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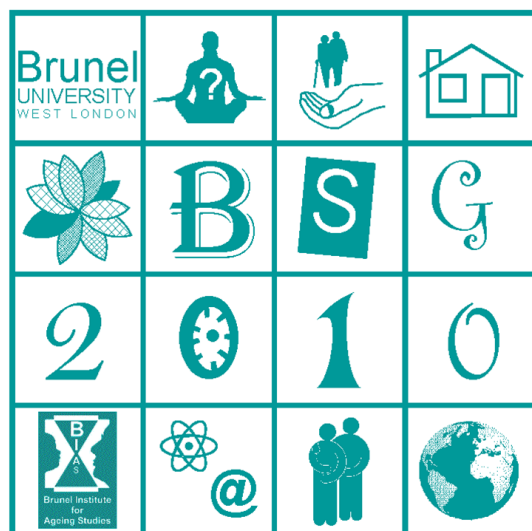
 **British Society of  
Gerontology**  
Facilitating links between research, policy and practice  
Charity Number: 264385

## **British Society of Gerontology 39<sup>th</sup> Annual Conference**

### ***Identities, Care and Everyday Life***

**6<sup>th</sup>-8<sup>th</sup> July 2010**

**Brunel University**



## **ABSTRACT HANDBOOK**

**Sponsored By:**

**Faculty of Health and Social Care Sciences**  
KINGSTON UNIVERSITY • ST GEORGE'S, UNIVERSITY OF LONDON



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**Title: Capacity Building in Ageing Research: Key Successes and Future Challenges for Australia**

Following on from the International Year of Older Persons in 1999, there has been a surge of policy interest in promoting an ageing research agenda in Australia and internationally. This heightened interest resulted in the launch of the National Strategy for An Ageing Australia in 2002, and a number of successful initiatives to support research capacity building emerged and ranged across a much broader agenda than previously. Government, philanthropic, service and older people's organisations, along with national funding bodies and universities, invested energetically in forging new research directions to better understand and respond to the implications of population ageing. However, a decade later, it is not clear whether any sustainable activity has resulted and ageing as a policy focus appears to have once again taken a back seat in Australia as a broader social inclusion agenda dominates the focus of the Labour Government elected in 2008. This shift parallels a broader international decline in interest in ageing-related research. This presentation will examine the leading elements of capacity-building in ageing research in Australia, identifying the key influencers and the notable successes. An analysis of the intersection between policy, research and practice is crucial to understanding how progress has been shaped or hindered. The outcome of a decade of activity is considered, including the impact on the status of gerontology, the development of transdisciplinary approaches, national and international collaboration and emerging researchers' experiences and pathways

**Ref. 7/7/2010.1**

**Professor Anne Martin-Matthews**

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**Title: Time Matters: Negotiating Everyday Life for Elderly Clients and the Work Day for their Home Support Workers**

The Conference theme of 'Identities, Care and Everyday Life' implies a sense of location, of time, and the activities that typically occur in that space and time. The notion of 'everyday' time suggests particular patterns of order, regularity, rhythm, pacing, tempo, and prioritization of time use. For those elderly persons who require assistance with personal care, however, the rhythm, tempo and pacing of daily life are experienced and controlled by forces typically beyond their control. This presentation examines the meaning, use and negotiation of time when paid carers (often representing the public sphere of service provision) enter the homes and lives of elderly persons receiving domiciliary care. Observations are based on the analysis of data from an in-depth multi-method study of 180 home support workers, 83 elderly clients, and 56 family carers of elderly home care clients in Canada.

Our analysis is guided by a conceptual model that examines the delivery and receipt of home support across four domains: organizational, temporal, spatial and social. This presentation focuses on the temporal domain, and examines client, worker and family carer perspectives on the compression of time in home care, with its implications for tempo and pacing of care; issues of worker adherence to, and client experience of, 'clock time' in service delivery; and issues of duration, interval, and prioritization of time. The competing perspectives of agencies, workers, clients and family members frame the relationship between these notions of time and the understanding of efficiency and effectiveness in the delivery of domiciliary care.

**Ref. 6/7/2010**

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**Title: Learning from Older People**

This paper draws from my research on service user involvement and older people and begins with discussing the contested nature of the terms service user and involvement. It is suggested that by involving service users and older people in research that knowledge creation becomes a personal and social process, which enables us to better learn from and understand the worlds of others. The paper will be illustrated from a review of the evidence of service user involvement in nursing research, a study of the patient experience of falls, and recent findings from a NIHRSDO study on the professional experience of managing people with complex conditions that included a critical component of service user involvement. There will be a discussion of a range of issues including the meaning of representation and how it influences our thinking about relationships, strategies to develop and sustain the relationship between researchers and older people before, during and after the conclusion of a research project, managing the boundaries between priorities and time-lines of commissioners, principal investigators and the research team with the concerns and expectations of older people. Finally there will be a discussion of the impact from the perspectives of older people themselves and in terms of enriching the understanding and learning of researchers, the quality of the research and the credibility of the outcomes.

**Ref. 7/7/2010.2**

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**Title: The Embodiment of Age**

Until recently social gerontology has fought shy of the topic of the body. Part of its mission has been to rescue the subject from its entrapment in the bio-medical account, with its reductive focus on the physiological and the inexorable processes of senescence. Social gerontology instead has been concerned to emphasise the ways in which old age is shaped, defined and structured by social, and not biological, forces, including those of the state and the formal processes of welfare. But the reluctance to engage with the body and embodiment has, until recently, led it to miss some of the most interesting and central topics of old age. Under the wider impact of the cultural turn, however, these aspects of life are assuming new prominence. Identity, consumption, sport, fashion, personhood, emotion, sexuality, time, space: all have bodily attributes. The growing interest in the visual realm and its role in the constitution of age is also part of these developments. In the session I will look at the ways a focus on embodiment opens up new topics for gerontology; ones that increase the breadth and depth of our understanding of later years.

**Ref. 8/7/2010**

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**Title: Research Impact - Now or Never! Maximising Research Benefits for Older People**

The introduction of the Research Excellence Framework (REF) heralds a new era of focus on research impact. Utilitarian research, knowledge transfer and evidence-based policy and practice are of increasing importance. The aim of this symposium is to explore how research, whether pure or applied, can deliver tangible benefits to the older population.

The symposium will be chaired by Libby Archer, Age UK, who will give an overview of both biomedical and social policy research relating to ageing, setting the scene by describing instances in which:

- Curiosity-driven research in biomedicine or social policy or other disciplines has led unpredictably to major advances for society;
- Incremental basic research has led to applied health outcomes; and
- Collaboration in biomedical and social policy research has directly resulted in significant benefits to older people.

Three examples of applied biomedical research that are rooted in basic research with existing impact on, or foreseeable potential impact on, gerontological issues of international significance will be described.

**1. Falls** – Dr Dawn Skelton, Reader in Ageing and Health in the School of Health and Social Care, Glasgow Caledonian University

By the late 1990's, the incidence of falls had been investigated intensively for 50 years, but with little practical outcome for older people. Funded by Research into Ageing (the biomedical research arm of the former Help the Aged), Dr Skelton was one of the first people to carry out high-quality research into prevention by designing tailored exercise regimens to mitigate the established risk factors for falling. The research led directly to the development of nationally-implemented training for exercise instructors and physiotherapists, the adoption of integrated falls services throughout health authorities through the National Service Framework for Older People (2001) and the introduction of National Falls Awareness Day, organised across the UK annually.

**2. Mobility** – Prof Di Newham, Professor of Physiotherapy and Director of the Division of Applied Biomedical Research, King's College London

Professor Newham is currently assessing the potential of Whole Body Vibration (WBV) as a means of improving functional ability and reducing the risk of falls for people in later life. At basic level, the research is investigating the putative underlying mechanisms of functional improvement by measuring changes brought about by standing on a WBV platform in muscle strength, neurophysiological control and bone density. At applied level, it is assessing the effect of WBV on physical performance, functional capacity and fall risk. The research has the potential to expand the range of interventions available for managing physical frailty and falls prevention.

**3. Memory and language: word-finding** – Dr Meredith Shafto, Research Fellow, Department of Experimental Psychology, University of Cambridge

A common change to language abilities in later life is increasing word-finding problems such as tip-of-the-tongue (TOT) states, when a familiar word is temporarily unavailable. To date, the basis of the change has been poorly understood. Dr Shafto has recently completed a first research project to understand the basis of change by characterising neural changes across the lifespan that lead to increased TOT rates in people in later life and to clarify whether, and if so in what circumstances, language deficits might be overcome by assessing the impact of individual differences in structural, functional and performance measures on successful TOT resolution. Further, if the research supports the hypothesis that TOT states reflect specific temporary access problems and not general cognitive failure, it will indicate a need to educate the public to counteract negative stereotypes about older adults held by young and older adults alike.

Using these examples as a basis, discussion will centre on translating research findings into policy, practice and wider society.

**Ref. S207**

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**Title: Critical Gerontology in Practice: Anglo-Dutch Perspectives 1. Policy and Practice**

An essential part of critical gerontology's self-understanding is the way it relates to its subjects of study. Social structures, processes or actions are not approached as objects which are passive or not affected by the ways in which they are studied, as has been the case in classical Newtonian conceptions of science. In recognizing the possible legitimacy role of social science in reproducing existing social inequalities, critical gerontology seeks to change and improve situations that result in important problems, such as reduced life chances over the life course. To be able to improve these situations, it is crucial to acknowledge and address the social resources that are latent in these problematic situations, both as potential forces of change and potential indicators of the desired directions of change.

This symposium explores different ways to approach, articulate and activate such resources of experience and desired change that are inherent in the situations, processes or actions that are studied. The first contribution consists of an exploration of community-based participatory action research by Thomas Scharf and others from the Centre for Social Gerontology and the Research Institute for Life Course Studies at Keele University. They argue that participatory approaches that seek to involve older people in key aspects of research, policy and practice are crucial to obtain the necessary evidence base that can facilitate change. Their paper reflects on the key challenges and opportunities associated with adopting participatory action research designs in research on ageing. The focus is the interdisciplinary CALL-ME project, supported by the UK research councils' New Dynamics of Ageing programme. CALL-ME aims to develop strategies for promoting social engagement among older people in disadvantaged communities of Manchester. In broad terms, the project involves engaging with diverse groups of older people to generate a shared understanding of issues that affect their community participation, and subsequently developing community-based initiatives that can promote older people's social engagement. Drawing on the experience of CALL-ME, the paper concludes with some suggestions for ways in which researchers adopting a critical perspective might develop future empirical studies. In the second contribution to this symposium Anja Machielse and Roelof Hortulanus from the University for Humanistics, in Utrecht, Netherlands address the importance of competences as inherent forces in creating and maintaining meaningful social relations. Especially the competence of finding a balance between independence and autonomy on the one hand and solidarity and a supporting network on the other hand appears to be a crucial factor for well being of elderly people. Assessing and stimulating these competences in keeping the social networks intact appears to be crucial for individual well being and happiness as it maintains the exchange of social support that members of a personal social network enjoy. Finally, Elena Bendien from Humanitas, Rotterdam and the University for Humanistics, in Utrecht, Netherlands, focuses on the importance of a-synchronicity and discrepancies in speed which are inherent in experiences of aging persons. Specifically the concepts of acceleration and slowing down will be discussed, illustrated with empirical data, and set against some classical and modern theories about time and ageing. The interpretation of ageing that will be used here, is rooted in process philosophy (H. Bergson) and



can be defined as experiencing time passing by. Demonstrating how these experiences of temporal asynchronicity are inherent in experiences of aging, they can be used in searching for the conditions under which the experience of ageing can rather be appreciated than feared or deferred. In addressing the theme of (self)-care in later life Bendien will show how processes of accelerating or slowing down are linked to more profound issues such as memory and identity.

**Community-based participatory action research: opportunities and challenges for critical gerontology**  
(Prof Thomas Scharf)

According to Phillipson and Walker (1987), critical gerontology reflects “a more value-committed approach to social gerontology – a commitment not just to understand the social construction of ageing but to change it” (p. 12). Of increasing importance in providing the necessary evidence base that can facilitate change are participatory approaches that seek to involve older people in key aspects of research, policy and practice. The spectrum of involvement ranges from studies that make platitudinous claims about simply needing to ‘hear the voice’ of older people to others that involve older people in each stage of the research process from the initial design, through data collection and analysis, to the reporting of findings. This paper reflects on the key challenges and opportunities associated with adopting participatory action research designs in research on ageing. The focus is the interdisciplinary CALL-ME project, supported by the UK research councils’ New Dynamics of Ageing programme. CALL-ME aims to develop strategies for promoting social engagement among older people in disadvantaged communities of Manchester. In broad terms, the project involves engaging with diverse groups of older people to generate a shared understanding of issues that affect their community participation, and subsequently developing community-based initiatives that can promote older people’s social engagement. Drawing on the experience of CALL-ME, the paper concludes with implications for critical gerontology, and some suggestions for ways in which researchers adopting a critical perspective might develop future empirical studies.

**A balance between autonomy and solidarity: a crucial factor for well being of elderly people**  
(Dr A Machiels)

Social relations are an important source for personal well being. Members of a personal social network exchange social support and this support is crucial for individual well being and happiness. Creating and maintaining meaningful social relations demands the use of one’s personal competences. If somebody is capable in finding a balance between independence and autonomy on the one hand and between solidarity and a supporting network on the other hand, one’s situation is optimal. In this paper we focus on the social networks of elderly people and ask ourselves whether this assessment is also valid for their situation.

**Quick-fit versus slow (self)-care: varying speeds of ageing**  
(Dr E Bendien)

We grow old faster than the policies on ageing. The length of our lives increases more rapidly than the quality of later life becomes better. Our response to the media appeal to stay young, is swifter than our acceptance of the cautious wisdom that it takes an effort to age well. Each of those understandings has already been addressed within critical gerontology and studies on ageing. What interests me here is a common feature which unites the various political, economic, biological, psychological and social processes. I see them not as opposed tendencies, but rather as a result of discrepancies in speed. In this presentation I shall specifically address the concepts of acceleration and slowing down, off-setting them against my understanding of what human ageing is about. The interpretation of ageing that will be used here is rooted in process philosophy (H. Bergson) and can be defined

as experiencing time passing by. Based on that definition some of the fast and slow processes relating to ageing can be called paradoxical; they will be used in our search for the conditions under which the experience of ageing can be valued rather than feared or deferred. In order to do that we shall address the theme of (self)-care in later life, illustrate it with empirical data, and set it against some classical and modern theories about time and ageing. The analysis will show that the bias towards deliberate or involuntary processes of accelerating or slowing down is linked to more profound issues such as memory, identity and self-care.

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**Title: Critical Gerontology in Practice: Anglo-Dutch Perspectives 2. Theory and Practice**

This symposium has two main objectives:

1. To develop further arguments and debates within the field of critical gerontology; and
2. To widen the range of issues discussed within critical gerontology, drawing on a wide range of perspectives across the humanities and social sciences.

The context for this work concerns the various challenges facing ageing populations given economic crisis, conflicts over how to resolve this crisis, and tensions between communities and generations over the management of resources of different kinds. This symposium provides a major opportunity to review these tensions from the standpoint of older people and also from the inter-disciplinary basis of social gerontology. A common theme in the three papers in this Symposium will be reconciling notions of agency, self-realization and social justice within the framework of critical perspectives. The idea of agency and autonomy is an important area for debate within sociology and philosophy and will be explored in detail in the paper by Grenier and Phillipson. Their paper will raise issues about the extent to which ideas about agency will need to be modified given the realities of life in advanced old age. Laceulle then considers the emerging debate around spirituality and self-realization in later life. This area has developed as an important concern within gerontology, notably through the work of Coleman and Tornstam. They do in fact raise issues about the nature of the self in late modernity and Laceulle's paper will consider the implications of this for critical perspectives, addressing also the recent work of Atchley (2009) on spirituality and ageing. Next, Dohmen will discuss some themes of importance to critical gerontology that have emerged from a recently published study (Baars and Dohmen, 2010) of the way philosophers throughout Western history and into Late Modernity have approached ageing and old age. Finally, Derkx ends this session with an examination of the value basis underpinning critical perspectives, notably about the quality of life in old age. This area has emerged as a major theme in much research over the past decade. But the notion of what constitutes quality of life has not itself been the subject of critical focus. Derkx will argue that the determinants of quality of life should itself be a field of study within critical perspectives. All three papers will be used to develop ideas around the future of critical perspectives in gerontology, highlighting the different ways in which these could develop in a range of disciplines within the humanities and social sciences. Accommodating both to the challenge of economic and cultural crisis and the task of incorporating different disciplinary perspectives provides opportunities and constraints to the development of critical gerontology.

### **Understanding agency in later life: theory and practice implications**

(Dr Amanda Grenier and Prof Chris Phillipson)

The idea of agency became an important theme in sociological perspectives from the 1980s onwards. However, the implication of this work for social gerontology has yet to be fully discussed. This paper will review key strands of thinking on agency with the aim of exploring the extent to which the associated discourses present tensions and contradictions for critical gerontological theory and practice. To do so, the paper will highlight the differential expectations that correspond with the periods of the 3rd and 4th age. In particular, we will focus on the extent to which traditional or conventional approaches to ageing modify or exclude the possibility of agency. The paper will argue that new approaches to the idea of agency are necessary given the particular cultural, social and biomedical realities of ageing. The paper will also consider the extent to which some of the concepts associated with the idea of agency can be used to influence health and social care practice with older people. The paper will conclude with some arguments about developing theory and research in the field of agency as applied to the lives of elderly people.

### **Spirituality and aging: a search for elements of self-realization**

(Hanne Lacuelle)

Lately, there has been a growing interest in spirituality and aging. For example, Tornstam (2005) provides with his gerotranscendence theory a concept that relates ageing to spiritual developmental changes in life perspective, while Atchley (2009) emphasizes the important insights an interaction of thoughts about spirituality and about adult development and aging could supply. Both authors deliberately choose concepts of spirituality and spiritual development that are rather independent of traditional institutionalized religions and stress individual growth, which makes their views interesting for a late modern context in which self-realization is a dominant ideal.

This contribution will investigate which elements of self-realization can be recognized in these theories about spirituality and aging, and in which ways these theories might be viewed to present a critique and a possible revision to the late modern ideal of self-realization that could perhaps make it better applicable to our thinking about 'ageing well'.

### **Critical themes and questions from the history of Philosophy**

(Prof Dohmen)

Recently, a large volume has been published in the Netherlands (Baars and Dohmen, 2010) about the many ways philosophers from the early pre-Socratic thinkers to contemporary scholars have thought about ageing and old age. Before, these sources have not been tapped to probe deeper into ageing and its existential issues. It turns out that many critical themes and questions were already voiced a long time ago although they have to be reinterpreted to make them relevant for contemporary situations. Of special interest for critical gerontology are the interpretations by contemporary feminist philosophers.

### **Critical gerontology and quality of later life: a contribution to an explicit value base**

(Prof Peter Derkx)

Critical gerontology 'brought to the study of later life appreciation of the relationship between ageing and economic life, the differential experience of ageing according to social class, gender and ethnicity, and the role

of social policy in contributing to the dependent status of older people. Alongside this came a commitment to scholarship that “gave voice” to the experiences of older people’ (Phillipson in Bernard and Scharf, eds., 2009: vii). This appreciation and commitment has been part of passionate scholarship which not only aims at understanding but also changing the social construction of ageing. Part of critical gerontology’s success has been to demonstrate where ‘unacknowledged value commitments and assumptions’ (Holstein and Minkler in ibidem: 15) have informed and determined mainstream gerontological research and policy.

All of this and much more makes it imperative for critical gerontologists to be explicit about the underlying value base of their work. Distributive justice rightly has been the dominant ethical focus of critical gerontology, but justice does not suffice as the normative base for critical gerontology. What has to be distributed justly? What is lacking in particular is the idea of a life of meaning and moral worth. Here again critical gerontology can unmask unacknowledged assumptions. But what about critical gerontology’s own assumptions about what defines the quality of later life?

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### Title: **Lonely in Later Life**

The symposium overviews research into loneliness and isolation, suggests directions for further research, proposes priorities for action, and debates relative roles and responsibilities across society, in five papers:

#### **1. A UK perspective** (Prof Christina Victor)

This paper overviews evidence about the extent of loneliness. This suggests that it has remained static over recent decades but that there is less consensus about risks for loneliness, which we could use to identify those individuals, and factors that cause loneliness.

Some previous researchers consider there has been insufficient attention to analysing loneliness in later life. We here identify two areas for research: a) investigating loneliness along the life course and (b) investigating loneliness amongst specific groups now entering old age. Here we focus on minority elders. There are other groups such as the 'multiply married', the never married who constitute the 'new ageing' populations. The perspective is predominantly quantitative, but we also need a qualitative lens so that older people themselves can help develop our understanding of loneliness and appropriate interventions and policies.

#### **2. An urban perspective** (Prof Thomas Scharf)

Research has explored cross-national differences in the prevalence of loneliness. This valuably highlights the influence of contextual factors on experience of loneliness, drawing attention, for example, to the role played by economic and social policy and by cultural norms and expectations in shaping the quality of social relationships in later life. In this paper, the focus is on other contextual factors. Rather than examine differences in loneliness across nations, attention is given to within nation variation in the distribution of loneliness. In particular, we should reason to explore ways in which contrasting urban environments might influence older people's feelings of loneliness.

### **3. A rural perspective**

(Prof Vanessa Burholt)

This paper reviews the research evidence on the relationship between loneliness and rural factors. Research on rural ageing has been dominated by studies in North America; published research on loneliness in rural UK is limited. UK research suggests we should target certain sub-groups such as older women living alone in sparsely populated areas and experiencing poor health, or men who have lost a 'significant other'. Longitudinal research shows that levels of loneliness fluctuate. Social isolation is often associated with loneliness, but is not always its cause. Some are used to solitary life for various reasons and may not seek to increase their potential contact with others. Where social isolation is associated with loneliness, reduction of loneliness may also reduce unwelcome social isolation and vice versa, but we should not assume that solitude should always be reduced. Solitude may bring greater risk of undiscovered emergencies, but we should probably reduce the risk and not the solitude itself, which may be cherished.

### **4. Alleviating loneliness**

(Prof Mima Cattan)

This paper focuses on interventions to tackle loneliness and social isolation. It also reflects on some recent findings regarding specific groups of older people and their experience. Some proposals for collaboration are presented, taking account inter alia of:

- Individuality;
- Fluctuating support needs;
- Costs of evaluation;
- Simple solutions;
- Complexity of minority ethnic populations;
- Those in sheltered housing/care homes, or with sensory impairment;
- Low cost technology interventions; and
- Volunteering.

### **5. Whose problem?**

(Paul Cann)

Social isolation leads many to feel disconnected, loss of social meaning, and lower quality of life. Research has examined the factors leading to withdrawal and premature care needs. Media and campaigning portrayals have dramatised exclusion. We now need to examine our respective responsibilities across society as a platform for action.

This paper identifies roles and responsibilities of 'players', from national to local statutory sector, to voluntary organizations, and individuals. It rehearses key research findings, and summarizes current activity and relays a series of structured interviews with people with responsibilities or interests - from government departments to community leaders. It analyses the configuration and the gaps. It suggests a vision for greater collaboration.

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**Title: The User of Research – The Academic's Best Friend: How Engagement with Users will Improve your Research**

The aim of this workshop is to explore the role of the user in research on ageing, particularly of older people themselves and to identify lessons for the future which will enable more productive and impactful research between academics and the user communities.

**Abstract 1: User engagement: perspectives from research users**  
(Prof Irene Hardill)

Research that aims to have a wide impact is not new, indeed within the social sciences there are a number of epistemological traditions that foreground user engagement, while mainstream social scientists have traditionally preserved their 'distance' from their research subjects. But since the 1990s an increasing emphasis has been placed on the involvement of research users by the UK research councils. There are different user communities, and there are different visions of the relationship between academics and research users. For the Economic and Social Research Council (ESRC) the major funder of social science research 'users' are broader than service users, and include policy users, public users as well as those who contribute to the research process. ESRC increasingly envisages that users will be involved at all stages of the research: scoping the research; co-producing knowledge, which provides scope for generating higher impact; and well planned user engagement and knowledge exchange strategies. For ESRC impact is multi-faceted: academic; societal; economic and policy and practice. Involving users when preparing funding applications can raise expectations, but it can help hone research questions and ensure that data collection methods are feasible. There are resource implications for both academic researchers and research users (time and energy) and opportunity costs, and for research users there may be the additional demand for some co-funding. In this session research users from an ESRC funded project on volunteer motivation will reflect on being research users.

**Abstract 2: Making a difference: how SPARC produced a new paradigm for researchers**  
(Prof Peter Lansley)

When the opportunities arise, many researchers in the field of ageing will jump at the chance to discuss their work with the full range of non-academic stakeholders, policy makers, professionals, older people and carers. They will value the feedback they receive and they will be keen to involve these stakeholders in future work. However, to be fully effective these opportunities have to be orchestrated and the researchers properly briefed, even coached, so that they strike an immediate rapport with the other stakeholders. Working with a shoe-string budget, the SPARC programme, concerned with encouraging newcomers, mostly early career academics, into



ageing research, concentrated on establishing close collaboration between researchers and these other stakeholders, especially end users and beneficiaries of their work. It funded collaborative research projects and it encouraged researchers to engage with non-academic audiences through presentations, publications and working with the media. The end result was a cohort of researchers who occupied a very different territory to that of their counterparts in ageing research. They were almost unique in terms of their experience and in being confidently positioned in both the academic environment and the environment of the 'non-academic stakeholder'.

### **Abstract 3: Observations from a user panel**

Four lay members of the public, comprising two members of Age UK local committees and two members of local Older People's Forums will give an individual account of how they have been involved in research; what the likely benefits have been both to themselves and to older people generally; and what they have learned which may be of benefit of researchers.

### **Discussion**

A discussion will take place, led by Prof Goodwin, between presenters and audience, with the objective of identifying a possible model which will enable researchers and users to work more productively together.

**Ref. S206**

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Title: **Emerging Researchers in Ageing (ERA): International Development and Future Trajectories**

This symposium session focuses on the international development and future trajectories of the Emerging Researchers in Ageing. In this session representatives from the United Kingdom, the United States of America, and Australia will discuss the role, the work being undertaken, and the future plans of the Emerging Researchers in Ageing within their respective countries. The session provides an opportunity to learn more about the Emerging Researchers in Ageing, demonstrating the underlying aims of the organisation. The symposium participants will be invited to take part in a discussion which will explore the common interests and concerns arising from the three presentations. This will provide an opportunity to explore how the Emerging Researchers in Ageing have developed thus far, and facilitate a debate in which future direction and ambitions are explored. Therefore, this symposium session not only showcases the international development and the role of the Emerging Researchers in Ageing, but also highlights the significance of such an organisation for sustaining successful gerontological research and debate both now and in the future.

**S211**

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**Title: Engaging with Theory in Social Gerontology: Assessments and Critiques**

The rationale for this symposium is that social gerontology has now been around long enough to have developed its own theoretical literature as well as differing schools of thought to the study of ageing and old age. These theoretical positions and ideas need to be regularly re-appraised and modified if they are to meet the challenges of the changing world in which ageing and old age now exist. This symposium seeks to attempt this task by bringing together three key writers who have had an impact on the ways that we think about old age. In the past the status and sophistication of social gerontological theory has been challenged by some commentators as derivative and applied, as well as being slow to pick up on new perspectives. This view is less and less convincing as the issues thrown up by personal as well as population become more mainstream. It is no longer the case that demographic, epidemiological or social policy concerns represent the extent of the issues that social gerontology has to address. Questions of lifestyle, personal relationships, sexuality and anti-ageing technologies are just some of the new arenas in which a gerontological perspective is needed and where new knowledge is being created. Such awareness is now starting to impact on areas such as the sociology of health and illness and the sociology of the body where until recently ageing and old age were under-represented in both theory and research. Given this new awareness it is important that we re-consider the utility of key theoretical ideas in contemporary circumstances.

This symposium allows Chris Phillipson, Chris Gilleard and Julia Twigg to present their different approaches to a number of pertinent themes in the development and sustainability of social gerontological theory. Chris Phillipson provides an overview of the tasks of theory in studying ageing and old age as well as suggesting new directions for theory development and construction. Chris Gilleard revisits the ideas and distinctions between the third and fourth ages and suggests that there are three distinct approaches to this nomenclature. Finally Julia Twigg reviews the use of the term resistance in ageing studies and seeks to disentangle its slippery and ambiguous character when it is applied to age. Together these presentations provide not only a showcase of the vitality of theory in social gerontology, but also an indication of its continuing engagement with its subject matter.

### **Embedding theory in gerontology: back to basics**

(Prof Chris Phillipson)

A common criticism of social gerontology is that it is 'data rich but theory poor' (Bengston). Yet the last 15 years have seen an upsurge in theoretical debate, not least between competing approaches within critical gerontology as well as challenges to critical perspectives themselves. On the other hand, the gap between the reporting of empirically-based projects and theory construction remains substantial and of concern to better understanding of changes affecting the lives of older people. The paper argues that closing this gap will require work around at least four areas: first, getting a strong sense of the history of theory development within social gerontology, with appreciation of the continuities as well as discontinuities; second, a more explicit understanding of the theoretical models underpinning work in gerontology, with attention to problems arising from the late adoption of new theoretical approaches from disciplines outside gerontology; third, the continuing pressure arising from what Hagestad and Dannefer have referred to as the 'microfication' problem in gerontology; finally, the pressure of ensuring inter-disciplinarity without losing theoretical coherence. The paper will conclude with some points for likely developments in theory construction within social gerontology.

### **Theorising the distinction between the third and the fourth ages**

(Prof Chris Gilleard)

This paper addresses three ways in which the third and the fourth ages can be distinguished. The first focuses upon a demographic model, that seeks to distinguish two periods within later life. In this model, the third age refers to 'young' old age and the fourth age to 'old' old age. It can be traced back to the pre-modern, pre-scientific division in the stages of life, where the principal variant lies in the precise age when each begins. The second model focuses less upon chronological age and more upon health status. It is very much located within classical modernity. This 'bio psychosocial' model of ageing frames the third age as 'healthy' ageing and contrasts with a fourth age characterised as 'infirm' or 'unhealthy' ageing and relates to the earlier distinction between physiological and pathological ageing. The third approach eschews the idea of a third or a fourth age identity and focuses upon the distinction between more or less agentic later life styles. This cultural approach typifies late or second modernity, with its emphasis upon third age lifestyles contrasted with the social imaginary of a fourth age dominated by an otherness contained by the ascribed communities of old age.

### **Key concepts in social gerontology: resistance**

(Prof Julia Twigg)

Resistance has recently achieved popularity as a concept in age studies. Often contrasted with age denial, it has been deployed as a means of exploring the ways in which older people challenge and turn back the destructive assumptions or judgments of the wider culture. The theoretical roots of the term lie in post-structuralism, particularly the later work of Foucault, for whom resistance is an inevitable concomitant of power/knowledge - something generated by it and to some degree constitutive of it. Its sources, however, remain under theorised in his work. As a concept it has proved difficult to deploy in research, where its slippery and ambiguous character makes it hard to use in a concrete way. What constitutes age resistance and what age denial is often difficult to disentangle. The session will try to make sense of the concept and evaluate its usefulness.

**Ref. S95**

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**Title: An Inter-Disciplinary and Participatory Approach in the Development of a European MSc in Gerontology**

This symposium will focus on key issues relating to the development of a European Masters in Gerontology, a project funded by the Erasmus Life Long Learning programme. Demographic changes, advances in technologies and a recognition by higher education institutions of the need to review programme structures and delivery, have led to a unique partnership among six EU countries to develop an on-line programme on Gerontology to meet the needs of local, national and European society.

Each presentation will provide a different but related aspect of the project. This symposium aims to bring delegates up to date with the interdisciplinary approach used in developing a curriculum and how key challenges are addressed.

### **1. Introduction**

(Dr Khim Horton)

A brief introduction to the symposium topic with an overview of the project and the presentations to follow.

### **2. A state of the art review of gerontological online approaches**

(Prof Peter Kokol, Helena Blažun, Gregor Štiglic)

This presentation will explore existing approaches to online learning and its relevance to gerontological approaches to education and practice, and introduce practical hints on how to implement the presented approaches. A review of the technological and didactic evidence on which a successful online programme is developed is also presented.

### **3. Towards an integrated programme**

(Loretta Crawley)

The overall aim of the programme is designed to provide health and social care students with an advanced level of theoretical and scientific knowledge in ageing and ageing studies. The programme prepares students for professional leadership roles in the care and management of older clients and their significant others. Within the programme are nine modules that have been jointly developed with the EU partners. A sample of a module will also be presented (eg the research module or theoretical basis of ageing as it is used by students).

### **4. Validation and Bologna**

(Dr Rita Collins)

The aim of the Bologna Process is to create a common European Education Area by 2010 in an effort to enhance the mobility of students, the employability of graduates and to increase the competitiveness of European citizens in the global labour market. This project exploits this agreement and harnesses its structures to enhance the student experience on the programme. The resulting programme will have the capacity to attract students from a worldwide population.

### **5. Towards implementation- challenges ahead**

(Dr Khim Horton)

Building on the fourth presentation, an overview of the key challenges relating to the implementation of the programme across partner institutions will be outlined and measures to overcome these will be explored.

The symposium will conclude with time for questions and an overall discussion of the key issues raised in the presentations.

**Ref. S203**

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#### **Title: Connectivities in Rural Communities**

This symposium is based on work of a research programme on connectivities of older people in rural areas in England, Wales and Canada. The programme encompasses a Critical Human Ecology approach to understanding diversity in older adults' contributions to rural communities. The main assumption is that community participation is enhanced or constrained by the interface of personal, social and community resources. Members of the UK and Canadian teams address two key questions about the content and processes of connectivities:

1. How do social connections and community settings enhance or constrain connectivities of older rural people? (papers 1 and 2)
2. How can connectivities among members of large international interdisciplinary teams be fostered to create knowledge about older people's participation in and contributions to rural civic society? (papers 3 and 4)

#### **1. Age-friendliness and connectivity**

Menec et al. place the World Health Organization's idea of age-friendly communities within a framework that recognizes the importance of person-environment fit and the degree to which domains are interconnected around a central concept of "connectivity". Using housing and transportation as examples, they explore how environments can foster or constrain social inclusion for individuals living in different life spaces. Data are from a photo-voice study in which older adults in three rural Canadian communities explored the 'age-friendliness' of their community by photographing barriers and assets and discussing the meaning of the photographs in interviews and focus groups. The usefulness of applying a conceptual framework to the notion of age-friendliness for planning and policy is discussed.

#### **2. Social connections of older rural adults**

Keating et al. use data from a national telephone survey of older rural adults in Canada on support provided to others-an element of building and maintaining social connections. Findings are that over 90% of respondents provided support to an average of 3.7 people, predominantly non-kin, over age 65, living in the same community. Tasks most often provided were checking up on others, meal preparation and emotional support. Seniors who were younger in age, married and had a support network were most likely to provide support. Findings that supporters are themselves embedded in support networks require more attention to the place of reciprocity in healthy aging. Age-friendly communities may be ones that foster social connections and provide opportunities for exchanges.

### **3. Challenges of collaboration: creating and disseminating knowledge across distance and discipline**

Eales et al. address the assumption that interdisciplinary research collaborations are ideal vehicles for knowledge creation. They draw on the experiences of Canadian and UK members of the rural connectivities programme, exploring the process of collaborative research, its inherent challenges and the ways of addressing hurdles. Findings come from content analysis of UK team meeting proceedings; qualitative interviews with team members of a Canadian Major Collaborative Research Initiative; and with team members of a Canadian Community-University Research Alliance. There were five key team practices: select suitable team members; create an egalitarian organizational structure; create opportunities for team members to connect; model and mentor mutual regard and inclusion; and understand that collaboration is built over time. Authors discuss the importance of communication, technology and comparable data sets as mechanisms for improving research and knowledge connectivities.

### **4. Using the internet to connect stakeholders in rural ageing**

Little is known about whether older people in different world regions are willing to exchange views about their locality and experiences using the Internet; about how older people, researchers, and those in older people's organisations will interact online; or how older participants' preferences for synchronous and asynchronous online communication may affect how they interact and perceive connectivity with different stakeholders. Jones discusses a project that aims to explore connectivity between three sets of stakeholders: older people in rural areas, organisations supporting older people, and academic researchers in South West England, Wales, and Manitoba Canada. Live interactive webcasting, with participation from stakeholders, will illustrate the pros and cons of the two IT methods.

**Ref. S44**



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**Prof Claire Goodman**  
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**Natasha Baron**  
**Elsbeth Mathie**

Title: **End of Life Care: Experiences, Expectations and Examples from Care Homes**

**Introduction:**

According to the End of Life Care Strategy (2008), 17% of older people die in care homes. Care home research has predominantly been carried out in nursing homes. These papers focus on end of life care in residential care homes, its process, practice and impact on older people, care home staff and health care professionals.

**Presentation 1: The Approach study**

**Background:** Health and social care policy has placed an increasing emphasis on improving the quality of care for older people in care homes through integrated working between health and social care. Despite multiple initiatives, little is known about the process of integrated working and its consequences.

**Objective:** This presentation focuses on the findings of a systematic review of integrated working between care homes and health care, and a national care home survey with specific reference to end of life care.

**Method:** 1623 potentially relevant studies were identified from the review. Following screening, 46 papers were retrieved for detailed review and 18 papers (17 studies) were included in the review, 5 of which focused on end of life care. Ninety four care homes completed a survey on service provision and integrated working.

**Findings:** A shared focus of the end of life studies was the use of care pathways as a means to improve the quality of care. The survey found that only a third of care homes had access to palliative care services, but there was some evidence of shared tools for end of life care being used.

**Discussion:** Findings from the review and the survey will be discussed including their implications for end of life care.

**References:** Department of Health (2008) End of Life Care Strategy. DoH: London.

Funded by the National Institute for Health Research Service Delivery and Organisation Programme (project number 08/1809/231).

Disclaimer: The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the Department of Health.

**Presentation 2: The Evidem End of Life study**

Up to a third of older people with dementia will die in a care home (Knapp et al., 2007, Clifford et al., 2007). While previous research has mainly relied on proxy accounts and/or retrospective data analysis, Evidem-Eol, funded by the NIHR, aims to document the need for support and end-of-life care of older people with dementia living in a care home environment by prospectively tracking their care and end-of-life experience.

One hundred and thirty-three older people with dementia living in six care homes in the East of England have been recruited. Data collection involved four-monthly case note reviews, interviews with care home and NHS staff, documentary review of relevant policies and evidence of NHS involvement, and post-death analyses (PDAs).

We will report findings, using visual representation, to examine the pathway to death, and also discuss challenges for inter-agency working. We will discuss the significance of our findings, current approaches to support end-of-life care in residential homes and the strategies that may facilitate closer working relationships between care home and NHS staff. Recommendations which inform the next stage of the project will also be presented.

#### **References:**

Clifford C., Badger F., Plumridge G., Hewison A. and Thomas K. (2007) Using the Gold Standards Framework in Care Homes: An Evaluation of the Phase 2 Programme.

Knapp M., Prince M., Albanese E., Banerjee S., Dhanasiri S., Fernández J.L., Ferri C., McCrone P., Snell T. and Stewart R. (2007) Dementia UK, Alzheimer's Society, London.

Disclaimer: This study has received financial support from the National Institute for Health Research (NIHR) Programme Grants for Applied Research funding scheme. The views and opinions expressed therein do not necessarily reflect those of Central & North West London NHS Foundation Trust, the NHS, the NIHR or the Department of Health.

#### **Presentation 3: The Epoch study: Experiences of Older People in Care Homes**

This NIHR funded research project has focussed on listening to care home residents' descriptions of their lives and views of the future (and any plans for end of life). This longitudinal study tracked 121 older people in six (residential) care homes from 3 PCTs in the East of England and the care they received over 12 months. A sample of 63 residential care home residents, 30 care home staff and 17 health professional staff were interviewed. The services received, resources used and key episodes of ill-health were recorded from the care notes. The data gathered has provided a detailed description of the care home environment, experiences of ill-health and contact with health professionals and how in turn this shapes the resident's views and experience of the future and end of life.

The complex relationship and responsibility for end of life care lies between the resident, primary care staff (GP/DN) and care home staff. The views of each of these groups were examined with reference to other groups such as out-of-hours doctors, paramedics, pharmacies, palliative care staff and relatives. The very complex model of end of life care, which exists within a framework of supporting a resident's choice of place of death, is explored.

Disclaimer: The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the Department of Health.

**Ref. S88**

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**Dr Angela Dickinson**

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**Prof Miriam Bernard**

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Title: **The Use of Visual Methods in Ageing Research – Opportunities, Challenges and Experiences**

Visual methods are being increasingly used within ageing research to explore aspects of ageing such as everyday life, embodiment and aspects of the life course. This symposium will give an insight into using visual methods within ageing research. We will draw on data from four research projects to explore the opportunities, challenges and experiences of using visual methods.

Daneski, K., Thimbleby, P and Jones, S.: **Narratives of ageing** (Swansea University)

The first paper in this symposium will explore extracts from digital stories produced by a group of older residents from a sheltered accommodation facility in Wales (UK) which capture their thoughts on ageing and lifecourse. The older people allow us to enter their world as they reflect on issues such as the freedoms or restrictions that characterised their younger lives, key events that shaped their lives, the realisation of their dreams and ideas about fulfilment. The presentation will discuss the value of using this method when researching ageing as it allows participants control of what is said in contrast to the more usual and perhaps intrusive or researcher led approaches.

Williams, V. And Martin, W.: **Photographing everyday life: ageing, lived experiences, time and space** (Brunel University, West London)

The second paper will draw on data from the pilot phase of an empirical study funded by the ESRC First Grants Scheme. The project will involve a diverse sample of men and women aged between 50 and 70 years with different daily routines. Data collection methods include participants taking photographs of aspects of their daily lives followed by in-depth interviews. The photographs become a form of 'visual diary' to allow the researcher to explore both the photographs and meanings about daily lives. The authors will discuss the role of using photographic images to explore themes underpinning aspects of daily life including gender, space and time, identities and everyday life, mess and dirt, social networks, and the body in everyday life.

Dickinson, A.; Masey, H.; Westwood, D. and McClinchy, J: **Rejecting the visual: I would be embarrassed for you to see what I eat** (University of Hertfordshire)

The third paper will present findings from a pilot study carried out in a faith-based community meal setting. Visual images were used in photo elicitation in the interviews, however, using cameras to capture both the social context of eating at home and the actual food eaten has been less successful than other methods due to poor uptake. Poor uptake appears to be influenced less by technical phobias and more by the nature of the subject matter. Food and its consumption is surrounded by strong moral discourses about what should be eaten and where. Using visual devices to explore eating behaviour in older people, particularly those who live alone, should be used cautiously and with sensitivity.

Griffin, M. and Phoenix, C.: **Setting the scene: hailing midlife women into a running identity** (University of Exeter)

The final paper explores the role of visual and material culture of the Women's Running Network (WRN) to examine how women are told and shown the possibilities of their (ageing) bodies over time. The authors suggest that, via narrative text and images, the WRN hail women of a specific social location to seek out and embody the ethos of the network. A number of techniques are highlighted that are used within their media to construct a moral, gendered obligation for sport/exercise participation through midlife and beyond. The authors will conclude by discussing how the visual and material culture of the WRN has implications for framing and facilitating would-be participant's potential identities, socialisation experiences, embodiment and physicality within this women's-only context.

The symposium will conclude with a discussion of the issues surrounding the use of visual methods in ageing research as explored by the papers presented and led by Prof Miriam Bernard.

**Ref. S197**

Chair: **Prof Brendan McCormack**  
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**Diana T.F. Lee**  
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**Title: Nursing in an Ageing Society: The Contribution of Gerontological Nurses to the Lives of Older People**

Nursing is a profession with much to contribute to the lives of older people. If we are to be strategic in maximizing our strengths, it is important that we revisit the core value of our work towards such a contribution. We have to ask whether our purpose, roles and core competencies are appropriate and clear in light of the needs of people in contemporary society. In the past two decades, there have been major re-configurations and re-engineering of nurses' roles into advanced and specialist areas of practice. As nurses move into these new roles, the more fundamental aspects of care have been either neglected or transferred to other non-professional health care workers.

Gerontological nursing is of no exception. While advanced practice nurses can be both cost and clinically effective, fundamentals of care are a central tenet of nursing and are particularly relevant and important in meeting the care needs of older people. Research, for example, has identified the consequences of poor oral care on older patients' lung functions, nutritional status and quality of life. For gerontological nurses to assert our contribution to the lives of older people, we should therefore not only demonstrate how advanced practice nurses can be both cost and clinically effective, but also to uphold fundamental aspects of caring as a core and skilled practice in nursing older people. We contend that focusing practice on person-centred values can help gerontological nurses to retain their core values and develop practices that are consistent with those of older people and their families.

Person-centred practice has a long association with nursing, and at a level of principle is well understood as that which is concerned with: treating people as individuals, respecting their rights as a person, building mutual trust and understanding and developing therapeutic relationships. The inherent good of providing care within a philosophy of person-centredness is irrefutable, but it has been recognised that translating the core concepts into every day practice is challenging. The reasons for this come in many forms and are often indicative of the context in which care is being delivered, and the fact that we are living in times of constant change, particularly within health and social care. However, in reality few organisations really understand what person-centredness really means and if it is explicit in organisational values it is done so from a narrow 'patient quality' perspective.

This presentation will address these challenges and identify how we can maximize our strengths to contribute to the lives of older people. We will present an overview of the challenges that nursing faces in a changing world of gerontology and the potential impact of these changes on reshaping nursing priorities in health, social and political contexts. We will present a framework for person-centredness that is transferrable across all settings and which has as its central focus the concept of 'human flourishing' for all. An example of a national practice development programme that drew upon critical and creative approaches and that had a central focus of developing person-centredness in older people care settings will be used to illustrate issues raised.

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#### Title: **Identity in Dementia**

Dementia erodes the memories, roles and relationships that make up our identities, and thus seems to attack the very essence of self. Yet research shows that those with dementia are actively engaged in managing the illness and its effects on their lives, their self-concept and their self-esteem. To understand how to better support those with dementia we not only need to understand the impact of dementia on the self, but also need to understand how the individual, as an active agent, manages this impact. In this symposium we will present 3 contrasting research papers that address this issue. The first paper by Frazer, Oyeboode and Cleary explores how older women who live alone with dementia manage their identities. Following this, Caddell and Clare present a study on the salience of a range of roles in the lives of people with dementia. Finally, Surr explores how relationships help or hinder maintenance of selfhood in people with dementia living in residential care. The three papers provide data from contrasting samples that enable us to paint a rich picture of key aspects of construction and reconstruction of self in dementia.

#### **How older women who live alone with dementia make sense of their experiences: an Interpretative Phenomenological Analysis**

(Jan Oyeboode, Soraya Frazer and Adam Cleary)

This paper presents a study that explored the subjective experiences of older women living alone with Alzheimer's disease and/or mixed vascular dementia. Eight women were interviewed about how they managed their identities and coped with day-to-day living, and in the absence of a significant co-resident other who might reflect them back to themselves. Through Interpretative Phenomenological Analysis themes emerged about loss, embodiment, adapting, awareness, safety, relationships, exclusion and loneliness. The women were actively engaged in re-constructing their sense of self, using a variety of coping strategies. Relationships with friends, neighbours and attendance at memory clubs were important. Memory loss had the most significant impact through loss of independence. A search for meaningful relationships was apparent, conflicting with feeling vulnerable and a consequent desire for self protection.

#### **Changes in role-identities of people with dementia: perspectives of people with early-stage dementia and their relatives**

(Lisa Caddell and Linda Clare)

Background: Developing dementia may change a person's perceptions about their sense of self and identity. One aspect of a person's identity concerns roles that have been adopted over the life span. There is currently little research concerning the changes in these roles for people with early-stage dementia, despite possible implications for care and support

Objectives: This study aimed to examine the changes experienced by people with early-stage dementia concerning four role-identities (occupational, family and leisure roles, and personal attributes), and to explore how this relates to relatives' perspectives of changes in these roles for the person with dementia.

Method: Participants were 30 people with early-stage dementia and a close relative for each. The people with dementia were asked to rate how important they considered each role to be to them currently, and how important it had been to them in the past. The relatives were also asked to rate how important they believed each role was to the person with dementia both currently and in the past.

Results: In general, the salience of these roles tended to decrease from past to present from the perspective of both the person with dementia and their relatives. However, there were some differences between the perspectives of the person with dementia and their relatives on the past and present salience of these roles.

Conclusion: The salience of role-identities appears to decrease over time in people with early-stage dementia. However, perspectives of the person with dementia and close relatives on this topic may differ.

**Attachments and relationships with others in residential care setting: the impact on the sense of self of people with dementia**  
(Claire Surr)

It has been suggested in the work of authors such as Kitwood and Sabat that the maintenance of self in dementia has its foundation, in part, in the interpersonal relationships that surround the person living with the condition. Empirical research on self in dementia supports this, but has been predominantly conducted with participants living in the community. Living in residential care may bring additional threats to self. Therefore, this paper will discuss some of the findings from qualitative research conducted with 14 people with dementia who were living in 4 residential homes throughout England and Wales, over a 6 to 24 month period. Relationships with family, other residents and care home staff were important for maintenance of self. Where attachments were strong sense of self was more likely to be upheld. Where attachments were weak or relationships were difficult or deteriorated, sense of self in the people with dementia was undermined. This paper will illustrate how these relationships could serve to support or undermine sense of self and discuss implications of this for providing residential care for people with dementia.

**Ref. S102**

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### Title: **Spousal Relationships in Dementia**

For many people with dementia, the principal person who provides support and care is the spouse or partner. Thus care is provided against the backdrop of an intimate relationship that has often lasted for several decades. Dementia becomes a party in the relationship, disturbing its nature and quality and demanding considerable adjustment. This symposium draws together 4 papers which address different aspects of the spousal relationship in dementia through the use of varying methodologies. The aim is to offer an opportunity to consider how exploring differing facets of the relationship can assist in developing a fuller understanding of the dynamics of spousal relationships when one person has dementia. The first paper, a qualitative study by Quinn, Clare and Woods, highlights the carer's perceptions of the spousal relationship; the second paper by Clare and colleagues looks at the perceptions of both partners by taking ratings, and contrasting them with those of control couples; In the third paper Ablitt, Jones and Muers use psychometric measures to look at whether the partner with dementia appreciates the emotional state of their caregiving spouse; and finally the fourth paper (Fisher, Riley and Oyeboode) describes the development of an instrument to assess relationship continuity in dementia.

### **The impact of caregiving on the spousal relationship** (Catherine Quinn, Linda Clare and Robert T. Woods)

Background: Caregiving often takes place within a historical context in which the caregivers' prior relationship with the care-recipient can have an influence on how they experience caregiving. However, little attention has been given to the influence of this relationship on the caregiving experience.

Objectives: The aim of this study was to explore how caregiving can affect spousal caregivers' perception of their relationship with the care-recipient.

Method: Eight spousal caregivers of people in the early, middle, and later stages of dementia were interviewed. Transcripts of these interviews were analysed using Interpretative Phenomenological analysis to identify common themes within the participants' accounts.

Results: The themes which emerged from the caregivers accounts indicated that the caregivers encountered dilemmas as they adjusted to their new role and struggled to balance their needs against those of the care-



recipient. The main dilemma for the caregivers concerned trying to preserve their relationship with the care-recipient when it was inevitable that there would gradually be changes in both the balance of the relationship and in their interactions with the care-recipient. The caregivers also faced challenges in their attempts to cope with the changes within the care-recipient.

Conclusions: Caregivers may benefit from more effective support to help them adjust to the changes in their relationship with the care-recipient.

### **Perceptions of relationship quality in people with dementia and their spouse caregivers**

(Linda Clare, Sharon Nelis, Anthony Martyr, Judith Roberts, Ivana Markova, Ilona Roth, Christopher Whitaker, Robert T. Woods and Robin Morris)

Background: Providing care for a person with dementia may impact on the carer's perceptions of the quality of the relationship with the care-recipient, and perceived relationship quality appears to affect the caregiver's wellbeing. Few studies have considered the views of the person with dementia or the implications of discrepancies in perspective.

Objectives: This study aimed to compare ratings of the quality of the marital relationship made by people with dementia and their spouse caregivers, to explore how these compared with ratings made by control couples, and to identify factors associated with discrepancies in ratings.

Method: Participants were 54 married couples including one partner who had a diagnosis of early-stage dementia. Each partner independently rated his/her perception of the quality of the relationship. Participants with dementia rated their own mood and quality of life. Spouses completed ratings of their partner's symptoms and of their own mood, distress and stress. Ratings of the marital relationship were also made by 54 control couples.

Results: Ratings by control couples were the most positive, with mean discrepancy close to zero. Participants with dementia rated relationship quality significantly more positively than the carers, and this was reflected in the discrepancy scores. For carers, a greater discrepancy was associated with higher levels of distress and stress, while for participants with dementia a greater discrepancy was associated with less anxiety and depression and better quality of life.

Conclusion: Discrepancies in perceived quality of relationship have contrasting implications for people with dementia and spouse caregivers.

### **Awareness of carer distress in people with dementia**

(Astri Ablitt, Gregory V. Jones and Jane Muers)

Background: People caring for family members who have dementia often experience considerable levels of anxiety and depression. However, relatively little is known about the awareness of carer distress among people with dementia.

Objectives: This study investigated whether or not people with dementia are aware of the level of distress experienced by their carers.

**Method:** Two groups of participants were studied, a dementia group and a control group of people with arthritis. Each group consisted of pairs of people, the person with dementia or arthritis and the family member who acted as their main carer; 40 pairs participated in total. For both groups, the carer's psychological health was rated by the carer themselves and by the care-recipient, using the Hospital Anxiety and Depression Scale. For the dementia group, memory functioning in the person with dementia was rated by the care-recipient themselves and by the carer, using the Memory Function Scale. The ratings made by the carer and care-recipient were compared to give an indication of the level of awareness in the care-recipient.

**Results:** People with dementia have a significant level of awareness of their carers' psychological health. Their awareness follows the same pattern as that shown by a control group of people with arthritis. The level of awareness of carer psychological health shown by the dementia group was not related to their level of awareness of their own memory difficulties.

**Conclusion:** The clinical implications of awareness of carer distress in people with dementia should be considered.

**The development of a measure of carers' sense of relationship continuity with their spouse with dementia**  
(Gemma Fisher, Gerry Riley and Jan Oyeboode)

**Background:** Previous research has shown that spouse carers' perceptions of continuity in their relationship with a spouse with dementia may be central to their adaptation and impact upon the quality of the support provided for their spouse.

**Objectives:** The aim of this study was to develop a valid and reliable questionnaire of relationship continuity that could act as a measure in future research on links between perceived continuity and other variables.

**Method:** A questionnaire was drafted using data from qualitative interviews with spouse caregivers. This was discussed with a focus group of current caregivers who commented on content, wording and layout. 50 spouse caregivers then completed a refined version to establish internal consistency. The subsequent shortened questionnaire was administered to a further sample along with other measures to assess construct validity, and a sub-sample completed it a second time to establish test-retest reliability.

**Results:** The resultant questionnaire provides a reliable and valid measure of relationship continuity in spouses caring for a relative with dementia and it is hoped this will be used in further research to explore links between continuity and care.

**Ref. S103**

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**Andrew Harrop**  
Age UK

**Title: Age UK and ILC-UK Symposium - The Myths and Realities of Older Consumers**

Older consumers are an increasingly important market for a variety of private sector goods and services. Some of the factors driving this include: first, the impact of 'baby boomers' driving forward new types of consumer demand; second, raised expectations about standards of life in old age across all cohorts of older people; third, responses from the commercial sector in developing products and services for the 'third age' market.

But whilst there is much talk of the older consumer, it is clear that this is an under-researched area. There remains a strong view that across a wide range of industries that this group continues to be ignored. Where it is not ignored it is often patronised. Evidence from politicians and government departments suggests exasperation with the failure of the business world to capitalise on the potential of the older consumer.

Yet it should hardly be surprising news that the consumer is getting older. And whilst there is limited academic research in the field, it has been a subject which has attracted attention for at least 50 years. In other words, whilst we seem to be seeing some examples of high profile organisations taking a smarter approach to older consumers, the level of attention is modest given awareness of the issue over such a period of time.

Prof Phillipson, Keele University, will Chair this symposium and present the results of his study on baby boomers and consumption. Professor Higgs will present the results of his study into the emergence of the older consumer in Britain from 1963-2005. David Sinclair will highlight the results of a recent ILC-UK evidence review for Age UK and set out the policy challenges for government and Industry. He will also highlight the research gaps in this area. A representative of Age UK will highlight the perspective of the end user in the context of consumer issues. A representative of industry will discuss how private sector is engaging with the older consumer

This symposium will be a platform for debate about the needs of the older consumer. It will also highlight the research gaps and opportunities for further research.

**S212**

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**Prof Simon Biggs**  
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**Title: Ageing and Identity in the Everyday Lives of Older Couples**

Although social scientists have given considerable attention to the formation and transformation of identity through early and mid life, work and retirement, there has been very little focus on identity in later life, yet maintenance of identity and self esteem are widely acknowledged as core to psychological, social and physical well being. Moreover, couples therapists apart, work on identity and identity maintenance focuses almost exclusively on the self, even though the formation of stable and positive couple identities has been associated with maintaining happy and successful relationships. Most people will live most of their lives in couple relationships, and in later life considerable disruption to identity may occur through biological ageing, poor health, social organisation, bereavement and changes in family structure. How do couples navigate this changing landscape, and with what consequences? What role does gender play? What threats are faced, and how can these be overcome? This symposium draws together sociologists, social psychologists and health professionals working with older couples in four different settings to explore these questions.

**Behind closed doors: preserving, defending and resisting role identity through money management**  
(Dinah Bisdee, Tom Daly and Debora Price, King's College London, Institute of Gerontology)

The organisation of money management within households is specialised and highly gendered leading to substantive imbalances of power and access to financial resources between men and women, while also core to the formation and maintenance of gendered self-identities and couple identities. This paper examines how

money management roles and practices are embedded in older couples' identities, being used to maintain their own and defend their partner's roles. Yet women, often disempowered financially, secretly resist these roles in order to preserve the self, and their sense of autonomy within the couple structure.

**Exploring the gendered representation of couple and individual identity through the negotiation of sleep patterns and behaviours**

(Susan Venn and Sara Arber, University of Surrey, Centre for Research on Ageing and Gender)

This paper presents data from in-depth interviews with older couples about their sleep. Interviewing partners jointly elicited gendered differences in the presentation of identity. Men most often described their sleep patterns and behaviours in individual terms, whereas women, through the action of monitoring their partner's sleep as well as their own, were more likely to present a shared couple identity through their narratives. This was in greatest evidence in sensitive topics, where women demonstrated a desire to protect their partners and the couple identity, by tempering the impact of potentially stigmatising bodily behaviours.

**Older lesbian, gay and bisexual relationships: situating the personal in the social**

(Ann Cronin, University of Surrey and Andrew King, Kingston University)

The lives of older lesbian, gay and bisexual (LGB) adults will be affected by the social organisation and regulation of sexuality. This paper examines the everyday processes, practices and experience of being an older LGB adult in a partnered relationship. An exploration of the relationship itself and its location within LGB centred social networks illuminates the benefits and difficulties of being in a relationship, and the implications this contains for doing identity and friendship.

**Co-construction of chronic illness narratives by older stroke patients and their spouses**

(Eloise Radcliffe, King's College London, Department of Public Health Sciences)

Drawing on biographical-narrative interviews with older patients who have experienced stroke and their spouses, this paper explores the differing styles of respondent's co-presentation as a couple, and how they support the self-presentation of each other. Couples present a 'united front' in the face of shared adversity, yet also appear to conflict during their construction of a narrative. This research explores the shared construction of the meaning of chronic illness in couple's interweaving biographies, contextualising the experience of stroke in terms of older people's wider life histories and relationships.

Discussant: Simon Biggs, author of 'The Mature Imagination: Dynamics of identity in Midlife & Beyond', OUP 1999.

**Ref. S198**

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**Prof Judith Phillips**  
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Title: **Gerontological Social Work in the UK: Evaluating the Present and Exploring the Future**

The ageing population in the UK has had a significant impact on both preparing the social work workforce for practice with older people and delivering models of social work intervention that positively impact on well-being in later life. In 2002, for example, the UN confirmed there was “an urgent worldwide need” to expand education for both health and social care professionals for practice with older people. In social work, this need has been further challenged by a professional disinterest in gerontological practice (Weiss, 2005), and a yet unrecognised likelihood of all social workers encountering older people even in all areas of practice (Scharlach et al., 2000).

For the past 10 years in the US, the Hartford Foundation has responded to the above concerns by a substantial programme of initiatives to develop leadership and capacity in academic institutions for education in gerontological social work. The Geriatric Social Work Initiative has specifically focused on: (1) developing academic leadership (i.e. gerontological researchers); (2) embedding geriatric content in social work curriculum; and (3) developing new models of practice learning in geriatric settings. Outcomes from the various projects are now beginning to appear in the literature. In the UK, an organised professional response has not been forthcoming, and there is a paucity of literature on social work and older people in comparison to practice with children. Despite these limitations, there are important examples of gerontological social work leadership and innovations promoting critical practice with older people throughout the country.

The aim of this symposium is twofold: (1) to highlight recent gerontological social work research which has critically explored social work’s contribution to well-being in later life; and (2) to discuss social work’s capacity in the UK to deal with the education and practice implications of an increasing number of vulnerable older people with complex health and social care needs.

The structure of the symposium is as follows:

## **1. Introduction**

(Mary Pat Sullivan)

Dr. Sullivan will introduce the symposium by briefly exploring social work with older people in the UK, and some of its important achievements and limitations in relation to broader issues within the profession. Drawing attention to some of current developments in gerontological social work in the UK and elsewhere, the following three papers are introduced to highlight social work's current contribution to research on older people and wellbeing in later life.

## **2. Promoting person-centred practice with people with dementia**

(Mo Ray)

The importance of individual biography and life history is identified as a key route in the development of person centred practice with people living with a dementia. However, critical challenges are posed in appropriately using biographical approaches in assessment, intervention and care planning. Social Work environments increasingly focus on for example, fast throughput of assessment with a focus on problems; difficulties in providing proactive and preventative services and limited potential for continuity in practice. Based on a practice development project with a care home located in Stoke-on-Trent, this paper explores (a) what we can learn from biographical approaches in achieving better understanding of the experience of living with a dementia (2) how social work can appropriately include biographical approaches in the context of practice with older people living with a dementia: and (3) the impact of such approaches on the quality of interventions and support.

## **3. Promoting the wellbeing of older people: social work's contribution**

(Denise Tanner)

The language of social policy has shifted from concepts such as 'need' and 'prevention' to a more positive emphasis on promoting independence and wellbeing. At the same time, the reality of practice is that social work with older people remains governed by ever tightening eligibility criteria and preoccupied with delivering 'care packages' and brokering services. Based on in-depth qualitative research with older people deemed ineligible for services, this paper explores (1) what we can learn from older people's experiences of managing the ageing process; and (2) the implications for social work practice concerned with promoting older people's quality of life and wellbeing.

## **4. Gerontological social work research in health and mental health: Opportunities and challenges**

(Barbara Berkman)

Recent years have witnessed an explosion of new knowledge, particularly in health and ageing. There has been a significant upgrade in the quality of research that is published, including that conducted by social workers. Theory has become richer; databases are larger and more reliable; new methodologies have become available; and computing power and techniques have advanced. As social workers, we are making significant strides in our efforts to understand and study issues related to practice in health care with older adults and their families. This paper will highlight relevant social-behavioural research undertaken by Hartford Social Work Faculty Scholars in the US.

## **5. Discussion**

(Judith Phillips)

Prof. Phillips will lead the concluding discussion among participants to explore, for example, strengthening social work's capacity for gerontological research, developing opportunities to translate research findings to direct practice, engaging social work academics and practitioners in ageing research, and identifying key priority areas for further research.

**Ref. S202**



Chair: **Prof Anthea Tinker**  
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**Prof Malcolm Johnson**  
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**Prof Tony Warnes**  
University of Sheffield, UK

**Prof Peter Coleman**  
University of Southampton, UK

**Title: The Impact of Gerontology Research and Publication**

Awareness of research impact is being raised by the promised prominence of bibliometrics and indicators of commercial impact in the 2013 'Research Excellence Framework' exercise (see <http://www.hefce.ac.uk/Research/ref/>). Rather than the impacts of academic effort on 'economic generation' or on narrowly specified research-networks, this symposium offers selective evaluations of the achievements of 30 years of social gerontology writing on changing attitudes towards ageing and old age and on current understanding of the circumstances of older people.

The inspiration for the symposium is 'Ageing & Society' reaching its 30th volume. Three of its four editors will reflect on the achievements of social gerontology over the three decades. The period has coincided with a substantial growth of the BSG and, more generally in social gerontology research and teaching. The strong dominance of social gerontology in the 1970s by US researchers (more than in most other social sciences?) has been moderated by the growth of the subject in the UK, Germany, the Netherlands, Ireland, Australia and the Nordic countries, and recently in a few SE Asian nations. More and more specialised subjects are researched. Substantial investments have been made in 'ageing' surveys, longitudinal panels and datasets. Economists, architects, engineers and software developers have joined clinicians and critical social scientists in developing the field through cross-disciplinary exchange and (rarer) specific projects.

The symposium speakers will evince and theorise the achievements of the massive increase in social gerontology capacity effort and outputs on the understanding of old age and ageing. They will throw well-informed light on such intractable questions as whether the efforts of gerontology research have changed:

- The attitudes of politicians and civil servants towards older people;
- The attitudes of health care and social services staff towards older patients and clients;
- The attitudes of journalists and radio and television programme makers and presenters towards older people;
- The attitudes of young adults towards old age; and
- The attitudes of older people towards other older people.

More specific questions, from the very specific to the broad, will be touched on:

- Can the now consensual rejection of the collective term ‘the elderly’ be attributed to the persuasion and arguments of academics at conferences and in their writing? What else has brought about the change?
- Is research writing influential on public attitudes, or is it the opinions and attitudes of researchers that are expressed in teaching and more broadly? Is engagement in research a necessary prerequisite for opinions to change? In other words, might it be that research impact cannot be separated from teaching impact?
- Is research writing influential on civil servants and on political party manifestos? What prompts ministers to commission public consultations and legislative papers? Are research papers most influential before or after this crucial step in policy formulation?

Malcolm Johnson’s “Links between gerontology writing and discourses in ageing” will draw upon the perspectives on the field he gained from editing the 80 chapters of the Cambridge Handbook of Age and Ageing (2005) that were written by the world’s leading gerontologists from 16 countries and five continents. Peter Coleman’s “Ageing and life-span development” will comment on the symposium’s issues with particular reference to developmental psychology, which still has more adherents in Germany, The Netherlands and Nordic countries than does the UK – Peter, his students and colleagues being the lone proponents with special interests in gerontology. Tony Warnes’ “Do gerontology research papers influence policy, practice and attitudes?” will draw on his close contact with gerontology research writing, having reviewed around 850 submissions since 2001 as the most recent Editor of the journal.

We will reserve one-third of the time for questions and discussion. With the audience’s contributions, the symposium will throw light on several conundrums and fundamental questions about the purposes and achievements of academic research and provide much stimulation besides.

**Ref. S176**

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**Prof Norman Ratcliffe**  
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#### **Title: Living with Continence Difficulties: Early Findings from the TACT3 Project**

Our New Dynamics of Ageing collaborative research programme 'Tackling Ageing Continence through Theory, Tools and Technology (TACT3)' has the overall aim of reducing the impact of continence difficulties for older people. Continence difficulties are common in the adult population and prevalence increases with age, but the stigma attached to continence issues is an additional burden for sufferers and carers. Our project addresses a range of important continence related issues. This symposium features some of the early findings from the TACT3 work.

#### **The practical aspects of living with incontinence** (Felicity Jowitt)

The amplitude of the effects of incontinence on the lives of the sufferers are not related simply to the severity of the symptoms. Some people withdraw from the world despite very small leakages and other people carry on with their lives despite having very severe incontinence. This talk discusses the findings from our focus group work and explores some of the challenges that face the very large proportion of older people who suffer from continence difficulties.

#### **Continence care and the NHS** (Kevin McKee)

Continence care delivery for older people is neither fully integrated nor standardised, with different models of care found in different NHS trusts. This research aims to compare the geriatric model of continence care with a nurse continence advisor model of care to evaluate what elements of care are associated with specific psychosocial, health and service use outcomes. This presentation will focus on early findings from structured interviews with older people and their family carers to determine their needs and preferences for their continence care and to assess the extent to which they are met by these two models of continence service delivery.

### **Smart Underwear for detecting urine leakage from continence pads**

(Jo Worthington)

Fear of urine leakage is a major concern for individuals with continence difficulties, and can lead to seriously restricted participation in both leisure and work activities. The burden of coping with the extra washing, changing and cleaning involved in a major pad leakage can also be high.

The TACT3 consortium has developed 'Smart Underwear', designed to sense urine leakage from a continence pad before urine spreads into outer clothes and furnishings and before others become aware of the problem. The device comprises underwear into which fine sensor threads are embroidered. When wet a signal is sent from a small signalling to the unit. His unit is attached to the top of the underwear, and either vibrates or sends a text message to a mobile phone (or both) to alert the wearer.

The underwear is being evaluated by continence pad wearers to test its effectiveness, acceptability, psychosocial impact (using the Psychosocial Impact of Assistive Devices Scale), and its impact on quality of life (using the International Consultation on Incontinence Modular Questionnaire). The underwear has been developed by the Universities of Manchester and Brunel and the clinical evaluation is being conducted by the BioMed Centre at the Bristol Urological Institute.

### **Odour detector development**

(Norman Ratcliffe)

Fear of odour is a major concern for many people who use pads to manage their continence needs. Pad wearers are concerned that other people may be aware of an odour from the pad that they themselves have not detected because they have become gradually acclimatised to the smell. This presentation describes the development of an assistive device that will alert the pad wearer to the odour of stale urine before it can be detected by anyone. This paper describes the development of the detector and the research to produce a device that is acceptable and attractive so that users feel empowered and confident.

**Ref. S148**

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**Paul Cann**  
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**Title: International Cross-Cultural Perceptions and Experiences of Ageing: Implications for Community Aged Care Service Delivery**

This symposium will consist of two parts:

1. The experiences and conceptualisations of ageing of older people from different cultural backgrounds; and
2. Designing and delivering community aged care services to a multicultural population.

In the first half of the symposium we will draw upon empirical data from two large research programs in the UK and Australia to highlight the perceptions and experiences of ageing of older people from different cultural backgrounds. The key themes will be presented, as well as the implications of these research findings for policy, service design and delivery. The data presented will inform the second half of the symposium which will address issues related to designing and delivering community aged care services to a multicultural population.

**PART 1: CROSS CULTURAL EXPERIENCES OF AGEING**

Browning C. and Radermacher H. (20 mins)

Cultural Conceptualisations in Ageing is a core program of work being conducted at the Healthy Ageing Research Unit. To date we have conducted 20 or so focus groups with older people from different cultural backgrounds (in Australia, Malaysia and China) to examine their perspectives of ageing and what it means for them to age well. Spirituality appears to be a key element of the concept of healthy ageing for the Malays. While our Anglo participants tended to avoid identifying themselves as 'old', Chinese participants were more embracing - possibly related to societal values associated with ageing. Implications for service delivery and design will be highlighted.

Zubair M.; Martin W.; Victor C.; and Saha S. (20 mins)

The ESRC New Dynamics of Ageing project: Families and Caring in South Asian Communities has documented the lived experiences, perceptions and experiences of ageing, and the family lives and social networks of older Bangladeshis and Pakistanis living in the UK. The research involved 110 semi-structured interviews conducted with a diverse group of Bangladeshis and Pakistanis aged 50 years and over. In particular, our data highlights interconnections between gender, ethnicity, social class, health status and ageing. Participant narratives moreover signify ambivalent feelings about age and ageing – with ageing often being associated with ill-health, physical inactivity and dependency as well as a growing sense of spirituality. We will discuss some of the themes underpinning these issues, such as, changes in lifestyles and interests; a growing focus on religion and spirituality; and one's children as important dependable resources. The paper will conclude by reflecting on the implications of our findings for service delivery and design.

## **PART 2: SERVICE DELIVERY IN A MULTICULTURAL SOCIETY**

Radermacher H. and Feldman S. (20 mins)

A review of the literature was recently conducted to identify models for delivering community aged care services to people from different cultural backgrounds. While both mainstream and ethno-specific services were found to be essential components, the review highlighted the key role of inter-organisational partnerships to optimise service delivery and outcomes. The literature review will be summarised in conjunction with the findings of a small study conducted in Melbourne which investigated the experience and role of inter-organisational partnerships within the ethnic sector.

**DISCUSSION** (20 mins) - Facilitated by Prof H Bartlett and P Cann

The remaining time will be used to open up a discussion around identifying both the challenges and solutions to meeting the community aged care service needs of a multicultural population. This may include comparing and contrasting current models of service delivery in the UK and Australia.

**Ref. S106**

Chair: **Jayne Wright**  
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**Title: Older People as the Voice of Practice Development**

Over the last decade there has been increasing emphasis on patients having a voice in how healthcare practice is delivered and developed. Lord Darzi's 'Next Stage Review' (2008) makes clear that patients' experience of care must be considered as fundamental alongside patient safety and clinical effectiveness. It is recognised that patient involvement can significantly influence healthcare practice including workplace culture and commitment to engagement between those giving and receiving care (Daykin et al., 2007). All too often however, the voice of the patient can be 'tokenistic' and instead a 'professional knows best' attitude can prevail in decision making. This has been more evident for older people who for a variety of reasons are often excluded from taking part in processes aimed at gaining patient feedback (Dewar, 2005). Furthermore, the methods used to gain feedback from patients often focuses on a quick 'fix approach' such as patient satisfaction questionnaires which have proven not to offer any valuable feedback on what is really important to patients from their experience (DoH, 2009). It is perhaps the case that practitioners are unsure how to engage older people effectively in developing practice.

The Foundation of Nursing Studies (FoNS) works with nurses and nurse-led teams to develop practice and improve care by using a practice development methodology and methods that embrace the collaboration, inclusion and participation (McCormack et al., 2006) of all stakeholders. By providing support in the form of expert facilitation and active learning (Van der Zijpp and Dewing, 2009) and small funding grants, FoNS enables practitioners to focus on developing more person centred approaches to delivering care and sharing new ways of improving healthcare practice.

**Aim of symposium:**

This symposium will illustrate how using practice development methodology and methods, nurses have successfully engaged with older people and improved patient care. The symposium has three key aims:

1. To illuminate how nurses have actively engaged with older people in the practice development process which has led to improved patient care;
2. To demonstrate the value of facilitation, practice development methods and methodologies to improved outcomes for older people; and
3. To share the challenges and rewards of actively involving older people in practice development.

**Format:**

The focus of this presentation will be the methodology and methods used to ensure older people take an active role in practice development. The format will include dialogue, discussion and critique. The symposium will be presented by Jayne Wright, FoNS Practice Development Facilitator and the lead practitioners from a number of projects supported by FoNS which focused on improving healthcare practice for older people. We will hear from the practitioners about the various approaches taken to actively include the older people in their projects. This will include the rewards and challenges they faced in ensuring the older person had a voice in changes to healthcare practice.

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**Ref. S60**



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**Title: Improving pain management for older people in hospital**

Pain is under treated in older people for many reasons including stoicism, fear of addiction to drugs, unwanted side-effects and a lack of recognition by health care professionals. The National Service Framework for Older People is clear that pain management needs to be attended to as an element of good care.

The aim of the study is to improve older people's experience of pain management in an acute hospital setting.

This study is based in an acute geratology setting where we are working with staff to explore patients' experiences on the ward and the barriers and facilitators to good pain management (using interviews, focus groups, comments boxes and consultation with patients and informal carers). Using strategies and approaches from practice development (e.g. action learning and critical incident analysis) and using a participatory action research approach we are developing effective strategies and creative solutions to improve patient experiences.

This paper will present data from the first part of the study- exploring the context of care using the Context Assessment Index that includes three elements of the context (ward culture, leadership and evaluation) in order to enable staff to develop and improve care in this frequently neglected area. We will also present initial findings from the patient interviews and staff focus groups.

**Ref. CC121**

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**Title: In the Dark - An Examination of Older People's Needs for Information**

**Aim:** To improve the quality and accessibility of information for older people by researching their needs, preferred sources and barriers they experience searching for it, and to assist information providers.

**Background:** The Audit Commission has identified information and advice as one of the "Seven Dimensions of Independence", yet, though there are many information providers, they often fail to reach older people who are unaware of what services and facilities are available and how to access them.

**Method:** The 12 researchers used a questionnaire, a focus group of blind club members, interviews with older people and providers and photographs. The sample was 3,165 Forum members.

**Early results:** There were 451 respondents to the questionnaire. They reported on 5,000 information searches in areas ranging from the most common, bus timetables (225), to the least common, financial abuse (4). They had used sources of information which ranged from people (2,036), media (2,342), leaflets (960) to information points (216). In this survey, 40% (168/416) of the respondents were able to access to computers and internet search engines. Significant barriers to accessing are identified, the telephone posing particular problems.

**Discussion:** The majority of older people would like all information available locally, in one place, preferably staffed and linked by internet to other providers.

**Ref. CC104**

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**Susan Venn**

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**Title: Night-time and Caregiving: Conceptualising the Impact on Carer's Sleep**

Despite extensive research on care-giving for frail parents, partners, and other relatives, there has been little research examining how care-giving at night impacts on carers' sleep quality. This paper draws on qualitative interviews with 62 men and women aged 65+ in the UK who reported poor sleep (1). The interviews focused on self-perceptions of what influences interviewees' quality of sleep, and were not specifically designed to examine how care-giving impacts on sleep.

A quarter of the interviewees discussed how caregiving had affected their sleep. Adverse effects were greatest in intensive caregiving, especially care for a spouse. A typology is proposed that illustrates how six aspects of caregiving can disrupt carers' sleep quality: first, attending to the night-time physical needs of the person cared for; second, anticipation of their night-time care needs; third, 'monitoring' their relative at night; fourth, disruption from relatives who are awake for long periods at night, wandering or shouting; fifth, undertaking emotional support, and worries or anxieties related to the care recipient; and finally, the legacy of caregiving may continue to disrupt sleep after caring ceases, because of painful images of their relative's suffering or feelings of guilt.

We conclude that intensive co-resident care-giving for partners and other relatives can severely disrupt caregivers' sleep, adversely affecting their well-being.

1. Funding from New Dynamics of Ageing initiative, a multidisciplinary research programme supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009)

**Ref. CC180**

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**Title: Other Mappings: Evoking and Engaging Lives of Older People in the Rural Civic Society of North Cornwall**

This presentation will report on the work of an art practice led research team at the Faculty of Creative Arts, UWE, exploring 'older residents' conceptions of the physical, social and cultural landscapes in which they locate themselves. The team are currently in the process of conducting field work, interviews and small-scale interventions in an area of rural North Cornwall with a view to "deep mapping" (see <http://michaelshanks.org/>) older people's 'lived landscapes' using a variety of practical methods derived from creative arts practices, critical reflection on deep mapping (Pearson, 2006; Pearson and Shanks, 2001), ethnographic approaches (Greverus 2003 & 1997), and a range of theoretical positions (e.g. Kester, 2004; Bourriaud, 1998; Fiumara, 1990). This forms part of a work package within the ESRC-funded research programme entitled Grey and Pleasant Land? An interdisciplinary exploration of the connectivity of older people in rural civic society (see <http://www.newdynamics.group.shef.ac.uk/projects/34>).

This illustrated presentation will evoke and critically discuss the various ways in which it is hoped that performative interventions and non-standard visual evocations that draw on the team's interactions with older people in this particular location may extend the growing dialogue between "deep mapping", visual and other innovative ethnographies, and gerontological research that takes a critical human ecological perspective (Keating, 2008) as its basis.

**Ref. OS174**

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**Title: Encouraging Older People to Participate In and Take Ownership of Community Activities: Barriers and Enablers****Background:**

This paper discusses a garden project developed with residents from a disadvantaged community in northern England. The project is part of a larger multi-disciplinary research project, which operates in partnership with other organisations, and focuses on the role of community involvement in active ageing.

**Methods:**

The research adopts a participatory action design with older people driving the development of individual projects. The research is cyclical and data was collected via interviews, focus group discussions, questionnaires, and field notes.

**Results:**

The findings suggest that numerous factors are important in developing and sustaining community activities, including: facilitator support, financial assistance, personal skills and group cohesion. Findings also indicate that the facilitator should be skilled in balancing support with enabling people to operate independently.

**Discussion:**

Issues faced by older people in disadvantaged urban communities include: poor health, poverty, social isolation and loneliness. This research has begun to address their needs, and clarified the issues involved in promoting independence and social engagement. It has also reinforced that, to promote and sustain participation, older people should be involved in planning and developing social activities of their choice.

**Conclusion:**

This project takes a new approach, moving away from assessing the issues associated with ageing in disadvantaged communities, to focussing on how encouraging and supporting older people's involvement in social activities can contribute to active ageing. Older people's ownership of the research has encouraged practices that improve the quality of their lives<sup>1</sup>. Additionally, the research has contributed to knowledge of the social world of older people<sup>2</sup>.

<sup>1</sup>McFarquhar T. and Bowling A. (2009) Psychological well-being and active ageing: Maintaining quality of life in older age. *European Psychiatry; Supplement 1*, 24, pS1102-S1102.

<sup>2</sup>Ogg J. (2009) The Social World of Older People: Understanding Loneliness and Social Isolation in Later Life. *Ageing & Society*; 29 (7), p1161-1163.

**Ref. HW133**

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**Title: Not Forgotten - Dementia and Women**

The inexorable growth of our ageing population has led to a significant rise in the global prevalence of dementia syndrome. Ageing women make up a significant proportion of the world's population and their numbers are growing. This pattern will have significant consequences for women's health and lives, as they age. Across the lifecourse women's health is mediated by a range of experiences. If we define health as a product of many factors: biological, psychological, social, political, cultural and economic, the evidence shows that older women warrant separate and specific attention.

Invariably as we age, women and men share the same fundamental needs related to the employment of human rights. The evidence shows however, that when judged in terms of the likelihood of being poor, vulnerable and lacking in access to affordable health care, older women are particularly susceptible and may be subject to the prolonged inequalities they experienced since childhood for example poverty or discrimination.

Hitherto a comprehensive approach to gender and sex-specific differences concerning the Incidence, prevalence, diagnosis, risk factors, treatment efficacy, care and disease progression of dementia syndrome has been largely invisible. Using secondary analysis, the paper sets out a new conceptual framework that can guide efforts to improve dementia diagnosis, treatment and care of aging women in developed and developing countries alike. The overarching aim of the paper is to inform understanding of the impact of gender and sex on dementia and dementia services for women within the context of human rights and social justice agenda.

**Ref. HW120**

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**Title: Evaluating an Action Research Project for Promoting Social Engagement Among Older People: The Role of Quantitative Methods**

Background: CALL-ME is a participatory action research project that aims to develop strategies for promoting social engagement among older people resident in disadvantaged communities. The study, which is taking place in four disadvantaged areas of Manchester, involves: accessing older people to generate a shared understanding of issues that affect social engagement; the joint development of community initiatives capable of promoting social engagement. This presentation considers opportunities and challenges associated with using quantitative methods to evaluate the impact of the project.

Methods: A questionnaire is used to gather information on older people's level of contact with friends and family; involvement in social and employment-related activities; use of community based facilities; feelings about where they live; health related quality of life; demographic characteristics. The questionnaire is being administered to: older people who have been accessed by the project but are not participating in its community initiatives; are participating in its initiatives; are participating in "similar" initiatives elsewhere.

Results: Analysis compares the characteristics of respondents within each group. The results consider whether the strategies access their "target" population and, relative to "conventional" approaches, seem more successful in engaging this group in community activities. Findings from the survey will be supplemented with data from observations in the field and from qualitative interviews which were also conducted.

Discussion: The challenge of using survey methods to evaluate an action research project will be considered. Issues around response rate, incomplete questionnaires, and the acceptability of a quantitative approach for participants and other stakeholders will be discussed.

**Ref. MM49**

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**Title: Rights before Risks and Responsibilities: The Case for Putting the Human Rights of Older People at the Heart of Interdisciplinary Risk Practice**

The contemporary preoccupation with risk has found heightened expression particularly in a time of global uncertainty with risk failures attracting significant attention (Kemshall, 2002). Central authorities are now faced with an increasing demand to become omni-competent in acquiring an absolute knowledge in predicting and eradicating risk (Webb, 2006). This has led to more and more decisions about risk being given over to legislators where economic rationalities of cost benefit are prioritised over individual attitudes towards risk which are intertwined with personal identity (Thompson, 2005; Kemshall, 2003).

Current risk management paradigms operating within health and social care are not coherent with one another (Taylor, 2006). Rather they are located within a policy context which focuses on personal choices and the individualisation of risk. Such structures reflect compliance to bureaucratic and economic structures and pursue defensive rather than defensible risk analysis (Townsend, 2005; Stanford, 2009). The present vagaries of interdisciplinary professional risk practice take little account of the human rights of an older person and might even be implicated in contributing to instances where human dignity and identity are ignored or made invisible (Kemshall, 2003). This paper discusses the implications for interdisciplinary practice arising from initial findings of a PhD study investigating how a more explicit human rights based approach to risk practice might influence the future independence of older people with complex health and social needs.

**Ref. OS57**



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**Title: How to Assess Oscillation in the Dual Process Model of Bereavement**

Stroebe and Schut (1999) in their Dual Process Model (DPM) of bereavement propose two types of coping, loss-oriented (LO) and restoration-oriented (RO) with oscillation between LO and RO. We conducted a small-scale study using three methodologies to see which methods worked best in assessing DPM and oscillation. The study was both qualitative and quantitative. Eight older widowed people were interviewed about their DPM experiences. They completed the Inventory of Daily Widowed Lives (IDWL) (Caserta and Lund, 2007) which assesses LO and RO and measures their balance (i.e. oscillation). Participants completed a 2 week daily diary asking them what they were doing, how they were feeling, whether they regarded the activity/feeling as LO, RO or neutral. The interviews and the daily diary were analysed qualitatively. The IDWL score was compared with both the interview and the daily diary. The interview was informative. The IDWL showed the variety of DPM experiences – from LO, to perfect balance, to RO. The daily diary provided useful insight: there were experiences which participants classed as Neutral which the researchers would have classified as LO. Both the interview and the IDWL proved easy to use. The daily diary has potential but needs further refinement. It was useful to see what prompted people to switch from LO activities/thoughts to neutral or RO activities/thoughts. This suggests that where interventions are needed people may be taught self-regulation.

**Ref. MM39**

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**Title: Involving Older People in Defining and Sustaining their Own Wellbeing**

This paper presentation aims to develop critical discussion of a new large-scale UK-wide participatory research and development project funded by the Big Lottery Research Programme. This focuses on older people's own conceptualisations of their wellbeing and their own preferred self-defined activities and interventions to support each others' wellbeing, as well as others' engagement in the process. It starts from the premise that governments and policymakers have tended to see increasing numbers of older people as a policy problem with increased demand on services, coupled with reduced funding available. This has led to a growing search for alternatives to formal service provision. This project seeks to challenge the regressive potential of this move by exploring with older people innovative and progressive ways in which they may be involved in peer support and in overcoming gaps in funding and resources.

The project is a collaboration between an older people's organisation, WRVS, which has many older volunteers and two research centres, with a track record of participatory/user-led research. Older people have been involved in the project's formulation and will maintain active involvement through an older people's reference group maintaining the project's participatory methodology. The research and development phases of the project will provide evidence and methodology with wider application. However, this four year project is grounded in the commitment of the older people's organisation involved to base its future policy and practice on the project's learning and the local sites where it will be located.

**Ref. HW98**

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**Title: Older People and the Use of City Buses in the Hague: Their Experiences and Ideas for Improvement****Background:**

In general, mobility decreases with advancing age. It is, however, a major prerequisite for maintaining one's independence, and subsequent quality of life. Mobility depends on both personal capacities and environmental options. In order to optimize mobility, a fuller understanding of older people's needs is required.

**Objectives:**

The aim of this study is to identify what older people in the city of The Hague, the Netherlands, find important when using public transport. It focuses on positive and negative experiences when using city buses and the subsequent influence on their quality of life. Moreover, it seeks to generate some ideas for improvement.

**Methods:**

A focus group session was held, complemented by a few 'go-alongs', where the researcher actually went on bus trips with a few participants. To analyze the data, a qualitative thematic analysis approach was adapted.

**Results:**

Overall, participants were considerably satisfied with city buses in The Hague. However, a few barriers were identified, with not waiting for people to sit down before driving off and obtaining information on departure times being the most striking ones. Moreover, some ideas for improving the service were identified and presented to the bus company. Having to stop using city buses had led to feelings of social isolation in some participants.

**Conclusion:**

Findings from this study suggest that older people are relatively satisfied with city buses in The Hague. However, they still experience barriers that could force people to stop using them, which can ultimately lead to feelings of social isolation.

**Ref. OS61**

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**Jill Rezzano**

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**Title: Place and Community: Preliminary Findings from the 'Ages and Stages' Project**

This paper presents preliminary findings from this new project funded under the last phase of the UK's multi-research council 'New Dynamics of Ageing' programme. 'Ages and Stages' is a collaboration between Keele University and the New Victoria Theatre, Newcastle-Under-Lyme. The project explores the role that the theatre has played in the lives of people living and working in the Potteries during the last forty years. In particular, we are looking at the Vic's ground-breaking social documentaries, examining their depiction of older people and their place in the history, culture and ongoing life of this unique industrial community. Our mixed method approach is organised around three interrelated and complementary strands: Representation, Recollection and Performance. Strand 1 explores historical representations of ageing through detailed literary and cultural analyses of materials held in the New Victoria Theatre Archive. Strand 2 looks at the involvement of older people with the theatre itself: as volunteers, as actors, as audience members, and as people who were interviewed for the social documentaries. Qualitative interviews focus on their recollections and contemporary understandings of ageing. In Strand 3, we will be working with older people and members of the Youth Theatre to draw the research together and create a new performance and associated exhibition. This paper draws on our initial work in the archive (Strand 1) and on pilot interviews (for Strand 2) to explore the roles that older people have played in the evolution of this 'community' and how it has been understood and depicted.

**Ref. OS58**

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**Title: Designing Out Environmental Barriers to Public Toilet Provision for an Ageing Population**

Besides dementia, nothing is more feared by many older people than incontinence. Continence concerns can result in older people limiting the time and distances that they are away from home, reducing their quality of life. Work Package 2 of the TACT3 3-year project tackles the environmental barriers to accessing public toilet facilities through inclusive design.

The researchers interviewed 101 people from ages 0 to 100, some with conditions such as incontinence that exacerbate the effects of existing barriers. This methodology relies on the premise that designing with older and 'extreme' users in mind will lead to designs that benefit all.

From the interviews we gained insights into the barriers that affect different life stages and identified 9 aspects of away-from-home facilities that would benefit from design intervention. The research team then proposed a set of design concepts to present to a focus group of previous interviewees, including a method of rating facilities by the general public using a portal in the exit of the facility, as well as a series of designs on provision and segregation to address the gulf between standard and 'accessible' cubicles that affects many older users. This focus group approach allowed the participants to develop solutions in collaboration with the researchers.

The results of year 1 will be presented to toilet providers who will then be interviewed to understand the barriers that they themselves face. The project aims finally to consolidate user and provider perspectives to create detailed designs that improve future toilet provision.

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**Title: 'Keeping Your Brain Active': Activities of People Aged 50-65**

With increasing numbers of people with dementia in older age and the limited efficacy of pharmacological treatments, the identification of effective preventative measures presents a key challenge. Possible preventative and/or protective factors include maintaining mental activity and cardiovascular health. Recently, 'brain-training' tools have been widely marketed, prompting concerns that their effects are essentially unknown, that peer-reviewed evidence is scarce and that marketing may simply play on people's profound fears of dementia. The paper reports the findings of a study that set out to explore what activities involving cognitive exercise people in the age group 50-65 are engaged in, their reasons for these activities, and the relationships between these activities and motivations and perceptions of dementia prevention. 402 people took part in the survey, covering a range of socio-economic groups. The most popular activities were puzzles such as crosswords and number puzzles. Age, gender and socio-economic level were the main individual factors influencing motivation. Lifestyle factors such as physical activity, living arrangements and alcohol consumption also affect the type of activity undertaken and the motivations for different activities. Knowledge and attitudes concerning dementia and Alzheimer's disease were also found to be influential particularly on the motivations of individuals to engage with different activities. In conclusion, the implications of these findings are discussed.

**Ref. HW143**

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**Title: Making Meaning of Community Life in a Multi-ethnic Urban Neighbourhood: The Perspective of Older Residents**

In recent years, academics and policy-makers have become increasingly interested in the concepts of community, social capital and cohesion in addressing the challenges of 'living together in diversity' in urban neighbourhoods. While the arguments in this debate are generally being developed against the backdrop of a changing - modernising and globalising - world, strangely, the notion of an 'ageing society' is hardly found in classical community studies. Although ageing is often associated with an intensification of feelings of place and community, there is only little attention being paid to the perspective of older people in this body of work. Drawing on a wide literature and on qualitative research located in a multi-ethnic Brussels neighbourhood characterised by intense social deprivation, this paper explores older people's perceptions of community life and living together in diversity. The study endorses the thesis of the impact of global change at a local level, resulting in new approaches to thinking about community and environmental relationships in later life. Questions about 'identity' and 'belonging', older people's attachment to their neighbourhood and how they deal with difference and otherness are discussed. The study calls for research and policy approaches in which the connections between ageing, cultural diversity and place-based aspects of social in/exclusion and cohesion are more widely recognized.

**Ref. CD151**

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**Title: Recognizing Older People's Contributions to Neighbourhood and Community Life**

The main purpose of this contribution is to develop a conceptual framework for studying neighbourhood and community life from the perspective of older people. Ageing is often associated with an intensification of feelings about place and locality, consequently, there is increasing interest in the potential of local social networks to improve quality of life in late life. Mainstream gerontological research, however, often views older people as recipients or adaptive users of community life, rather than as active participants that engage in the construal and production of the neighbourhood. It is argued that an interpretation of the neighbourhood beyond its potentially supportive role could break new ground for recognizing older people as actors in place-making. A key argument of the paper, however, is that the extent to which elderly are able to actively shape and (re)construct their environment is related to the dynamics of late-life and place-bound inequalities. Theories of the neighbourhood that recognize older people as actors in place-making require empirical information about the way in which personal and environmental opportunities and constraints impact upon the extent to which people are able, willing and allowed to influence neighbourhood and community life. A case from the city of Brussels focused on how elderly from diverse cultural backgrounds contribute to civil society, is presented to illustrate this discussion.

**Ref. CC152**



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**Title: The Dimensionality of 'Place Attachment' for Older People in Rural Areas of England and Wales**

Previously the author has used qualitative data to develop a four domain (physical, social, temporal and psychological) conceptual model of attachment to place for older people in rural areas (Burholt, 2006). Drawing on new data for 820 older people (60+ years) living in rural areas of England and Wales (Grey and Pleasant Land? An Interdisciplinary Exploration of the Connectivity of Older People in Rural Civic Society), and utilizing items developed from the initial qualitative analysis to represent each domain empirically, this paper uses exploratory factor analysis to test the conceptual model. Using principal component analysis three factors are identified: social integration (synonymous with the social domain); aesthetic environment (representing the overlap between two conceptual domains: physical and psychological); and community resources, amenities and accessibility (representing the overlap between the social and physical domains). The three factors account for 24%, 10% and 5% of the variance respectively and good internal reliability is demonstrated (Cronbach's Alpha .76, .71 and .67). Parametric and non-parametric tests indicate that health, length of residence, age, gender and community type are significantly associated with the factor representing attachment to community resources, amenities and accessibility; whilst length of residence and community type are associated with social attachment to place. Aesthetic environmental attachment is only associated with community type. By locating the findings within a human ecology framework, the associations between individual (micro) and community level (meso) variables and the types of place attachment are explained with reference to historical elements of place attachment (chronosystem) and person-environment fit.

Reference: Burholt V. (2006) 'Adref': theoretical contexts of attachment to place for mature and older people in rural North Wales. *Environment and Planning A*, 38, 1095-114.

**Ref. OS113**

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**Title: The Mediating Effect of 'Extra-care' Sheltered Housing Environments on the Social Resources of Older Widows**

Research has shown that older people tend to move to extra-care sheltered housing whilst in good health, suggesting that there may be motivations (other than health) for relocation. Extra-care sheltered housing can provide opportunities for making new friends, and it is in this context that this paper seeks to evaluate the impact of extracare sheltered housing on the social resources of older people. The paper uses quantitative data for 163 older people living in Wales who receive services in extra-care facilities (N=56), residential homes (N=63) or the community (N=41). Analysis of variance shows that overall older care recipients living in extra-care facilities have greater levels of social resources (LSNS-18) than those living in the other environments ( $F(2/157)=10.86, p<.001$ ). Lower levels of social resources are significantly associated with poor physical health (SF36) ( $r(139) = -.2, p <.05$ ) divorce and never having married ( $F(3/153)=4.95, p<.005$ ) but not with age, gender or mental health (SF36). The mean social resource scores of widows are similar to those of married people. This finding is counterintuitive and contrary to other research evidence. However, a series of regression models indicate that the extra-care environment significantly mediates the impact of widowhood on social resources (Sobel test  $p <.05$ ) increasing the resources available for these residents. This finding is corroborated with evidence from 30 in-depth interviews conducted in the extra-care facilities which revealed how some widowed residents chose to move to these facilities and constructed new social networks after the attrition of their long-standing community social networks.

**Ref. HW145**

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**Title: 'I was typing at fifteen, I've used a keyboard all my life': Situating the Ageing Body within Embodied Technological Skills Acquired over the Life Course**

This paper explores experiences and constructions of ageing bodies in relation to use of computer and Internet technologies during later life, and biographical accounts of technology use throughout the life course, drawing on data from qualitative interviews and time-use diaries completed by retirees in seventeen UK households. By examining the 'embodied technobiographies' of older computer users, this illustrates how learning to use such technologies is a form of 'body technique', involving embodied 'practical knowledge' which can only be 'learned by doing' (Crossley, 2007). It also shows how broader cultural and technological change leads to changes in embodied practices. While some aspects of computing mapped easily onto earlier technological competencies, others did not, and the ingrained nature of competencies learned early on meant that they were difficult to replace (Mauss, 1979). This suggests that struggles experienced by older computer users reflect difficulties in adapting embodied skills and knowledge acquired over a life-time to new technologies, rather than being simply the result of deterioration in old age. In terms of broader implications for theories of the ageing body, while previous literatures have often focused on change in abilities and appearance in old age (Featherstone and Hepworth, 1991 & 1993; Hockey and James, 2003), this research highlights the importance of biographically situating experiences of ageing bodies in relation to skills and experiences acquired over a life time, and their gendered and generational location. In doing so it contributes to attempts to challenge the association of the ageing body with disability and decline (Twigg, 2004).

**Ref. AB158**

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**Title: Detecting and Preventing Financial Abuse of Older Adults: An Examination of Decision-making by Managers and Professionals in Health, Social Care, Banking and Asset Management**

This paper presents an overview of a three-phase project funded by the New Dynamics of Ageing programme (ESRC administered) which aimed to examine decision-making by health, social care and banking professionals in relation to the detection of financial elder abuse. There is considerable debate concerning what constitutes financial elder abuse. However, such abuse can include theft, fraud, exploitation and the misuse of possessions or benefits (DH & Home Office, 2000). There is limited previous research considering financial elder abuse and the experience of professionals' dealing with such instances. For Phase I data was collected via semi-structured interviews (n = 63) using the critical incident technique to focus on each professionals most recent experience of financial elder abuse. Content analysis of the interview transcripts was conducted to consider decision making in the context of such abuse. Results identified critical incidents of financial abuse including stolen possessions, money being taken from bank accounts, and rogue traders. A number of cues were found to raise suspicion of such abuse including: 'age', 'gender', 'identifier of abuse', 'financial problem suspected', 'physical capacity', 'mental capacity', and 'living circumstances'. Findings from Phase I were used to underpin data collected in Phase II (n = 210) and Phase III (Policy analysis). The identified cues formed the basis of a series of case study examples which were tailored for each professional group in Phase II. Participants were asked to make judgements about whether they suspected abuse in each case study. Findings were also compared against a review of public and private sector policy documents relating to financial elder abuse in Phase III. Analysis of Phase II and Phase III is ongoing. The main intended output from this research will be guidelines for health, social care, and banking professionals on decision-making in cases of suspected financial elder abuse.

**Ref. IRP20**

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**Title: Storytelling to Promote Intergenerational Reconciliation and Learning: Case Studies in Ireland**

**Introduction:**

The aim of this research was to explore the use of intergenerational reflection as a means of promoting peace and reconciliation in post-conflict societies. Life stories and reminiscence can have important health and social benefits for individuals and society (Healing through Remembering Report, 2002). Retracing, reviewing and reflecting back over experiences can help people achieve a sense of completion and resolution. Remembering the past can also bring a new awareness to the present, with storytelling used to increase young people's understanding and critical appraisal of the past.

**Methods:**

Twenty in-depth qualitative interviews were conducted with mid-life and older adults who were directly affected by the conflict in Northern Ireland. Using key themes generated from interviews, nine biographical case studies were selected for video memoir and used to develop an interactive and intergenerational learning programme for vulnerable young people aged 18- 24 years.

**Results:**

Interactive group work using video memoirs and intergenerational groups work had a positive impact on levels of disaffection and disengagement among vulnerable young people, raising their aspirations and facilitating the development of leadership skills.

**Conclusion:**

This study explored the use of intergenerational reflection as a means of promoting peace and reconciliation in post-conflict societies. Preliminary findings suggest that older people can play an important role in helping young people to gain skills which can better equip them to deal with difficult situations in a more positive way. Older people not only possess the wisdom of age and experience, but the willingness and generosity of time so necessary to engage with vulnerable youth.

**Ref. CD204**

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**Title: Older People's Use of Personal Fall Alarms****Purpose:**

Falls are a major health issue for older people, with increased risks for those who lie on the floor an hour or more after a fall. Personal alarms have been developed to reduce long lies, and the aim of this study was to estimate the use of personal fall alarms by older people and explore the characteristics of users.

**Method:**

Secondary analysis was conducted on data from the third wave (2006-2007) of the nationally representative English Longitudinal Study of Aging. We included participants aged 65+ who had complete data on the dependent variable of use of personal fall alarms. Independent variables were selected to ascertain the characteristics of the users as a function of socio-demographics, health, psychosocial well being and environmental control.

**Results:**

Of the 3091 participants 180 (5.8%) used a personal fall alarm. Users were older than non-users ( $M=82.34$  years,  $SD=9$ ; vs.  $M=75.73$  years,  $SD=7.64$ ) and more likely to be women ( $n=137$ , 7.3%, vs.  $n=43$ , 3.6%), with women aged 85+ being the highest group of users (19.2%). Users were also more likely to report that they enjoyed life much (4.1%) and report a higher number of falls in the past two years ( $M=5.96$ ,  $SD=31.12$ ; vs.  $M=3.30$ ,  $SD=10.85$ ). Perceived security and propensity to use technology did not influence the use of personal fall alarms.

**Conclusion:**

In order to prevent the associated health risks of long lies after falling, developers need to not only consider the efficacy of personal fall alarms but whether their use can be increased.

**Ref. HW74**

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**Title: Choice: The Missing Dimension in Becoming a Carer**

Informal carers of older people are the mainstay of care policy, yet the actual processes involved in becoming a carer are unclear. Policy is underpinned by assumptions that carers' have the right to choose whether or not to provide care. In reality, choices available are restricted and earlier literature suggests this is a consequence of strong notions of duty, obligation to take on a caring role (Twigg and Atkin, 1994). This paper explores how individuals become informal carers and the extent to which they are able to exercise choice. The paper draws on a qualitative study of informal carers of older people. Using a grounded theory methodology data was gathered by means of in-depth unstructured interviews with 26 primary carers. The research identifies two pathways into caring, the positive and the default, which are characterised by either the presence or absence of choice. The choices available to individuals are determined by the nature of pre-existing relationships, living arrangements and geographical location. The paper argues that despite changes to policy and practice, carers are unable to fully exercise informed choice.

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**Ref. CC165**

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**Title: South Asian Carers' Views on Various Places of Care for Their Relative with Dementia: A Grounded Theory Study**

The Dementia UK report (2007) states that there are 700,000 people with dementia in the UK and is forecast to increase by 38% over the next 15 years and 154% over the next 45 years. This report estimates that there are 11,392 people with dementia from BME groups which is 1.7 % of all people with dementia in the UK. With the number of people with dementia on the rise, there is an increase in the utilisation of health care services. Factors that predict institutionalisation within other cultural groups have been researched. However, there is no research evidence on factors which might predict institutionalisation amongst the South Asian community. Considering the National Dementia Strategy and the set-up of new services, it is timely to address this question- "What are South Asian carers' views on various places of care for people with dementia from a South Asian background?" This study employed a qualitative research design using the constructivist version of grounded theory (Charmaz, 2000). Grounded theory was chosen as it enables generation of rich, detailed data, allows generation and merging of categories using the data and finally, allows for theory generation (Willig, 2001). Semi-structured interviews were conducted with the "decision makers" within the family. This study is currently in the stages of initial analysis. Some of the initial themes include "the uncaring west", "responsibility vs. attachment" "us vs. them" and "the concept of strangeness". The study is currently in its analysis stage and shall be complete by February, 2010.

**Ref. CD75**



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**Title: What and How Older Men and Women Learn When They Volunteer**

Learning is one of important social participations for seniors. Although learning from daily experiences is a main way of adults' learning, most studies in educational gerontology have focused on formal learning. To fill the shortage of knowledge on the experiential learning of the elderly, this study was conducted in Taiwan, an Asian country which has the second high growing rate of aging population in the world. The purpose of this study was to know how and what elderly women and men learn when volunteer. To hear older adults their own voices, a qualitative design was used. The participants were 14 women and 16 men who aged 60 and over and volunteered regularly for organizations at least two years. The study has found that how and what older adults learn through volunteering are diverse and have gender differences. For most participants, learning did happen through volunteering and the participants learned skills, knowledge, and wisdom. However, what counted as learning was different between the female and male participants. For male participants, visible learning which was delivered in a course format tended to be counted as learning so some regarded learning did not happen through volunteering when there were few training and courses provided by the organizations they volunteered for. However, female participants also regarded experiences between them and people they interacted, observed, or helped as learning. Also, male participants tended to be able to create their own agendas and promoted them when volunteered but female participants more just followed what the organizations assigned.

**Ref. HW48**

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**Title: Older People Friendly User Test Methods**

User tests are commonly used for evaluating the usability of products. There are different types of usability evaluation methods but they generally target younger and able bodied people. A study was carried out to see the differences between younger (18-64) and older participants (above 65+) in terms of their product usage characteristics. This study involved the completion of given tasks utilising two digital products, i.e. a digital blood pressure monitor and a digital camera. We found that, during the test older participants demonstrated different behavior in terms of their capabilities and motivation to use digital devices. Particularly they tended to withdraw from the study when they encountered a difficulty during the interaction. Where the younger participants coped well when left alone with the products being tested, the older participants were much more motivated in trying out different features of the products when the researcher was present, thus helping identify potential problems. Therefore in order to gain further insight into the usability problems faced by older people, the user test methods were adapted to allow intervention of the researcher, such as verbal encouragement, assistance, or explanation. In this paper, the typical characteristics of older people are discussed and recommendations on an older people-friendly user test methods are made regarding these characteristics.

**Ref. MM178**

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**Title: Using Lifestyle Aspirations to Drive Technology Development**

Although many older adults are open to the idea of using new technology, there are still barriers that keep them from using novel technology. Literature reports lack of skills, but lack of perceived usefulness of the technology being offered may also be a factor affecting adoption. The aim of this project is to develop a technology solution that supports personalised independent living. The solution should be seamless to everyday living and capable of working in the home and outside. Rather than going straight to technology, this project is aiming to identify the role technology will play within daily life. The project utilises an iterative approach to creating and evaluating future scenarios. These scenarios illustrate the purpose of the technology in everyday life, rather than how it will be designed. A core set of scenarios were developed, these were reviewed and extended by evaluating with user advocacy groups, such as Quality of Life Partnership, Northern Rock Foundation and Newcastle City Council. These advocacy groups already provide services to older adults and work closely with them. A refined set of scenarios were generated and the key scenarios identified and used to focus discussion with older adults. The output from these discussions allowed a set of scenarios to be identified that illustrate what the population desire to achieve with the technology. These aspirations will drive the development of the technology in a direction that their potential users see as being beneficial to them, rather than being technology led.

**Ref. OS139**

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**Title: Women in Old Age: An Egalitarian Analysis of The Emotional Significance of Affective Inequalities**

Drawing on egalitarian and feminist traditions, this presentation explores the emotional significance of affective inequalities experienced by Irish women in old age. This presentation provides findings relating to affective inequalities which emerged from my PhD study, titled Women in Old Age: An Egalitarian Analysis of The Emotional Significance of Age-based Inequalities. This was a qualitative study with twenty-one women in old age; they varied in social class, marital and family status, disability, and in regional location. In-depth interviews were employed as the most appropriate method to obtain data about women's personal experiences and perceptions of affective inequalities and the impact of these on their well-being.

The affective system plays an important role in the maintenance of inequalities. According to Lynch et al (2009) there are two particularly prominent forms of inequality associated with love, care and solidarity and between them can be defined as 'affective inequality'. First there is inequality in the degree to which an individual's needs for love and care are satisfied and second, inequality in the work that goes into providing love and care for another individual. Women in particular spend a greater amount of time providing unpaid love and care work than men. Inequalities in the affective domain have profound implication for women due to the gendered division of labour and women's unequal opportunities to access paid work.

**Ref. OS130**

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**Title: Requirements for Assisted Living Technologies: Differences in Perspective between Older People and their Carers**

Developments in information and communications technology (ICT) have led to a proliferation of new products, systems and services aimed at providing assistance with aspects of daily living. Yet there is consistent evidence gathered over many years to show that if such technologies do not meet the needs of the intended users they are likely to be at best only partially effective and at worst completely abandoned. An investigation of users' needs relating to assisted living technologies (ALTs) conducted as part of a research study commissioned by Ofcom into how ALTs might help older and disabled people to live longer and better independent lives at home explored the perspectives of older people themselves and their informal carers. Data were collected from three sources: a search of the literature (75+ publications), interviews with 12 people who work directly with older people and/or their informal carers, and a workshop involving a subset of these interviewees to evaluate a scenario of future developments in ALTs. The findings suggest that users and their informal carers are generally positive about ALTs, but that there are some differences in perceptions and priorities between older people and their carers. Meeting the needs of both sets of stakeholders will be important for the successful and effective uptake of such technologies. This paper explores and discusses the differences between stakeholder needs and the challenges that they pose for suppliers of ALTs and assisted living services.

**Ref. CC163**

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**Title: Residents' and Relatives' Expectations and Experiences of Entering a Care Home: Comparisons with Extra Care and Implications for Future Developments**

Although residential care has long been viewed in negative terms, notably in Townsend's *The Last Refuge* (1962), relatively little information has been obtained about residents' experiences of living in a care home. Anecdotal evidence suggests that, although people dread moving into a care home, their experiences once there can be very different. Some recent work (Towers, 2006) has indicated that the experience of living in a care home can provide similar levels of well-being and sense of control as in extra care housing. However, despite the development of such alternatives, care homes still provide the great majority of places, and are likely to continue to support people with intensive care needs.

Data were obtained from 69 residents and 33 relatives of residents in a national sample of 46 homes using two questionnaires, an initial questionnaire soon after admission and a follow-up approximately three months later. The questionnaires were designed to collect similar information to that collected for a national study of new extra care housing.

Responses from residents and relatives about the care provided were largely favourable, but fewer indicated that residents were able to control their environment, for example by locking their room or controlling the heating. The presentation will examine the degree to which care homes offer a similar degree of choice and control to extra care, and for whom, and identify aspects of care homes that need improvement if they are to meet the expectations of future residents.

**Ref. CC179**

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**Title: Adjusting to the Medium Run Consequences of the Financial Crisis and Recession. What do Results from 'Production of Welfare' Studies of Productivities of Social Care and Support Services for Older People Suggest for Policy, What is Put into Effect, and Outcomes and their Distribution?**

Medium-run cuts may be greater than previously experienced post-War. The challenge will be to minimise losses of welfare and of distributional fairness. Key will be responses to policies and incentives and levels and changes in 'productivities'; particularly in 'marginal productivities', the parameters quantifying the effects of changes in resource inputs on changes in outcomes valued in their own right by stakeholders – and since they are subject to scale effects like 'diminishing returns', how the marginal productivities vary with input levels. Studies conducted since the mid70s have estimated productivity patterns in England and Wales, and how the incidence of costs and benefits differs depending on circumstances and contexts. A before-after study conducted during the eighties and nineties showed dramatic improvements in marginal productivities and increased conformity of the distribution of benefits to the policy priorities of the period, despite important under-achievement of reform objectives. Later studies suggest continuity in the new features, though differences in collection designs make precise comparisons difficult. POW elements in the evaluations of pilot demonstrations of policy innovations like POPPs and individual budgets projects provide glimpses into how productivities and allocations might change in response to the new policy thinking and reinvention of earlier ideas during the 0ies. The paper will summarise scenarios for the new public spending context, estimates of productivity and distributional patterns yielded by the POW studies; and in the light of them discuss how the new policy thinking is likely to be implemented and the effects on outcomes and their distribution.

**Ref. IPP218**

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**Title: Researching Abuse against Older Women: The Development of a Conceptual Model**

This contribution is part of the Prevalence study of Elder Abuse and Neglect of Older Women (PEANOW) which is conducted in five European countries (Austria, Belgium, Finland, Lithuania and Portugal). The first phase of the research consisted of developing an overview about the state of the art of prevalence research on elder abuse, survey designs and methods, instruments and results in all European countries. Therefore, a widespread literature search and qualitative content analysis was conducted.

Combating elder abuse requires an integral understanding of those patterns and forces that underlie it. However, the review indicated that research about where, when and how often elder abuse occurs, is largely inadequate and inconsistent. Moreover, most studies lack theoretical foundation. The field can be characterized by descriptive work with little causal modelling, explanations, contextual analysis, or attempts to construct integrated theories of different types of elder abuse. A sole emphasis on personal (universal) indicators is too simple: abuse and violence are embedded in structural as well as cultural levels. Consequently, a conceptual model to examine elder abuse will be presented.

In this presentation, we will elaborate on the most important findings of this review. We will pay extensive attention to the lacunae of research on elder abuse and develop possible guidelines for future research concerning abuse against older women.

**Ref. IRP107**



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**Title: Design and Quality of the Neighbourhood: The Relation with Feelings of Insecurity in Later Life**

This paper examines the impact of physical features of the neighbourhood on feelings of insecurity in later life. Feelings of insecurity, or similar expressions such as fear of crime, feelings of uncertainty or safety, are closely related to people's well-being and quality of life. Criminological literature of the last decades concentrates on incivilities, disorder and neighbourhood problems. Yet, the lack of systematic input from other human sciences is striking and other physical-spatial features of the neighbourhood are barely taken into consideration. Moreover, most theories concerning the influence of the physical environment concentrate on crime and consider feelings of insecurity as its derivative. This paper chooses to take quality of life in the neighbourhood as a starting point and appeal to sociology and environmental gerontology to gain insights in how 'the neighbourhood as a physical surrounding' plays a role in triggering or buffering feeling of insecurity in later life. Using data generated from the Belgian Ageing Studies (N= 46.788) we tested a multivariate regression model that included different indicators of the physical neighbourhood. Findings indicated that a neighbourhood which is physically adapted to the needs of older people (e.g. in sense of accessibility, presence of services, etc.) heightens feelings of security. The conclusion points to the necessity of reducing behaviour constraints by redesigning fear-related physical features. This paper calls for further exploration of neighbourhood-related features in order to understand and tackle feelings of insecurity and uncertainty in an ageing society.

**Ref. CC108**

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**Title: The Economic Cost of Osteoarthritis: Estimates for the United Kingdom Based on a Systematic Review of International Studies**

Osteoarthritis (OA) is a long-term condition that can severely affect the lives and wellbeing of older people. It has been estimated that 5.2 million people have OA in the UK, of which over 3 million are over 65 years. Individuals not only incur healthcare costs, but the wider impact of OA also results in considerable indirect costs. To date the cost of OA has not been systematically reviewed in the UK.

Six scientific databases were searched and seventeen articles in English reporting the costs of OA since 1996 were identified. Quality assessment used the Modified Newcastle-Ottawa Scale. Ten studies were of sufficiently high quality to be analysed. Costs were grouped into direct (healthcare and other costs directly associated with the disease) and indirect (lost productivity) costs. Older and non-UK data were converted into 2006 Pounds Sterling (£2006) using inflation figures and purchasing power parities obtained from the OECD and the World Bank.

None of the articles reviewed were from the UK, most were from North America. It was estimated that the average costs associated with OA amount to £2006 7,134 ±7,052 per patient year. Using current prevalence data, the estimated societal OA associated costs amount to £36 billion per year. These figures were derived from current best evidence and are considered as estimates only. More robust UK-based studies on cost-of-illness and prevalence of OA are needed. This information is crucial for making decisions on future healthcare provision and how it will be funded, particularly for a future ageing UK population.

**Ref. IPP194**

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**Title: An Approach to Data Collection: Combining Questionnaire Data Collection with Interview Data Collection in a Study of Quality of Life for Nursing Home Residents**

A study on quality of life (QoL) and morale in older people in nursing homes in the South of England, was conducted using three instruments for data collection: the 26-item WHOQOL-BREF scale (UK version); 17-item Philadelphia Geriatric Morale Scale (PGCMS) and the 8 item WHOQOL Spirituality, Religiousness and Personal Beliefs (SRPB) Importance Scale. The study aimed to develop reliable outcome measures that can evaluate whether end-of-life approaches to care in nursing homes have an effect on QoL of residents who have an unpredictable, prolonged, progressive decline towards death. QoL assessment in the nursing home population has traditionally focused on what is defined as health-related QoL. While this may be appropriate in some respects as this population deals with health issues, it segregates the population and forces the assessment of QoL into a medical model. Given the nature of the residential aspect of nursing homes, expanding the assessment of QoL to a general measure was deemed appropriate. However, during data collection almost all residents requested that the researchers assist in the filling out of the questionnaires. This process instigated detailed responses and discussion about each question and the researchers took notes in an attempt to capture the experiences of the residents. The detailed notes produced a much richer narrative of residents' experiences which could also be verified by the questionnaire data. This paper proposes a methodology that uses questionnaires combined with audio-recorded discussions to capture qualitatively, the richness of the narratives around the completion of questions in the above-mentioned questionnaires, concurrently.

**Ref. MM114**

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**Title: Evaluating the Effectiveness of a community Mentoring Intervention to Tackle Social Isolation in Older People****Introduction and objective:**

The UK has an ageing population, with a greater proportion of older people living alone. 'Quality of ageing' has become one of the most important social, political and health priorities, forming a major component of recent Government policy. A pilot mentoring service was implemented for older people most at risk of social isolation. Early observational research indicated that mentoring may have psychosocial benefits. The aim of the current trial was to examine the effectiveness of the mentoring intervention.

**Methods:**

This case-matched controlled trial compared a sample of mentoring clients (intervention group) with people recruited through general practice (control group). Participant assessments were conducted at baseline and six month follow-up. The primary outcome was SF-12 MCS with secondary outcomes including SF-12 PCS, EQ-5D, GDS-10, social activity, social support and morbidities. Participants were matched on SF-12 MCS and social activity score. The trial ran from March 2007 to April 2009.

Results:

No between-group differences were observed at follow-up in the primary (mean difference= 0.8; 95% CI -1.5, 3.2;  $p=0.48$ ) and most secondary outcomes. The intervention group reported less improvement on the EQ-5D (mean difference= -0.1; 95% CI -0.1, -0.03;  $p<0.01$ ) and poorer scores on one social activity item (OR= 0.6; 0.4, 0.9;  $p<0.01$ ), but reported better scores for one social support item (OR= 0.6; 95% CI 0.5, 0.8;  $p<0.001$ ).

Conclusion:

We found no evidence that mentoring was beneficial across a wide range of participant outcomes measuring quality of life, health status, social activity and depression. We reflect on the representativeness of the mentoring client sample and the implications for interpreting the trial results.

**Ref. HW21**

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**Title: The Contribution of a Community Food Group to Older People's Nutritional and Social Well-Being: An Assets Model**

Poor nutrition in older people poses significant health problems for many community dwelling older people and is affected by cultural, psychological and social factors, including living alone and social isolation. Meals are provided to older people in community settings by both statutory, voluntary and faith organisations, however, the contribution these services provide to older people both in terms of nutritional and social support is poorly understood in the UK.

This pilot study has explored in depth, one faith-based setting providing twice-weekly lunches to members of the community.

Methods include participant and non-participant observation (4 Months), food diaries (7 day), one-to-one and group semi structured interviews, and researcher and participant generated visual images (using digital cameras).

Qualitative interview and field note data have been thematically analysed (using NVivo 7<sup>TM</sup>), and found that eating in a community setting plays an important role in providing space for social interaction and support. Perceived nutritional benefits include the provision of a 'proper', 'home-cooked' meal.

Quantitative analysis of the food diary data (Using Dietplan<sup>TM</sup>) has explored the nutritional contribution the food eaten at the lunch group provided during the study week.

This poster will discuss how we have used an assets-based model as a theoretical framework to enable us to explore and expose how the resources and contribution of a community lunch group enhances both the nutritional health and social well-being of older people.

**Ref. P100**

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**Title: Vulnerability of South Asian Elders within a 4-class Network Typology: Which Classes are Predicted by Loneliness, Isolation and Poor Health?**

This paper attempts to establish predictors of network type classification in older South Asians (N=603) living in the UK (i.e. migrants) or in the country of origin (i.e. non-migrants). Cluster analysis had already identified four classes of network type – older family-based, younger family-based, friend-based and single/couple-based – and classified each participant accordingly. Evidence had further suggested that younger family-based and friend-based members were overall the least and single/couple-based members specifically the most vulnerable elders. Findings from a series of logistic regressions are reported here. Possible predictor variables for class membership were self-assessed health, loneliness and isolation, as well as an array of demographic variables.

Being younger, married, living in a smaller household and having the best health (all  $p$ 's  $<.001$ ) predicted membership in the friend-based class, where degrees of loneliness and isolation were the second lowest of all four classes. Membership of the most vulnerable class (single/couple-based) was predicted by being older, married or widowed and living in the smallest household (all  $p$ 's  $\leq .05$ ), as well as by poorest health and highest degrees of loneliness and isolation (all  $p$ 's  $\leq .001$ ). Comparing non-migrant and migrant single/couple-based members, poorer health was indicative of class membership in the UK only ( $p < .05$ ), and whereas loneliness but not isolation was a significant contributor to class membership in the land of origin, isolation but not loneliness was a contributor to class membership in the UK (both  $p$ 's  $<.001$ ). In conclusion, the social realities of the classes and the implications for social policy are discussed.

**Ref. CD153**



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**Title: Motivating Uptake of Cycling by Older People in London**

Cycling is not only a healthy means of transport, but is also widely perceived by cyclists and non-cyclists as being “the most efficient and independent way to travel in central London” [1]. However, fewer older people cycle in London in comparison to many other European capitals.

To encourage older people to uptake cycling, Camden Council commissioned a design project to Brunel University, to re-visit the design of the bicycle and its accessories so as to make them more appealing to older people.

Five Brunel final year design students collaboratively worked on the project. They consulted the Council’s transport officers and conducted focus groups with the Camden Cycling Campaign and a local focus group composed of older cyclists and non-cyclists. A number of key barriers and motivators to cycling for older people were identified through the research. Consequently, each student proposed independent design intervention to address the issues identified in the research.

This paper summarises the process and the outcome of the design research project, and discusses its potential impact on cycling in London.

[1] Stanbach R. et al. (2009) Cycling in Camden: a study of social and cultural factors in transport choices. Final report to NHS Camden (Dec 2009). London School of Hygiene and Tropical Medicine.

**Ref. OS209**

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**Title: Older People's Constructions of Care**

Over the last decade in the United Kingdom, people aged 65 years and over have been the target of a concerted falls prevention policy drive, articulated in national care standards and operationalised through local integrated falls care pathways which map out the patient's journey through different statutory service settings and disciplinary spheres of practice. A new condition, or disease category, of 'falls' has thus emerged, and along with it a new patient identity, the 'faller'.

In this paper I draw on my doctoral study (in progress) to present a selection of analyses from interviews I carried out with older people who had fallen, the focus of which was the person's falls 'story' and the care they had received. My method of data generation, the research interview, is conceptualised as a particular social situation through which meanings and understandings, or 'knowledge', is made. From a social constructionist stance, my interest is in older people's 'readings' of their care and the language they use when talking about it. Using a discourse analytic approach, I examine how care is constructed in these research participants' accounts and explore some of the effects of this, in terms of what subject positions the different discursive constructions offer, and what opportunities there are for action by people who take up these subject positions.

**Ref. MM183**

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Title: **Stressful Events, Coping Strategies and Gender in an Elderly Spanish Sample**

Aging is a complex process which involves significant changes in various aspects of a person's life. If these changes induce stress, adaptation and the use of appropriate coping strategies are required. Two hundred and ten men and women aged 55 to 99 were interviewed in order to find out what situations they considered stressful and how they cope with them. The aim of this study was to analyse the relationship between gender and coping strategies. Consequently coping strategies and age, gender, marital status, education, the fact of living alone or with other people, and relationship with family were examined. With regard to coping strategies gender differences have been found: men are more likely to use self-criticism coping strategies and women are more likely to use emotion-oriented and support-seeking coping strategies. In addition it was found that differences in age, marital status, living conditions and relationship with the family were related to differences in coping strategies. The stressful events related by the men and women were not different although a higher percentage of men reported family conflicts, having to deal with the problems of their adult children and work-related or financial problems, as oppose to the women who more often cited their partner's health condition or his death as being particularly stressful.

**Ref. HW116**

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**Title: Dementia Advocacy with Older People - New Opportunities or Old Challenges?**

The potential of independent advocacy as a means of empowering and safeguarding older people with dementia has been subject to growing recognition since the 1980's (Kings Fund 1986; Dunning 1997; Dunning and Steven forthcoming). New Labour's focus upon the transformation of public services and promotion of citizenship rights has heralded significant changes in legislation, policy and provision relating to the interests of older people with dementia. The introduction of the Independent Mental Capacity Advocate within the Mental Capacity Act 2005 has provided advocacy with legal status for the first time. Living Well with Dementia, the first National Dementia Strategy (2009), along with national strategies for older people and a range of other initiatives taken by the UK Government and devolved administrations, might be seen to be sympathetic to the rights and representation of this group. Moreover, from the grassroots, there has been the emergence of bodies such as Dementia Advocacy and Support Network International, Dementia Advocacy Network and local dementia advocacy schemes. This paper will provide an overview of these new developments and opportunities which have ostensibly advanced dementia advocacy with older people over the past decade. It will then go on to highlight a number of tensions and gaps in legislation, policy and provision. These are related to clarity of definition, limits of legislation, policy co-ordination and capacity of provision. The paper will argue that such fundamental and longstanding challenges must be addressed if the advocacy needs of older people with dementia in the UK are to be met.

**Ref. HW162**

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**Title: Older People, Identity and Wisdom: Some Cultural Contrasts**

This paper examines some respects in which older people in different cultural settings contribute to the care of other people (as well as to their own care) through playing constructive roles often connected with 'wisdom'. It examines some ethnographic evidence dealing with attributions of wisdom to selected individuals in semi-traditional, rural Irish society, using this evidence to suggest implications for the sociality of identity-construction among the people concerned. It argues that, for them, constructing identity was to a significant degree a matter of engaging in wise social processes in the course of everyday interaction; these processes were satisfying because of their value for other people or for the community. Establishing one's 'identity', therefore, was not primarily a question of delineating one's difference from other people; nonetheless, it might involve considerable independence of mind.

The paper then goes on to connect this view of wisdom and identity-construction with evidence from other settings, including East Germany and Austria. Interviews with 'wise' individuals here also suggest a connection between wisdom and caring everyday relationships, which are explored in more detail in respect of their impacts on what interviewees convey about their feelings of identity. Lastly, the paper reports evidence from ethnographic interviews with people approaching later life who are trying to construct meaningful life-courses at the same time as negotiating varied cultural contexts. It asks in what respects their versions of identity, or wisdom, or both, are affected by these differences.

**Ref. CD210**

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**Title: Compassion Fatigue in Family Caregivers Located in Long-term Care Facilities**

The caregiving role has most often been associated with care provided in the home and community by family members. It is mistakenly believed that placing a family member in a Long Term Care (LTC) facility marks the end of the caregiving role. Research by Schultz and co-workers dispute the myth that family members abandon caregiving role when older adult relatives are admitted to a LTC facility (2004). Rather, the majority of family caregivers visit their relatives regularly, perform personal care duties, and take on administrative and advocacy roles in relation to their relatives care (Schultz et al., 2004).

In light of the changing face of care provision in LTC the role of family caregivers in this setting appears to be expanding rather than waning. With increasing shortages of health care personnel, family members are now more than ever being called upon to be directly involved in the care of their family members who are residents in LTC facilities.

The qualitative research study reported in this presentation was an exploration of factors contributing to compassion fatigue (CF) in family caregivers. Compassion fatigue has been defined as “a heavy heart, a debilitating weariness brought about by repetitive, empathic responses to pain and suffering others” (LaRowe, 2005, p. 21).

The major themes revealed were relentless vigilance, consistent inconsistency, role confusion, and loss and despair. Practical recommendations for preventing or minimizing compassion fatigue in family caregivers are described.

LaRowe K. (2005). *Breath of relief: transforming compassion fatigue into flow*. Acanthus Publishing: Boston.

Schulz R., Belle S.H., Czaja S.J., McGinnis K.A., Stevens A. and Zhang S. (2004). Long-term care placement of dementia patients and caregiver health and well-being. *JAMA*, 292(8), 961-67.

**Ref. CC29**

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**Title: Keeping Older Adults at Home: Are Family/Friend Caregivers at Risk for Compassion Fatigue?**

In Canada there are an estimated 2.7 million family/friend caregivers, including 216,000 over age 75. These older adult family/friend caregivers are an essential resource in maintaining care recipients in their own homes and out of institutions. Carers UK has defined family/friend caregivers as people who "provide unpaid care by looking after an ill, frail or disabled family member, friend or partner". Compassion fatigue (CF) threatens the ability of these family/friend caregivers to continue care provision long term. Compassion fatigue has been defined as "a heavy heart, a debilitating weariness brought about by repetitive, empathic responses to pain and suffering others" (LaRowe, 2005, p. 21). Potentially, CF brings with it many negative consequences ranging from apathy and depression to hypertension and errors in judgment (Jackson, 2003).

Although there is a body of literature related to CF in professional caregivers, CF has not been researched in relation to friend/family caregivers. Further, the literature concerning family/friend caregiver burden and caregiver burnout has not described the relationship, if any, between these concepts.

This presentation will provide an overview of the literature related to compassion fatigue in professional caregivers and suggest linkages to family/friend caregiving. Initial reflections about the relationship between caregiver burden, caregiver burnout and compassion fatigue will be outlined. Research describing the incidence, prevalence and experience of CF in family/friend caregivers will inform strategies to support family/friend caregivers to continue to provide care. This has implications for caregiver and care recipient well-being and financial implications for the public health care system.

Jackson C. (2003) *The gift to listen, the courage to hear*. Augsburg Fortress: Minneapolis.

LaRowe K. (2005) *Breath of relief: transforming compassion fatigue into flow*. Acanthus Publishing: Boston.

**Ref. CC28**

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**Title: Managing Obligation and Responsibility across the Changing Landscapes of Informal Dementia Care**

In the UK people with dementia are often cared for at home by informal carers. Community care policies have shifted the emphasis away from institutional care, guided by the assumption that the community will provide support. This paper considers the different ways in which informal carers for people with dementia negotiate their caregiving role across this changing landscape of care. Drawing on findings from a qualitative doctoral study, this paper demonstrates that carers make socially situated decisions and that it cannot be assumed that they will be able, or willing, to provide informal care. The meanings attached to, and the management of, caring relationships are negotiated. Varying interpretations of caregiving responsibility and obligation shape these negotiations: care may be framed as a normal part of (family) life, while others may not take care provision for granted. As such care decisions may reflect the (sometimes tense) relationship between the carer and the person they are providing care for. Some caregivers may also have to reconcile informal dementia care with other caregiving responsibilities. This paper concludes by arguing that these negotiations are spatially manifested as they affect the sites where care occurs. In addressing these issues, this paper highlights the conflicts encountered as carers negotiate their role and questions policy assumptions that the community will care.

**Ref. CC35**



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Title: **Managing Sleep and Bodily Changes for Older People Living in Care Homes**

This paper presents findings of a study investigating the sleep of older people living in care homes. The research forms one element of a wider multi-disciplinary project investigating sleep in ageing under the New Dynamics of Ageing programme ([www.somnia.surrey.ac.uk](http://www.somnia.surrey.ac.uk)). This paper presents findings from qualitative research in four care homes for older people that included interviews with 38 care home residents and 39 staff together with ethnographic observations to improve understanding of the experiences of 'sleep' and what happens overnight in a care home. The paper explores the significance and meanings of sleep for older people who live in the care homes as well as identifying aspects of care home life that impact on their sleep, including both institutional and personal factors. A key theme of the residents' narrative is the relationship of their bodies and sleep, which will be discussed through the issues of discomfort/pain, disability and continence. Wakeful periods had a strong connection to feelings of concern and anxiety and residents highlight the difficulties they face when their bodies dictate the amount of sleep they are able to achieve. However for other residents the care home environment is shown to provide reassurance during these periods. The paper also explores the strategies employed by care home residents to negotiate disrupted sleep. The extent of physical ability affects the options available to those who are experiencing disturbed sleep, resulting in limited strategies to manage periods of wakefulness.

**Ref. AB156**

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**Prof Robin Means**

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**Title: Partnership Working in Health and Social Care: A Case Study of a Prevention Programme in the UK**

There is longstanding recognition of the problematic nature of the boundaries between health and social care and particularly the impact of these boundaries on older people who require community based support. This has led to a strong emphasis on local partnership working as the most effective way to achieve the holy grail of providing services that are experienced as seamless by those who use them. Achieving this calls for local integrated solutions to local problems based on cross-cutting networks, affiliations and partnerships that include real engagement with those who use services. This agenda has led to a range of innovative initiatives, one of which is the Partnerships for Older People (POPP) programme. A major theme of the 29 projects commissioned under this banner was to encourage more integrated, co-ordinated and mutually supportive inter-agency and inter-sectoral working, with a particular focus on engaging with older people's organisations as partners.

In this presentation we draw on a mixed methods evaluation of the Gloucestershire POPP to explore some of the challenges posed by partnership working between statutory agencies and the third sector. Initial interviews with stakeholders identified a range of challenges to this approach including major differences in the cultures of the statutory and independent partners involved, particularly in terms of resources and ways of working. We discuss how these issues were understood and addressed and identify some of the immediate and longer term benefits of providing independent organizations with the support they require to fulfill their role in partnership working.

**Ref. IRP36**

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**Title: Making Services Sustainable: Delivering Adult Social Care in the context of Climate Change**

Concerns over climate change have put environmental sustainability high on the Government agenda and the subject of a raft of initiatives and legislation, including the Climate Change Act, the Carbon Reduction Commitment and the Good Corporate Citizen Model. The potential impacts of climate change present a major challenge to services. For example, each one degree rise in temperature during a heat wave leads to an average of 75 extra deaths per week in England. At the same time, the potential to reduce carbon emissions is huge. It has been calculated that NHS buildings consume £410 million worth of electricity a year and 5% of all road traffic in England is NHS related. Therefore there is considerable pressure for the public sector to respond to this agenda, both by adapting service delivery to address the impacts of climate change and by delivering services in a way that lessens their impact on global warming.

This presentation reports on a research project that explored how to deliver social care services to older people in a sustainable way. We provide an overview of key sustainability policies and consider how they can be applied to the social care sector. A range of case studies are described, focusing on 7 key aspects of service delivery: travel, procurement, facilities management, workforce, community engagement and buildings. Some of the research outputs are presented, including recommendations for the delivery of sustainable social care from both a policy and practice perspective in the context of Putting People First.

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**Title: Is it Valid and Reliable Data? Undertaking Research with Care Home Residents in England and Germany**

Considering the continuing demand for care home facilities it is important to investigate the outcome of government legislation regulating standards of care from the perspective of older people experiencing life in these facilities. Based on experiences in the collection of data in both English and German care homes, the paper discusses the emerging issues that could question the reliability and validity of the data. In England diary data was collected from 183 participants living in 10 care homes. The SomnIA (Sleep in Ageing) project determined the factors that influence poor sleep. In Germany data collection was undertaken in various care homes to investigate residents' satisfaction with care. This was undertaken using standardised questionnaires accompanied by in-depth interviews conducted to explore the meaning of the interview situation from the perspective of the respondents.

The vulnerability and cognitive ability of the residents' is always a core consideration in the research design. However, experiences in the collection of quantitative data in particular suggest participant's responses can be compliant for fear of retribution if they are honest and critical. There is a level of resignation and gratitude linked to the acknowledgement that care staff 'do their best'. As was experienced during the quantitative data collection in each home, once a good relationship between the researcher and resident has been established, it becomes possible to gain reliable information in recorded interview and field notes. Analysis of the interviews and field notes lead to findings that contradict the results from the quantitative data analysis.

**Ref. MM175**

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**Title: What actually is a Meaningful Activity? Everyday Life in English Care Homes**

Leisure activities are important factors that influence the happiness and wellbeing of any individual. This research provides a unique insight into older people's daily life in care homes and explores the meaning of the much used term 'activities of daily living' within health and social care.

In 10 care homes situated in South East England quantitative and qualitative data were collected from 183 residents aged 65 - 100. For a period of two weeks diaries denoting residents' daily life were maintained and interviews were conducted with 10 managers, 30 care staff and 10 activities organizers employed in the sampled homes. After addressing the daily routine incorporating care task focused 'activities of daily living' a closer study of the programmed 'leisure activities' facilitated by the care home is undertaken. The data establishes a low participation in organized activities. The main reasons are that they do not reflect residents' physical and cognitive abilities or their personal interests. From the perspective of care staff the main focus of their daily work is on care giving activities with little concern about residents' engagement in organized leisure activities. The oldest old living in care homes can be expected to experience a healthier and happier life if their daily life was able to facilitate a well balanced daily routine that accommodates both care giving routines and leisure activities.

This research is supported by the New Dynamics of Ageing initiative, a multidisciplinary research programme funded by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009)

**Ref. CC94**

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**Title: Constructing Ageing and Age Identify: A Case Study of Newspaper Discourses**

Public discourses concerning older people are available in a range of texts, including policy documents, research reports and popular media, including newspapers. These discourses reveal explicit and implicit ways of positioning older people that, in turn, confer on them particular identities.

This study examined discursive formations of ageing and age identity in print media in Ireland. Newspaper texts concerned with legislation to reduce welfare provision for older people constituted a single media event. These texts were subjected to critical discourse analysis, which revealed particular ways of naming and referencing older people and distinct and discernible constructions of ageing and age identities. The use of nouns and phrases to name and reference older people positioned them as a distinct demographic group and a latent ageism was available in texts that deployed collective names like 'grannies' and 'little old ladies'. Five distinct identity types were uncovered, which constructed older people variously as 'victims'; 'frail, infirm and vulnerable'; 'radicalised citizens'; 'deserving old' and 'undeserving old'.

The newspaper discourses made available subject positions that collectively produced ageing and age identities of implied dependency and otherness, thereby placing older people outside of mainstream Irish society. The proposition that older people might be healthy, self-reliant and capable of autonomy in the way they live their lives was largely absent in the discourses examined. Newspaper discourses betray taken-for-granted and dominant assumptions and reveal social constructions of ageing and age identity that have consequences for older people's behaviour and for the way that society behaves towards them.

**Ref. CC97**

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**Title: Recollections of Ageing: An Interdisciplinary Approach**

I am a research student in English and Creative Writing. I am exploring the female ageing process specifically through life story research using qualitative research methods and comparing the objectivity and subjectivity of first and third person accounts in fiction, life writing and oral narratives with focus on key life events and ageing markers throughout the female ageing process. Although my research is in English and Creative Writing, my chosen subject has meant that I have had to explore and utilise research methods usually associated with other disciplines such as the qualitative research methods employed by the social sciences such as psychology, sociology, anthropology and oral history, making my research methods extremely interdisciplinary. I will begin with a short introduction about the assignment and resulting creative piece that inspired my current area of research. I will then talk about representations of ageing in fiction and their accuracy (or lack of it) and then go on to discuss the significance of non-fiction life writing often used as a research tool in anthropological work such as Mass Observation and the resulting archive, and the life story narrative as more accurate descriptions of the ageing process, and their place not only within sociology, anthropology, psychology and history but also within ageing studies and literature.

**Ref. MM146**

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**Title: Conceptual Challenges in Exploring the Role of ICT in Successful Ageing**

The view that information and communication technologies (ICT) are key methods of promoting successful ageing is widespread. It is frequently argued that the current digital divide between the young and the old leads to social exclusion and, hence, a lower quality of life for older adults; correspondingly, teaching older people how to use ICTs will hugely improve their quality of life. Although the term 'quality of life' pervades discussion of health and social policy, and improving quality of life is an avowed aim of many Western governments, there is remarkably little consensus on what this term means, let alone if improvement in quality of life is a realistic outcome measure of policies, interventions, or government expenditure. The aim of this paper is to examine the definitional challenges associated with the term quality of life, measurement challenges, the challenges associated with enhancing quality of life, and the role of ICT in quality of life in old age. It will be argued that there is little evidence that ICT has improved quality of life for older people. One of the explanations for the lack of impact is associated with how we assess quality of life; the measures are too remote, blunt and multi-factorial to be affected. This presentation draws to a close by asking if quality of life is a meaningless term and if the future is bleak for old people in a modern information society. The answer to both questions is no.

**Ref. OS59**



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**Title: Between Biographical Disruption and Biographical Reinforcement: Narratives of Very Frail Older People's Experiences of Living with Sight Loss**

This paper examines the narratives of very frail older people with sight loss concerning the development of their eye sight problems and their experiences of living with partial or total blindness in residential care homes. The study comprised 24 in-depth interviews with men and women aged between 72 and 102 years (mean age 90) living in residential care and draws on previous sociological work on narratives of chronic illness, disability and ageing. In particular, the paper discusses the study participants' narratives against the three narrative types suggested by Frank, restitution narratives, chaos narratives and quest narratives, and explores the interaction between the study participants' own connotations of ageing and their views on sight loss and on their needs of care and support. Preliminary findings show that some study participants adopted a restitution narrative despite the chronic and degenerative nature of their eye sight problem, whereas others accepted their eye sight loss and adopted narratives in which eye sight loss represented an element of biographical reinforcement. The paper analyses these differences, explores some potential causes of their origin, and discusses their implications for meeting the care and support needs of frail older people with sight loss.

**Ref. HW214**

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**Title: The Crucial Letters in Wellness are We: Fostering Well-being in Care Through Social Interventions**

Older people moving into care experience many losses in their social relationships that can make them more prone social isolation. The consequences this social isolation for health and well-being are often negative and recommendations to counteract these effects tend to suffer from a lack of theoretical specificity. Researchers from the social identity tradition argue that group membership in particular are key for counteracting the effects of social isolation through provision for social support. The present study examined whether increasing socialisation with others would enhance well-being (e.g. mood, life satisfaction) by strengthen personal and social identity among older adults in residential care. Method: The impact of gender-based clubs (i.e. Ladies and Gentlemen's Clubs) as an intervention was evaluated longitudinally. Members of these groups (14 female, 12 male) took part in various social activities (e.g., outings, lunches and movies). At the commencement of the intervention, and 12 weeks after, we measured cognitive ability, social identification, social support, and mood. Results: A clear gender effect was found. While there was evidence of maintained well-being and identification with others in care for the Ladies, a significant improvement in both measures was found for members of the Gentlemen's Club. Path analysis showed that club membership was critical in building a sense of shared identification with other residents and this, in turn, increased perceptions of social support, which was the basis for enhanced well-being. Conclusions: Social group membership is important for protecting well-being in older people. This was particularly important for men, who represent the minority and often marginalised group in care.

**Ref. CC46**

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**Title: Understanding Waist-height Ratio, Waist Circumference, Waist-hip Ratio and Body Mass Index and Their Correlation with Diabetes and Cardiovascular Disease in Older Australians****Context:**

Overweight and obesity are increasing in Australia and globally and contribute substantially to the burden of chronic health conditions.

**Objectives:**

To understand body change with ageing and compare body mass index (BMI), waist circumference, waist-height ratio (WHtR) and waist-hip ratio (WHR) as indices of extra body fat and assess the respective associations with diabetes, hypertension and heart disease in older Australia population.

**Design and setting.**

In 2009, a national sample of 732 Australians aged  $\geq 50$  years was examined in a cross-sectional postal survey.

**Main outcome measures:**

The disease status included self report of diabetes, heart disease, hypertension and others. BMI, waist circumference, WHtR and WHR were measured to assess extra body fat.

**Results:**

The four measures of extra body fat (BMI, waist circumference, WHR, WHtR) were negatively correlated with age in elder male Australians. While in females, WHR and WHtR were positively correlated with age. Waist circumference was superior to WHR and BMI in identifying obese subjects in both males and females, while WHR and BMI were good at identifying overweight subjects which identified large proportions of subjects with hypertension. WHtR with a 0.5 cutoff identified the largest proportion of subjects with diabetes, hypertension and heart diseases.

**Conclusions:**

Ageing males and females experience body change. There is a decrease in height, weight and body cell mass but an increase in relative abdominal fat, especially in females. WHtR may be the best and simplest way of identifying people with a risk of extra abdominal fat and chronic health risk.

**Ref. HW63**

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**Title: Can Medical Technologies Bridge Distance in Delivering Care for Older People? Their Own Viewpoints**

A person's psychological well-being is higher when he or she can remain at home, rather than being institutionalized; this is especially important in elder care (Schneekloth and Wahl, 2005). Elderly residing in rural areas are especially at risk of institutionalization because health care opportunities and medical specialists are fewer and farther between than in urban areas (Busch, 2000).

New medical technologies that increase the duration of time that people can stay in their own homes thus have benefits for the individual and society, but in order to work, they must be accepted by the users. Research shows gender differences in technology acceptance (Morris, Venkatesh, and Ackerman, 2005; Venkatesh, Morris, Sykes, and Ackerman, 2004), including telemedical technologies (Arning and Ziefle, 2009). Since life expectancy for women is higher (WHO, 2003) and fewer women than men have the ability or means to drive or use public transit, mobility limitations are more likely to befall women than men (Mollenkopf and Flaschenträger, 2001). Therefore there is an acute need for gender-sensitive research in the area of new medical technologies.

We assess the usefulness of a new technology that helps older and immobile people to access high quality health care by presenting respondents with a scenario that depicts a telemedical examination at home with the help of a nurse. Technical equipment consists of a laptop, a digital camera and a webcam. We compare this medical technology with a telemedical emergency setting to examine differences in viewpoints about these technologies from men and women aged 60 to 80 in Germany.

We hypothesize differences in explanation of perception and appraisal on the basis of gender and education level.

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**Title: Heat Stress, Social Contact and Perceived Support in Case of Illness**

Older people are especially vulnerable to heat stress (Basu and Samet, 2002). Since climate change results in longer and more intense periods of hot summer days (Meehl and Tebaldi, 2004), the probability of heat wave situations is increasing. Simultaneously, the demographic aging of the population results in a higher number of health-jeopardized people during heat waves. Therefore the combination of climate and demographic change poses a challenge that must be considered as a priority in health policies and city planning.

Living alone is associated with a significant higher risk of death during hot weather (Klinenberg, 2002; Semenza, Rubin, Falter, Selanikio, Flanders, Howe, and Wilhelm, 1996). A good quality and quantity of social support protects individuals in this kind of stress situation (Brownell and Shumaker, 1984).

Especially affected by climate change are urban districts, which differ strongly from their surroundings under heat conditions due to building structure and anthropogenic heat release (Endlicher and Lanfer, 2003; Kuttler, 1997; Kuttler, 2004). Those factors lead to the development of urban heat islands resulting in insufficient cooling by night (Harlan, Brazel, Prashad, Stefanov, and Larsen, 2006). High night temperatures in particular increase mortality, because the body cannot cool down sufficiently.

We conduct research evaluating individuals' social contacts to family members and friends, perceived support in case of illness, and experience of consequences of heat stress on health using a sample of respondents from a survey distributed in spring 2010 to 8500 people aged 50 or older in Aachen, Germany. We expect social contact to be a predictor of perceived health support, controlling for age, gender and education effects. Our results will lead to strategies to avoid heat-related excess deaths in the vulnerable population of older and socially isolated people, as experienced in many European countries in 2003.

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**Ref. HW129**

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**Title: Promoting Excellence in All Care Homes (PEACH): Exploring the Knowledge, Practices and Training Needs of the Care Home Workforce**

Despite the belief that abuse, neglect and lack of dignity are common in institutional care for older people, hard evidence is lacking. PEACH will identify aspects of practice in care homes that promote or detract from dignity, or have the potential to lead to abuse or neglect. Through a mixed-methods approach (validated measures, and in-depth interviews) the experiences of the care home sector workforce will be explored in relation to best practice, training, job satisfaction and wellbeing. The study will also determine the contexts in which abuse, neglect and lack of respect may occur to staff and residents by ethnographic observation of interactions between residents and staff in 8 care homes. Views of care home managers, owners, and relatives regarding training needs and promotion of best practice will be explored using focus groups.

This paper presents preliminary findings from the first phase of the project. Variable standards of care were identified. Despite expressing good intentions, many care workers do not understand 'dignified care' as anything other than providing privacy. The use of 'elderspeak' and depersonalisation of residents are a daily occurrence in some homes and many staff are not equipped to cope with more dependent residents. Examples of good practice were also observed.

The results will feed into the development of a pilot training package; recommendations for policy development; future training; and regulation in care homes.

**Ref. CC76**



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**Title: Reflections of Family Carers of People with Dementia Recently Admitted to a Care Home**

In this paper we discuss the reflections of family carers of a person with dementia, concerning their caring relationship, their contacts with medical and formal caring staff, and the effect on the caring relationship of the admission of the person with dementia to a care home. It is based on findings from an investigation of what happens to people with dementia who are admitted to a care home following a hospital admission: part of a larger investigation, funded by the Alzheimers Society, of outcomes for people with dementia once they are discharged from general hospital. The findings discussed here relate to data from interviews conducted at the time of admission to hospital (e.g. following a fall) with the family carer and where appropriate with the person who has dementia, and from a second interview conducted three to six months following the admission of the person with dementia to a permanent place in a care home.

The paper will look in detail at the experience of 12 family carers, reflecting on their experience of practical and emotional caring at different stages of their relative's journey through the care system. These family carers have differing accounts of efficacy and engagement by formal carers and medical professionals, but certain themes arise that speak to a commonality of experience: a paucity of clear and accessible information about the progression of dementia and services that might help; problems with the quality and continuity of formal care; yet the ambiguity of accepting admission into care.

**Ref. CC186**

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**Title: The Challenges and Issues of Diaries as a Data Collection Method: A Pilot Study****Background:**

Diaries can provide useful insights into different aspects of an older persons life, can aid recall and provide detailed information (Bytheway and Johnson, 2002). Despite this, the use of diaries can be fraught with problems such as non-completion. Drawing on qualitative data from a pilot study exploring the health information seeking behaviours of older people, this paper will explore challenges and benefits of using this method.

**Aim:**

To explore, pilot and evaluate the use of diaries within a qualitative study researching health information seeking behaviours of older people.

**Methods:**

Four respondents were asked to complete a diary for 2 weeks. The diarists were asked to identify where they gained their health information and the triggers for doing so. There was no pre-determined structure to the diary although guidance for completion was given. The next stage will have up to 10 respondents to complete a diary for 2 months and following analysis the diaries will be used as a trigger for discussion in a focus group and to guide semi-structured interviews.

**Findings:**

Data will be presented providing examples of the findings which include triggers, sources used, seeking diagnosis, connecting symptoms, evaluating advice and the significance of others.

**Conclusion:**

This method of data collection has much to offer and can provide valuable insights into the health information seeking behaviours of those participating, but also many challenges to the researcher including recruitment bias. A pilot study can provide useful information by ensuring that guidance for diary completion is clear and understandable.

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**Ref. P34**

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**Title: Ageing in a Global Era: New Maps for Later Life?**

Globalization is seen as a radical challenge to how we understand and experience later life. It is argued that globalization represents a re-ordering of socio-economic geography which existing gerontological theories and welfare structures cannot manage. However there are a number of problems with this argument. Principle amongst them is that, whilst this is a welcome challenge to the methodological nationalism of the main social gerontological theories, it risks uncritically replacing one totalising spatial frame with another. Data will be presented across a range of dimensions which show that the both the state-centric view of the dominant gerontological theories and the emerging globalization perspective are too narrow. Each largely rests on a series of binary opposites such as economic/political, global/national, etc. In their place I argue for the importance of adopting a neo-Medievalist perspective that is better suited to handled the complexity of both/and instead of either/or dichotomies. This paper argues that the economic, political and cultural co-ordinates of later life are increasingly located in a series of overlapping, sometimes conflictual sometimes co-ordinated, spatial and temporal frames. There is no single source of authority in this new order which regulates later life. Different actors operating with different scalar logics compete and co-operate in complex ways. They are not reducible to one another; nor are they driven by some singular logic. This complexity raises challenges for securing quality of life in later life. However it also opens up the possibility of multiple progressive politics acting across a number of levels.

**Ref. GA87**

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**Title: 'I treat her like my own grandmother': Embedded Models of End of Life Care in Care Homes**

A national survey of End of Life Care in Care Homes in England Scotland and Wales along with intensive studies of 6 social care and 6 nursing homes, revealed remarkably good care to dying residents across the whole sector. The interesting paradox that emerges from the data is that most care homes say they have had some training, but on inspection it mostly amounts to little more than a briefing from a hospice or PCT nurse. What works is that homes simply go on doing what they always do: focusing on the person they know and responding to their changing needs as life comes to its end. Here I present what managers and staff of all types say about how they give special attention to residents they know and care about as the increased frailty that precedes death becomes evident. Their many accounts of the simple but often profound actions to provide physical comfort, solace, conversation, spiritual experiences and the opportunity to reflect on 'last things' are both impressive and moving. Whilst home managers often endorse or encourage these actions, almost none of them are recorded in any protocols or recorded in case notes. Society and care home providers need to learn to value this great reserve of humane and often loving service

**Ref. CC155**

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Title: **Conflicting Discourses of Ageing: The Natural, Normal and Normative**

From the 19th century onwards the idea of a natural lifecourse following normatively understood life stages ending in infirmity and death has been challenged by both social and bio-medical developments. In the latter part of the 20th century breakthroughs in bio-gerontology and bio-medicine have created the possibility of an increasingly differentiated idea of normal ageing. The potential to overcome, or reduce, the age-associated effects of bodies growing older has led many social gerontologists to argue for a return to a more normatively based conception of ageing and old age. This paper examines and outlines the tensions between these different discourses and points out that our understanding of the norm is also fast evolving as it intersects with the somatic aspects of a consumer society. Drawing on the theoretical work of Ulrich Beck and Zygmunt Bauman the paper argues that the normalization of diversity is reflected in profound transformations at institutional and legal levels and in deep and corrosive forms of inequality and regulation. While a significant proportion of older people remain subject to modernist notions of normal ageing, for others, there is a very different prospect of a new 'normative ageing' where individuals are caught in a continually reflexive project of unattainable fitness. In this paper we argue that rather than engaging in moral arguments about the rights and wrongs of the natural, normal and the normative we need to address the lived experience of those who engage, refuse to engage, or are unable to engage with these contested domains.

**Ref. AB89**

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**Title: Potentials and Limitations of a Multiprofessional Local Network for Elderly Care**

To ease the housing shortage after World War II several council estates were built around the city of Berlin. One of these settlements, at the border of former West Berlin, was erected during the early seventies as a prototype of modern architecture. Many first-generation council tenants are still living here. Therefore the proportion of elderly tenants (65+) is above average, among them an increasing number of elderly migrants. In 2003 a self-governed network was founded by local social institutions, housing societies, services for elderly care, doctors, schools, and trades people. The goal of the network is to help elderly tenants stay in their own flats as long as they wish to and to help them manage their everyday lives in spite of increasing health problems.

Based on the World Health Organization's definition of health we are investigating the effects of the network's activities by looking into three areas:

1. The history, activities, and structure of the network, and motivation and expectations of network partners (methods: interviews and participant observations);
2. Public perception of the network in the group of elderly tenants and effects of the network on their everyday lives (methods: representative survey, interviews and focusgroups with members of the target group); and
3. Development and testing of instruments for further quality evaluation by the network partners themselves.

The talk will present the research project and discuss the potentials and limitations of the network as a model of neighbourhood-based health-promotion.

**HW86**

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**Title: Families, Ageing and Indian Migration in New Zealand: Issues Identified by Community Leaders**

Emigration from India and settlement in many countries across the globe has been going on for centuries, and has contributed to the growth, ethnic diversification and ageing of the New Zealand population since the late nineteenth century. Between the 2001 and 2006 NZ Census points, the population who identify as Indian grew by 68%, reflecting a recent acceleration of this migration flow. Although those aged 65 years and over are currently only 4% of the Indian population in NZ, Indian community organisations are identifying a growing range of issues relating to services and policies for older people in their communities.

As part of a recent study of Families, Ageing and Indian Migration (FAIM) in three New Zealand cities, a series of key informant interviews was conducted alongside family case studies, to explore and discuss these issues. The community organisations range from long established cultural and linguistic associations, to more recently emerging groups working in social services and community support.

The issues identified by these community leaders were further developed through the family interviews (reported elsewhere): social isolation and loneliness, intergenerational roles and family issues, care for older people, income and sharing resources such as housing and transport, and changing patterns of long and short-term migration. This presentation draws out the policy and service development implications from these issues, and considers the projected future needs based on the ageing of these Indian communities, as a case study in the intersection of global population movements and ageing.

**Ref. GA184**

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**Title: The Everyday Impact of Caring on Older People who Look after or Provide Support to Someone with Advanced Cancer: Older Carers' Views and Support Needs**

This paper describes the progress of an ongoing one year project funded by Macmillan Cancer Support.

**Project aims:**

- To develop greater understanding of the particular impact looking after someone with advanced cancer towards the end of their life has on older 'carers' everyday lives (for example, impact on personal, practical and social aspects of life, emotional and physical health; identity and bereavement);
- To promote user involvement in research; and
- To facilitate the development of more appropriate support for older carers.

**Stage One: Fieldwork**

Four discussion workshops in contrasting areas of England involving a socially diverse sample of older people with experience of looking after someone with advanced cancer towards the end of their life were held. Participants 1) describe and discuss their various experiences of providing care as an older carer – the challenges, feelings, concerns and rewards, support needs; 2)decide as a group (using the nominal group technique) which problems should be prioritized for further investigation and improved support

**Stage Two: Collaborative Research**

Workshop participants are invited to continue working on the project with the researchers to develop research questions reflecting the priorities identified at the four workshops; contribute to the writing of the project report, and contribute to the development of research proposals and execution of future projects based on the prioritised questions. Those interested are given research training and ongoing support to enable them to develop the competencies and confidence to work as research partners. All participants receive an allowance in recognition of the benefits of user involvement in research.

**Ref. P53**



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**Title: Developing Inter-generational and International Programme for Seniors: Attempt at Japanese Gerogogy**

Growing old is a first-time experience even for seniors who seem to be experts in life. Just like they once were trained as children and teenagers, it is ideal that gerogogy—learning environments to guide seniors to the advanced life stage—prepares them for old age.

Gerogogy can promote seniors to obtain another identity, especially after they are free from occupational and child-rearing obligations. It can assist them to take good physical and mental care of themselves. It also allows them to participate in not only every day but also all day long.

However, lack of attaining outstanding results has been pointed out as the limitation of gerogogy. Therefore, the presenter introduces the attempt of Japanese seniors, whose images are more domestic and less passionate when compared to the younger generations. An example of the programme is to support seniors in becoming outgoing and to convey to the next generation (even to the foreign countries) their memorable experiences that are related to love, including funny aspects of arranged marriage and broken heart due to WWII.

The longer we live, the more we inquire about the reason and worth of being alive. If seniors play the role of agents in overcoming generation gaps and national boundaries by revitalizing episodes from their lives, it is possible to claim that the gerogogical programme can provide certain clues to assist seniors' queries.

**Ref. CD17**

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**Title: Racial and Ethnic Disparities in United States End-of-Life Care: A Conceptual Model**

Current literature indicates that most minorities do not receive end-of-life care. Additionally, evidence of barriers to health care for minorities, as well as related outcomes, has been well documented. However, minimal work has described the interconnectedness of multiple variables associated with access to end-of-life care.

Drawing from this pool of research, we propose a conceptual model in which service use and related patient outcomes are the product of patient-level, provider-level, and system level barriers. Notably, the model introduces an innovative mediating factor: provider personal characteristics. Wherein, provider personal characteristics (e.g. gender, religion) are considered instrumental in explaining minority access disparities to end-of-life care.

This model offers a significant contribution to the literature by synthesizing much of the previous research to propose a series of explanatory factors that account for the disparities in end-of-life care usage.

**Ref. CD222**

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**Title: Building a New Research Community**

The UK capacity for ageing research is limited by a lack of experienced scientists. A modest four year initiative (SPARC) was established in 2005 to build capacity by encouraging early-career academics to become involved. Modest grants were provided for pilot projects, as well as mentoring, access to prestigious national and international dissemination platforms and to policy makers, advice on the production of materials for non-academic audiences, introductions to sources of financial support for research and other useful facilities designed to accelerate the development of newcomers to the field. SPARC also organised many national and some international workshops mostly for all-comers (for example, professionals, older people and scientists) and was active in representing the needs of older people and the role of research to policy makers in government.

Thirty four of the 200 applications for support received were funded, of which 22 were from very early-career researchers. The others were from very experienced scientists seeking to move into ageing. The projects involved 100 investigators and research assistants and a further 100 collaborators, research scientists and professionals. The outcomes of half of the projects were judged to be either Outstanding or Tending to Outstanding and a further third were judged as Good. By December 2008 most award holders had secured follow-on funding, in total valued at £10m of which half was clearly attributable to the activities of SPARC. Publication rates, frequency of presentations, especially to non-academic audiences, and involvement with international activities and the media were also enhanced.

**Ref. OS11**

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**Title: The Dynamics of a Funding-dependent Research Community**

In the late 1990s the UK Research Councils established a family of research programmes specifically concerned with ageing research. Since then there have been five major programmes each with their own unique characteristics. Comparisons have been made of the funding available through these programmes, the number of academics engaged as principal and co-investigators and the extent to which projects funded within programmes have been single disciplinary or have strived to be multidisciplinary. These suggest that the present level of activity within research council funded programmes targeted on ageing is not significantly greater than a decade previously although the balance in participation, in terms of the background specialisms of investigators, most certainly has changed. Consideration has also been given to the extent to which more recent programmes have built on the skills and expertise generated during the earlier programmes or have drawn on different players. Here too situation varies across different specialisms, the 'follow through' has been strong for some but very weak for others. A further difference between the programmes can be found in the research models which they have favoured and hence their attractiveness to researchers with different backgrounds and those outside of the research world such as professionals who work with older people and older people themselves. Some models are more inherently sympathetic to meeting the needs of these important players as well as to those of the research community.

**Ref. MM12**

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**Title: Selective and Optimisation Coping Strategies Best Predict Habitual Walking Activity in Older Fallers Attending Falls Prevention Exercise**

**Background:**

Exercise can reduce falls by up to 20%, possibly via the amelioration of physical impairments that impact physical function. Assessment of clinical efficacy focuses on these impairments or future falls rates. For some, activity restriction (AR) could explain reduced falling. A coping strategy employed by older fallers, AR could reduce exposure to falls-risky situations. There is little evidence to support the causal effect of exercise on falling, a lack of clarity about contributing social factors, and lack of discourse about the variable responses made to exercise interventions. This study therefore examined (i) evidence of AR and (ii) the determinants of physical activity (PA) in elders referred to falls prevention exercise.

**Methods:**

N=22 adults aged  $\geq 65$  years referred to two exercise programmes, creating a broad case-mix, were recruited from southeast London falls clinics. Reassessment included: PA (step count/ accelerometry); coping strategies (SOC questionnaire); social support (Social Support Questionnaire [SS]); falls self-efficacy (Fall Efficacy Scale-International [FES-I]); balance mobility (timed-up-and-go [TUG]). Linear mixed effects modelling was used.

**Findings:**

PA levels increased non-significantly. There was large variability in PA responses. Loss-based selection and optimisation coping strategies strongly predicted PA ( $p=0.02$ ;  $0.06$ ). TUG, SS and FES-I were significant/approaching significance but weak predictors ( $p=0.02$ ;  $0.08$ ;  $0.08$ ).

**Discussion:**

There was great variability in PA post-exercise, with no average group change. How older fallers chose to cope with falling and its consequences determined PA more than their balance mobility, self-efficacy or social support. This is clinically relevant to the provision of patient-centred falls prevention services.

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**Title: Can Partnership Working Build on Shared Target Populations, Risk Factors and Preventative Approaches to Maintain the Safety of Vulnerable Older People?**

Older people are at increased risk both of falling and experiencing accidental domestic fire. Both falling and fires can result in mental and physical morbidity, or death, and present significant costs to services and families. There is striking similarity in risk factors for each of these events: frailty, sensory impairment, multiple culprit medications, and poor mobility. The significance of this for prevention has not been fully explored. National guidance and practical interventions exist for each, which aim to prevent and reduce the incidence of fire injury and falling respectively: e.g. Fire and Rescue Services' Home Fire Safety Visits and NHS Falls services' multifactorial targeted interventions. There are interesting similarities between their approach to community-based prevention intervention, including provision of safety advice, risky behaviour modification, home hazard identification and the use of an early warning system. In view of the commonality of the target population, potential beneficiaries of these interventions, and practical interventions, partnership between Fire and Rescue and National Health services may provide an opportunity to co-ordinate an approach for the identification, assessment and treatment of vulnerable older adults at risk. Caveats to this partnership may be a divergence in desired outcome and advice offered by practitioners in each organisation and variability in perception of risk by service users. A proof-of-concept study is currently being conducted with London Fire Brigade and NHS Falls Clinics in Southwark and Lambeth boroughs of Southeast London which explores the effectiveness, appropriateness and acceptability of this partnership for both stakeholders and users of services.

**Ref. IRP160**

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**Title: Families, Conflict and Care: Evaluation of an 'Elder Mediation' Pilot Project**

Conflict is a regular part of everyday life but one that can have devastating effects on health and well-being, and one's sense of self, if not handled in a constructive manner. With increasing reliance on families to provide care for ageing relatives, there is increasing potential for conflicts to arise. To date however relatively little attention has been paid to conflict in later life both from a research and practice perspective.

This paper will present findings from two studies of older people's experiences of family conflict and mediation as one possible way of addressing it. Mediators facilitate conversations to help people in conflict understand each other and co-create solutions that work for them. 'Elder mediation' in particular seeks to promote older people's self-determination and capacity for decision-making.

The two studies presented in this paper are an evaluation of an elder mediation project set up in 2009 by the Alzheimer Society of Ireland, and a scoping study of what a similar service might look like in the UK. Both studies draw on questionnaire surveys, semi-structured interviews and observations of older people and their families and their experiences of family conflict and mediation.

This paper will draw out common themes and make recommendations for research and practice, comparing different approaches taken in the US, Canada, UK and Ireland. The wider implications for current policy agendas relating to mental capacity, independent living and the provision of information, advice and advocacy will also be explored.

**Ref. CC182**

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**Title: How are Older Adults Protecting Themselves from Falls in the United States?**

Fall events in the older adult population are considered to be a public health problem. Yet, there are some limitations in understanding how to optimize fall management and prevention. While multifactorial interventions are an effective strategy to minimize fall risk, factors that are protective against falls are not well-studied, but are necessary to understand in order to enhance fall prevention efforts. Protective factors include positive health behaviours (i.e. participation in vigorous exercise > 3 days a week) and environmental characteristics (e.g. living in a one-level living environment and use of a grab bar) which can be used to maximize the person's ability to function in their environment.

The objective of this study was to examine the effect of protective factors on the occurrence of falls using a nationally representative sample of community-living older adults in the United States (US). The primary outcome of falls (no fall, one fall no injury, two or more falls no injury, or one or more falls with an injury) at a subsequent wave was predicted from existing protective factors, controlling for fall history and risk factors at a previous wave in multivariate analysis using 1998-2004 waves of the Health and Retirement Study (HRS) (n=24,715). Living on one-level was the only protective variable significant for both fallers (OR=0.81, p<0.05) and non-fallers (OR=0.80, p<0.001) against injurious falls and multiple falls, respectively. Protective factors do serve as a buffer to lower future fall risk among community-living older adults in the US.

**Ref. P125**



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**Title: Social Functioning, Polypharmacy and Depression in Older Chinese Primary Care Patients**

**Objectives:**

This 12-month study examined how medical and social factors contributed to the development of depression in Chinese older primary care patients in Hong Kong.

**Method:**

In 1999, 457 patients were randomly selected from primary health clinics for assessment by using Minimum Data Set – Home Care. 318 of them were re-assessed over time.

**Results:**

The mean age in 2000 was 73.6 (SD=5.5), and 51.6% of them were females. Despite respondents' social functioning improved over time, their cognitive and IADL functioning deteriorated, and the average number of medications increased ( $p<0.001$ ). Those respondents using more than 3 medicines suffered from a higher number of depressive symptoms at baseline and follow-up ( $p<0.01$  and  $p<0.05$  respectively). Multiple regression analysis models indicate that, after considering the effects of medical review of medications and previous history of depression, the development of depression over time was attributed to the decline of social functioning and increased medications ( $R^2=0.41$ ,  $p<0.001$ ).

**Discussion and Conclusion:**

Findings reveal that older patients' suffering from depression was due to the decline in social functioning and increased medications over time. Medical review of medications was a catalyst for depression because those patients whose medications were increased after review at baseline contributed to the development of depression over time. These patients might have hoped to reduce the number of drugs they were taking, but the outcome of review was not favourable to them. This was the process of learned hopelessness because nothing they could do to eliminate the impact of polypharmacy. Implications for practice are discussed.

**Ref. OS84**

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**Title: Dignity, Identity and Changing Health**

Examining identity in later life reveals a complex picture, which can be analysed using a life-course perspective. This paper offers emerging insights from an ongoing qualitative study of dignity in later life\*, which has adopted a prospective longitudinal methodology to obtain participants' perspectives on their experiences over a period of 28 months. The study examines how participants adapt to changing circumstances that are brought about by illness and impairment and lead to increased dependency on others for help with every-day living. Such circumstances jeopardise the dignity of identity and pose a significant challenge to people at this stage of the life-course. Factors taken into consideration in this examination include the intrapersonal, such as changes in bodily capacities and decisions to continue or relinquish accustomed activities, as well as the interpersonal, including changes to family relationships and friendships and the introduction of paid care staff into participants' daily routines.

Participants' accounts of their ways of coping with these challenges and of their experiences of being helped are discussed in terms of the dignity of identity. The life-course approach links these accounts to their recollections of earlier life experiences and relationships. Their accounts are also considered in terms of their thoughts about the future and the prospect of increasing dependency on others for help.

\*New Dynamics of Ageing ESRC RES-352-25-0016

**Ref. OS123**

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**Title: Social Influences on the Sleep Quality of Older Adults**

The Pittsburgh Sleep Quality Index (PSQI) was designed to measure subjective sleep quality over the previous month and to discriminate between poor and good sleepers. The PSQI includes indicators of sleep latency, sleep duration, sleep disturbances, use of sleep medication, subjective sleep quality and daytime dysfunction. This paper examines how health and social factors influence the quality of sleep of older adults.

A self-completion questionnaire which included the PSQI was completed by a representative sample of 1085 older people (575 males and 583 females), aged over 65 who were living in their own homes. It was found that about half of older adults scored 6 and above on the PSQI, indicating they experience poor quality sleep. Logistic regression using a range of socio-demographic and health predictor variables was undertaken. Gender, social economic status (SES) and health problems were all significant predictors of poor sleep. In particular, older women reported poorer sleep than men, and those who had been in professional occupations reported better sleep than those in most other SES groups. Greater numbers of health problems were associated with poorer sleep, with cancer and muscular/skeletal conditions specifically relating to higher PSQI scores. There was no effect of age once health problems were entered into the model, suggesting poor sleep amongst older people is not purely age related, but is influenced by more specific health and social factors.

We acknowledge support from the New Dynamics of Ageing initiative, a programme supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009).

**Ref. HW83**

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**Title: "I live for today": A Qualitative Study Investigating Older People's Attitudes Towards Planning for Later Life**

The Mental Capacity Act 2005 implemented in England and Wales in 2007 provides a framework for individuals to plan in advance for retirement and later life. It provides for appointing surrogate decision-makers in advance of an illness that might compromise decision-making in the future. This paper explores the experiences and opinions of older adults living in the community towards planning for retirement and later life in the context of these provisions. Thirty seven well older people were recruited to the study from a range of community and voluntary sector services and qualitative interviews were conducted. Framework analysis, consisting of identifying consistencies and coding in order to generate an overarching framework, was conducted. Findings revealed that well older adults were unlikely to plan in detail for their future. Financial plans, such as a will, had been considered and funeral plans had often been drawn up in detail. However, future potential health and social care issues were rarely addressed in formal discussions. Unless prompted to think about this, older adults said that they were unable to speculate on future potential health conditions. Most participants were also not confident that professionals involved in care provision would adhere to any plans they might set out. Overall, most were aware of services and advice bureaux that could provide information and advice regarding these issues and were confident of seeking help from them.

**Ref. OS138**

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**Title: Getting on with Living: Dementia and Well-being Course**

This presentation discusses an educational course for people with dementia and their carers in the Highlands of Scotland, which aims to improve the health of people with dementia and their carers. It uses a variety of pedagogy approaches to facilitate learning and examine self-care strategies. The course delivery is an example of modernising service delivery, through a unique partnership with academic, NHS and Voluntary organisations.

A number of factors generated the need for this course including: an ageing demographic profile (GRO Scotland 2005); access to medical diagnostic processes (Mason and Wilkinson, 2002; Pratt and Wilkinson, 2001); impoverished post diagnosis information (Mason and Wilkinson, 2001; Scottish Dementia Working Group, 2006); poor referrals to supporting agencies in rural areas (Blackstock et al., 2006, Mason et al., 2005, Innes et al., 2005); and health and well being issues for carers and people with dementia (Pot et al., 1997). There is also growing evidence that psychosocial intervention (Gitlin et al., 2001) including memory stimulation (Clare, 2000) may enhance a sense of well-being and improve every day performance.

This presentation will offer a flavour of the course content, evaluation data, and discussion around access to such courses.

**Ref. HW5**

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**Prof Jan Dewing**

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**Title: The Implementation of a Model of Person-centred Practice in Older Person Settings in the Republic of Ireland**

**Aim:**

To implement a framework for person-centred practice for older people across multiple settings in Ireland, through a collaborative facilitation model and an evaluation of the processes and outcomes.

**Method:**

The programme was set within an emancipatory practice development framework. Processes and outcomes were evaluated within a framework of cooperative inquiry drawing upon reflective dialogue data between the facilitators, programme participants and the programme leaders; interview data with all participants and records of developments. In addition, a number of 'tools' were used to systematically evaluate the processes and outcomes of the development activity and the development of a person-centred culture. Data were collected at three time-points. Between 800 and 1200 questionnaires were analysed at each time-point (Total sample = 3118), 180 periods of observation were undertaken and 120 user narratives were collected.

**Results:**

Findings demonstrate the positive role of the facilitator in changing practice context working collaboratively and in partnership with staff groups. The role of managers is a significant factor in the way settings achieved more or less change in culture. Findings demonstrate, residents having more choice; with more hopeful environments; more effective teamwork; better inter-professional relationships; settings being more open to change and innovation; and the development of more person-centred care environments.

**Conclusion:**

The findings from this study demonstrate the impact of a systematically facilitated approach to culture change set within a person-centred practice framework. The need to embed the work in health strategy is highlighted and issues for the ongoing development of similar programmes raised.

**Ref. HW15**

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**Title: Participation in Biosocial Surveys and Completeness of Measures Derived from Blood**

Biosocial surveys can explore biological pathways to disease risk, their association with social relationships and statuses, and build a population profile of clinically relevant measures. The design and conduct of biosocial surveys requires adaptation by both survey and biological researchers. This paper examines participation in the Wave 2 nurse visit of the English Longitudinal Survey on Ageing (ELSA) and the completeness of blood-derived measures. The chain of events in collecting blood begins with consent and ends with full or partial samples. In addition, some measures require fasting. Thus, respondents must be asked to fast and then not eat. Specific analytes, e.g., total cholesterol, may be limited by problems with the sample, the quantity of blood obtained, or transmission of tubes or laboratory results. Analyses used survey techniques to take account of the complex sample design. Of 8,688 sample members, 88% consented to the nurse visit. Participation was negatively associated with age. Among participants, 86% (weighted percents) consented to blood samples and 94% provided a sample, with a full sample by 60%. Of consenting participants, 70% were asked to fast with 85% reporting their fasting behaviour. Multivariable analyses will focus on respondent and survey method related predictors of the outcomes of consent, obtaining samples, eligibility for fasting, and having any value for the biomarker. While blood-derived measures present the most contingencies, other biomeasures have multiple trials or eligibility determination. In addition to applying the appropriate weights to adjust for non-response, researchers should be aware of the measurement complexity in biosocial surveys.

**Ref. MM136**

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**Title: Considering Older Users: Designing with Information and Empathy**

With current trends such as increasing ethnic diversity, multi-cultural societies and the ageing population, it is vital that designers of the future are able to appreciate and assess a wide variety of human capabilities, needs and wants. An 'Inclusive design' approach promotes this way of thinking, encouraging products and systems that are usable by as many people as reasonably possible without the need for adaptation.

This paper investigates the issue of access to 'older user data' in the design process. During the course of a typical design development gathering rich information about these user groups can be challenging, as many barriers exist (e.g. time constraints, access to older users, ethical constraints etc). Some support is available for inclusive design practise, however the academic bias and clinical execution of existing support tools and literature tends to be a major hurdle in engaging designers. Unquestionably engaging designers with such tools would not only help them interrogate issues during the design process, but would also assist them in forming new connections and insights, at the front end of concept creation.

In order to address this problem work is currently being undertaken within the Inclusive Design Research Group at Brunel University, to develop tools that can go someway towards bridging the information/communication gap that exists between designers and older end users. The intention of these tools is to effectively communicate information to designers in more human and engaging ways, meeting the data requirements of designer but also creating a healthy level of empathy.

**Ref. MM185**



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**Title: New Metrics for Exploring the Relationship Between Mobility and Successful Ageing**

Ageing is generally associated with a decrease in mobility and social interaction and yet sustaining levels of activity is important for successful ageing as for those for whom mobility is a problem suffer in a variety of ways. Although mobility is an issue for ageing there are two gaps in knowledge. Firstly, relatively little is known about mobility in the oldest-old and secondly there are methodological problems in that determining the extent to which older people are active in their environment has been limited largely to self-report studies. This study utilised innovative methods (activity monitoring methods combined with data from state-of-art location-aware technologies) in order to develop new metrics for mapping the mobility of the oldest-old members of an existing 20 year longitudinal study of ageing. 86 survivors (72 to 92 years old) of a 20 year longitudinal study of ageing took part (mean age 79 years). Participants' gait, balance, health, well-being and cognitive ability were assessed and they wore an accelerometer and a location-aware device for 7 days while completing diaries noting activities and journeys. Cognitive ability, health and well-being measures demonstrated that participants were successfully ageing. Regression analyses show that a measure of balance is a consistent predictor of mobility as measured by both the accelerometer and diaries, whereas gait speed, health and 'functional mobility' are the best predictors of distance travelled away from home. Further analyses will examine whether data gathered longitudinally over the past 20 years can predict current mobility and successful ageing.

**Ref. HW118**

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**Title: The Willingness to Continue Caring in Informal Carers of Older People: Results of the EUROFAMCARE Study**

An informal carer's willingness to continue in the caregiving role has been shown to be one of the most significant factors related to the breakdown of family care of an older person. Yet little is known of what influences a carer's willingness to care. The EUROFAMCARE study examined the characteristics of caregiving in six European countries, and this paper reports the results of an analysis that determined the factors related to willingness to care in each of the six countries. Nearly 6,000 informal carers of older people (1,000 each from Germany, Italy, Sweden, Greece, Poland and the UK) participated, recruited using a shared sampling protocol and interviewed using a standardized questionnaire. Logistic regression procedures determined the best model for predicting willingness to care in each country. Between 29% and 14% of the variance in willingness to care was explained by the models. There was considerable variability across Europe in the factors linked to willingness to care. No single factor was significant in the models across all countries, but the negative impact of care was negatively associated with willingness in the models in five countries, while being a son/daughter carer was positively associated with willingness in four countries. The category of variables that explained the most variance in willingness to care was 'caregiving circumstances and relationships'. If a carer's motivation for caregiving is to be maintained, support for carers must adequately address any negative impact of their role, and use a relationship-centred approach in order to achieve the greatest benefit.

**Ref. CC219**

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**Title: Promoting Communication and Fostering Interaction Between the Generations: A Study of the Development and Design of the UK's First Purpose-built Intergenerational Centre**

This paper reports on a study of the UK's first purpose-built, shared-site, intergenerational centre in the London borough of Merton. Many changes in society have led to generations frequently becoming segregated from one another, especially younger and older adults. This segregation can lead to unrealistic, negative stereotypes and a decrease in positive exchanges between them. Consequently, promoting communication and engaging citizens across the generations, has been identified as critical in helping to build more cooperative, inclusive and sustainable communities. Intergenerational shared sites offer a unique opportunity to unite the generations under one roof.

The current multi-method research project aims 'to tell the story' of this unique development within the context of a national policy agenda which is beginning to recognise the potential benefits of intergenerational practice. It explores the ways in which the Centre, the processes involved in its development, and the resulting design of the building seek to involve and include both younger and older adults from the local community. A year into the study a number of changes have taken place within the project. This presentation outlines the study, the background to the development of the centre and reflects on some of these transformations from the perspectives of those most closely involved.

This study is funded through an ESRC CASE studentship, in collaboration with the Beth Johnson Foundation's Centre for Intergenerational Practice.

**Ref. CD27**

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**Title: Contributing to 'the Real World of Impossible Tasks'**

This paper explores how community development workers try to reconcile conflicting expectations and maintain traditions of good practice in a consumerist environment. In his study of health care reform in the US Robert Alford (Alford, 1975) identified three groups: dominant professional interests, like doctors; challenging corporate and managerial interests, like system managers, and the 'repressed community interests of patients and families. Corporate and managerial interests are divided into: 'bureaucratic reformers' (who believe markets have no place in health care), and 'market reformers' (who challenge state involvement in health care.

In the UK community development workers did not focus on health until the 1980s (Thomas, 1982) and only slowly engaged with older people (Tilston, 1987). We were, however uncomfortably, the allies of Alford's bureaucratic reformers, committed to the welfare state. However, as the balance of power has shifted towards market reform (DoH, 2008) practice has become more aligned with the radical individualization of health and social care, and its co-option of 'repressed community interests' towards an agenda of privatization and self-management. I review practice examples to consider whether it is still possible to reconcile user engagement with progressive professional interests and develop models of co-production that engage with the changes demanded by 'world-class commissioning' (Hunter, 2008).

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**Ref. OS110**

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**Title: The 'D' word: Reflections on the Relationship Between Stigma, Discrimination and Dementia**

One of the prominent characteristics of dementia discourse is the pivotal role that stigma plays in defining the experience of having the condition. It confers a 'master status' on the individual subsuming all other attributes into a single stigmatised identity. It also contributes to reduced quality of life. As a predominantly age related disorder people with dementia are additionally exposed to the pernicious impact of age discrimination. Not only does this act as a multi-level barrier to inclusion but contributes to feelings of worthlessness and despair. Further, ageist attitudes undermine the development of good care practice and contribute to therapeutic nihilism. As stigma and discrimination permeate every dimension of the lives of people with dementia it is axiomatic that a strategy to reduce their impact needs to be multi-dimensional. Policy has a pivotal role to play; addressing stigma is a key aim of the 2009 National Dementia Strategy as is improving the quality and range of services (Department of Health, 2009). Adoption of person centred values plays a particularly positive role. Recent attempts to re-conceptualise dementia as a disability - instead of a progressive medical condition - and locate it inside the social model of disability has helped to provide a 'new' way of understanding the condition and challenge stigma. Research also has a role to play. More work is needed on 'successfully ageing' with dementia, the development of effective non stigmatising treatments, and capturing the subjective experiences of people with advanced dementia.

**References:**

Department of Health (2009) Living well with dementia: A National Dementia Strategy. DoH: London.

**Ref. HW37**

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**Title: “Just another damned hospital – with nicer colours”: Research in Swiss Nursing Homes****Introduction:**

Care giving in nursing homes comprises of physical work to support old, frail people in their activities of daily living and to provide medical care. Carers are also expected to “make meaning” for the residents as the nursing home is their home, residents have no other address.

In Switzerland there will be an increasing demand for nursing home beds over the next decades. Existing buildings need to be renovated; enlarged and new nursing homes need to be built. Policy makers and architects appear increasingly aware that home-like features need to be incorporated into the design of care environments in addition to accepted dementia and physical handicap specific design. Care staff are present around the clock in order to undertake body work and provide meaning making. Therefore the physical environment needs to accommodate the physical and material requirements to facilitate this form of work. Little attention has been paid to evaluate how care staff experience the work environment in Swiss nursing homes and how it should be designed from their perspective.

A study has been conducted in a newly built “garden wing” and in the oldest part of an existing older building in a Swiss city. 7 hours observation, 22 short interviews; a focus group and 72 digital photographs were taken to gain an insight into the experiences of care staff within the physical environment. Preliminary analysis of the data indicates there is room for improvement in the physical work environments for care staff to also enable them to facilitate meaning making.

**Ref. CC170**

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**Title: The Role of Changing Social Contexts for Dynamics in Later Life – The Impact of Neighbourhoods, Districts and Regions on Diversity and Inequality in Later Life in a Multi-level Perspective: Results from the German Ageing Survey (DEAS)**

Quality of life in the second half of life and its dynamics are influenced by contexts on different societal levels. Beyond the macro level of national (welfare) policies and cultures especially regions, federal states, districts as well as local neighbourhoods have a substantial, but often neglected impact on quality of life in old age. Cross-sectional and longitudinal analyses of data from two waves (1996, 2002) of the German Aging Survey (DEAS) showed a threefold impact of a district's prosperity on the individual's living standards: Direct effects on resources, direct effects on evaluations and a moderating effect on their interaction. Analyses are extended to a larger variety of contextual factors in several societal levels, further dimensions of older people's quality of life and more recent data. Multilevel analyses, which now include cross-sectional and longitudinal data of the DEAS 2008, explore to what extent individual changes in quality of life interact with social contexts. They also show the impact of welfare state interventions on the different societal levels on quality of life in the second half of life and give emphasis to the significant mediating role of societal meso levels.

**Ref. OS73**

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**Title: K-T EQUAL: Bringing Ageing and Disability Research into Practice**

The UK Engineering and Physical Sciences Research have, since 1997, invested significantly in research to benefit older people through their EQUAL initiative (extending quality life of older and disabled people). This has placed the needs of older and disabled people at the core of activity and funded a number of single and consortium based projects. It has also included a network (EQUAL) which commenced for three years from 1997 and a second network from 2001 (SPARC; strategic planning for ageing research capacity) which has just finished. The EPSRC are now funding a consortium across seven UK universities to ensure that the benefits of their research investment are received by industry and by practice and also that the ideas for future research are obtained from an ever widening community of stakeholders including older people. The focus is upon research in design, the built environment and assistive technologies, but this is not exclusive and other topic areas of relevance to older people can be included. Consortium leaders are also expected to be instrumental in the knowledge transfer process through attendance at key policy and research events concerned with older people. This consortium 'KT-EQUAL' (knowledge transfer and exchange for extending quality life) is funded for four years.

For this symposium the presenters will describe the current and planned activities and outputs to date of the KT-EQUAL Consortium. These include workshops for all-comers and events for specific groups including early stage researchers, lobbying to get the needs of older and disabled people heard by those in a position to influence policy and workshop monographs, journal series and targeted materials for certain audiences; for example design practitioners. These activities will be set in the context of current UK policy which is demanding that the societal impact of research is demonstrated and in the philosophy of EQUAL which seeks to maintain older and disabled people at the core of research and knowledge transfer. Following the presentation, discussion will be facilitated. This will include ideas for further activities and delegates will also be encouraged to join the network and get involved.

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**Claire Craig**

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**Title: Self Management for People with Dementia: Preparation of a Programme**

Until recently the potential that people with dementia might have to self manage their condition in the early to middle stages of the illness was set aside. However this is now changing due to a combination of factors including the availability of memory enhancing medication, the voices of people with dementia which are now beginning to be heard and the widened horizons of some service providers regarding what might be possible.

Claire Craig and Gail Mountain have been working on a programme of self management for people with early dementia. This has involved developing the concepts to underpin self management for this previously neglected group. Interviews and consultation with people with dementia and their carers have been conducted to explore the components that they consider should be included in such a programme. This paper will describe the underpinning concepts and give some of ideas that people with dementia and their carers identified as well as some of the other issues they raised. Following this the areas for self management that are now being developed further will be presented.

Mountain G. (2006) Self management and Dementia: an exploration of concepts and evidence Dementia: The International Journal of Social Research and Practice 5(3), 429 – 447.

**Ref. HW81**

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**Title: The Role of Technology in Helping to Prolong Safe Driving for Older People**

Older people are fitter and more active and, hence, more mobile than ever before. The latest cohort of older people is likely to have driven all their life and have therefore geared their lifestyle around the car. Coupled with the growth of a hypermobile society, older people are more reliant on the private car than at any other point in history. However, the ageing process impacts negatively on driving ability increasing the likelihood of road accidents per mile driven and the necessity for older people to cease driving, leaving them possibly socially isolated. So, how might technology prolong safer driving for older people, allowing them to continue to drive later on in life? This project reports on an in-depth qualitative study with a cohort of 25 older drivers. Using a variety of qualitative methods, involving focus groups, driver diaries, interviews and playing a board game, it was found that older people have particular driving challenges associated with attention, increased reaction times, fatigue, problems with glare and luminance and maintaining a consistent vehicle speed. Technology can aid a driver with these issues. However, the success of such technology is highly correlated with positive attitudes towards such interventions. Historically, older people tend to refute new technology. The presentation will investigate which technologies older people prefer and why and conclude with how to improve the acceptability of technologies that may be beneficial to older drivers.

**Ref. HW166**

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**Title: Where are Frail Older People Cared For? A Comparative Study of Frailty in Supported Living Environments in Wales**

‘Extracare’ describes innovative housing schemes that combine both independent living with high levels of care. The assumptions behind these developments are that older people will be enabled to live for longer ‘at home’ whilst calling on a range of care and support services thereby potentially promoting their health, quality of life and well being and reducing social isolation. Extracare in this sense is portrayed for both fit and frail older people. This paper examines whether supported living environments (residential care and Extracare) or community support caters for both fit and frail older people.

This paper reports on a study involving 180 older people in Wales who receive care in Extracare facilities, residential homes or the community. A questionnaire including both physical and cognitive frailty measures was administered to participants in face-to-face interviews in each residential setting. Frailty measures included: unintentional weight loss of more than ten pounds in the last twelve months; maximum grip strength (hand held dynamometer); subjective exhaustion (SF36); balance and gait speed (timed up and go test); mood (GDS); cognition (MMSE); and activities of daily living. Combining the measures, analysis indicates that those in residential care homes have a higher level of care need, illustrated by higher levels of physical frailty and lower cognitive scores. Despite the rhetoric which suggests that Extracare facilities are able to cater for frail elders, the results indicate that those with higher needs are being supported in residential care facilities rather than in the community or within Extracare schemes.

**Ref. HW111**

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**Title: Contemporary Visual Art and Identity Construction – Wellbeing Amongst Older People**

This paper reports on the initial findings from a New Dynamics of Ageing Programme funded study entitled 'Contemporary visual art and identity construction – wellbeing amongst older people'. This two-year study aims to understand how the lives of older people can be improved by examining their use of contemporary visual art for identity construction practices.

The focus on contemporary art is a consequence of the fact that its aesthetic, conceptual and even moral value is frequently contested providing fertile ground for a study of identities. The responses of older people are explored as the engagement with contemporary art of those over 64 decreases markedly, as barriers such as ill health have increasing effect. Using a qualitative approach we explore the experiences of older people who currently engage with contemporary visual art and those who do not.

This paper determines how the respondents use contemporary visual art to construct identity positions. These are then placed within the context of their lives and seen as an attempt to respond to, or exert control over, them. Wellbeing is understood as originating from being able to make successful judgements about what identity positions confer advantage and what does not within social contexts. The benefits of control, in terms of providing positive emotional and physical health outcomes (particularly amongst older people), have been well documented.

The results of the research will feed into policy being developed by Arts Council England and into improved services for older people developed by museums, galleries and care agencies.

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**Title: The Street Where I Live**

The design and maintenance of the street facilitates people’s ability to easily get out and about. In particular, good design of the neighbourhood street can support older people’s independence to go shopping, increase their social interaction, and thereby reduce their reliance on care in the home.

Interviews were conducted with 200 people aged 65+ to assess their preferences for a range of street attributes. A structured questionnaire was used, in conjunction with photo elicitation.

The analysis identified the attributes of a street which can affect both an older person’s decision to go out in the first place, and their experience whilst out and about. Examples of attributes are adequate seating, smooth pavements, sufficient pelican crossings, and properly parked cars. The results found that some older people limit their activities outdoors for a range of reasons such as fear of falling if these attributes are absent or poorly maintained.

The implications of the research are that older people’s quality of life can be significantly improved by good street design.

Key words: independence, neighbourhood environments, older people, street design.

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**Title: Inform and Inspire: Representing Older People Data to Designers**

Design, in its conventional practice, has been dealing with humans in their ideal physical, cognitive and sensory performance; i.e. young and able-bodied people. However, this exclusive approach is no longer affordable in our diverse societies; it is neither sustainable nor economically, socially or ethically acceptable to design for a generic user with an 'ideal' body and mind.

Practice of human-centred design well addresses these issues, encouraging a more diverse and inclusive approach to designing for people. Nevertheless, such good practice needs facilitation and support; designers need to understand ageing and fully engage with its various aspects. Part of this is through access to relevant data on older people that informs and inspires designers and resonates with their creative problem solving approach. This is critical in an era where Design and Ageing are to meet in their full potentials. The challenge is to present older people data to designers in an effective way.

This paper discusses two real-world design case studies where primary data on older people was collected through observation, video ethnography, interview and questionnaire in hospitals. The paper reflects on the challenges and opportunities in the process of presenting such data to designers. Both designers' specific data needs and older people data specifications are discussed in order to build a more convergent model of communication between ageing studies and design practice. Certain changes in the 'content' and 'presentation' of existing data on older people is suggested and it is argued that more intuitive human ways of presentation is essential along with better communication between researchers and practitioners in both fields.

**Ref. OS159**

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**Title: “It’s a hard enough worry cancer itself, without having to worry about money as well”. How Welfare Rights Advice can Help with the Stress of Cancer**

This paper reports on the impact of a dedicated welfare rights service (WRS) for people affected by cancer and their carers provided by Durham County Council and funded by Macmillan Cancer Support. The study highlights the financial difficulties faced by older people with cancer, both below and above state pension age (SPA). Nine out of ten cancer patients’ households experience loss of income as a direct result of cancer. Evidence shows that many people with cancer and their carers do not have easy access to the welfare benefits to which they are entitled and that expert knowledge is needed to negotiate the welfare benefits system. Semi-structured interviews were undertaken with people with cancer and carers (N=40); 15 participants were interviewed 6 months later. These narratives highlight the ways in which financial worries compound dealing with diagnosis and treatment. Most participants experienced additional expenditure as a result of diagnosis and treatment; those below SPA faced loss/reduction of earnings and concerns about employment. Many participants required repeated dealings with the benefits system as their health circumstances changed. Lack of knowledge about benefits was the greatest barrier to accessing full entitlements. The welfare rights advice service provided valuable information enabling participants to access benefit entitlements and advice. The findings reinforce the need for better integration between health and welfare services and recommends the commissioning of services like welfare rights on a more secure and long-term basis. To do otherwise makes living (and dying) with cancer even more stressful than it needs to be.

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**Title: Financial Abuse of Older People: Understanding Professional and Interprofessional Responses**

Interprofessional practice has been under scrutiny since the publication of No Secrets (DoH, 2000) which outlined guidance for interagency approaches to protecting vulnerable adults from abuse. Given that elder abuse is often hidden and ill defined (Killick and Taylor, 2009) there remains an urgent need to share best practice between professional groups, especially with regard to the detection and prevention of financial abuse (Crosby et al, 2008). This paper will present preliminary findings from a PhD study that aims to explore professional and interprofessional responses to financial abuse.

The paper will describe the first phase of a 2 phase study. In-depth interviews were conducted with a range of professionals (social care, health and banking) to gather descriptions of recent cases where financial abuse was suspected. More specifically, they were asked to define financial abuse of older people, what triggered concerns and their options for intervention.

Using thematic content analysis findings indicate that definitions involved descriptions of events as varied as carers asking for money, postal scams, property sold by family when older person in hospital. Common triggers of concern in health and social care were financial anomalies, and physical and mental capacity of the older person. Banking staff struggled with the variety of policies referring to subject such as fraud and how to apply these to daily working practice.

These results will be used to develop a second phase of interviews and analysis using a grounded theory approach exploring links between themes and practice to allow theory to emerge.

**Ref. IRP40**



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**Title: The Likely Acceptance of Falls Prevention Websites by Older People**

As falls are a major public health issue for older people, and because of the potential of the Internet for health promotion, we analysed falls prevention websites for their likely acceptance among older people.

We qualitatively analysed the text from 33 websites that provided falls prevention advice for older people and their relatives. Websites were identified from a recent systematic-style review and a repeated search in May 2009. Using principles of discourse analysis, we investigated the subject positions afforded to the reader to consider their likely acceptance by older people, and compared them with the Prevention of Falls Network Europe's (ProFaNE) recommendations for presenting falls prevention advice in regard to fit with a positive self-identity and empowerment.

None of the websites were consistently in accord with ProFaNE recommendations. We identified three main implicit images of older people that they would need to accept as readers of the advice: 1) Passive recipients: vulnerable, ignorant, and no longer able to care for themselves, 2) Rational learners: respondent to facts, reasoned decision-makers, and compliant with prescriptive advice. 3) Empowered decision makers: able to evaluate advice, decide how best to use it, and be responsible for their actions. Whilst the image of passive recipients was mostly used, the image of empowered decision makers was most likely to motivate older people to prevent falls.

To increase likely acceptance of falls prevention advice, we recommend website editors revise the presentation of their advice to project an image of older people as empowered decision makers.

**Ref. HW16**

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**Title: Abuse Against Older Adults: Applying a Relational Lens**

Abuse against older adults has been recognized and documented internationally as a substantial social issue. Attempts to respond to this issue however, have been poorly developed, researched and theorized. Often, the fall-back is onto the language of 'caregiver' abuse; this fails to capture the complexity of the dynamics, and hence, provides limited direction for effective intervention. As part of a recent evaluation study of a pilot intervention that partnered legal and social/health professional responses, demographic data was maintained on two comparative sites over a two year period. This data was supplemented with in-depth, personal interviews with nine women who had been victims of abuse as well as thirty six health and social care service providers. Combined this data draws attention to the prevalence (over 60% of all referrals) and dynamics of situations of abuse between adult children (mostly sons) and their mothers. It highlights the need for a relational approach for both understanding what the issues are and responding in a way that the victim will accept support. Specifically, these victims were first and foremost mothers dealing with children with long-standing mental health and addictions issues, and this impacted how they interpreted the abusive behaviour, what steps they were willing to take to stop the violence, and what actions and responses they needed from service providers.

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**Title: Cultural Variations in Attitudes to Ageing and the Experience of Ageism**

Evidence suggests that attitudes to ageing can predict morbidity and mortality, yet there continues to be little research in this area, not least given the paucity of measures available. This study describes the development of measures aimed at measuring general attitudes to ageing, and also cognitive-emotional evaluations about own ageing and later life. It also describes possible explanations for those attitudes.

Possible items for scales were developed from focus group data and from a detailed critique of literature. Scales were piloted amongst a convenience sample of mid-life and older adults, and found to have good psychometric properties. They were then tested further with community based adults differing in cultural groups (geographical location, and social economic status). Well-being was assessed using measures of pathology and well-being including the Hospital Anxiety and Depression Scale (HADS-A), psychological well-being (Ryff, 1998), relationships with family and friends.

The scales were short (typically 5 items), and easy for participants to rate and researchers to score. They have acceptable internal reliability and external validity. Multivariate analyses indicate that general attitudes to ageing were predicted by cultural differences including geographical location and social economic status. Health and relationships also contributed to variance in scores.

Attitudes to ageing can impact adversely on health and well-being. The current study offers new tools for researchers in this area and new insights about explanations for attitudes based within the culture of the individual. Further research in this area can promote optimal well-being and quality of life for more people.

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**Title: Are Older People Living Alone at Risk in Terms of Health or Health Service Use?**

Living alone is an increasingly common experience for older people but it is unclear if this readily-identifiable characteristic should be considered a marker of risk by health and social service professionals. A nationally representative sample of community based older people (n=2,033; 68% response) were interviewed in their homes. Measures included household composition, health and health service use.

Those living alone were more functionally impaired than those living with partners only and those in extended family groups. They also reported less support and higher levels of loneliness. Those in extended family groups reported higher levels of support than others, but also higher levels of depression and loneliness. No differences in general practitioner or hospital use were found among groups. Those living alone were more likely to avail of home services such as home help, while those in extended family groups were more likely to avail of community services such as hearing and dietician services.

Living alone can be a marker of risk in terms of health and health service use. However, health and social service professionals should not assume adequate psychosocial well-being for older people living in extended family groups.

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**Title: Older Adults' Use and Attitudes Towards Technology: Transforming Communities, Environments and Technologies for Ageing-in-place**

With unprecedented demographic changes comes an urgent challenge to support older people in their homes as they grow older. Technology offers much potential for addressing this challenge, yet little is known about adults' attitudes, preferences and use of different forms of technology, or the ethical boundaries around those attitudes and preferences. A series of studies are outlined to address these questions. Study 1 is a large survey in the north-east of Ireland (n = 1000) which examines adults' attitudes and use of communication, information, entertainment and health technologies; it also examines the predictors of those attitudes and their consequences on health, quality of life and relationships. Study 2 is a physical home-environment in a lab setting where a home environment is simulated through CAVE technology. The Cave Automatic Virtual Environment (CAVE) is a fully immersive virtual reality environment offering a multi-person, room-sized, high-resolution 3D video and audio environment. As the user moves within the display boundaries, the correct perspective is displayed in real-time to achieve a fully immersive experience. Study 3 is a Lab-in-the-Home (Pop. 15-40) which provides a place-based evaluation framework from 16 living apartments within Dundalk, Co. Louth; it also provides state-of-the-art ambient assisted living (AAL) technologies to operate pilots for future developments and retrofits within the community. Results from these ongoing studies offer complex insights into adults' attitudes, use and preferences for technology, and their concerns around ethical issues of confidentiality, responsibility, privacy and non-maleficence. The surveys also provide a diverse testbed of matched groups for follow up interviews, surveys, trials and simulations.

**Ref. MM217**

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**Title: Importance of Older People's Car Access to Community Connectivity**

Physical connectivity and mobility are important factors in achieving more sustainable rural communities. Car access is central to facilitating opportunities for older people to participate in 'community activity', and hence contribute to local social capital, but availability levels are subject to evolving influences. The paper reviews findings from data collected through a survey of older people across six locations in rural SouthWest England and Wales, exploring the ways in which such involvement is dependent on cars. Issues such as the relationship between household access to a car and aspirations to be involved in community activity are considered, as is the impact of the transition from younger-old to older-old on people's involvement.

The quantitative results will be supplemented by findings from follow-up interviews with eighty survey respondents. Tools such as 'mobility biography' are employed to gain a view of older people's current perceptions, aspirations and constraints, past experience and habit, along with 'social network analysis' to uncover how they connect to people and places. Of particular interest from these interviews will be a better understanding of the geographical scope of what older people consider to be their 'community', particularly as one counter-intuitive view emerging from the quantitative data is of high levels of walking, together with relatively localised community activity, even when facilitated by car.

The use of alternatives to the car (including virtual ones) is explored, and consideration is given to how policy imperatives to embrace (more) sustainable modes of travel might impact on mobility choices for older people.

**Ref. OS177**

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**Title: The Health Benefits of Dance Groups for Older People**

Dance groups can be beneficial for older people in terms of improving both their mental and physical health. Older dancers told smaller stories about these improvements around the larger narrative theme of “Sense of belonging and growing older as a dancer.” These smaller stories revealed experiences of lived embodiment as an older dancer, showing how different ‘cultures of dance’ can construct the health of the ageing body in different ways. Both Circle and Scottish Country dancers spoke of how the dance constructed feelings of well-being, but they perceived these two different dance forms as facilitating their ageing bodies to express emotion in different ways. Circle dancers tended to perceive their dance form as facilitating expression of both sorrow and laughter, whereas Scottish Country dancers tended to perceive their dance form as facilitating expression of fun and laughter. Both dance forms were perceived as providing good exercise, even if there were problems with injuries. In the case of Scottish Country dancing, these injuries were often severe. The pleasure of belonging to these dance groups meant that older people modified the steps and arm movements so that they could still participate, even though this was acknowledging an ageing body in decline.

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**Title: Meaning and Movement: Bringing Together Biographical and Ergonomic Approaches to Understand Kitchen Living**

This paper focuses on how multidisciplinary approaches can facilitate imaginative research design through the merging of complimentary methods of enquiry. A new research project within the NDA Programme - 'Transitions in Kitchen Living' - brings together social gerontologists with backgrounds in human geography, sociology and social work with ergonomists and specialists in design and technology. The aim is to utilise different research skills to provide an historical understanding of the material, social and psychological aspects of the kitchen, as experienced by people over 60 years of age, living in various types of mainstream housing as well as supportive housing. A contemporary understanding of the current environment of the kitchen will be gained by examining role, function, and design, as well as utilising visual techniques to understand ease-of-use.

Issues of time, space and setting are central. The researchers draw upon experience of biographical methods to develop in-depth interviews that focus on kitchen living across the life course and build on the ergonomic tradition of studying personal efficiency within particular environments through observations and records of movement/action within space. Data collection based in Loughborough and Bristol will be on-going at the time of presentation and the researchers will discuss experience to date demonstrating issues raised in data integration through a small number of case studies.

This interdisciplinary approach to studying the kitchen is expected to produce complementary perspectives giving a better understanding of the situation and more effective outputs in terms of the social history and ergonomic guidelines.

**Ref. MM45**



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**Title: Intimate Partner Violence and Older Women: A European Study**

This EU-funded (Daphne III programme) international study on Intimate Partner Violence (IPV) and older women includes partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal. The multi-phase study runs concurrently in all partner countries between January 2009 and December 2010.

The study addresses the question to what extent women aged sixty or older experience violence by partners or ex-partners (intimate partner violence), what kind of help and support they seek and receive and what kind of support they need. Up to now, little is known about older female victims of intimate partner violence and the help they require and this research will help to address that gap in our knowledge.

The first phase of the study consisted of data collection about IPV and older women from a variety of sources (criminal justice agencies, social services etc). Phase two consisted of a survey of organizations about the extent to which they have worked with older women who have experienced IPV since 2006. In phase three interviews were held with professionals who had experienced work in this area, whilst the final phase consists of interviews with a small number of older women who have experienced IPV in later life. This presentation will outline the study and the work in progress. Findings from the first three phases of the study will be presented. This will be followed by discussion of some of the issues raised by the topic and the research.

**Ref. IRP188**

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**Title: Managing Elder Abuse: Ethical and Philosophical Debates of Community Nurses in Ireland**

This study focused on explicating discourses related to community nursing and elder abuse in Ireland. The data for this research is drawn from 18 community nurses through in-depth semi-structures interviews. Data analysis was undertaken using two methodological perspectives in the tradition of discourse analysis. Using Foucault's methodological tool of genealogy, the participant's narratives were deconstructed and examined for the complex casual antecedents of their social production of elder abuse. Specifically, the macro-perspective of dominant discourses demonstrates how these discourses produced particular subject positions, subjectivities and power relations. In contrast, the second methodological approach, discursive psychology, investigated the micro-perspective of how versions of social reality were produced by the participants. This specifically identified the action orientation of speech in interaction considered issues within the text such as context, variability, accountability and stake.

Findings reveal particular insights into to the participants' practice related to elder abuse. Philosophical dilemmas emerged regarding the epistemological and ontological nature of elder abuse. Uncertainty dominated the construction of elder abuse and consequently, the ability to see abuse of older people. Participants spoke of ethical dilemmas such as elder abuse being beyond their scope of disciplinary power yet paradoxically all participants could articulate cases in their practice and commonly stated that this was a familiar issue in community nursing work. The findings indicate that additional foci on education, policy and practice would be beneficial so that older people experiencing elder abuse in the community have a responsive and effective input from community nursing services.

**Ref. IRP134**

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**Title: What Counts as a Counter story? The Narrative Complexity of Re-Storying the Ageing Body**

Engagement in sport / physical activity can enable assumptions about enfeeblement inherent within dominant narratives of ageing to be resisted (Tulle, 2008; Dionigi, 2008). Thus, it has been cited as a social field where the relationship to bodily ageing can potentially be re-storied. In this presentation, I draw upon the experiences of thirteen male (11) and female (2) participants aged between 50 – 73 years of age to examine this notion of 'resistance' via natural bodybuilding. In depth life story interviews were conducted and multiple forms of analyses undertaken to gain insight into the narrative complexity of the ageing body. The analyses revealed that all of the participants told counter stories to the narrative of decline. That said, how their stories resisted this dominant meta narrative varied, and were characterized by three distinct plotlines – refusal, repudiation, contestation (Nelson, 2001). Brief examples of each plotline will be offered prior to a discussion surrounding notions of ageing well, the narrative complexity of ageing, and what might count as a counter story.

**Ref. AB230**

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**Title: Subjective Wellbeing in Later Age**

There are numerous conceptualisations of the multiple dimensions of subjective wellbeing (SWB) from a lifecourse and intergenerational perspective, regarding individuals and families in privileged or vulnerable socioeconomic contexts. It is generally theorised to include diverse characteristics such as self-acceptance, environmental mastery, purpose in life, personal growth, positive relations with others and autonomy. It has been linked to a range of desirable outcomes for the whole population, including optimal development in childhood and over the lifecourse. Research demonstrates that objective measures of wellbeing are insufficient, so that there is need for evidence-driven debate about subjective interpretations, to ensure that the 'public' in public policy is democratically linked with SWB.

Research priorities in SWB require clarification, as they cross different areas: economic inequality - is associated with poor wellbeing, individuals' health, neurological functioning, social contacts and status, as well as their personal and social goals and sense of purpose in society. Since wellbeing is a complex concept, care needs to be taken in operationalising it, even though there may be agreement about a social justice approach. The proposed paper aims to outline what informed evidence is currently available, and to propose key questions for further multi-disciplinary research. It will also argue that such research needs to meet these criteria:

- Holistic, complex, interdisciplinary and longitudinal;
- An iterative lifecourse perspective;
- Policy-relevant but at the same time involving theoretically-derived measurements; and
- A contextualised equalities approach i.e. examining intersections of ethnicity, gender, generation, migration, mobilities and international comparisons.

**Ref. HW32**

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**Title: Negotiating Personal Identity in Contexts of Older Learning**

A common assumption is that active learning in later life is beneficial to maintenance of health and wellbeing, especially their mental health. An important but neglected aspect of this is the issue of their identity within any learning context that involves learning with other people. There is evidence that individuals strive for a sense of coherence. The well accepted characterisation of learning as socially situated and collective by Lave & Wenger is as relevant to older as to younger learners. Older learners need to negotiate the congruence of their identity within such a group.

Hughes' (2007) found three aspects of identity in young adult learning groups, but these do not correspond to what one would expect for older people. Hughes' learners valued most highly their ability to identify with the ideas, concepts and knowledge under construction by the group, while social identity was least relevant. By contrast, the social aspect will be crucially important for older learners' membership of any learning group. Yet widening participation approaches that focus on how to include more older people fail to consider how to manage identity. This could help to explain why current initiatives to include more older people have limited impact. Suggestions – some linked to principles and practices of intergenerational projects - will be made for approaches that enable identity transformation, as the ones that succeed in engaging a diversity of older learners.

Hughes G. (2007) Diversity, identity and belonging in e-learning communities: some theories and paradoxes. *Teaching in Higher Education*, 12(5-6), 707-718.

**Ref. P31**

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**Title: Ageing, Food and Identity: Creating Meaning through Food-related Activities**

Food-related occupations are directly observable activities involving food that carry meaning for the participant. These activities can include shopping, meal preparation, eating, eating out and maintaining one's health. The physical, temporal, social and cultural contexts in which food-related occupations are performed, as well as the competence with which they are performed, can alter their meaning. Various transitions in later life such as retirement, bereavement and ill-health can alter both context and competence, and therefore the meaning of food-related occupations. Research on food and older people focuses primarily on reducing nutritional risk and what older people eat. There is also a need to understand why.

The aim of this qualitative pilot study was to describe the meaning of the food-related occupations of five healthy community-dwelling older people. Data were collected through a focus group and individual semi-structured in-depth interviews with each participant. Visual methods including photographs, the home environment and personal objects were used to uncover the phenomenological, or lived experience, of food-related activities in participants' lives. Thematic analysis followed the 6 stages suggested by Braun and Clark (2006). This revealed five key themes of meaning: satisfying the senses; a structure to everyday life; the social aspect; looking after myself; and a sense of identity. Food-related occupations are complex with multiple levels of meaning. Past, present and future aspects of identity maintenance were evident in participants' food-related occupations. This pilot study supports the need further research in a PhD study on the relationship between ageing, food and the maintenance of identity.

**Ref. OS50**

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**Title: Connecting Communities: Co-designing Accessible Communication Technologies with Older Adults**

Many factors have an impact on social isolation and loneliness in old age. Connections might be lost due to retirement, relocation or widowhood. Social engagement is also restricted by poor physical health, depression, lack of mobility and demand to care for a significant other (Victor et al., 2000). Evidence suggests that loneliness has a negative impact on mental and physical health, and is associated with problems such as depression, high blood pressure and poor sleep (O’Luanaigh and Lawlor, 2008). Modern technology and the internet offer innovative ways to help older adults remain connected with their peers and family members, if appropriately designed and implemented.

The Building Bridges project explores how communication technology can be developed to reduce risks of loneliness and social isolation. This has involved a user-centred design approach to develop a concept and interface that is easily used by older adults with little or no computer knowledge. The system is designed to provide opportunities for group interaction with other seniors. This is achieved through daily ‘broadcasts’ followed by a ‘group chat’. In addition, users can initiate one-to-one or group phone calls and send messages to the other seniors and family members.

A series of pilots took place in older people’s homes across Dublin. These trials evaluate the usability of the interface, users’ experience of the system, and the impact it has on loneliness. The paper will describe the user-centred design approach, present outcomes from the home trials, and discuss the implications of the technology for reducing social isolation.

**Ref. CC200**

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**Title: How Space Impacts on Social Interaction for Residents of Aged Care Facilities**

When one enters the large day/lounge room of an aged care facility it is not uncommon to observe the residents sitting mutely around the perimeter with little or no conversation occurring between them and an atmosphere of lethargy and boredom.

This experience causes one to consider why the residents aren't talking to each other and what can be done to change this situation. One factor is the design of the room and whether there is a better way to reconfigure the space so that residents can interact more.

This paper draws information from a larger observational study that investigated how the built and social environments of aged care facilities can influence the quality of life of its residents.

The observations identified that different types of interactions occur in different spaces. In the day room many interactions were not spontaneous, but task and activity focused. However, in the corridors and smaller spaces more spontaneous conversations were initiated by staff and residents, and more 'neighbourly' talk was observed between residents.

This paper will consider aspects of the buildings and the uses of the rooms and other spaces that can influence the social interactions of its residents. It will explore issues relating to feelings of control for the residents and report on observations of residents' choices in the use of spaces and the social interactions that accompany these choices.

Implications for building design and social programs in aged care facilities will be discussed and recommendations made. Case studies will illustrate the findings.

**Ref. HW19**



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**Title: Reciprocal Conciliation Model: An Interactive Model of Standards Development for Accessible Environments**

In an effort to plan for more age friendly and accessible cities, existing models of participatory design purport that end-user satisfaction in the usability of an environment is higher if they have been involved in the design process from the beginning. Current processes utilized during the design phase are design specific and are more likely to resolve a singular environmental design question. This may or may not adequately resolve a broader design application, whereas, involvement in a standard development process may result in wider application within the built environment.

The Reciprocal Conciliation Model (RCM) developed by Redmond (2008) provides one such inclusive process, but moves it into the development phase of construction standards which can be repeatedly applied in many environments. Three applications of the RCM are presented; developing standards for the installation of detectable warning surface installations (DSW) in sidewalk curb ramps in the winter city of Winnipeg, Canada.

Findings from the three case studies indicate community users were satisfied with their involvement at the standard development phase, but suggested this is only one small part of the equation in end-user satisfaction. This research confirmed only slight increases in user satisfaction of the installation pattern was attainable after the RCM was applied. Evidence that other factors, construction schedules and on site complications contribute greatly to the complexities of a standard of installation. Recommendations are made to further study and develop this model in varying standards development situations at all levels of government and business.

**Ref. OS195**

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**Title: 'That's the thing, I've got to keep going.' A Longitudinal Qualitative Study to Explore Resilience in 'Well' Older People with Osteoarthritis**

Resilience is a contested concept. From a biomedical perspective resilience is a physical attribute which protects the ageing body against environmental stressors, thus reducing vulnerability to adverse health outcomes. A psychosocial conceptualisation is one of mental toughness, when older people bounce back after difficult experiences rather than becoming depressed or giving up. Factors such as upbringing, prior experience of adversity and strong social networks have been cited as important for psychological resilience.

We carried out a longitudinal qualitative study to explore resilience in older people with osteoarthritis (OA). OA impacts on people's ability to do everyday tasks and, so, can make it difficult to maintain valued roles and social activities. People with OA are, therefore, a suitable group in which to study resilience.

Twenty-seven people aged between 56 and 87, who reported being healthy, were sampled from a cohort study of joint pain. Respondents were interviewed at baseline, and followed up for one year. Respondents did not use the term resilience but talked about keeping going or carrying on as usual. Keeping going had elements of both the physical and the psychological. The former because keeping joints mobile was a way of managing OA, and the latter because they had no choice but to keep their everyday life going. Our findings throw light on the relationship between feeling well, resilience and perceptions of joint pain in older people.

**Ref. HW14**

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**Title: It May Work in the Lab, but in the REAL World? Using Qualitative Data to Inform Health Professionals Notions of Evidence-based Practice**

Evidence-based practice (EBP) in health and social care is an increasingly important part of the practitioners 'toolkit' in many disciplines but can be contradictory between them. Older people are, as a result, disproportionately affected by tensions its delivery as they are exposed to a wider range of practitioners and have higher levels of service need and comorbidity. As a result they are also more likely to experience a high 'treatment burden' (May, 2009) and find difficulty in adhering to treatment regimes. Definition and utilisation of 'evidence' is therefore a key factor in providing services that are not only scientifically rigorous but also congruent with recipients' everyday needs. In social care, qualitative and mixed methods approaches have informed and underpinned such evidence but in medicine and healthcare the traditional evidence base has relied predominantly on systematic reviews (SR) and randomised controlled trials (RCTs). These remain at the apex of a hierarchy that virtually excludes qualitative research but, because SR and RCT processes rely on a positivist, deductive paradigm with pre-determined, tightly focused questions that are usually condition-specific, they bypass the tensions arising out of the complex interactions in patient experience. In contrast, qualitative approaches have the potential to highlight aspects of patient experience that enhance practitioners' ability to deliver patient-centred EBP. Using secondary analysis of patient data on living with chronic back pain as an example, this paper shows how qualitative data can be coherently integrated into training materials for health professionals working within a traditional EBP environment.

**Ref. MM213**

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**Title: The Effect of HIV-AIDS on the Identity of Ageing Gay Males**

This paper considers whether the reality associated with HIV-AIDS in the 1980s and early to mid-1990s in the West—of premature ageing among people living with HIV-AIDS—still contributes to ageist attitudes in the gay milieu. It draws on data I collected from 21 gay interviewees in Sydney and New York, aged 40 and older. Using narrative identity theory, I discuss the five principal narratives this non-representative sample of 21 gay men drew on to explain the effect of HIV-AIDS on ageing in the gay milieu. Those narratives being that HIV-AIDS, (a) affected people's chance of reaching old age, (b) caused premature ageing, (c) increased the value with which old age and life in general were regarded, (d) was principally a young man's disease, and (e) was principally an older man's disease.

**Ref. CD13**

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**Title: Who is willing to Care? A Qualitative Study of Care Workforce Motivations in England**

The main consumers of social care in contemporary Britain are older adults. While some social care is provided by family and friends the demand for paid, formally-provided social care is increasing as the population ages. In 2007 the government set up the National Social Care Recruitment Campaign as a response to high vacancy rates in the care sector, particularly among low skill level care workers.

Previous initiatives, which aimed to address the problems of recruitment and retention, were based on research that focused on all care professions as a unitary category, or on the undesirable aspects of this work. In order to produce effective policies to address the problems of recruitment and retention in the care sector, a better understanding is needed of who engages in paid care work, and why they are motivated to do so.

This paper outlines findings from a thematic analysis of 20 semi-structured home care worker interviews, which sort to identify, analyse and report the patterns of meaning and understanding about decisions to engage and remain in care work. A psychological approach was applied to understanding individual differences between care workers and their decisions to engage and remain in care work. The broad analytic themes identified demonstrate the relationship between personality, demography, and local environment that influences the decision to engage and remain motivated in care work. In addition, recommendations will be made to adopt a different theoretical approach to understanding the motivations of those that choice to work in home care.

**Ref. CC43**

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**Prof Julius Sim**

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**Title: Reasons for Moving to a Retirement Community: The Contrasting Views of Recent Movers and Established Residents**

Within the context of increasing numbers of people choosing to live in purpose-built retirement communities, this paper explores individuals' motives in selecting this housing option. The aim is to assess the degree to which such motives vary according to characteristics of the resident population of a particular retirement community. Data are drawn from a baseline survey of residents (n=122) of Denham Garden Village (DGV) conducted as part of the Longitudinal Study of ageing in a Retirement Community (LARC). The analysis is broken down according to the views of 'recent movers' (i.e. those who had lived at DGV for two years or less at the time of interview) and 'established residents' (i.e. those who had lived at DGV for more than two years). Analysis suggests that the choice of DGV as a home reflects a complex relationship between 'push' factors that precipitate the decision to move in the first place, and 'pull' factors which attract people to DGV. The results highlight differences in decision-making between recent movers and established residents. While recent movers cite health-related concerns or the challenges of home maintenance as being the main reasons for leaving their former home, established residents were primarily concerned about a partner's health status. Established residents were especially attracted by the (historic) care facilities at DGV, while recent movers were drawn to DGV by its proximity to family members, its location, and the ability to live independently. The paper concludes with an assessment of the implications of these findings for policy and practice.

**Ref. HW119**

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**Title: An Application of Group Facilitation Techniques to Identify User Defined Measures of Effectiveness for Interprofessional Working for Community Dwelling Older People: Strengths and Weaknesses**

Group facilitation techniques that aim to synthesise and clarify opinion to obtain a consensus are often preferable to individual judgements because they are more consistent and less prone to personal biases (Campbell et al., 2002). This paper considers the strengths and weakness of group facilitation as a method to identify appropriate measures of effectiveness from the perspective of older people with multiple health and social care needs and their (unpaid) carers.

This paper draws on the findings from Consensus Event organised in partnership with a Public Involvement in Research (PIR) group for 27 older people and their representatives to discuss user defined outcome measures for interprofessional working for community dwelling older people. We describe how we developed and refined the method with the members of the PIR group. We present the findings from the event and review the key learning points highlighting the strengths and weakness of our adapted consensus method. In particular, we will present the extent to which it was possible to achieve a consensus with a group whose expertise was loosely defined and who were more able to engage with the process than the outcomes of care. We will also consider what it revealed about the different kinds of expertise and knowledge that older people' representatives and the older people themselves bring to such an event and the implications this has for research with older people.

**Ref. IRP191**

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**Title: The Delphi Technique Method and Retirement Preparation**

The Delphi Technique, while not widely used in retirement research, was used to predict the New Zealand (NZ) retirement environment in 2025. The panels consisted of fourteen experts from Australia, Brazil, Canada, UK and the USA, and fifteen NZ experts. Their backgrounds were academic, business and government in the fields of retirement, older workers, policy and human resources.

Modifications to Delphi included the use of email to speed up overall response time; the quickest response was emailed back within two hours. Round one questions were written by the researcher, the aim was to limit topic areas and reduce the number of rounds. Additional topics were added by panellists therefore the coding system was flexible. Consensus occurred in each round, and was set at 85%+ panellist agreement. The response rate for the NZ panellist's three rounds was 100% and the International panellists 85% participation.

Difficulties of the method included cultural influences which affected interpretation of terminology; however this led to unexpected but worthwhile discussion and disagreement between panellists. Responses although delayed in being returned, meant a higher response rate than expected was achieved. Additionally, many of the responses were more detailed than anticipated, thus adding to the depth of discussion.

Rigour of using the method was assured. Sackman's criticisms (1974, 1975) were examined and compared to the actions taken by other researchers prior to carrying out this study. Research aims were achieved namely a new definition of retirement for 2006 and 2025, and scenarios of retirement in 2025.

**Ref. MM65**



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**Title: Preparing for Retirement is an Ethical Activity**

Retirement will change into the future; however research today focuses on employment, finance, and lifestyle issues. Seldom acknowledged are the moral and ethical implications of an individual's decisions.

From age 65 years, most New Zealanders receive a retirement pension which was originally intended to financially assist people from ceasing employment until death; however this time-frame has increased from days to years. Due to an ageing and longer living population, governments worldwide are struggling to fund pensions. Today at age 65 people are fitter and capable of working longer.

The Delphi Technique study involved expert panellists from six countries. They predicted that in 2025 in New Zealand an "ideal" retirement environment will be "where all individuals have equal access to levels of finance, health care, education and activities. Individuals will choose to save for a greater independence."

The worst case retirement scenario is predicted as "government has imposed legislation limiting individual choice, there are limited resources available, basic standard of living is the norm, and the retirement pension is again viewed as charity."

These scenarios polarise the ethical and philosophical dilemma an individual faces. Kant could argue the individual has a duty to plan, save and work into retirement, even if penalised as long as the wider community is not worse off. Where as, social choice theory recognises that today an individual has the opportunity and choice to spend or save; plan or let fate be imposed. Retirement preparation is an ethical act.

**Ref. OS64**

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**Tengku Syawila Fithry**

c/o Elisabeth Schroder-Butterfill

**Title: Personal Caregiving in Old Age: Preferences and Practices in Two Indonesian Communities**

Personal care provision is a highly sensitive matter in most cultures and one which is strongly governed by moral injunctions concerning appropriate relationships and personhood. Using longitudinal qualitative and quantitative data, this paper compares preferences and actual practices of care provision in situations of ill health or frailty among two ethnic groups in Indonesia. Both groups manifest preferences for care-provision by daughters and spouses, but to varying degrees. They also differ in the extent to which moral and religious notions of shame and pollution prohibit intimate care by members of the opposite sex and 'non-blood' relatives. Actual practices of care provision are heavily constrained by demographic and socio-economic circumstance: childlessness, migration, conflict or low status may force reliance on alternative arrangements (e.g. dependence on siblings, neighbours or paid carers), not all of which are compatible with well-being and a positive social identity. By probing into the norms and practices surrounding care provision in different socio-cultural settings, it becomes possible to arrive at a deeper understanding of notions of kinship, personhood and sociality, and the implications of these notions for vulnerability and security in old age.

**Ref. GA149**

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**Title: Ageing in Place and the Impact of Relocation within a Retirement Community**

Moving from a location where one has intimate knowledge of the physical environment, with established daily routines, social relationships, and attachment to place, can present challenges to the process of ageing. Previous research overwhelmingly supports the optimality of ageing in place and the detrimental effects of disruption, particularly during involuntary relocation. Drawing on data from the mixed-methods Longitudinal Study of Ageing in a Retirement Community (LARC), this paper examines implications of disruptions and the remaking of place within the lives of older individuals as they moved during redevelopment of their community. Quantitative changes in health status, quality of life and loneliness over a two-year period were compared between residents who had relocated during this time (n=19) and those who had not (n=53), having controlled for relevant baseline variables. Additionally, 15 interviews were completed with 8 residents across stages of the relocation process: pre-move; when viewing their new property for the first time; and post-move. Differences in health status, quality of life and loneliness between the two groups of residents were small in magnitude ( $\leq 8\%$  of the total scale in each case) and statistically non-significant ( $p \geq .131$  in each case). Hence, there was no evidence of impact of relocation on these quantitative indicators. The qualitative findings revealed that the relationship people have with the environment is more complex than the duality of 'optimal' and 'detrimental'. Individuals' agency over their environment was found to be mediated by: lifestyle and daily routine, bereavement, socio-spatial factors, access to nature, and health.

**Ref. HW101**

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**Title: Familiarity and Knowing: The Importance of Relational Continuity in the Delivery and Receipt of Home Based Care Services**

As part of a larger mixed methods study on the delivery and receipt of home based care services, also called domiciliary care or home support, in British Columbia, Canada, we explored the relational components of care between home support workers, their elderly clients and family members. The purpose of our study was to develop a better understanding of relational continuity during the delivery of home based care. Semi-structured interviews were conducted with home support workers (n= 118), clients (n=83) and families (n=55) between 2006 and 2008. Based on a thematic analysis of answers to open-ended questions concerning workers', clients' and family members' experiences of the delivery and receipt of services, the importance of 'knowing' emerged as a key theme for all participant groups. Clients and their families expressed a desire to know the workers' schedules and routines and, in some instances, stressed the importance of building relationships. Workers emphasized the importance of knowing their clients' routines, environments and of developing familiarity and trust with clients and their family members. There are key facilitators and barriers to relational continuity, such as organizational aspects about the delivery of home support and worker training. This study expands the concept of 'relational continuity' to reflect the unique nature of the provision of home support. Findings highlight strategies to improve and ensure relational continuity at the individual, agency and policy levels. The value of promoting a relationship-centered approach to the delivery of home support services will also be discussed.

**Ref. CC168**

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Title: **Dying and Bereavement in Old Age: A Stroke of Ill-luck**

As public policy begins to acknowledge the reality that the great majority of UK deaths are of older people, the idea of a good death builds on models developed in the field of cancer and the palliative care movement. However, before such models are rolled out with only minor adjustments, it is proper to examine the range of dying trajectories which are more typical in later life, and how this might relate to the typical cancer trajectory that is prevalent within the palliative care speciality. Here we explore the epidemiology of three chronic diseases that are widespread in the older population – stroke, dementia and Parkinson’s disease. We consider the way that the healthcare systems focus on providing interventions designed to achieve restoration and maintenance of function does not allow for discussion about possible decline into death. Potentially the ‘fix it as best we can’ approach appears to obscure the reality of shorter life expectancies, leaving their service strategies with little or no end of life perspective. This raises a number of questions such as what can be learned from end of life care as created by the palliative care movement which was largely developed for children and adults in mid-life; is it possible to configure end of life care for older people and their family carers who experience chronic illnesses; and how might such support impact on the bereavement experience of those family caregivers who have been supporting the older person with a chronic illness until death?

**Ref. HW124**

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**Title: The Social Costs of Divorce and Widowhood**

Earlier research on the social impact of marital status has tended to focus on the differences between the married and unmarried, with little research attention paid to individual marital status groups, and the social changes experienced over time.

We examined the impact of transitions into, and out of, marriage on social relationships and social interaction. Interviews were undertaken with 76 cohabiting, married, separated/divorced and widowed men and women.

The interview data revealed important social changes following a change in marital status, and interesting differences emerged between marital status groups, as well as between men and women. Participants discussed changes in their social network, specifically in the loss and gain of relationships over time. The cohabiting and married tended to report network growth, whilst the separated/divorced and widowed were more likely to experience loss of social contacts. Separated/divorced participants cited higher levels of social separation than the widowed, who were generally able to maintain family relationships. There were also marital status group differences in confidence, interaction, and support, with higher levels reported in the cohabiting and married groups. Availability of these social resources had an important effect on participants' sense of wellbeing. In terms of gender, women generally had wider social networks, and greater access to support compared to men.

Marital status transitions have important social implications, and the impact of marital status change may vary by age. Support services should work with the aim of minimising the negative social outcomes of transitions out of marriage, including separation, divorce and widowhood.

**Ref. HW91**

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**Title: Identity and Self-management Post-stroke: The Impact on Secondary Prevention**

Stroke is a life-changing event for most survivors and their carers. It raises difficult questions of morbidity and mortality and how these challenges to identity are handled may have important consequences for secondary prevention behaviours. Six focus groups were carried out with stroke survivors and carers as part of a PhD research study. One aim of the focus groups was to increase understanding of stroke survivors' and carers' experiences of secondary prevention. Following analysis of the transcripts an ecological framework was adopted and this demonstrated the complexity of managing their internal identity (self-perception) and their social identity (how others perceived them post-stroke). They negotiated and adapted their identities and this had an impact on self-management activities. Older stroke survivors and carers (over 65 years old) tended to incorporate their stroke into their life histories, seeing it as another consequence of ageing, and this affected their secondary prevention behaviours. Health professionals and voluntary sector workers need to take identity into account when sharing secondary prevention information as it may be an important mediating factor. An holistic approach is required since differences in willingness to adopt secondary prevention behaviours can not be reduced to age alone.

**Ref. HW72**

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**Title: Making Mixed Methods Work in Health and Social Care Research: A Pragmatic Approach**

This paper looks at how mixed methods were used to approach a research project into secondary prevention of stroke. Three primary methods were used: a questionnaire (which collected quantitative and qualitative data), action research based focus groups with stroke survivors and carers (qualitative), and one-to-one semi-structured interviews with health professionals and voluntary sector workers (qualitative). The methods were chosen on a pragmatic basis to address the aims of the research. Pragmatism is a quest to do what works best and is a very practical way of addressing social research and it aims to enhance the quality, completeness and usefulness of the research. Epistemological and ontological concerns are considered but empiricism is accorded primacy. Action research was chosen as the over-arching approach for the study since it is essentially a democratic process and has the potential to facilitate change. The data collected via the questionnaire was used to guide early focus group discussions and focus group discussions helped to develop the one-to-one interview schedule. All data was brought together for analysis and synthesis using Nvivo8 computer software. Mixing methods introduces complexity to social research but the potential rewards are attractive offering the opportunity to add to knowledge that is more complete and useful to practice.

**Ref. MM71**



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**Title: Social Participation Among Older People: Comparing the Discourses of Policy and Talk****Background:**

Current policy focuses on improving the independence and wellbeing of all older people through health and social factors. However, prevention of physical and mental decline may play a larger part in dictating the policy agenda.

**Objective:**

This paper explores social participation and its construction through discourse. The paper examines discursive devices employed by older adults (University of the Third Age (U3A) members) and policy discourses in order to reveal opposing conceptualisations.

**Method:**

A Foucaultian approach explores the way in which language used by individuals draws on wider discourses and examines its repressive and productive forms which may marginalise or empower groups. A study compared discourses located within policy documents and within eight interviews with U3A members.

**Results:**

Amongst the policy documents analysed, two dominant discourses were identified. Firstly, a health-related participation discourse, associated with a wider risk discourse. Secondly, a communitarian discourse, promoting older adults as a resource through engagement in forms of social participation valuable to the community. Counter-discourses constructed participation both as a self-mobilising form of enhancement and a tool for establishing collective empowerment amongst the group.

**Conclusion:**

This paper proposes that Doyal & Gough's (1991) Autonomy of Agency may be used as an alternative conceptual framework and concludes that discourse analysis can help us to identify subtler forms of marginalisation imposed upon older adults. Despite promoting activity and independence, policy can actually undermine attainment of wellbeing by constructing older adults as a group which universally requires assistance in determining their own health and social needs.

**Ref. HW69**

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**Title: Older People and Technological Innovations - Lifelong Learning and Applications for Health and Wellbeing**

This pan-European project, involving England, Scotland, Germany, The Netherlands and Slovenia, has questioned whether current approaches to introducing new technologies are the best way of enabling older people to learn about and use technology in their everyday lives. Promoting and enhancing the use of ICT with older people is viewed as particularly important as new technologies can enhance access to information, education and support, which can in turn improve physical, psychological and social wellbeing.

In each of the partner countries older people are engaging in workshops where play is used as the main method of enabling people to engage with new and existing technologies including touch screens, haptic technologies, gaming stations, mobile telephones, traditional computers or equipment designed for use in health and social care situations. The data collection methods used to capture and evaluate the older people's experiences include: video recordings of interactive play workshops, participant observation, focus groups and interviews.

This presentation will focus on preliminary findings from the interactive workshops to demonstrate the extent to which these have enabled older participants to:

- explore and learn about new and emerging technologies;
- develop skills and experience of new and emerging technologies;
- gain greater awareness of, and confidence to use, new technologies;
- identify how they might use new technologies in the context of their everyday lives; and
- identify potential future applications for new technologies that could enhance their health and wellbeing.

Findings will also be presented to illustrate similarities and differences of experiences across European locations.

**Ref. HW127**

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**Title: Identity as Life Story: The Everyday Contestation of Dominant Social and Cultural Narratives of Ageing**

This paper draws on the research of the NDA-funded Fiction and the Cultural Mediation of Ageing Project (FCMAP) at Brunel University.

People never simply live out old age in cultural isolation. As Dan P. McAdams stresses in *The Stories We Live By* (1993):

In the modern world in which we all live, identity is a life story. A life story is a personal myth that an individual begins working on in late adolescence and young adulthood in order to provide his or her life with unity or purpose and in order to articulate a meaningful niche in the psychosocial world. (5)

The precise nature of such frameworks can only be radically explored when conventions underpinning the resultant thought and action are challenged. Older readers may well be critical in this process, not just because of their longevity, but as McAdams says, 'Some of us, in the last years of our lives, will suspend the making of myth and begin to take stock of what we have made' (14). In order to theoretically and methodologically explore such everyday contestation of the dominant cultural narratives of ageing, FCMAP has adopted a proactive use of narrative forms in order to offer a different level of data.

This paper outlines the theoretical and methodological approach of the project and models such successful everyday contestation by analysing how ageing subjects situate and understand both social and aesthetic narrative renditions of older lives and attitudes toward them in the light of lived experience.

**Ref. OS56**

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**Title: An International Study of the Role of Grandparents in Family Life**

This presentation is of the first stage of an international study of grandparents. It aims to answer two key questions:

1. How does the role of grandparenting within the context of family life vary across Europe?
2. How do different policy environments (focussing on family care policy) across Europe help to shape the social structure of grandparenting?

The first part of this stage is a scoping study to establish the availability of comparative data sets across a number of EU countries to inform the choice of EU countries for Phase 2 of the research. A larger number of data sets than had been anticipated were found and these will be discussed. The second part of this stage of the study has comprised a literature review on the role of grandparents in family life and the identification of family care policies that have been found to be important in shaping the social structure of grandparenting. The information on policies is not always available in English but the team has been fortunate to employ two researchers who cover most of the languages spoken in the selected countries. The main findings will be discussed.

The research is funded by Grandparents Plus with a grant from the Gulbenkian Foundation.

**Ref. CC132**

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**Title: Why me? Some Lessons from Being a Participant in Longitudinal Studies**

Longitudinal studies are of major importance in tracking the changes that take place in the lives of people. However, dropout rates, especially among older people, are increasing. This presentation asks why older people agree to take part in such studies, why they continue and why they drop out. It is based both on empirical evidence (including a research study of the Retention of Older People in Longitudinal Studies) but especially on the personal experience of being a participant in three longitudinal studies. These are two where she was randomly selected (part of the control group in the UK Collaborative Trial of Ovarian Cancer Screening Study and as a participant in the Office for National Statistics Household Assets Survey). The one where she was recruited because she was a civil servant is the Stress and Health Survey which is more often called the Whitehall II study. Lessons from participating in these three studies will be drawn out.

**Ref. MM30**

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**Title: The Effectiveness of Inter-professional Working for Older People Living in the Community (TOPIC): A Systematic Review**

This paper presents the findings of a systematic review, which formed an integral part of a project commissioned by the NIHR SDO to examine the effectiveness of Inter-professional working (IPW) for older people living in the community. Health and social care policy in the UK advocates cross-organisational, public-private collaborations and IPW to support older people with complex and multiple needs. Whilst there is a growing understanding of what supports the process of Inter-professional team working, research has highlighted the complexities of partnership working and a lack of evidence linking partnership working to explicit patient outcomes.

The purpose of this review was to evaluate the effectiveness of Inter-professional working and to identify the types of models and contextual settings that have the strongest evidence base for practice in community dwelling older people. We searched electronic databases from 1 January 1990 – 31 March 2008 and selected relevant papers according to our inclusion criteria: Interventions that involved inter professional, cross-organisational working for community dwelling older people and randomised controlled trials (RCT) reporting

patient relevant outcomes. We retrieved 3211 records and included 41 RCTs which we classified according to four IPW models derived from the theoretical literature: Case Management, Collaboration, Full Integrated Team, and Organisational. We will present findings on the following questions: 1) What types of interventions are described? 2) How is IPW organised? 3) What are the outcomes of different models of IPW? We will discuss the methodological challenges and implications of the findings for practice and research.

**Ref. IRP82**

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**Title: Fashion, the Body and Ageing: Consumption Patterns of Post-War 'Baby Boomers' 1961-2006**

The period from the 1960s to today is marked by two trends: growing numbers of older people and the spread of mass consumption. The paper examines linkages between these, addressing current debates around the changing nature of old age, using UK data on spending on dress and related aspects of appearance by older women to explore the potential role of consumption in the reconstitution of aged identities. Based on a pseudo cohort analysis of Family Expenditure Survey, it compares spending patterns on clothing, cosmetic and hairdressing 1961-2006. It concludes that there is no evidence for the 'baby boomers' as strategic or distinctive generation. There is evidence, however, for increased engagement by older women in aspects of appearance: they are shopping for clothes more frequently; they are more involved in the purchase of cosmetics through the development of anti-ageing products; and women over 75 are now the most frequent attenders at hairdressers. The roots of these patterns, however, lie more in period rather than cohort effects, and in the role of producer-led developments such as mass cheap fashion.

**Ref. AB10**



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**Title: Multidisciplinary Research and Mixed Method Data Collection of Older People's Sleep: Issues of Validity and Practicality****Introduction:**

Increasingly, research initiatives such as the 'New Dynamics of Ageing' are advocating multidisciplinary research and mixed method approaches as the most appropriate way to achieve an understanding of the changing experiences of ageing. Adopting such an approach is particularly pertinent when researching topics that contain both subjective and objective elements, such as sleep, where questions concerning perceptions of sleep quality are answerable, but accuracy about specific behaviours such as nighttime awakenings, are difficult to assess.

**Aims:**

This paper addresses two questions related to mixed methods: (a) what are the implications for data validity, and (b) what are the ramifications for older people in being asked to contribute to a variety of methods of data collection.

**Methods:**

Data from one part of a multi-disciplinary study, SomnIA<sup>1</sup>, is presented, which employed mixed methods to gain a better understanding of poor sleep among 62 community dwelling older people aged 65-95. Data collection comprised in-depth video/audio recorded interviews, two weeks' audio sleep diaries, two weeks' actigraphy and two weeks' sleep and activity diaries.

**Conclusion:**

Employing multiple methods has benefits and disadvantages in researching sleep in later life. Benefits include the ability to correlate objective actigraphic readings of sleep with subjective assessments of poor sleep in later life. Disadvantages include an increased burden on older people in terms of collecting complex and time consuming data, and a potential for incomplete data collection.

<sup>1</sup> Supported by 'New Dynamics of Ageing' initiative, a multidisciplinary research programme supported by AHRC, BBSRC, EPSRC, ESRC and MRC (RES-339-25-0009).

**Ref. MM26**

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Title: **Healthy Ageing in Rural Communities: Cross-border Perspectives from Ireland and Northern Ireland.**

Over the years rural ageing has evoked substantial political and social rhetoric in Ireland and Northern Ireland. Given the distribution and structure of the older population throughout the island, this has been understandable. There is greater representation of older people in rural communities meaning higher age dependency ratios and a natural geographic segregation of old age demography. While the general discourse on rural ageing is welcomed, it is surface deep, focused exclusively on Ireland or Northern Ireland and based upon fragmented and small-scale research. As a consequence, the full nature of rural ageing and the implications for the health and well-being of older people across the island of Ireland is not well understood.

In an initial effort to address this deficiency, this paper documents a base-line study of older people living in rural areas, which was conducted by the cross-border Healthy Ageing in Rural Communities research network. The research had three strands: the first contextualised, in terms of existing data and policy, healthy rural aging across the island of Ireland; the second used three case-study sites (in Northern Ireland, Ireland and a cross-border region) to understand the experiences of rural dwelling older people and their relationship to their communities; the third involved a cross-learning component for the three participating sites. The findings are discussed in terms of the contribution of older people; the sustainability of rural communities, and the interconnections and implications of these factors for the health and well-being of rural dwelling older people on the island of Ireland.

**Ref. OS135**

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**Title: Look at Me! Working with Older Women to Re-present Images of Ageing**

The Second World Assembly on Ageing (2003) recognised a need to challenge stereotyped images of ageing, particularly in relation to older women. The use of visual methods as a means of allowing older women to articulate their experiences of ageing is one way of doing this but, to date, 'ordinary' older women have not had the opportunity to either comment on, or create, their own images of ageing and old age. This paper presents preliminary findings from an innovative new research project funded by the ESRC under the New Dynamics of Ageing programme. The project brings together a team of researchers from gerontology, art therapy and phototherapy, with a cultural development agency, to address several aims, including:

1. To explore the relationship between creative activity and later life well-being;
2. To reflect upon the contribution of visual 'real life methods' to participatory processes; and
3. To demonstrate the contribution of arts and humanities to critical gerontology.

Three projects, each involving workshops running over a number of weeks, are being run with a diverse range of older women. This paper presents findings from one of the projects in which a Community Arts Organisation based in Sheffield (Eventus) is working with a group of (self-defined) older women to facilitate discussion and produce new images of ageing in collaboration with a local artist. This paper will focus upon the participants' experiences of the workshop series and examples of the work produced will be shared with participants' permission.

**Ref. OS47**

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**Title: Inside the Black Box: The Role of Nursing in Acute Stroke Care**

In England alone, over 100,000 people will have a stroke this year, about 80% of whom will be over 60 years old. New treatments (thrombolysis &c) offer the possibility of greatly improved outcomes; however, their success rate is low, their risks are high, and their treatment window is very small. For the majority of people with stroke the greatest opportunity for improved outcomes (less disability) is admission to a Stroke Unit, the benefits of which have been known for some time, the mechanism of which, however, is much less understood. The Stroke Unit can, in fact, be seen as a Black Box – a person enters in one condition, they exit in a different condition, but how this happens is a mystery.

Despite many patients and their families focusing on ‘therapy’ (PT and OT) and ‘medicine’ in the days and weeks following stroke, nurses have the greatest presence on the unit (24/7, as they say), the greatest contact with patients and families, and, therefore, the greatest opportunity to affect outcomes. However, the nurse’s role on the unit is the least understood.

This paper will report the findings of a systematic review of the literature on acute stroke care and nursing, identifying themes describing the nursing role, responsibility, and unique contribution to acute stroke care.

**Ref. HW140**

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**Title: Achieving the Gold Standard of End of Life Care**

The Alzheimer's Society (2007) found a third of the U.K.'s population who have dementia reside in care homes. Consequently, homes are being increasingly required to provide end-of-life care for their residents with dementia. Mitchell et al. (2006) highlighted palliative care provision for people with dementia "may not be optimal". Such findings prompted the NHS' (2004) "Gold Standards Framework" (GSF), part of its end-of-life care programme, which emphasises the need for care homes to address their end-of-life care provision, especially ensuring continuity of care, maintaining comfort, and facilitating effective communication with all parties involved in a resident's care.

Currently, around 1000 homes participate in the GSF's training programme. This research investigates current end-of-life care provision and care staff's suggestions for achieving optimal end-of-life care. Nine care homes were sampled - 3 homes from each of Social Services' categories - owned by a chain, privately owned, and those run by a charity/voluntarily. Focus groups discussions with direct care staff were recorded on dictaphones, transcribed, and analysed by thematic analysis.

Participants were very emotional when discussing end-of-life care, and emphasised their wish to do their best for all residents. Whilst staff prefer residents to die with dignity and privacy in the care home, where they are know the staff, are more comfortable, and the needs of the family can be met, this wish is often over-ruled by family. Staff emphasised the need to discuss end-of-life care with family members, and be supported in doing this. They had little knowledge of Advanced Statements.

**Ref. CC9**

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**Title: The Three Cs: Communication, Communication, Communication**

In order to improve care home practices and ensure all residents receive optimum care towards the end of their lives, the NHS introduced its “Gold Standards Framework” (GSF) in 2004 as part of its end of life care programme. Of the 7 “Cs”, areas of concern identified in the GSF, communication is “C1” and tops the list of concerns. Indeed, many researchers (e.g. Caron, Griffith and Arcand, 2005) state that poor quality, ineffective communication is a major barrier to good quality care.

This research uses focus groups comprising direct care staff (nurses, carers and some managers) in nine care homes in the Birmingham area (home of the GSF team), providing care for people with dementia, to examine why communication is such an issue in care homes. The nine care homes sampled ensured that three homes were sampled from each of Social Services’ categories – owned by a chain, privately owned by an individual, and those run by a charity or voluntarily. Focus groups were audio recorded, transcribed, and analysed by thematic analysis.

The findings focus on three specific areas of communication – staff to staff, staff to resident, and staff to family, and quotes from focus group participants are used to highlight communication problems and suggest ways to overcome these. Main findings focus on the importance of staff working as a team, valuing every opportunity for interaction with residents, and appreciating the key role relatives play in providing information about the resident to inform care planning.

**Ref. HW8**

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**Title: Researching Older People: Methodological Lessons from a Longitudinal Qualitative Study**

This paper considers the methodological challenges that have arisen in our research on older people's experiences of receiving support and care.\* Becoming more dependent on others poses a significant challenge to their sense of identity and dignity. Dignity is a concept with objective and subjective dimensions that interact in complex ways and has particular salience at this stage of the life course.

Using a longitudinal qualitative methodology, the experiences of 34 participants, aged over 75, were examined over three years, using face-to-face in-depth interviews supplemented by telephone interviews. Participants were recruited through partner GPs and community groups, and were invited to nominate a supporter whom the participant might ask to be present at their interviews. The research design was intended to ensure a strong ethical framework.

Key methodological issues encountered throughout the research process included the difficulties experienced with some, though not all, participants in communicating over the telephone, in encouraging them to talk about their 'future' and in ensuring participants' wellbeing when discussing sensitive issues. The paper discusses our approach and response to these challenges and, in particular, the need for flexibility in research methods used with this older group of participants. It also discusses the role of carers as part of the research process. Perceptions of vulnerability and their relevance to the research process are key concerns. The challenges encountered in this project are inextricably linked with our analysis of participants' accounts of dignity and the inter-relationship of objective and subjective dimensions.

\* Research funded through the New Dynamics of Ageing Programme: Ref RES-352-25-001)

**Ref. MM93**

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**Title: Cultural Values, Own Identities - Accounting for Informal Support**

Attitudes toward informal support in old age are thought to vary by culture. For instance, filial responsibility is linked with East Asian cultures, while familism is linked with Southern Europe. North Western Europe, on the other hand, is said to have an individualistic culture, and hence a reduced propensity to provide informal elderly care. As part of a larger study on the determinants of informal care in later life in Britain, this presentation explores the accounts given by older people from different ethnic groups.

In-depth interviews were conducted with older people from five different ethnic groups, including White British people and four groups of migrants. The participants described their own ethnic identities and their experiences of informal support.

The White British participants struggled to describe their ethnic identity, an issue not shared by the ethnic minority participants. Connected to this, the ethnic minority participants described their own cultural values as distinct from, and preferable to, British culture. However, many of the beliefs and behaviour regarding informal support that they identified as part of their cultures were also discussed by the White British participants. Notably, the White British participants did not describe these as part of their culture, but rather as part of their personality. It is argued that the fact that the White British participants did not feel comfortable asserting an ethnic identity is the reason why they accounted for their behaviour in an individual way, rather than as part of their culture like the minority participants.

**Ref. CD68**



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**Title: Resilience Research: Consolidating 20 Years of Evidence**

This paper summarises some the findings of the MRC funded Resilience and Healthy Ageing Network, a multi-disciplinary group of academics and stakeholders convened to explore the role of resilience in achieving healthy ageing across the life-course.

The aim of the work programme was to unite and build upon previous work and existing evidence on resilience and strengthen this with new perspectives and collaborations, thereby enhancing research capacity and development. Knowledge transfer has been embedded in the work processes. The work was undertaken through a systematic review of the literature, concept analysis and academic and stakeholder consultation. The work found that the complexities of defining what appears to be the relatively simple construct of resilience are widely recognised in research. Variations and misunderstandings of what resilience actually is can create considerable challenges for trying to measure or assess it. A working definition is proposed which encompasses all of the key characteristics of resilience. Within a life course framework a range of research gaps were identified, including the lack of evidence from older populations, transitions across all developmental stages, especially from adolescence onwards, robust evaluations of interventions, and multi-level/multi-disciplinary study of resilience, especially examining the interplay between the individual (biological and psychological), the immediate social environment and wider contexts.

The work has strong implications for further research by the Network, which will aim to improve knowledge about the factors that contribute to the development, maintenance or reduction or resilience, and how resilience might be promoted to improve health and well-being across the life-course.

**Ref. HW137**

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**Title: Prevalence of Malnutrition Risk and its Relationship with Risk Factors of Hospital Re-admission in Older Adults**

**Background:**

Risk of malnutrition in older people continues to be a global problem. Malnutrition is often unrecognized and under-treated across health care settings and may result in undesirable health consequences, impaired recovery from illness and a poorer quality of life.

**Aim:**

This study aimed to determine the prevalence of malnutrition risk in a sample of older people at high risk of hospital re-admission. The association between risk factors of hospital re-admission and risk of malnutrition were also explored.

**Methods:**

One hundred and twenty five hospitalised patients aged 65 years and older at risk of hospital readmission (24% male, 76% female, mean age  $77 \pm 6$  years) were recruited from a tertiary metropolitan hospital in Australia. The valid and reliable Malnutrition Screen Tool (MST) was employed to screen for malnutrition risk. It consists of two questions related to recent weight loss and appetite.

**Results:**

Prevalence of older adults at risk of malnutrition was 27.4%. Risk of malnutrition was not associated with age, gender and living arrangement. However, among risk factors of hospital readmission, lack of social support ( $\chi^2 = 4.18$ ,  $N = 125$ ,  $p = 0.028$ ), and fair –poor self-rating of health ( $\chi^2 = 4.13$ ,  $N = 125$ ,  $p = 0.042$ ) were statistically significant associated with risk of malnutrition.

**Conclusion:**

Risk of malnutrition in older people continues to be a concern in health care, and increasing psycho social support may help shed light on reducing risk of malnutrition.

**Ref. HW38**

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**Elizabeth Evans**

**Title: Nutritional Interventions for Community Dwelling Older People: A Systematic Review**

**Aims:**

The systematic review aimed to discover whether nutritional interventions can influence functional outcome, service use, dietary change and other health indicators in people aged over 65 years of age living at home.

**Method:**

A search was conducted of PUBMED, CINAHL, PSYCHINFO, the Cochrane library and the National Research Register for randomised controlled trials (RCTs). The review included RCTs with

- participants over 65 years living in their own homes;
- interventions which included nutritional education or advice; and
- measures of functional outcomes, service use, dietary change or other health indicators.

**Results:**

23 studies were included in this review (35 papers). These showed that nutritional education (sometimes as part of a wider intervention) can influence physical function, diet and weight, although this is not always the case. There was a lack of evidence of any effect on service use and mortality rates, although limited evidence was found showing reduction in hospital readmissions. Biochemical markers can be influenced, but the extent to which this occurs can be limited, may be disease specific, and is a surrogate outcome. There is more evidence that depression can be alleviated than anxiety, and a lack of evidence that nutritional education can affect quality of life.

**Conclusions:**

These RCTs indicate that nutritional education can affect a range of outcomes in the people studied. Relevance to Clinical Practice Nutritional education may lead to positive outcomes including: increasing physical function, biochemical and dietary change; weight reduction, reducing depression, and possibly hospital readmission for those aged over 65 years.

**Ref. HW77**

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**Title: Critical Perspectives for Ageing and the Humanities**

Recourse to the 'humanities' in gerontology coincided with the emergence of critical gerontology, some thirty years ago. The contention that gerontology was in danger of neglecting the human experience of ageing was attested by those seeking to combine perspectives from the humanities with gerontology. It is now widely accepted that fictive stories, and more broadly the 'humanities', should be carefully listened to by all those concerned with ageing. However, it is less often appreciated that the insights afforded by critical gerontology may help us reconsider the role of the humanities within gerontology. This presentation will trace the connections between the humanities and critical gerontology. The central argument is that critical gerontology could furnish scholars with important perspectives for interpreting 'age' within the humanities. A genuinely dialogic relationship between these two areas, which are intimately related, should be forged. In this way, the full potential of the humanities; their epistemological status for enriching theoretical work on ageing, might be better exploited. Having exposed the historical emergence of the humanities as an essential component of critical gerontology, the paper will then consider the concept of the 'story' as expressed in the work of narrative gerontologists, those interested in the poetics of ageing and in literary gerontology. The paper will conclude by arguing that each of these discourses could benefit from the approach and theoretical possibilities afforded by critical gerontology.

**Ref. TP62**

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**Title: Embodying Ethnicity, Gender, Age, and Power in ‘The Field’: Some Reflections on the Researcher’s Use of Dress when Researching Older Pakistani Muslims in the UK**

Feminist scholars and those researching marginalised social and cultural groups have often pointed to the benefits of ‘matching’ researchers to participants in terms of important characteristics such as their gender, race, ethnicity, age, socio-economic status and sexuality. While the ‘matching’ of researchers’ and participants’ identities and backgrounds may be useful, we contend in this paper that the establishment of trust and rapport between researchers and their participants often also requires the researcher to embody these shared aspects of their identities. Drawing on the experiences of our researcher, a young Pakistani Muslim woman, we explore the significance of her embodied gender, age and ethnicity to fieldwork processes and ‘field’ relationships when researching older Pakistani Muslim women and men in our local Pakistani community\*. In particular, we highlight the significance of her use of dress and explore the following key emergent issues: (1) negotiation of an ‘insider’ position; (2) bodily participation in gendered community spaces; and (3) embodying power and vulnerability in ‘the field’. We conclude by highlighting the role of dress and different presentations of the embodied ‘self’ to fieldwork processes and field relationships, and reiterate that variations of age, gender and status can result in fluctuating insider/outsider boundaries and experiences of power and vulnerability within research relationships.

\* Our research project ‘Families and Caring in South Asian Communities’ is funded by the ESRC New Dynamics of Ageing programme.

**Ref. P226**

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**Prof Jonathan Gibson**

**Dr Elizabeth Peel**

**Title: Using Mixed Methods to Investigate the Impact of Age-related Macular Degeneration on Quality of Life**

**Background:**

Age-related macular degeneration (AMD) is the leading cause of blindness in the United Kingdom. It has the potential to impact on a wide variety of activities of daily living important for the maintenance of Quality of Life (QoL) in old age. Most research, to date, has used a single method of enquiry, typically questionnaires. Very little qualitative research exists in the area. This poster presents the study design for a research project aimed to investigate the impact of AMD on QoL using mixed methods.

**Design:**

There is no singular accepted definition for QoL. QoL in old age is a complex, multi-dimensional concept including both objective and subjective elements. Mixed methods research may be the most appropriate tool for research in the area due to its flexibility to address both objective and subjective elements. The study will employ a mixed methods longitudinal design.

**Methods:**

Twenty-eight participants will be recruited from eye clinics in Birmingham. Each participant will be visited three times over an 18 month period, during each visit participants will complete quantitative QoL measures and semi-structured interviews about the impact of AMD on their QoL.

**Conclusions:**

The combination of qualitative and quantitative research methods has the potential to produce a more detailed picture of the impact of AMD on QoL in old age.

**Ref. P22**

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**Title: Meaning of neighbourhood for older people and their reference to incidental physical activity.**

Recent interest in active ageing has highlighted a lack of understanding of the meaning of 'neighbourhood' for older people. Health-enhancing, incidental physical activity may be inherent in local social encounters and everyday routine, such as getting out and about to shops. This mixed-methods study explored the concept of 'neighbourhood' with 240 adults aged 70 and above, giving particular attention to their reference to physical activity. Participants were randomly recruited to Project OPAL (Older People and Active Living), through 12 general practices in urban and suburban Bristol. They completed questionnaires about neighbourhood (n=221), and 46 participated in semi-structured interviews, 23 of which were thematically analysed before saturation was reached. Questionnaire data confirmed that participants experiencing higher levels of neighbourly social contact considered belonging to a neighbourhood as more important ( $\chi^2 = 10.82$ ,  $p = .004$ ), and experienced greater sense of neighbourhood ( $\chi^2 = 10.74$ ,  $p = .03$ ). When giving an open-ended explanation of the extent to which they had a neighbourhood, 58 (26.7%) participants made unprompted links to activity. Interview analysis revealed that neighbourhood was meaningful and important for older adults and, likewise, defined largely in terms of social contact. Amenity-richness, sense of security and space, and socio-historic context were also important. A local 'hub' was typically not an essential characteristic, although community centres, shops and churches facilitated local interaction. Many participants were experiencing a depleting sense of neighbourliness and closure of proximal facilities. Maintaining neighbourhoods with walkable community amenities and vibrant social networks should be an important strategy for health interventions aimed at maintaining the independence, quality of life, well-being and incidental physical activity of older people.

**Ref. P227**

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**Title: Using Participatory Action Research Techniques as a Qualitative Methodology****Background:**

Participatory Action Research (PAR) has emerged as a significant methodology for intervention, development and change within communities and groups. It has been promoted and implemented by many international development agencies and local community organisations around the world. It offers the opportunity to go beyond consultation and promote active participation of communities in the issues and interventions that shape their lives. The authors of this paper have been recently trained in PAR techniques. PAR techniques enable all community members to participate, regardless of their age, ethnicity or literacy capabilities.

**Aim and objectives:**

To demonstrate the benefits and uses of PAR research techniques.

**Methods:**

In this presentation the authors will demonstrate how to develop an understanding of an individual or a group's greatest problem using pie charts, gain an 'insiders view' of an individual or group using emic questioning techniques and finally using a matrix to find possible solution to causes and problems

**Analysis:**

Most analysis of qualitative data is a tacking back and forth between deduction and induction (Kane and O'Reilly –De Brun 2001). PAR techniques contribute to the analysis process. Each technique must be analysed before moving on to another technique so that an appropriate technique will be used. For example pie chart analysis can assist the researcher identify relevant categories in which to carry out a survey or in the development of an interview schedule. Likewise, a matrix can provide the analysis of possible solutions to a problem, which has been identified, from participants.

**Ref. P6**



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**Title: Informal and Formal Care in Urban and Rural Regions: Findings from the Belgian Ageing Studies**

**Introduction:**

In order to cope with the challenges caused by increasing numbers of elderly, Belgium's actual policy focuses mainly on 'ageing in place'. As a consequence, formal and informal care, provided at home, will gain importance. In this contribution provision of care in urban and rural regions is explored.

**Methods and materials:**

Our own survey, the Belgian Ageing Studies, which took place in over 150 cities in Belgium between January 2004 and December 2009, provided the data for these analyses.

**Results:**

Concerning Activities of Daily Living (ADL) and housekeeping respectively 10.9 % and 23.3% of the elderly surveyed need assistance. 48.3% of them live in urban regions. Children (58.9%), spouse (35.7%) grandchildren (27.3%) and neighbours (24.2%) are the most important informal caregivers. The spouse provides significantly more care in urban regions (36.6%) than in rural regions (34.8%). Children provide more care in rural areas (61.0%) than in urban areas (56.6%) as do grandchildren (28.8% in rural areas and 25.7% in urban areas). For neighbours no significant differences were found.

The most important formal caregivers are: cleaning services (40.2%), home care provided by nurses (29.7%) and family services (14.2%). Only one significant difference was found: family services supply more care in rural (14.9%) than in urban regions (13.5%).

**Conclusion:**

These results suggest that there is a difference in formal and informal care provision between older people living in urban or in rural areas. With a policy focused on ageing in place, the dynamics explaining these differences should be further investigated.

**Ref. P142**

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**Title: Volunteering in Later Life: Socio-demographic and Environmental Determinants**

This study was designed to investigate the key factors that determine voluntary work among older people. Even though there is a significant body of work concerning voluntary work and social capital, volunteerism in late life remains underresearched. In particular, the influence obstacles and environmental factors on older people's participation in voluntary activities are still poorly understood. It is therefore critical to investigate the relative impact of socio-demographic variables, income, physical health, and neighbourhood attachment on volunteerism in old age.

This study utilized data collected from the Belgian Ageing studies (N=57.977) living in 127 municipalities and cities in Flanders, Belgium. A binary logistic regression is applied to analyse the key variables characterizing volunteers and nonvolunteers.

Components of meaning of life, and in particular the purpose of self-transcendence, are the most important predictors of participation in voluntary work, followed by neighbourhood attachment. In addition, the results highlight the importance of financial resources.

Findings emphasize the need for recognizing the various multidimensional factors that affect voluntary work in later life. Thresholds like low neighbourhood attachment and financial vulnerability explain more about the reasons for being a nonvolunteer and are crucial for voluntary organisations and social policy. Future research should maintain a contextual perspective on volunteering and incorporate environmental factors, such as neighbourhood features.

**Ref. P150**

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**Title: Women and Ageing: An Exploration of Memory**

As a research student in English and Creative Writing, I often use creative writing as a tool with which to present my research findings, my research being into the female ageing process and representations of this in different types of literature. I wish to present a poster on the life story interview, and the transposition of the resulting first person raw transcript material into third person embellished creative written accounts by presenting juxtapositions of the first person raw material with the interpretative third person accounts. The focus of this will be on presenting snapshots from a woman's recollections of different points of the ageing process from childhood through to old age, with particular attention paid in the written accounts to the physical body and the effects of age upon it.

**Ref. P147**

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**Title: What Is More Important in the Retirement Decision: Financial Satisfaction or Wealth?**

This study aims to better understand the roles of subjective and objective financial well-being in shaping work life decisions among middle aged and older adults. Specifically, the poster evaluates the effects of financial satisfaction (subjective) and wealth (objective) on the future retirement decisions of working adults. Longitudinal analysis was employed using the Health and Retirement Study (HRS), a nationally representative sample of US adults over age 50. Baseline data were drawn from the 2004 wave of HRS for all participants who identified themselves as not retired. The dependent variable of interest was whether these participants were able to retire by 2008. The retirement decision was regressed on financial satisfaction, adjusted wealth, age, sex, and other socio demographic characteristics. Wealth—a combination of personal savings and other assets—was adjusted for pre-retirement income and household size. Preliminary results indicate that both financial satisfaction and wealth are related to the retirement decision. In the US, there has been a move from the ‘target value’ model of financial planning, which set a target asset value for retirement based largely on pre-retirement income, towards ‘life planning’, which sets financial goals based on retirement expectations. An evaluation of whether subjective or objective measures of financial well-being better predict the retirement decision will be important in determining whether the life planning model is well suited to people’s behaviour. The poster discusses whether subjective measures of financial well-being should be added into the English Longitudinal Study of Ageing, given the disparate pension and retirement systems between the US and England.

**Ref. P187**

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**Title: Mobile, Connected, Included? How Information and Communication Technology can Support Later Life Travel-based Mobility**

During later life changes in personal circumstances, such as physical impairments and driving cessation, can mean that mobility is varied and unpredictable. Therefore, understanding the concept of mobility in later life is complex and challenging. This poster presents doctoral research which was designed to explore how information and communication technology can support later life travel-based mobility. The ways that people communicate and access information is changing with advances in information and communication technology. Mobility is therefore becoming more than a physical action. One alternative to physical mobility is virtual mobility. Virtual methods of mobility mean that a physical journey is either substituted or supplemented with some form of virtual one, examples of which are communication by email and internet shopping. This research highlights a disparity in academic understanding and the theoretical development of the concept of mobility. This gap in the concept of mobility is permeated through the development of a conceptual framework for mobility. The insights are drawn from two phases of empirical data collection: the first phase focused on specially designed handheld navigational devices which were tested by older people; and the second involved qualitative interviews with older people. This poster displays the conceptual framework for mobility alongside the key literature sources, the methodology, and the main findings of this study. It is demonstrated within this research that, information and communication technology offers older people an alternative to physical mobility through its facilitation of virtual mobility, thus increasing independence in later life.

**Ref. P78**

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**Title: The Birth of a Leaflet: Enjoy Life and Stay Healthy**

This presentation will set out to show the thinking behind, and illustrate a 'Welcome Leaflet' which was developed by members of Sefton Partnership for Older Citizens (SPOC) to provide 'information for older people moving to Southport and the surrounding area', which is an established retirement area with a large older population.

It is the first outcome of attempts over many years to persuade local decision makers to move some resource and attention to the neglected 80%-85% of older people who are 'well enough' and wanting to get on with their lives, and don't require regular health and social care.

The leaflet suggests 'ways to enjoy life and stay healthy and active in the local area'. The content is organised around the '5 ways to Wellbeing': Connect, Be Active, Be Curious, Learn and Give, identified by the New Economic Foundation (NEF, 2008) from the government's Foresight Framework on Mental Capital and Wellbeing (2008). Locally it has been widely welcomed.

**Ref. P42**

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**Prof Julius Sim**  
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**Title: Then and Now: The Redevelopment of Denham Garden Village into a 21st Century Retirement Community**

Purpose-built retirement communities are increasingly being promoted as positive alternatives to traditional forms of housing and care in Britain. In particular, they are often marketed as communities 'of like-minded people' offering 'as much or as little social activity as you want'. Whilst we know from other research how important a sense of community is for older people's quality of life and well-being, we know little about the extent to which these new environments are able to meet evolving social needs and expectations of residents over time.

This poster - which focuses on changing understandings of 'community' over time - presents findings from the Longitudinal study of Ageing in a Retirement Community (LARC): a mixed methods study of the (re)development and evolution of Denham Garden Village (DGV). Opened in 1958, DGV was owned by the Licensed Victuallers National Homes (LVNH) organisation. It provided rented accommodation for 250 residents in one and two-bedroom bungalows. Since it was taken over by Anchor Trust in 2001 the village has been redeveloped, and now provides a total of 326 mixed-tenure properties.

Data from biennial surveys, Mass Observation-type 'Directives' and in-depth interviews will be examined in order to explore how community was conceptualised, experienced and understood both 'then' (in the early days of the village) and 'now' (subsequent to its redevelopment). We focus on understandings of 'community of place', 'community of interest' and 'community identity' and identify some features of life in the village that facilitate or impede the evolution of a sense of community.

**Ref. P99**

**Valerie Lipman**

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**Title: Who's Missing in International Development?**

The poster will provide a visual summary of my research findings on how older people are regarded and their interests represented in international development. Ageing is happening rapidly and at much lower levels of social and economic development in the Third World than occurred in the “developed world” in environments that are competing with still large and growing cohorts of younger people. Through the use of content analysis the research assesses the level of active engagement with and for older people of some of the key international bodies, including the World Bank and some UN agencies that are concerned with economic and social development in the Third World. Results from some of the key documents at the level of global policy-setting since 1982, the year in which the first World Assembly on Ageing took place, will be included in the poster.

These areas covered will include:

- a) The architecture of development programming and aid effectiveness: criteria, assessment, monitoring and evaluation;
- b) Scientific statements: UN summits, resolutions and declarations; and
- c) Allocation of UN funds.

The research is demonstrating that the representation of older people within international development policy is very limited, both in terms of frequency of reference to them and in an understanding of their interests.

This research is funded by an ESRC open competition award for a PhD and is supervised by Professors Maria Evandrou and Jane Falkingham.

**Ref. P196**



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**Title: Approach: Analysis and Perspectives of integrated working in PRimary care Organisations And Care Homes**

Current policies to improve the quality of care and avoid unnecessary hospital admissions for older people living in care homes have led to multiple initiatives to promote integrated working between care homes and health services. Recent research (Evans, 2008) suggests that health care service providers and older people and care home staff differ in the way they define health needs, and the services appropriate to meet these needs.

APPROACH (Analysis and Perspectives of integrated working in Primary Care Organisations and Care Homes) is an NIHR SDO funded study aiming to address this issue by making explicit what is known about developing integrated working between health and care home providers. It also aims to assess the consequences of integrated working for older people and to develop a typology of integrated working that can inform future service development and research in these settings.

Following a first phase of systematic review and a national survey of care homes, the APPROACH team is conducting in-depth case studies of six care homes in three geographically dispersed areas. We are using a multiple case study and mixed method approach to investigate the experience, over time, of older people, care home staff, and health care professionals involved in different models of integrated working. This will provide a detailed description of how integrated working is understood, implemented and experienced.

This poster will present the context, research design and methodology of the case study phase of APPROACH.

APPROACH is a multidisciplinary collaboration between the Universities of Hertfordshire, Brunel, Lancaster, Surrey and University College London. It is funded by the National Institute for Health Research Service Delivery and Organisation programme (project number 08/1809/231).

**Ref. 229**

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**Title: Everyday Experiences of Female Multi-Generational Carers**

Demographic trends in the United Kingdom include an increasing ageing population, changes in family structures, an increase in women in paid employment and an increase in the number of young adults who live with their parents (O.N.S., 2008). These changes mean that more women are simultaneously occupying multiple demanding roles. These may include the roles of wife, partner, mother, grandmother, employee and carer. The challenging demands of these roles may not only affect women's lifestyle, personal time, career development and financial stability, but may also impact on their health

Literature concerning the experiences of female multi-generational carers and of how they cope with their situation appears to be sparse.

This poster draws on qualitative research which used a grounded theory approach to explore women's experiences of multi-generational caregiving. Data collection included demographic questionnaires, in-depth interviews and the use of the 'photo novella' method.

Preliminary findings indicate that women who are caring for both children and older relatives at the same time, perceive the experiences and challenges that they face as having a negative effect on their health, but a positive impact on their overall wellbeing and life satisfaction. For some women having an identity outside their care-giving roles is seen by them as an important coping mechanism.

**Ref. P171**

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**Title: Formal and Informal Home Care in Older People with a Functional Disability across Europe**

Public policy on long term care for older people across Europe is increasingly focused on the need to increase home-based long-term care in order to address the needs of an expanding older population. Functional disability is widely used as an indicator of need for long-term care. This study documents the relationship between functional disability in older people and the receipt of home based formal care (professional or paid) and informal care (provided by family and acquaintances). This cross-sectional analysis was conducted on data from 12 countries participating in the second wave of the Survey of Health Ageing and Retirement in Europe.

In this study 20% of community living adults over 50 years were found to have a functional disability. Of these 60% were in receipt of home care in the previous 12 months which consisted of formal care, informal care or a combination of formal and informal care. The level of informal home care was relatively stable across countries. However, substantial variation was found between countries in the extent to which individuals relied on informal care only and formal care only with appreciable numbers receiving a combination of formal and informal home care. As the level of formal care increased the level of combined formal and informal care was also seen to increase. The findings in this study do not support the view that formal care substitutes for informal care rather it supports the position that formal home care stimulates and complements informal home care.

**Ref. P67**

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**Title: The Role of Accessibility and Mobility in the Quality of Life of Older People**

Older people are more active and fit than previous generations. Hence, they are more mobile than ever. However, they continue to suffer a reduction in quality of life when giving-up driving. This presentation reports research carried out to identify the role of mobility and accessibility in older people's self-reported quality of life, through an in-depth examination of older people's travel needs. A wholly qualitative approach, utilising a variety of data collection methods including focus groups, interview and diary completion, was employed with 57 people aged over 65 in the UK, of which 26 were drivers and 31 had recently given-up driving. The findings emphasise the importance of mobility for accessing services and shops. However, the reasons why older people travel and the importance of mobility go beyond accessibility to include the desire for independence, control, maintaining status, inclusion, "normalness" and travel for its own sake. These are all related to an individual's perception of quality of life. When older people give-up driving their self-reported quality of life is reduced and this seems very much related to a reduction in affective and aesthetic qualities of mobility that a car affords that walking and using public transport lacks. It is suggested that policy and practice needs to consider such motives for travel.

**Ref. P167**

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**Title: Stroke in Central Aceh, Indonesia: Does Age Affect the Experience?**

**Background:**

Stroke in Indonesia is a growing concern. It has numerous risk factors for stroke including a rapidly aging society. Calls for stroke to occupy a prominent area in Asian neurology have been only partially met in Indonesia, with almost nothing known about the experience of stroke.

**Aims:**

To explore the understanding, experience and health seeking behaviour following stroke in Central Aceh, Indonesia. To examine the influence of age on that experience.

**Methods:**

Qualitative mixed methods based on phenomenological and ethnographic approaches. In-depth and photographic facilitated interviews with those with stroke (n=11, age 32-69) and their carers (n=18) and participant observation.

**Results:**

The number of older stroke survivors was low. Those above 55 years sought non-biomedical healers more frequently than those below 55 years and had a relative reduction in expenditure on health seeking. However, there was also an increase in the caring resources that older survivors could source. The individual affected was still expected to actively participate in the family group, but the pressures to provide as a primary income generator were dissipated. This resulted in many being less vulnerable than younger survivors who had increased family responsibilities.

**Conclusion:**

The results indicate that older people who survive stroke with limited residual disability may have a more positive experience than their younger counterparts. However, their health seeking patterns and reduced investment may impact on their recovery potential. The poor survival rate for the older population needs further investigation as does the experience of those severely affected by stroke.

**Ref. P225**

**Dr Lee Price**

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**Title: Topics for Health and Social Care Research Identified by Older Gay Men: A Research Development Project**

**Introduction:**

The United Kingdom (UK) population of older people is increasing; sixteen per cent are aged 64 and over. In 2006 4.7 million people were aged over 75 by 2031 this population is predicted to be 8.2 million (Office for National Statistics, 2007; National Institute for Health Research, 2009). Longevity of older people will make an increased demand for UK health and social care provision. The UK Government has identified complex long term health and social care needs and recognising culturally diversity as challenges to meeting the needs of this older population (Department of Health, 2001, 2006; HM Government, 2007). Older gay men form part of this culturally diverse population. They are a marginalised, hidden population within the gay community and UK society. There is little known within health and social care about the views, lifestyles and needs of this group (Age Concern, 2008). To help address this discrepancy a consultation project inviting older gay men to meet and discuss their health and social care needs was devised.

**Method:**

Consultation groups were conducted with older gay men living locally to Brighton. Recruitment was via convenience sampling. Group discussions were audio-taped and transcribed for analysis.

**Findings:**

There are broad cultural aspects of which heterosexual norm services are unaware, these were identified as isolation from 'family' of choice, concern about being 'out' in mainstream services and private life becoming public.

**Expected outcomes:**

Ideas and views of volunteers will establish and shape a bank of potential research questions developing a collaborative research relationship.

**Ref. P224**

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**Title: 'Lifetime Homes': Filling the Gaps in Housing Policy and Practice?**

The 'lifetime homes' concept was first introduced in 1989 by the Helen Hamlyn Foundation to address the different needs of individuals and families in terms of house design (Peace and Holland, 2001). As a concept, 'lifetime homes' was founded on the philosophy that homes should adapt to the changing needs of the people that live in them as the occupants age and change (Peace and Holland, 2001). Using a range of secondary sources, this poster aims to evaluate the extent to which current housing policies in western nations are keeping pace with the changing housing preferences of older adults. This will be accomplished through a cross-national comparison between a) current housing policy and practices affecting older adults who are living independently in their own homes and; and b) the housing preferences of older adults. The comparison draws on evidence from two major cities: Vancouver, Canada and Manchester, United Kingdom. The three-pronged comparison encompasses: 1) a documentary review of each city's housing policies; 2) a critical assessment of housing practice in each city; and 3) a comparison between housing policy and practice in each city and the general housing preferences of older adults. On the basis of the comparison, and a national policy focus on 'lifetime homes', the poster concludes with some suggestions concerning the future development of housing policies and practices in urban areas in Canada and the UK.

**Reference**

Peace, S. M. and Holland, C. (eds.). (2001) Inclusive housing in an ageing society. Bristol: Policy Press.

**Ref. P144**



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**Prof Claire Goodman**

**Prof Jill Manthorpe**

**Heather Gage**

**Prof Steve Iliffe**

**Title: Inter-professional working between Health and Social Care Services: The Views of Older Adults.**

Current policy requires health and social care services to provide integrated older person care, and to work across public, private, and voluntary boundaries<sup>1</sup>. There are different models of inter-professional working (IPW). Much of the research investigates IPW from the professional perspective, but there is little evidence regarding how older clients and their carers perceive or evaluate IPW.

The research reported here was part of a larger study<sup>2</sup>. It investigates how community dwelling older people with multiple needs, and their carers, perceived and defined effective IPW. Using an interpretative research design and semi-structured interviews, 18 participants (service users over 65 and family carers) were interviewed using a topic guide to address perceptions of IPW. Data was analysed thematically using Nvivo.

The analysis identified that most participants found the identification of good IPW outcomes difficult. Much of the discussion and experiences cited by informants focused on IPW in the context of a person's transition of residence (e.g admission or discharge from hospital, moving to a more supported housing), or at a point of increased need for support care and/or treatment. The participants appeared to see it as a false dichotomy to separate the process/manner of service delivery from the outcomes/impact of care. The process of the delivery of timely, responsive services was an important measure of IPW for service users.

1 Glasby J, D., Dickinson. H, (2008). "Partnership Working in Health and Social Care". Bristol. The Policy Press.

2 Goodman C, Drennan V (Co-PI) NETSCC SDO 08/1819/216 A Study of the Effectiveness of Inter-professional Working for Community Dwelling Older people. 2008-2011 Funded by NIHR NETSCC Service Delivery and Organisation Programme

**Ref. P115**

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**Title: Older People's Engagement in the Local Governance of Neighbourhood Renewal: An Exploration of Facilitating and Militating Factors**

Taken from recently complete PhD research, this paper reports on those factors found to influence older people's engagement in neighbourhood renewal. Since 1997, Central Government has shown concerted efforts to regenerate the most deprived urban neighbourhoods in the United Kingdom, and moved towards putting communities in control of local governance to shape these efforts. Within the context of earlier research reporting that older people were often missing as beneficiaries of, and participants in, regeneration programmes, the study on which this paper draws examined older people's participation in contemporary regeneration in one local authority district. Using this local authority as a case study, and guided by a narrative inquiry approach, semi-structured interviews were undertaken with professionals and policy-makers implementing urban regeneration, and older people living in three of the most deprived neighbourhoods. Thematic content analysis of transcribed data using NVivo software, suggests that older people's engagement in political activity and regeneration policy-making is relatively limited and restricted. Older people tended to be engaged more in their role as service users. However, this engagement was also seen to be inhibited by the requirement of the local authority to address mandatory social deprivation targets, and the complexity of the engagement procedures adopted by those organisations implementing regeneration. Age discrimination, and a lack of older people's personal skills capacity, further appeared to hinder engagement. Using jargon, alongside a lack of information during participation events, and feedback afterwards was also highlighted as problematic; third sector and independent advocates, nevertheless, negated some of these issues.

**Ref. P228**

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**Title: Investigating language planning in North Wales Stroke Services: Patient, Practitioner and Stakeholder Perspectives**

Although most Welsh speakers in Wales also speak English, many feel more comfortable and confident communicating in Welsh when accessing health and social care services (Roberts, 1991; Thomas, 1998). A range of legal, clinical and policy statutory governance and guidelines exists which serve as the main drivers for Welsh language services in health and social care. However a recent report suggests a significant shortfall in the Welsh language awareness of practitioners and a lack of commitment within healthcare organisations to plan for Welsh language provision (Healthcare Inspectorate Wales 2007; WAG 2005). Such deficiencies have been shown to compromise the quality of care and treatment of Welsh speakers, particularly amongst vulnerable client groups (Misell, 2000; Roberts et al, 2004).

Offering language choice in health and social care in Wales is a legal requirement, embodied in the Welsh Language Act 1993. However how this should be implemented in health and social care is unclear. Stroke patients may be considered a useful exemplar to explore these issues; they have complex health and social care needs that involve complex processes and service configurations, and interventions from multiple perspectives. The aim of the study is to construct a framework for language planning in health care using stroke as an exemplar to identify the needs for Welsh language provision in health and social care. The perceptions of stroke patients, service planners and practitioners using theoretical perspectives to synthesise the requirements for Welsh language provision in health and social care to inform policy and practice will be considered.

**Ref. P208**

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**Title: Changing Identities: The Impact of Marital Status Change**

Marital status has been previously found to have a significant impact on both physical and mental health. In general, the married enjoy better levels of health compared to the unmarried, and the transition to separation, divorce or widowhood is associated with negative effects on physical health and psychological wellbeing. Gove and Umberson (1985) suggest that marriage provides a strong positive sense of identity, self-worth, and mastery. However, there is little research on the impact of marital status change on identity.

This research aimed to examine how transitions into, and out of, marriage affected feelings of identity and self-worth. Cohabiting, married, separated/divorced and widowed men and women were interviewed, and transcripts were analysed using grounded theory.

The results highlighted important changes in social identity with marital status change, particularly for those men and women who experienced a transition out of marriage. These changes in identity were closely related to changes in social networks and social support, and there the findings suggest that age at marital status transition is an important factor, with “on-time” transitions generally associated in fewer negative changes in sense of identity and self-worth.

**Ref. P92**

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**Title: Carers' Experiences of Assessment: A Phenomenological Study**

This paper examines the views of carers who have received a carer's assessment following the introduction of the Carers (Equal Opportunities) Act 2004. The Act ensured for the first time that a carer's desire to take part in paid work, education or training, and leisure opportunities was considered. Semi-structured interviews were undertaken with carers to illuminate their lived experiences. Six themes emerged from data analysis: finding out about entitlement to an assessment; gaining recognition as a carer; partnership working with service professionals; carers' awareness of support availability; desired outcomes; carers' unmet needs in relation to education, work and leisure. Some carers were knowledgeable about the support that was available to them and others were quite unaware. This affected their ability to access help in order to cope with their roles. Carers welcomed the opportunity to discuss their individual needs and wanted to be treated in a holistic way by practitioners. The complexities around partnership working with care organisations permeated several of these themes and thus carers' experiences may be defined as a 'wicked issue' requiring creative responses to the issues that concerned them. Solutions offered should be tailor-made and not delivered from a menu of 'what is available'.

**Ref. P41**

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**Title: Developing Research Capacity in Older People and Ageing: Reflections from a Research Network Coordinator**

Informal research networks have always existed, for example when colleagues have shared their research interests within and across universities and practice. Nine thematic research networks were funded in Wales in 2005 to formalise this process to increase research capacity in health and social care and to increase the evidence base used by policy and practice. The Older People & Ageing Research & Development Network (OPAN Cymru) was one of the funded networks and I came to work with them as part-time Network Coordinator in September 2006. Over the last four years a diverse network has grown encompassing academia, policy, practice and older people across Wales. The network functions virtually through its website and regular email bulletins but also facilitates face to face contact at its seminars, conferences and research development groups. The research development group model has been particularly successful in bringing together interested parties to produce robust research proposals to increase funding for research into and with older people. Since 2005 OPAN has attracted over £14m of funded research. Most of this funding has been facilitated by the collaboration with the main centres for ageing research in Wales (Swansea, Cardiff and Bangor). OPAN's core funding and infrastructure has enabled existing and new collaborations to advance and grow within and beyond Wales.

**Ref. P70**

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**Title: Identity Construction in Australian 'Baby Boomer' Women**

**Introduction:**

This work examined the extent to which women of the post-war baby boom relate to popular stereotyped "baby boomer identities".

**Method:**

The data are from a sub-sample of women in the Australian Longitudinal Study on Women's Health who were aged 55 to 60 years when surveyed in 2006. A total of N=735 women were grouped into 4 categories based upon differences in socio-demographic characteristics and self-rated health. The women's responses to a series of statements about baby boomers were compared and contrasted showing large differences in attitudes and expectations. Written narrative by N=356 women over an 8-year period, was analysed from the two most contrasting categories out of the 4: those who had high self-rated health and who were socio-demographically advantaged (the 'healthy have'women) and those who had poorer health and reported some level of disadvantage (the 'unhealthy have-not' women). Wenger's framework of communities and social practice was adopted to guide the narrative analysis, providing a dual focus of identity formation and negotiation of meanings.

**Results:**

For many women, the data were in direct contrast to the popularly portrayed image of baby boomers. Important findings include (a) the identification of key concepts between 'healthy have' and 'unhealthy have-not' baby boomer women, and (b) contrasting and charting issues of personal identity and social belonging between women's groups.

**Ref. P52**

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**Title: A Move Towards Ageing in an Online Society: A UK-Malaysia Comparison**

Evidence from a range of countries suggest that older people are increasingly showing interest in web technologies, learning about the Internet, searching for information, reading, listening and watching news online, and tracking their investments. There are a small, but growing, proportion of older people who shop and bank online. Despite such trends, research highlights the persistence of a 'digital divide' with a variety of programmes and campaigns aimed at educating older people in the use of web technologies. This poster considers the potential impact of current and future demographic change on internet use in two contrasting societies: the UK and Malaysia. Drawing on a critical review of the existing literature and, where appropriate, the secondary analysis of relevant datasets, the poster explores variations in internet use of different age cohorts in each country. A particular focus is on the contrasting behaviours of people in mid-life representing future older populations and those currently belonging to older age groups. In the UK, for example, evidence from National Statistics (2006) shows that those in the 45-54 age group have a daily Internet usage of over 10 percent more than the older age groups. The poster concludes with a discussion of the potential future implications of the increasing use of web technologies by older age cohorts for both the UK and Malaysia, identifying the degree to which the experience in such contrasting societies is marked by similarity or difference.

**Ref. P126**



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**Title: The Role of the NGO in Advocacy and Education**

The Mental Health Association NSW, Inc is now in its 77<sup>th</sup> year, and is still dedicated to its principle objectives: Advocacy and Education. From its beginnings it has tried to avoid supporting a range of treatments and fads, but has steadfastly supported the NSW Government, and, therefore, indirectly, the Commonwealth Government in the improving of services to the mentally ill and disoriented, their families and friends, and the development of policies and practices that would better protect those who have experience an illness or disorder. The Association has had its submissions to reviews and planning well accepted, and is at present well regarded by its principal funder the NSW State Government.

With the considerable research and good outcomes into the degeneration of the older adult mind, dementias and poor health, its work in education has become more important, and the association is focusing on young children, their parents and teachers, and the commercial and industrial components of society. It has a very satisfactory website, a large range of available free brochures and extensive links to allied NGOs and Departments.

Education and Advocacy must continue to be the hand maidens of unfettered research and acute care, and a significant set of tools towards identity, care and everyday life.

**Ref. P33**

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