[Liesbeth De Donder (VU Brussel); Nico De Witte (University College Ghent); Dorien Brosens, Tine Buffel, An-Sofie Smetcoren, Sarah Dury, Dominique Verté (VU Brussel)]

2.5 HC KB Seminar 1

The perception of mobility and accessibility for residents, staff and visitors in and around long-term care facilities

This study examines how residents, staff and visitors of long-term care facilities experience accessibility in and around long-term care facilities in the Belgian province East-Flanders, and which barriers to mobility they experience.

Both quantitative and qualitative designs were used. The preliminary quantitative survey (N=88 long-term care facilities) presented an overall view on accessibility. Based on the results thereof we selected 4 care facilities where participants reported relatively high levels of accessibility. In each one we conducted 3 focus groups with respectively residents (N=24), staff (N=22) and visitors (N=19). The focus groups aimed to give a deeper insight in the meaning of accessibility and mobility. The findings demonstrated five important dimensions of mobility of residents, visitors and staff of long-term care facilities: (1) Internal spatial component (e.g. importance of accommodation for social interaction nearby the resident's room); (2) external spatial component (e.g. the location and the age-friendly design of the neighborhood of long-term care facilities); (3) transportation component (e.g. low use-rate of public transportation); (4) Individual component (e.g. importance of the emotional aspect of the life in long-term care facilities); and (5) time component (e.g. time of season). Our findings stress the need for recognizing the various multidimensional facets of mobility in and around long-term care facilities. Simple guidelines and recommendations are therefore inadequate. Nevertheless, this study gives insight into the meaning of mobility and gives handles to improve the mobility for residents, visitors and staff.

Christina Victor, Brunel University

4.7 HC KB Pusey

Is loneliness really bad for older people?

There is a significant body of work from a range of countries including Britain, North America, Australia and Northern Europe consistently reporting rates of significant loneliness amongst the general population aged 65+ in the range of 5-10% with a further 20% categorised as 'sometimes' lonely. Researchers have also sought to examine key socio-demographic correlates of loneliness such as age, gender and ethnicity and demonstrate the range of negative physical and mental health outcomes and with elevated health service utilisation associated with loneliness. One consequence of the 'traditional' approach towards loneliness with its focus on developing, validating tools to determine its prevalence and evaluating interventions to reduce its negative impact on the lives of older people, is that we have effectively characterized loneliness as pathological and created the impression that it is more extensive than the empirical evidence reports. In this paper we start to evaluate our current evidence base and critically examine if loneliness really is bad for (old) people by examining our contemporary research evidence using the example of a new ESRC funded study examining changes in loneliness using the English Longitudinal Study of Ageing. We consider key gaps in our knowledge base about loneliness such as what are the factors that prevent the majority of people from experiencing loneliness?

Lucie Vidovicova, Research Institute for Labour and Social Affairs

9.2 CV KG Mawby

Ageism and Age discrimination: Decade of (No) Change?

According to Eurostat (Eurobarometr 269 and 317) the Czech Republic is repeatedly among the three top ranking countries in prevalence of age discrimination of older people, as well as among the top ranking countries by the share of people being concerned about future population ageing. We argue that ideology of age, a structural characteristic steaming from modernisation, age structuralisation, and age salience, is cross-fertilised by the demographic change. Based on the representative survey “Ageism” collected in three waves (2003, 2007 and 2012) among adult population of Czech Republic, we will present the data on age salience in Czech society, on perceived age discrimination in field of employment, health care provision and extreme forms of age discrimination – elder abuse and mistreatment. We will argue that the definition of “old age” is being increasingly tightened with both health deterioration and chronological age. At the same time, the increase in share of older people within society is even more strongly believed to bring negative consequences not only to areas such as pension or health care systems, but to lower the living standard and worsen the attitudes towards older people. However, the comparison between the three survey years also shows that there is rather minor change in the share of people actually experiencing any given form of age discrimination and that there are other actors and attitudes shaping agents involved, namely the media and economic recession seem to be the most pronounced ones.

Athina Vlachantoni, University of Southampton

[*Olga Maslovskaya, Maria Evandrou, Jane Falkingham*]

2.5 HC KB Seminar 1

Examining the determinants of moving into residential care and sheltered accommodation

Understanding the dynamics of living arrangements in later life is at the centre of current policy debates on social care provision and funding. Against the background of population ageing and policy changes affecting the social support with older people can expect in the future, this paper examines the dynamics of living arrangements amongst people aged 65 years old and over between 1991 and 2008, focussing on the two key housing and care pathways in the latter part of the life course: moving into sheltered accommodation and moving into residential care. The empirical research examines the rates of moving into sheltered accommodation and institutional care after age 64, as well as investigating the determinants and probabilities of these transitions in the UK. The paper uses data from the British Household Panel Survey (1991-2008) and a discrete-time logistic regression model in order to model the probability of entering sheltered accommodation and residential care. The research shows that the factors associated with each of the two transitions in later life are different; for example age, health and marital status are significant determinants of an older person’s move into residential care, while the move into sheltered accommodation is in addition associated with an older person’s housing tenure and highest educational qualification. Such results indicate that the two kinds of transition may be more prevalent in different stages of the latter part of the life course, and have crucial implications for the design of social care provision for older people in the future.

Yoshimi Wada, University of Bristol

6.6 HC KB Seminar 2

The meanings of choice in long-term care in England and Japan

There has been, in recent years, an increasing policy emphasis on 'choice' in long-term care for older people in both England and Japan. This paper considers the current policy debate on choice in long-term care. Drawing on the findings of my PhD research (2012), *Choice and Care in England and Japan: A Comparative Study of Older People's and Key Informants' Perspectives*, the paper will examine how choice is understood in the field of long-term care, and the relationship between choice and care. While the policy of both countries emphasises the importance of choice for service users, the perspectives of older people, especially those of older people with high care needs, have been given little attention. The meanings of choice, by contrast, were analysed in my study through examining interview data gathered from older people who were receiving care support, as well as key informants – policy makers, care practitioners, social workers/care managers, citizens' groups and academics in England and Japan. The paper will begin with acknowledging the various interpretations of choice in consumerism. It will then consider the tension between choice and care, and the compatibility of choice and care, followed by a presenting of the empirical findings on the meanings of choice in care practice. The findings will highlight the gap between policy discussions, which tend to centre round choice within a liberal ethic, and empirical findings from care practice – with its focus on the psychological aspects of choice.

Alison Wadey, University of Southampton

12.2 ES Mawby

Working beyond retirement: Exploring the older health and social care labour force.

The labour force in England is ageing alongside the rest of the population, and with a deteriorating old-age dependency ratio, the Government is implementing reforms to encourage older workers to extend their working lives beyond traditional retirement age. This research focuses on the older health and social care labour force (aged 50+) in England and considers their demographic and socio-economic characteristics, their retirement patterns and the policy implications of working longer. Secondary analysis of the Labour Force Survey is used to determine such characteristics, and comparisons are made between 2002 and 2012 to establish to what extent the changes in the health and social care labour force reflect the patterns of the general (public and private) labour force. Preliminary results from the two time points contribute to our understanding of the demographic and socio-economic 'profile' of the health and social care labour force, for example they demonstrate that over 80 per cent of older health and social care workers are female and that those working in the private sector are on average older than those working in the public sector. As current policy encourages longer working lives, understanding the determinants for working longer in the health and social care labour force is of policy relevance. Further analysis will determine what influences the older health and social care labour force to retire or to remain in work.

Morten Wahrendorf, Imperial College

12.3 ES KG Book Room

The impact of psychosocial working conditions on health trajectories among older workers

Objective: To study whether psychosocial working conditions affect health trajectories of older workers and test whether associations vary according to social position. Methods: We use data from three waves of the English Longitudinal Study of Ageing (2006-07 to 2010-2011) a panel study where individuals are followed and re-interviewed every 2 years. For the purpose of this study we use information on 2,500 individuals aged 50 or older that were in paid employment at baseline. The main outcome measures are trajectories of cognitive function (memory), depressive symptoms (Centre for Epidemiologic Study Depression Scale), and functional limitations (activities of daily living and instrumental activities of daily living). Psychosocial working conditions are measured at baseline by a short battery of items derived from the demand-control and the effort-reward imbalance models included in the self-completion questionnaire. Social position is measured by the National Statistics Socio-economic Classification. We estimate longitudinal models and test main effects of work stress and occupational class and interactions, adjusted for relevant covariates (sex, age, education, and working hours). Results: The results of this study will contribute to the understanding on whether psychosocial work stress is associated with changes in health among older workers. Additionally findings may also indicate if older workers in lower social position are more likely to suffer from work stress and long term decrease in health, compared to those in more privileged social positions.

Alan Walker, University of Sheffield

2.7 RM KB Pusey

Towards a New Science of Ageing

This paper is intended to introduce the symposium by, first of all, reviewing the case for and against multi-disciplinary approaches to ageing research. This comprises both scientific and impact related elements. Then there is an outline of the approach taken by the NDA Programme to developing multi-disciplinary. The final part of the paper provides some illustrations of the multi-disciplinary range of the NDA Programme and emphasizes the key role of social gerontology in bridging disciplines. The European Road Map for Ageing Research is also used to indicate the potential of a multi-disciplinary perspective.

Trinley Walker, International Longevity Centre (ILC-UK)

12.9 KB Seminar 5

Adult Immunisation Policy in Europe - gaps and barriers

Trinley Walker will present findings from a European review of adult immunisation policy, which explores the role of immunisation as a tool to ensure healthy active later life. This analysis of secondary sources was augmented through stakeholder interviews for each EU member state.

Kieran Walsh, National University of Ireland, Galway

[*Eamon O'Shea, Thomas Scharf*]

12.4 ES Room 66

Shifting communities - shifting connectedness: Older adult social relations in rural Ireland and Northern Ireland

The various change processes within rural communities have been well-documented. Economic, social, cultural and demographic transformations characterise many rural areas and the dynamics underlying their local socio-economic structures and practices. However, our understanding of the relational dynamics of older people's lives within this changing social context has not been well developed. Consequently, there are questions about how the changing social fabric of rural communities has shaped the relational connectedness of older people within their locality. There are also questions around whether or not the type of rural settings where older people live and their life course residency patterns impact on their capacity to create and sustain meaningful local-based relationships and social connections. Objective: In order to address this current knowledge deficit, this paper explores the relational and social connectedness of older people in diverse rural communities. Methods: Analysis is based on 106 semi-structured interviews with older people from diverse rural communities (remote; dispersed; island; near-urban; village) in Ireland and Northern Ireland. Participants were aged between 59 to 93 years, and included native residents, long-term residents and newcomers. Results: Findings highlight shifting and declining opportunities for social connectedness in some rural settings; the value of and the changing nature of social networks; temporal-located connectedness and relational disconnectedness. Conclusion: Life-course trajectories and rural community transformations intertwine to construct patterns of relational connectedness and disconnectedness for older people in rural areas.

Jeni Warburton, La Trobe University

[*Rachel Winterton*]

12.4 ES Room 66

Healthy ageing in rural Australia: A lifecourse perspective

Australia is a country of contrasts: modern cities alongside beautiful coastlines and huge deserts, and a culturally significant rural landscape, which includes farms, forests and bush. While a large proportion of the population lives in capital cities, there is a growing proportion of older people who live in a diversity of rural locations. As with research from Canada and the UK, there is also an emerging debate in Australia as to whether these rural locations are good places in which to grow old (Keating, 2008). This question is particularly relevant given the Australian policy push towards ageing in place and in recognition of the challenges of delivering health and aged care services across rural distances. These issues direct research attention to the contexts in which people age in terms of the person-environment fit, and more specifically, how rural environments impact on the capacity for healthy ageing. This paper draws on a qualitative study located in North-east Victoria, close to the New South Wales border, on the mighty River Murray which runs across the continent. Here, we draw on environmental gerontology and lifecourse theory to explore how relationships with rural environments are influenced by interactions across the lifespan. The study utilises Elder's (1998) four principles of the lifecourse: historical time and place; the linkages between older rural people and their communities; human agency and choice;

and timing across the lifecourse. By drawing on this framework, it is possible to explore how place impacts on the capacity of rural, older people for healthy ageing.

Lizzie Ward, University of Brighton

[Marian Barnes, Flis Henwood, Jayne Raisborough]

9.2 CV KG Mawby

Mobilisations of ‘active ageing’ in lifestyle media and public health policy: Identifying a new ageism?

‘Active ageing’ has become a key plank of public health policy as people are living longer, often with chronic conditions, and as politicians debate the ‘burden’ of the ageing population and the cost of providing appropriate long-term care to such people. At the same time, lifestyle media (LSM) - such as TV make-over programmes - often aimed at mid-life and ‘older’ women, encourage active engagement in activities that are presented as slowing the process of ageing, often framing such engagements as ‘healthy’. To date, academic critiques have tended to examine policy and LSM debates in isolation from each other, although both bodies of work draw attention to the links with prevailing neo-liberal political and economic agendas, often with mixed results for citizens and consumers seeking to engage in such ‘projects of the self’. In this paper, we add to the critique of ‘active ageing’ through an examination of lifestyle media, specifically the makeover show. We draw on Judith Butler’s notions of media ‘framing’ and of ‘symbolic violence’ and ‘liveable lives’, to explore the potential harm that active ageing discourse engenders as it creates dualistic categories of ‘good’ and ‘bad’ approaches to ageing and corresponding good and bad ageing citizen subjectivities and bodies. We illustrate this with emergent data from empirical work we are developing that examines how anti-ageing messaging are understood and rendered meaningful by viewers.

Lizzie Ward, University of Brighton

[Marian Barnes]

11.9 HC KB Seminar 5

Co-production, deliberation and transformation: working with an ethic of care to achieve change with older people.

The principles of care ethics articulated by Tronto (1993) and Sevenhuijsen (1998): attentiveness, responsibility, competence, responsiveness and trust, provide a language within which it is possible not only to explore caring relationships, but to analyse deliberative processes in which older people can help shape services (Barnes 2012). Barnes has argued that ‘care full deliberation’ or ‘deliberating with care’ is necessary to policy making that can support care in practice. Giving older people ‘a voice’ in policy making, service design and research, has become part of UK policy (eg DWP, 2009). Local and regional assemblies and forums enable older people’s participation in decision-making, and older people are taking part in ‘user led organisations’ of older people. Yet issues concerning the nature of the participation, the extent to which this allows for the experiences of ageing and enduring questions of unequal powers within the deliberative process remain (Barnes et al, 2012). This paper reflects on two connected projects which brought together older people, practitioners and academics in two ways. Firstly, co-production of knowledge on well-being in old age through participatory research, and secondly, to apply findings and methodological learning through knowledge exchange with practitioners to generate learning resources. In this paper we offer an analysis of selected

transcripts from project meetings to consider whether the dialogue taking place within these different fora can be considered to evidence care full deliberation. In particular we highlight differences in the nature of the dialogue evident between older people and academics, and when practitioners joined the group.

Krystal Warmoth, University of Exeter

[Mark Tarrant, Iain Lang, Charles Abraham]

4.3 ES KG Book Room

Thinking you're old and frail: A qualitative study of older adults' beliefs regarding frailty

Objectives: The present study explored older adults' attitudes towards and experiences of ageing and frailty, and how these can influence health and wellbeing. **Design:** A qualitative study was conducted because the psychological correlates of becoming frail are largely unexplored. **Methods:** Open purposive sampling was conducted by recruiting individuals through different organisations. Twenty-nine residents in South West England, aged over 65, who varied on a frailty index, were asked about experiences of ageing and frailty in semi-structured interviews. Transcripts of the interviews were coded and analysed using Grounded Theory and Thematic approaches to systematically extract recurring accounts and identify common constructs and themes in participants' responses. This combination allowed detailed, response-driven extraction of participants' comments as well as facilitating a theory-informed approach to identify important assertions and themes. **Results:** Identifying as a frail old person was felt by participants to be related to health and participation in an active life. The respondents discussed how feedback from others and comparisons with other older adults informed their self-perceptions and attitudes about old age and frailty. Specifically, being categorized as old and frail was felt to encourage attitudinal and behavioural confirmation of that identity, including a loss of interest in participating in social and physical activities, poor health, stigmatisation, and reduced quality of life. **Conclusions:** This qualitative study gives insight into the role of social psychological factors in older adults' health and activity. The effects of self-perceptions and identification should be considered in further research and health services for older adults.

Jessica Watson, International Longevity Centre (ILC-UK)

12.9 KB Seminar 5

The burden of constipation in our ageing population – working towards better solutions

Jessica Watson will present findings of an evidence and policy review examining the issue of constipation in older people living in residential care across Europe. This presentation will highlight the practicalities of conducting a review on a little-studied subject.

Sarah Helen Webber, University of Bristol

11.9 HC KB Seminar 5

Older People's View of Social Care Assessment: An Ethic of Care Perspective

In England, the local authority's social care assessment process is vitally important to older people as it is used to decide who is eligible for state funding and what services they are eligible for (Challis 2002). My research uses qualitative methods and an ethic of care perspective to look in depth at the views of front line social workers, charities, family carers and older people. This paper focuses on one part of my research; the experiences and views of older people in relation to assessment. I draw on the 24 interviews I conducted and analysed using Sevenhuijsen's Trace method (2003) to highlight that, while legislation

and policy focuses on neoliberal ideals, older people would value a more care based approach. An ethic of care highlights that dependency is not a negative concept and that we must recognise dependency as inevitable as people age (Lloyd 2010). It also argues that people are not independent actors and that we must recognise the importance of relational autonomy (Mackenzie and Stoljar 2000). Moreover, Tronto's (1993) elements of care (attentiveness, responsibility, competence and responsiveness) show us that ascertaining need, responding to and reviewing it are all part of care. The assessment process should not be viewed as a separate, prior gate-keeping stage; it should be recognised as a part of 'care'. As such, this paper argues that elements of an ethic of care already within the system in practice need to be built upon to reflect what older people need and want from an assessment.

Hugo Westerlund, Stockholm University

[Martin Hyde (Stockholm University); Jussi Vahtera (FIOH)]

12.3 ES KG Book Room

Trajectories of labour market exit and health – cross national results

Is working beyond traditional retirement age healthy or harmful? It has often been assumed that working is healthier than not working. In line with this, studies have shown poorer health and increased risk of death after disability pension, and some studies have also indicated negative effects of statutory retirement. However, there are major methodological challenges which could lead to an overestimation of the negative effects: i) it is difficult to separate the effects of ageing from those of retirement, since retired people on average are older and ii) there are major selection effects. This means that, on one hand, people are granted disability pension because of illness, whereas, on the other hand, those who work beyond statutory retirement age tend to be those with the best health and the healthiest jobs. One way to overcome many of these problems is to study trajectories of health over a longer period of time both before and after retirement. The presentation will summarise a series of papers using such trajectory analyses on prospective French, Finnish, British, US and Swedish data. These provide new evidence regarding the impact of retirement on self-rated health, mental and physical health functioning, fatigue, depressive symptoms, use of antidepressant medication, headaches, alcohol consumption, physical activity, chronic disease, and adherence with antihypertensive medication. Overall, these studies show a substantial improvement in the development of subjective health and some health behaviours at statutory retirement, while there seem to be no immediate effects on physical health.

Sue Westwood, Keele University

11.10 HC KG Seminar 6

“‘Oh, the thought of it! The thought of all these men walking around with their jim-jams on...’

There is so far only a limited understanding about the housing and social care preferences of older lesbians and gay men. Previous research has also tended to privilege the views of older gay men, the majority of whom want ‘LGBT’ friendly mainstream provision. This paper reports on empirical research recently conducted with 60 older lesbians and gay men, exploring lesbian and gay ageing from an equalities perspective, for a PhD in Law. The majority of the lesbians in the study expressed a strong wish not to enter mainstream provision and not to share housing and/or care with older men. Underpinning their views

was a range of concerns about sexually inappropriate behaviour, sexual harassment and sexual threat on the part of older (usually heterosexual) men. This was particularly the case among radical separatist feminists who had chosen to live their lives with only very limited and carefully controlled contact with men. Many of these women were hoping to form women-/lesbian- only housing/care cooperatives in order to avoid having to enter mainstream provision and live alongside men. However, they lacked the necessary specialist expertise to do so, and also recognised that, with increasing age-related 'frailty', they may not always have the wish or ability for day-to-day management of such a project. These interviews highlighted both an unmet need in current policy and provision, and also a possible solution – i.e. the provision of co-housing project management. The implications for social policy will be considered.

Martin Wetzel, German Centre of Gerontology

[*Oliver Huxhold*]

7.4 CV Room 66

Social Exclusion at the Transition into Retirement: The Role of Education and Last Work Status

Objectives. Social inequality in later life has gained in importance in social policy and social science in recent years. This study tackles the changes in social inequality associated with retirement and tries to understand processes of social stratification in later life. Besides changes in individual financial resources and multiple deprivations in other adverse outcomes retirement may also lead to changes in the feeling of being a part of the society. **Focusing on subjective social exclusion,** we use two determinants of social position in the prior life stage (education and last employment status) to explore their positioning power during retirement. **Methods.** We used longitudinal data of the German Panel Study of Labor Market and Social Security (PASS) to estimate a multi-group, multi-episode dual change score model for 500 retirees (about 1500 observations). **Results.** Preliminary results revealed subjective exclusion to be relative time-stable before and after retirement. However, we identified a short-term leveling effect: Retirement re-duced the differences in the level of social exclusion between educational groups. Moreover, the level of subjective exclusion remained stable for those who were employed before retirement, but unemployed persons felt more being part of the society after the transition to retirement. **Discussion.** Social inequality in subjective social exclusion with respect to educational background and former labor market status declines after retirement. This change can be interpreted as a result of individual transitions into a commonly highly valued role.

Jennifer Whillans, University of Manchester

[*James Nazroo*]

9.12 HC KB Douglas Price

Onset and Recovery from Visual Impairment: Analysis of Causes and Consequences using the English Longitudinal Study of Ageing

This project addresses important policy-relevant questions concerning the dynamics of visual impairment, with analysis focusing on change in self-reported visual impairment over five waves of ELSA, a large multidisciplinary survey of a representative sample of people aged 50 and older in England. The first part of the project has focused on those most at risk of onset of visual impairment and the trajectories of vision change in older people and their social determinants (using survival techniques and optimal matching, respectively). The

second part of the project will focus on the impact of treatment (for example, cataract surgery) on visual impairment, and the impact of deterioration and improvement in vision on respondents' lives (independence, social engagement, economic position, and wellbeing). Key finding from completed elements of the project will be presented, with a specific focus on subgroups within the older population where public health intervention would be most beneficial, highlighting opportunities for improving quality of life of those living with visual impairment.

Stefan White, Manchester School of Architecture

[Mark Hammond (Manchester Metropolitan University)]

11.4 ES Room 66

The role of urban design in making cities age-friendly: (con)testing the WHO design guidance in a Manchester Neighbourhood

This paper discusses the concepts of 'City', 'Neighbourhood' and 'Age-friendliness' with respect to a pilot project for the participatory, urban research and design of an age-friendly neighbourhood in Old Moat, Manchester, UK. Understanding 'City' as a multiplicity of networks at different spatial scales constituted through territorialised relations that stretch beyond its limits (Robinson 2005), we argue that the design of age-friendly cities presents challenges in terms of both negotiating and understanding territorial relationships between specific neighbourhoods and the resources of 'City'. Using the example of Old Moat, we argue that urban design should not be understood as limited to removing 'unfriendly' objects or surfaces but include stimulating enabling services, socialities and infrastructure networks. The concept of 'Neighbourhood' as comprising both the community and the space in which it is practiced (DeCerteau, Petrescu) problematises interventions which do not address the political engagement of that community in parallel with any environmental 'improvements'. We argue that age-friendly urban design-research must facilitate community-led negotiation of interventions within both a neighbourhood and the wider city networks to which it relates. Following these relational definitions of city and citizen, we contest that while 'Age-friendliness' presents a social diagram of disability through eight interlocking WHO domains, it implicitly limits its definition of design to a medical model (Hanson 2007). We argue instead that designing an age-friendly city is a participatory process of research and development of urban environmental proposals engaging both physical and social relations of territory across a range of scales within both neighbourhood and city.

Stephen Williams, University of Bradford

[Stephen Williams, Murna Downs]

11.5 RM KB Seminar 1

Added value: The complementary role of care record analysis and key informant interviews in understanding current UK nursing home

Reducing hospital admissions of older adults with ambulatory care sensitive conditions is a government priority. Yet relatively little is known about current health care practice in UK nursing homes. We studied approaches to developing understanding of current health care practices in UK nursing homes using a methodology of data-extraction from retrospective care home records combined with key informant interviews. Older adults with an exacerbation of one of 4 ambulatory sensitive conditions that warranted decision making around admission to hospital or continued primary-care led nursing home care were

identified and recruited for participation. Care home records were examined using a pro-forma for data-extraction. These data were combined with care-plans to construct a brief care narrative. The relevant progress notes/daily record of care-given at the time of the decision making were used to construct a visual time-line of events. For those participants who consented, the key multiple stake holders in care were identified: non-professional carers, care-home workers, caring professionals and care-managers. These data were used to generate supplementary trigger questions and topics for semi-structured interviews. This enabled questions raised by the care record to be identified and explored. Implications of the findings for practice and research will be discussed.

Veronika Williams, University of Oxford

[Heather Rutter (Oxford Health Foundation NHS Trust); Christy Toms, Lionel Tarassenko, Andrew Farmer (University of Oxford)]

11.12 HC KB Douglas Price

Managing chronic illness using tele-health: “too old to bother”?

Tele-health is playing an increasingly important role in supporting self-management of chronic conditions for older people. However, there has been some debate on how the current generation of older people, some of whom have had little or no experience of using computers, would manage the technological challenge of integrating tele-health devices in their everyday lives. The sElf management and support proGramme (EDGE) for COPD includes a pilot phase and randomised trial designed to assess the efficacy of a mobile health-based (mHealth) intervention to improve quality of life in older people with chronic obstructive pulmonary disease (COPD). The pilot phase incorporated a qualitative study exploring participants’ experience of using such mHealth technology in supporting their self-management. Participants were recruited using purposive sampling and those consented were interviewed when first given the mHealth application and after a 6 month period. In-depth interviews were used to explore participants’ experience of using the mHealth application. Data were audio-recorded, transcribed and analysed using a grounded theory approach. Nineteen participants with moderate to very severe COPD, aged 50- 85 years and different levels of computer skills were included in the study. Although perceptions of being ‘too old to bother’ with computers in general were identified amongst participants, the opportunities of the application in supporting self-management were identified. The importance of being able to incorporate the mHealth application into everyday routines was also highlighted, suggesting that age alone should not be a barrier for effective use of tele-health applications.

Toby Williamson, Mental Health Foundation

[Janis Grant]

2.3 ES KG Book Room

Getting on (with life) - Baby boomers, mental health, and ageing well

Our proposal concerns mental health and wellbeing in later life in the context of an ‘ageing population’ and the impact of social and cultural changes that have shaped the lives, and been shaped by, the new cohort of older people, born 1946-1955, the so-called ‘baby boomers’. The Mental Health Foundation will be publishing in May 2013 a report incorporating primary and secondary research looking at these changes through a mental health perspective – how the life experience of ‘baby boomers’ relates to their mental health and their expectations of mentally healthy ageing. The report covers factors such as

family and relationships, work, occupation, retirement, and financial security, as well as health and well being. Although the risk of developing some mental health problems increases in later life it is not an inevitable part of ageing. Our research has identified factors associated with mental illness in later life and has set out to evaluate whether 'baby boomers' may be potentially at greater or lower risk than previous cohorts. The presentation will partly be in the form of a dialogue: the author of the report, Janis Grant, will present the research approach and findings and Toby Williamson will consider and reflect on how these relate to mental health issues for this important population cohort with a particular focus on implications for policy responses.

Rosalind Willis, University of Southampton

[Maria Evandrou, Priya Khambhaita, Pathik Pathak]

2.1 CV KG Room 62

Cultures of help seeking – comparing the ways Asian and White British older people access social services

The ability to carry out tasks of daily living, such as washing, dressing or cooking, can be affected by disabilities or illnesses associated with ageing. Many older people cope with the help of family members, but as impairment increases further sources of help, such as Adult Social Services, may be sought. However, people from minority ethnic groups may experience difficulty in accessing social services, e.g. due to language barriers or stigma surrounding the involvement of formal services. In this talk I will draw on interviews carried out as part of a study on satisfaction with social care among Asian and White British people. I will explore the ways in which the participants accessed social services, and the challenges and successes they experienced. In particular, I will focus on cross-cultural differences and similarities in the process of seeking help from social services and the influence culture had on their experiences.

Paul Willis, Swansea University

[Penny Miles, Ms Michele Raithby, Tracey Maegusuku-Hewett, Paul Nash, Chris Baker]

6.5 HC KB Seminar 1

Equal treatment – same or different? An examination of current service provision to older lesbian, gay and bisexual people

Heterosexism in residential care provision can mask the sexual diversity and desires of older residents and overshadow differences in sexual orientation. Older lesbian, gay and bisexual (LGB) residents can experience dual discrimination through the heterosexist assumptions of care providers and through ageist beliefs circulating in LGB communities (Clarke et al, 2010). Equally, there is a danger in care providers treating older LGB people as a cohesive social group with fixed care needs on the basis of identity categories; individual requirements for future care may be neglected (Cronin et al, 2012). Funded by the Welsh Government to June 2013, this research examined current provision of services to older LGB people in residential and nursing environments in Wales. The research was guided by the question: How are the sexual identities and relationships of older LGB residents perceived and supported in residential care environments in Wales? The research design followed a mixed method approach, including self-administered questionnaires and a content analysis of Care Inspectorate reports. In this presentation, we report on and discuss qualitative findings from two separate cohorts: first, from 5 focus groups with care and nursing staff and managers; and second, from 29 semi-structured interviews with older LGB community members

residing in Wales. The findings highlight the contrasting perspectives of participants from both groups and their different usage of shared vocabulary including the terms equal treatment, inclusion and person-centered care. Implications for increasing social care providers' understanding of LGB sexuality and ageing in care environments will be discussed.

Rachel Winterton, La Trobe University

[Jeni Warburton]

4.4 ES Room 66

Social participation for ageing Australian rural populations: individual, community and organisational barriers

In the context of continued rural population ageing and increasing rates of social exclusion, enabling social participation for rural older adults has become a critical concern within Australian health and social policy. However, while federal guidelines targeting social inclusion emphasise location-based initiatives based on capacity development, service coordination and community participation, there has been limited consideration of how this approach impacts upon the provision of social supports for older residents. Moreover, it does not consider specific issues posed by rurality, inclusive of resource constraints, current neoliberal trends in service delivery, and diversity among communities and older individuals. Drawing on case studies of two rural communities, this research employs an ecological approach to explore how Australian rural environments present barriers to social participation for older adults. Across both communities, semi-structured interviews were conducted with diverse community stakeholders (n=26), and complemented by focus groups with older rural residents (n=47). Findings demonstrate that social participation for older residents is constrained by various individual, community, organisational and cultural factors, which impact differently on diverse sub-groups. However, rural community organisations face considerable resource and administrative constraints at both micro and macro levels which impact their ability to address these factors, both independently and in collaboration. These findings have considerable application in considering how locational approaches to social inclusion can be developed to address the participatory needs of rural ageing populations. Given the increasing reliance on older people's contributions to develop community sustainability in ageing, ensuring the participation of this group is critical.

Raphael Wittenberg, Centre for Health Service Economics and Organisation

[Chris Eleftheriades]

7.5 HC KB Seminar 1

International Review of Assessment and Eligibility for Long-term Care

Where the supply of public resources is constrained and demand for them potentially unlimited, rationing is inevitable. In OECD countries, fiscal constraints, ageing populations and rising expectations are drawing this tension into ever sharper focus for the social care sector. This paper draws on research commissioned by the Department of Health in England into how assessment and eligibility processes and criteria for publicly funded long-term care operate in six countries (England, France, Germany, the Netherlands, Australia and New Zealand). The study was commissioned in the context of the Department's current review of the way that social care clients' needs are assessed and the basis on which English councils prioritise resources. We analyse the assessment and eligibility processes and criteria used in other countries in terms of economic efficiency and different dimensions of equity. We present our findings in under six key issues at the core of the reform agenda: the aims of the

framework; territorial organisation of assessment and eligibility processes; the role of informal care availability in eligibility decisions; other criteria considered in these decisions; the use of instruments and algorithms; and sustainability. The paper illustrates that, whilst the complex and controversial issue of how best to prioritise social care resources cannot be regarded as fully 'solved' in any of the comparator countries, English policymakers can still learn from the international experience. Our paper concludes by outlining three potential models for reform, illustrating the spectrum of options available to policymakers in England.

Eric Wollaston, University of the Third Age

7.2 CV KG Mawby

Key Values for the current octogenerian cohort

The 80 years since 1932 are not only years I have lived through but years whose history I have studied and taught. In the time allocated to a short paper I have to be highly selective or I could take as many hours as I have minutes. I have therefore selected certain key themes on which to pin a discussion: my choices affect the whole cohort but, as ever, the impact varies widely. I will stress those aspects of my personal experience where my values, and the background which shaped them, were those of a minority... a neutral arithmetical word I prefer to one like elite or hegemony. My choices are family and class, education, religion, sexuality, wars and rumours of wars, the media, growing contacts with the wider world and the demographic revolution or "Age Wave".

Some words of Burke I liked to pose to students for discussion are "In what we retain we are never wholly obsolete, in what we introduce we are never wholly new". Is this strictly true? In some sense the old classical tag "Times change and we change in them" has validity but I strongly believe there are eternal values as outlined in John Paul II's encyclical 'The splendour of the Truth' or the non-fiction writings of Marilynne Robinson.

Birgit Wolter, Institute for Gerontological Research

[Josefine Heusinger]

11.4 ES Room 66

Ageing in the Neighbourhood: Berlin Case Studies on the Impact of Social and Spatial Structures on the Everyday Lives of Socially Disadvantaged Old People

Our talk deals with the relationships between the spatial and social infrastructure in different Berlin neighbourhoods and the everyday coping strategies of social disadvantaged old people. New or different habits after retirement, health impairments, reduced mobility, and lack of economic and social resources mean that the field of activity, especially of social disadvantaged individuals, is often heavily concentrated on the neighbourhood. The accessibility of amenities and infrastructure, the appearance of public spaces, the presence or absence of mobility barriers, and the existence of neighbourhood networks and participation opportunities all influence the individual's quality of life and chances of social participation. As an important spatial and social dimension for most older people, neighbourhood is influenced by local dynamics but not independent of broader societal and political developments, such as segregation and gentrification.

Empirical studies by the Berlin-based Institute for Gerontological Research, conducted in large high-rise estates and pre-1914 tenement quarters, reveal the influence of spatial and social factors on the everyday coping strategies of social disadvantaged older people. The tenement quarters typically feature great social and spatial diversity with a range of geographically distributed and thus accessible small shops and social facilities. The large

housing estates concentrate shops and supermarkets in the main centre, making for long distances those who live at the margins. On the other hand, the physical and organizational structures of large housing estates facilitate networking encouraged by housing associations and social service providers and make it much easier to create a “social landscape” involving landlords and service-providers. Other relevant dimensions that influence neighbourhood, age-friendliness and quality of life for older people include the population composition and the strength and quality of neighbourly relations.

Naomi Woodspring, University of the West of England

6.2 CV KG Mawby

Time, Ageing and Body

In recent years, ageing studies has developed a new found interest in the body. Time, including and beyond chronology and history, is also a growing edge in cultural gerontological literature. To date, no one has tackled ageing bodies embedded and embodied in time. My research centers on the primacy of time and ageing as people come to know, experience and conceive of the bodily ageing process. The cohort, coming of age in the 60's timescape were in the centre of a social rupture. That era starkly exemplifies the importance of time but is, by no means, a stand-alone event. Timescape (Adam, 1998; Neale, 2008)) is a central influence in understanding ageing and is missing from gerontological understandings.

Body and embodiment have been at the core of this cohort's experience: body dancing through the sixties, working, running and sitting on the couch through the middle years, moving towards and entering old age. The data suggests that there is a redefining of age that is not successful ageing, or the myth of age resistance, but new meanings attributed to the phrase ageing gracefully.

This paper reflects research that included interview data from a cross-class study of thirty adults born between 1945 – 1955. Participants come from diverse backgrounds. While some interviewees were deeply involved in the 60's, others were on the sidelines, and another group were somewhat perplexed by the ruckus. Seen through the lens of time, ageing body takes on new meanings for the post-war generation.

Jackie Yan Chi Kwok, Hong Kong Polytechnic University

[Ben HB Ku]

7.2 CV KG Mawby

Growing Old in Hong Kong: a Life Story Research

In 2030, 22% of Hong Kong's population will be aged 60 or older. Mainstream gerontologists and the Government worry about the economic impact of such demographic change and define ageing as 'burden'. The Government restricts the needs of the elders to three areas: housing, health and social services. Major gerontological researches in Hong Kong focus at finding solutions respecting to these 3 areas. Such approach to ageing intends not only to structure a personal life experience into a socially programmed life course, but also manage it within the framework of capitalistic economic development.

To understand the real experience of growing old in Hong Kong, we have started in 2012 a project, using life story interview, to collect the life stories of 8 elders born during World War II. Our project investigates how the story tellers cope with and struggle against the social and economic processes which shape their life. We also wish to know the strategies they use to maintain agency and control in later life, and the meanings they attach to self-

fulfillment. In this paper, we will present the informants' life stories, and through which we will trace the meaning and purpose which they bring to their activities. Our aim is to challenge the dominant view on ageing in Hong Kong which isolates the elders into a homogenous group, and see ageing as a source of social and economic burdens. Inviting elders to tell life stories, we aim at facilitating them to (re)discover/ recover their own identity and wisdom.

Hannah Zeilig, London College of Fashion

[*Fiona Poland, Chris Fox (University of East Anglia)*]

9.10 HC KB Seminar 6

Imagining Dementia: Using the arts to educate dementia care staff

This paper will present initial findings from a project that has been using the arts (film, novels, poetry, fine art) to support and educate dementia care staff. The arts have been used as a means of encouraging emotional learning in dementia care. In addition, the stigmas that surround 'dementia' have been questioned throughout the course of this work. Reference to the arts has helped dementia care staff imagine dementia and approach the condition and those who live with it in fresh ways. The innovative methodologies central to the project have included the use of a specifically designed comic. Despite the evidence regarding the advantages of healthcare training that uses the arts and humanities, there is little work exploring the benefits that these discourses might have in the training of dementia care professionals. This small-scale project has attempted to address some of these issues and this paper will examine the challenges and rewards of encouraging care home staff to *imagine* dementia and therefore to re-consider their practice.

Friederike Ziegler, University of York

11.3 CV KG Book Room

Crossing cultures: a comparison of attitudes to dementia among South Asians and British members of the general population

Cultural understandings of and attitudes to a health condition are known to affect family and individual's help seeking behaviours. In the current climate of increasing public and political awareness of dementia and Alzheimer's Disease (AD) it is of interest to health and social care practitioners and policy makers to chart the changing attitudes of the general public to the conditions. In this paper we present, compare and evaluate findings from focus group discussions around dementia and AD with South Asian and White British members of the general population. Based on the data we explore the question whether it is possible to develop a cross-cultural, yet culturally sensitive population survey of attitudes to dementia to help inform future interventions.

Martin Zuba, Vienna University of Economics and Business

[*Ulrike Schneider*]

9.9 HC KB Seminar 5

Efficiency in the care of nursing home residents – a systematic literature review

Improving NH residents' care outcomes via avoiding health status deterioration and subsequent hospitalization is a prominent theme in previous literature, which has focused on the effects of NH characteristics and resources (e.g., staffing, skill mix) as predictors of hospitalizations. This paper adds to this strand of literature by discussing NH-based interventions from an economic perspective: Can we improve care at the same cost, or

lower cost and at the same level of quality, by implementing findings from previous studies? What measures are most suitable and how can we account for direct and indirect costs of all stakeholders? We conducted a systematic literature review of peer-reviewed articles published in 2002–2012 and provide a narrative synthesis. Previous literature employs a host of efficiency-related indicators and methods for comparing NH with regard to them. Interventions target NH resources, cooperation with other providers, financial incentives and culture of care. The success of various different types of interventions suggest that the status quo is inefficient in many settings. F, and for the worst-performing NH, a wide range of interventions could improve efficiency. Additionally, the way medical services to NH residents are organized matters less than their timely availability. Financial incentives often reward NH for inefficient operation. The efficiency of interventions depends on their effectiveness, costs and benefits, which may differ between settings and countries. Aligning financial incentives, promoting best practice and encouraging better cooperation between providers is a key challenge for policy.

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