

Generations Review

The Newsletter of the British Society of Gerontology



British Society of
Gerontology

News and Reviews

Message From the President

Robin Means

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GENERATIONS REVIEW

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Getting Started

This has been an exciting time for me as I move into my role as President of the Society with the aspiration to carry on the outstanding work of Mim Bernard in terms of making BSG more professional and also more focussed. The new Executive will be meeting for the first time on November 23rd but the individual groups are already working hard to progress the various activities of the Society and future editions of GR will be updating you on various aspects of this work. I have quickly learnt that Mim was dealing with a steady stream of queries, some very relevant to the core concerns of BSG and some rather less so, although in doing this I get great support from both Sue as Secretary and Rachel as the BSG Administrator.

In terms of more pro active activities these have included attending my first meeting of the CEO/Chief Officers Group of the Academy of Social Sciences on behalf of BSG where discussions were dominated by updates on the Campaign for Social Science, the implications for learned societies of the move towards 'open access' journals and the proposals from AcSS for changes in its governance.

Inter-generational Tensions?

On September 18th-19th I presented at the 40th anniversary conference of **Policy and Politics**, the excellent interdisciplinary journal which is published by the Policy Press. As an ex-editor, I was asked to pick out one article from 'my time' to be used as part of the promotion of the event and this led me to review the rather eclectic range of articles that appeared in my tenure. In the end, my chosen article was 'Inter-generational relations: conflict or consensus in the 21st Century' by Chris Phillipson (Volume 19 No 1, pp27-36) because of its huge salience for present gerontological debates. Chris's article reminds us that what was then called the

'Workers versus Pensioners' debate has over a 20 year history in the UK and an even longer one in North America. Just before the annual conference at Keele I had the misfortune to see a disgraceful **Newsnight** programme in which the central thesis



Robin Means
President

was taken uncritically from **The Pinch: How the baby boomers took their children's future – and why they should give it back** by David Willetts (Atlantic Books,

2010). In other words it was being suggested that Britain had been 'busted' by the selfishness of the so called 'baby boom' generation who had enjoyed a welfare state, full employment, final pension salary schemes and huge housing wealth and were about to impose a huge burden upon society as they retired in vast numbers. The main victims of their perceived selfishness was presented as a 'jilted generation' of young adults who would struggle to find work in the first place but when they did would never be able to afford to leave it. The same thesis emerged in an even more inflammatory form in an extended report by Jeff Randall as the Business Editor at Sky News which was aired in late August. Even the Times Higher has got in on the act in a recent issue when it uncritically covered a report arguing that older academics were using changes in employment law to retain 'tenured' posts well into their late sixties to the disadvantage of younger academics often on research contracts. It was suggested that this was a form of academic 'bed blocking' that would stifle innovation in the longer term.

As gerontologists we have a clear obligation to challenge this narrative on a wide range of fronts. I will be drawing upon this section of my GR contribution to start a discussion on *ageing issues*, the BSG blog about how we can best achieve this but I am equally happy to receive comments by e-mail (Robin.Means@uwe.ac.uk).

More generally, it is my intention to use these GR contributions to raise one key issue for an extended debate on our blog and the next subject is likely relate to the implications for learned societies and for individual gerontologists of the move to open access journals. The importance of this was driven home to me at the AcSS meeting mentioned above.

Thank You

I need to express my appreciation to several BSG colleagues. The first person to thank is Mim for her fantastic stint as President. However, I also need to acknowledge the hard work of Executive members who have completed their terms of office. These are Simon Evans especially for his excellent work on the Conference Liaison Group, Judith Phillips as our outgoing Past President (and of course former President) and Debbie Price as our former Treasurer. Debbie has kindly agreed to be a co-opted member to support our social media initiatives. Finally, I need to thank the entire Conference team behind the Keele Conference which was a fantastic success. Having been involved in the running of three conferences I fully understand just how much work (and angst) goes into pulling off such a successful event.

Message from the Secretary

Sue Venn

It has been an exciting summer of Olympics, and Paralympics, but let us not forget it all started with an extremely successful annual conference at Keele University! Well done to Mim Bernard and all the organising committee for making it such an excellent meeting. At the conference we were delighted to award this year's Outstanding Achievement Award to Bill Bytheway for his significant and long lasting contribution to British social gerontology, and we offer him our warmest congratulations.

Now it is time to think ahead to next year's Annual Conference at Oxford – please put the dates in your diaries, **Wednesday September 11th, to Friday September 13th, 2013** and keep an eye out for our bulletins containing further information on when the conference website will be available along with important dates.



Not a member of BSG?
Visit <http://www.britishgerontology.org>

We had several changes to the Executive Committee membership at the AGM in July. Following their elections at the AGM, I am delighted to welcome our new Committee members, Mo Ray from Keele University, and Louise McCabe from the University of Stirling, and also our new President-Elect, Sheila Peace from the Open University. I am also pleased to say that Suzanne Moffatt and Alisoun Milne were re-elected onto the Executive Committee. Finally, I am pleased to welcome Atulya Saxena from the University of Oxford onto the committee as a co-opted member. Congratulations to all of you on your elections and re-elections and I look forward to working with you and the other Executive Committee members this coming year. This leads me to say a heartfelt thank you to our outgoing officers, Mim Bernard, Kate Bennett and Judith Phillips, and to our retiring committee members Simon Evans and Debbie Price, although Debbie will remain on the committee as a co-opted member. The full membership of the current committee is available on the BSG website, along with minutes and agendas of all our meetings (www.britishgerontology.org).

Our membership numbers are still buoyant and at the last count were 417, which is extremely pleasing in the current economic climate, but we will continue to monitor membership numbers, as well as reviewing what we can offer our members. As part of that process we will be considering how best to serve our varied membership from emerging researchers in ageing through to those transitioning to and in retirement.

Our foray into the world of social media continues at a pace and we have seen some lively discussions on **Twitter** (@britgerontology), on our **Ageing Issues** blog and on **LinkedIn** (thank you Debbie Price for initiating all this). As Chair of the newly formed Social Media and Communications group I will seek to keep moving these initiatives forward as a benefit to members, and to continue to use them as a platform to raise awareness of the Society.

As always, my thanks especially go to Rachel Hazelwood for her support and hard work throughout the year. Please do feel free to contact me with any comments, suggestions, and/or questions relating to the Society.



Sue Venn
Honorary Secretary

**BSG2012 Conference
Keele University
11-13 July, 2012**

Nicola Woodward
Swansea University



Mim Bernard and 'Ages and Stages' Colleagues

Having only started a PhD in The Centre for Innovative Ageing in Swansea University a few weeks prior, the BSG's 41st Annual Conference at Keele University was the first conference I had attended. I arrived on Tuesday morning to attend the ERA Conference. As a Masters student I had attended several of the events organised by the ERA and once again I found the day thought provoking and encouraging. The keynote paper by Professor Alan Walker was particularly inspiring and somewhat reassuring in regards to the future of ageing research. The day was a fantastic opportunity for emerging researchers to present their work to a friendly and interested audience that perhaps was not quite as daunting as the BSG conference!

What I felt would be a rather overwhelming experience was in fact nothing of the sort. The BSG conference was superbly organised and the atmosphere friendly and welcoming. The Plenary speakers Professors Toni Calasanti and Murma Downs presented important and contemporary issues in ageing research which resulted in interesting discussions and really

delved into broader political issues around ageing. Throughout the conference I dipped in and out of paper and symposium sessions all of which were enthusiastically presented and well received. I spent the time in between symposium and paper sessions looking at poster presentations and the exhibition of visual research.



Bill Bytheway and Alan Walker

Wednesday night we were invited to attend 'Our Age, Our Stage', a stage performance created through the *Age and Stages* project between Keele University and the New Vic Theatre. The audience was captivated throughout the performance and the question and answer session at the end demonstrated how enthralled everybody was by the performance.

Thursday night was 'A Taste of Staffordshire' Gala Conference dinner. Dinner was fantastic, and afterwards, a welcome from the Vice Chancellor Professor Nick Foskett and Dr Alan Hatton-Yeo from the Beth Johnson Foundation further highlighted the importance of collaboration in ageing



Rachel Hazelwood,
BSG



Veronika Williams
University of Oxford

research. The fireworks were a really lovely end to the evening and despite the rain it was wonderful to watch them over the beautiful Keele Hall Lakes.

I have to say my first experience at a conference was a fantastic one. I came away from Keele full to the brim of information and new ideas. Thank you for a great week!



John Miles, Keele University, at lunch with friends

Emerging Researchers in Ageing Conference Keele University 10 July 2012

Liz Alcock
Keele University

This year's Emerging Researchers in Ageing (ERA) conference was held at Keele University in Staffordshire. Keele is renowned for its beautiful campus and is set in a glorious 617 acre estate. As a current PhD student here at Keele, I was delighted to have the opportunity to attend my first ERA conference on my doorstep.



Prof Robin Means introducing the Annual ERA Conference

We were welcomed by Deborah Cairns and Naomi Woodspring who provided our notes for the day, followed by a selection of tasty pastries, beverages and fruits which was kindly arranged for by the two organisers of the event.

The day began with an excellent talk by Professor Alan Walker. The keynote speaker who is currently Director of the New Dynamics of Ageing Programme and is also Director of the European Research Area in Ageing and the FUTURAGE Project, gave an insightful and for me personally a poignant introduction to research in ageing. He

described the growing older programme's he is currently involved in as well as highlighting the issues of underfunding within this vital area in the U.K. He outlined international links and spoke of European concern for the ageing population and the importance of public involvement in helping to shape future studies and policies as well as providing a plethora of hints and tips as to where to look for funding as an early researcher. He also spoke of the pitfalls of being a researcher in ageing; how too often problems in ageing can be justified by many as the 'natural ageing process' and that it is crucial for the emerging researchers to battle against these ageist and discriminatory attitudes in order to help structure social policies that will enhance the quality of life for our current and future generations of ageing populations. Overall the talk gave excellent advice as to how one can develop a career in this area and highlighted many if not all of the key issues within ageing research.

The day then continued with an array of intriguing presentations. There were studies involving qualitative, quantitative and mixed methods approaches, as well as some rather unique studies involving use of literature and analyses of artistic depictions of ageing in the modern world. Ian Sidney provided a fascinating talk about his study on ageing, distinctive subcultures and social exclusion within various ethnicities in Lancashire communities. Other studies utilised more experimental methods such as Fiona Costa's study which measured the effects of music as an intervention to relieve chronic pain. The day unfolded with a real 'pick and mix' vibe with studies look-



Delegates listen to 'Becoming and Being Old: A Conversation with the Experts'

ing at wider issues concerning dementia and age-related stereotypes, to the more specific regarding frailty and ageing and an excellent presentation from Keele's own Julie Green on patient centred consultations in chronic venous leg ulcer care; a particularly moving presentation and also a first of its kind within this area.

Lunch provided ample opportunity to associate with like-minded early (and also not so early) researchers and I also met some new friends which is always a bonus.

The afternoon sessions were as captivating as the morning sessions and my only complaint is that I wish there was more time to hear from the presenters, who all did an excellent job in their allotted times and left us all wanting more! The day closed with an open dialogue involving Anthea Tinker, Bill Bytheway, Elizabeth Sclater and John Vincent who discussed becoming old and engaged the audience with some fantastic anecdotes and advice, particularly Anthea who we all agreed was absolutely delightful and fascinating to talk with.

I very much look forward to attending next year's event, where I hope to present in the warm and friendly environment of the ERA annual conference.

Ageing and Society Update: What are the advantages of *FirstView*

Suzanne Moffatt
Newcastle University

Ageing & Society is the official journal of the British Society of Gerontology (BSG), published by Cambridge University Press and co-sponsored by BSG and the Centre for Policy on Ageing (CPA). Ageing & Society is a popular journal and as a result regularly has a number of accepted papers waiting to be published. For some time now the journal has used the *FirstView* facility which publishes articles online before they are allocated to an issue. This ensures authors benefit from quick publication of their article, and the *FirstView* article is given a 'digital object identifier' (doi) which is a unique code that can be used for citation purposes. Therefore the author's work is available to be read and cited more quickly.

Looking at the usage data of *FirstView* articles published in Ageing & Society over the past year, it is interesting to see the high number of abstract and fulltext (i.e. entire article) views there are in the period prior to allocation to an issue. Several articles have already received over 600 abstract views and over 200 fulltext views. At the time of writing, the *FirstView* articles with the highest number of fulltext views are:

- PAMALA WIEPKING, RUSSELL N. JAMES - Why are the oldest old less generous? Explanations for the unexpected age-related drop in charitable giving – Published online 23 March 2012
- ROBIN MEANS, SIMON EVANS - Communities of place and communities of interest? An exploration of their changing role in later life – Published online 24 October 2011
- MICHAEL D. FINE - Individualising care. The transformation of personal support in old age – Published online 27 February 2012
- TIM BLACKMAN - Care robots for the supermarket shelf: a product gap in assistive technologies – Published online 23 April 2012
- KIM BOUDINY – 'Active Ageing': from empty rhetoric to effective policy tool – Published online 10 July 2012
- HYUNSUN YOON, HELEN POWELL – Older consumers and celebrity advertising – Published online 19 October 2011
- LAURA HURD CLARKE, ALEXANDRA KOROTCHENKO, ANDREA BUNDON – 'The calendar is just about up': older adults with multiple chronic conditions reflect on death and dying – Published online 18 November 2011
- KIRSTY WILD, JANINE L WILES, RUTH E S ALLEN – Resilience: thoughts on the value of the concept for critical gerontology – Published online 13 December 2011
- LAURA HURD CLARKE, ERICA BENNETT – 'You learn to live with all the things that are wrong with you': gender and the experience of multiple chronic conditions in later life – Published online 18 November 2011
- JOHANNA MUCKENHUBER, WILLIBALD J STRONEGGER, WOLFGANG FREIDL – Social capital affects the health of older people more strongly than that of younger people – Published online 16 May 2012

FirstView papers therefore receive considerable exposure, and the articles listed is a good demonstration of the breadth of topics, disciplines, theories and research methods covered by the journal.

What Do We Know About Loneliness Conference, 9-10 July, 2012

Yoshimi Wada
University of Bristol

An international conference on 'What do we know about loneliness?' was held at Merton College, Oxford, on 9th and 10th July 2012, hosted by the AGEUK Oxfordshire and the *Campaign to End Loneliness*. The conference comprised plenary addresses, keynotes, workshops, research and social networking, all aiming to share knowledge and experience between researchers, policy makers and practitioners.

The plenary addresses were given by Professors Ann Bowling, Vanessa Burholt, John T. Cacioppo (U.S.A.), Mima Cattan, Julianne Holt Lunstad (U.S.A), Jenny de Jong Gierveld (Netherlands), Thomas Scharf and Christina Victor. Issues of loneliness were approached from a wide diversity of perspectives, social, cultural, and psychological. The impact of loneliness on physical and mental health was also considered. To highlight a few which resonated particularly with my own interests: Professor Victor emphasised the importance of the quality, rather than quantity, of personal relationships; Professors Burholt and Scharf, drawing on cognitive discrepancy theory, explained loneliness as a mismatch between actual and desired social relations; Professor Cattan argued for the practical importance of the study of the issue of loneliness, as a means towards improving older people's lives. Although loneliness can affect all age groups, the conference reflected that older people are especially vulnerable because of their experience of bereavement, retirement, and reducing mobility, income and familiar surroundings, and their nearness to the end of their lives.

The keynote address was given by Paul Burstow MP, then Minister of State for Care Services, Department of Health. Tackling loneliness was said to be at the heart of the government's policy agenda. Mr Burstow stressed a need for cultural change - tackling loneliness and tackling age discrimination were related matters. He pointed out that social care needed to focus on service users' wellbeing, and not just on whether they were receiving care. Current policies for health and social care for older people highlight personalisation agendas; giving independence and control to older people, however, may not address their feelings of loneliness. Policy, he suggested, needed to try better to address both practical support and wellbeing.

For the three workshop sessions, the delegates were split into four groups based on their chosen topics: (1) Whose responsibility is it to tackle loneliness? (2) Approaches to loneliness, old and new – from companion animals and knitting to Skype and Twitter; (3) The unanswered questions – mapping the future agenda of the Research Hub of the *Campaign to End Loneliness*; (4) The statutory sector role – how do the new public bodies (such as Health and Well-being Boards) play their part? This arrangement allowed each group to consider the particular set of issues bound up with loneliness in considerable depth.

By the end of the conference, the complexity of the issue of loneliness was clear. Loneliness has a wide variety of negative impacts. An understanding of the issue may contribute significantly to improving the quality of life of older people, and, as the conference made clear, there are many promising policy and research developments.

BSG Strategy

AGE Platform EU

Kate Davidson
Past President, BSG

There is no doubt that anything to do with the EU can be pretty impenetrable to us mere mortals, but as this is the 2012 European Year for Active Ageing and Intergenerational Solidarity, it seems timely to give some insight into BSG's involvement with the organisation which lobbied to promote and now leads this important initiative. AGE Platform Europe is a European network of around 167 organisations of and for people aged 50+ which aims to voice and promote the interests of the 30 million senior citizens in the European Union and to raise awareness on the issues that concern them most. Although the BSG has a long history of involvement with Europe through AGE Platform Europe's predecessor AGE, here, I attempt to unpick some of the complexities of our contribution to the current expanded European scene.

BSG pays an annual membership subscription for 'full' membership which gives us voting rights at both UK and EU levels. There is an 'observer' category with a reduced subscription which entitles a member organisation to have a representative at the General Assembly and UK meetings, but they have no vote at any level. I'll give a general outline and then explain some of the EU/UK differences in responsibilities. AGE Platform Europe is hierarchical and comprises:
Headquarters with paid secretariat, researchers and policy experts in Brussels;
Member countries each with a formal administrative body;
Council Members elected at country level;
Executive Committee elected from the Council Members at the General Assembly;
Six Expert Groups (EGs);
General membership from individual organisations within member countries.

Now comes the tricky part, because there is an important distinction between organisational and national representation. At the Annual General Assembly and at national meetings, the BSG representative speaks/votes for the BSG but if a BSG member is voted onto the Council or an Expert Group, s/he represents the UK within the European context.

National Meetings

The UK AGE Platform is administered by AGE UK, and currently headed by Nicola Robinson and are held twice a year in London. There are currently 27 UK organisations (full and observer). Attendance expenses are expected to be paid by the member organisation. Majority decisions and suggestions made at the national meetings are relayed to the Council by the two UK representatives. These two representatives, plus two substitute members are elected at UK meetings and their election ratified at the General Assembly. The term is for 3 years, renewable once.

General Assembly

The GA is the annual meeting in Brussels, usually May and held over 2 days. One representative from all individual organisations across Europe is invited and partly subsidised by AGE Platform Europe. That is, accommodation and subsistence provided, including an excellent conference dinner, but a Registration Fee and travel expenses are paid by the member organisation. Each delegate represents, and has a voice for his/her organisation. The GA provides an excellent forum for networking. It also presents an important international profile for BSG.

Council Meetings

These are held twice yearly in Brussels and fully subsidised by AGE Platform EU. The UK is represented by the two full Council Members or substitute member(s) either or both of whom attend Council meetings if either or both full members are unable to attend. Currently, the full members are Irene Kingston (AGE NI), Clint Elliot (NARPO) and the substitute members are me, Kate Davidson (BSG) and Syd Ashby (NPC).

Expert Groups

The EGs are:

- Anti-Discrimination Expert Group (ADEG)
- Employment and Active Ageing Expert Group (EEG)
- Health and Social Services Expert Group (HEG)
- Social Inclusion Expert Group (SIEG)
- Social Protection Expert Group (SPEG)
- Universal Accessibility and Independent Living Expert Group (UAIL)

UK members of AGE Platform Europe EGs are nominated by a full UK member of AGE Platform Europe and elected at a national meeting, agreed at a Council meeting and ratified at the GA in the Spring. The term is for 2 years, renewable once. As with the Council members, experts do not represent their organisations but provide their experience and expertise, and their national perspective, to strengthen the policy work of AGE Platform Europe as a whole. One full member from each national EG is funded for two meetings in Brussels. There is also a substitute member elected for each national group on the same principle as Council members. A new category of Corresponding Members has been established but are not subsidised to attend the meetings in Brussels. They are welcome to attend AGE Platform UK meetings but require support from their own organisation. This may however, be a good way to 'get known' within the AGE Platform community. It is not as time consuming as full EG membership and might present a push on an open door when a vacancy for an expert group member arises.

On a more personal note, my second term as substitute council member finishes in May 2013 and I have thoroughly enjoyed my involvement with AGE Platform EU and UK. I have been fortunate in having attended several Council meetings in Brussels when a full member has been unable to attend. The meetings in Brussels and London have provided an excellent opportunity to meet some dedicated and delightful people who are of a like mind in their passion in finding a voice for older people. I am not convinced I was able to increase our membership but I am in no doubt that I was able to raise the profile of BSG within the organisation. I would very much encourage the BSG to nominate another candidate for the position and seriously consider nominations to the EGs when they are held again in 2014.

Brief Note from Alisoun Milne, Chair,
International Relations Group:

The International Relations Group is indebted to Kate Davidson who has provided a great deal of advice and support over the last three years. Specifically this has focused around: Age Europe—Kate is a UK substitute member of Age Platform Europe Council, Age Platform's Expert Groups, and the European Year of Active Ageing and Solidarity between Generations (EY2012). Kate is a member of the EY2012 Steering Group and was pivotal in BSG being invited to be a member of the Group (Sarah Hillcoat-Nelletamby attended as the BSG representative). She has also offered the IRG Chair personal support for which she is most grateful.



Not a member of BSG?
Visit <http://www.britishgerontology.org>



Dear BSG Founding Fellows and Members,

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

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

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

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

For any queries before you post (e.g. reimbursement for postal charges or a large volume of material), please email mary.sullivan@brunel.ac.uk. Many thanks for your ongoing support and interest in the Society. We look forward to hearing from you.

Mary Pat Sullivan
Chair, Publications Group
Executive Committee

Who's Who

Bill Bytheway

Research Fellow
The Open University

1. Describe yourself in three words.

Being, surviving, ageing

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

The basic question underpinning so many gerontological interviews! And the first easy answer is: by chance. In 1965, as a jobbing statistician, I applied for a job with a unit undertaking research for the Scottish fishing industry. Where would I be now had I been offered it? The second easy answer is: by being lucky in securing a long series of short-term research contracts, interspersed with occasional periods doing other things, culminating in having sufficient years of service in academic employment to be able to retire on an adequate pension.

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

I don't remember many specific moments when I've been given advice. Someone once told me to rely on my instinct and this was very helpful at the time. We once had a lodger who was constantly starting sentences 'What you ought to do, Bill, is ...' It used to drive me spare.

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

Obviously, in regard to the first half of life, the answer is 'my parents'. I don't remember any particularly influential teacher at school or university. I was lucky to spend five years working in the Medical Sociology Research Unit in Aberdeen in the late 1960s and there I learnt much about being a researcher from colleagues there; it would be iniquitous to pick any one.

Regarding gerontology, there were a number of influential people I worked with during the 1970s as the BSG was established and developed. Who influenced me? Again it goes against the grain to pick out names, but those of Alan Lipman, Anne Gilmore, Malcolm Johnson, Eileen Fairhurst, Jonathan Barker, Mike Hepworth and Jim Traynor spring to mind. But latterly, the greatest influence has been Julia Johnson. Since moving to Swansea in 1975, I had been alone here in my interest in gerontology, and so I was delighted when, in 1987, Julia was appointed as a lecturer specialising in social work with older people. She agreed to join me in organising the 1988 BSG conference and, for me, this was a turning point in my life: in planning the conference and in editing the subsequent book, we had many long discussions about gerontology, research and work with older people. In 1991, she was seconded to the Open University to join the course team for the production of 'An Ageing Society' (K256) and this led to us undertaking many long car journeys between Swansea and Milton Keynes.

Although we remained in Swansea, we both became employed 'permanently' by the OU in what, for me, has been a brilliantly stimulating and productive collaboration.

5. What's the best book you've ever read?

'The Bass Saxophone' by Josef Skvorecky is the novel I treasure most; and 'L.S.Lowry' by Shelley Rohde, the biography. Gerontologically, I was knocked out by Pirjo Nikander's book 'Age in Action'; and, as an expose of ageism, 'Look me in the Eye' by Barbara McDonald and Cynthia Rich. But my



Bill receives the BSG Outstanding Achievement Award 2012
L-R Alan Walker, Bill Bytheway, Mim Bernard.

nomination as best gerontological book (if I really have to) is 'Disciplining Old Age' by Stephen Katz.

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

Retirement is a complex experience: much of what is predicted comes true – 'I can't imagine how I ever found time to go to work', all the familiar clichés ring true. But, alongside this, there is an unexpected

side. It's hard to pin this down but, possibly, it's the absence of an employer who constantly dictates the basic routines of life, so often the excuse for the neglect of other things in life.

This year I've become obsessed by drawing: the physical control of pen on paper, matching what is drawn with what is seen, and finally appreciating the material outcome. I'm amazed at how it has led me to see things differently, and to engage in unfamiliar kinds of discourse.

And whenever the weather is good, Julia and I spend time in paradise, also known as our plot at the Upper Norton Field Allotments, near Mumbles.

7. What's the future for ageing research?

Research should constantly question the received wisdom and a prominent example over the last few years has been the inter-disciplinary 'nature' of gerontology. I would like to see ageing research become more 'disciplined', generating a clearer and more profound understanding of age and of what it is, not just to grow older, but to grow older and yet older. Whatever, the future is rich in possibilities.

Cutting Edge

The Future of Ageing Research in Europe (FUTURAGE)

Alan Walker
University of Sheffield
Director of FUTURAGE

FUTURAGE was a two-year project to create the definitive road map for ageing research in Europe. The Road Map for European Ageing Research was launched on 18 November 2011 at a large conference at the European Parliament. It is the product of the most extensive consultation ever undertaken in this field, involving all of the major stakeholder groups and end users of ageing research, and spanning a 2 year period.

The Road Map creation process began from the perspective that health and well-being in later life will be best understood and, therefore, extended (via policy, practice and product development) if research is carried out in four interconnected fields: biogerontology; social and economic resources; environments of ageing; and healthy ageing and well being. A fifth core theme of end-user involvement was also embedded in the Road Map process.

A unique set of partnerships were formed to support the research priority consultation process and to shape the final Road Map. All the major Coordination Actions in ageing over the last 15 years were represented through a Council of Scientists which provided high-level scientific oversight over the process and the Road Map itself. The membership of the FUTURAGE consortium included: 11 members of the European Research Area on Ageing (ERA-AGE 2); the Coordinator of the WhyWeAge Road Map for Biogerontology at the University of Namur; the Universities of Lund, Heidelberg, Leicester, Newcastle, Sheffield, Tampere; Age UK (formerly Age Concern and Help The Aged); Age Platform Europe, and; the Italian National Institute on Aging. Additional partners worked to support the dissemination of FUTURAGE activities across Europe and in their own countries.

A specially designed iterative process ensured that the specific research priorities were not identified by scientists alone and were subjected to a high degree of reflection and cross-examination from a wide range of stakeholder perspectives, including policy makers, practitioners, business people, older people and their NGOs as well as scientists. This process led to an extraordinary broad and deep consensus on the major future priorities. A total of nine distinct stages of consultation were undertaken which involved the participation of 1000 people and organisations, the latter representing many thousands more people.

The final Road Map contains the research agenda that will enable Europe to respond successfully to the unprecedented demographic challenges it faces. Its twin starting points are the high priority allocated to population ageing, by Member States and the European Union as a whole, and the fundamental importance of scientific research as the driver of innovations in public policy, in a wide range of clinical and other professional practices, and in the development of products and services. In addition it advances the case for a new comprehensive approach to 'active ageing' which includes all activities, physical or mental, and all age groups. The seven major priority research themes of the Road Map are linked to the active ageing core theme on the assumption that this should be a central aim of ageing research. These major priority themes are: Healthy Ageing for More Life in Years; Maintaining and Regaining Mental Capacity; Inclusion and Participation in the Community and in the Labour Market; Guaranteeing the Quality and Sustainability of Social Protection Systems; Ageing Well at Home and in Community Environments; Unequal Ageing and Age-Related Inequalities; Biogerontology: from Mechanisms to Interventions. The Road Map also identified eight basic assumptions that should figure significantly in all priority topics and four critical implementation issues.

Thus the FUTURAGE project has created a Road Map that sets out the major research priorities for European ageing research over the next 10 or so years. It also calls for new approaches to ageing research which are more multi-disciplinary, life course focussed, user engaged and have a big emphasis on knowledge exchange. Furthermore it calls for a new vision of ageing which promotes its positive possibilities rather than deficits, inclusion and full citizenship rather than exclusion. Therefore the Road Map challenges all stakeholders in ageing research – policy makers and research funders; NGOs, practitioners, business people; scientists; and older people – to work in unison to ensure that research maximises its impact on the well-being of all Europeans as they age.

Copies of the Road Map are available at <http://www.futurage.group.shef.ac.uk/road-map>



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Achieving Age Equality in Welsh Health and Social Care Services

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NHS Centre for Equality and Human Rights, National Leadership Innovation Agency for Healthcare, Wales

In October 2009, a report was prepared by Sir Ian Carruthers OBE and Jan Ormondroyd on achieving age equality in health and social care. Their report was submitted to the Secretary of State and concluded that the then forthcoming Equality Bill, now Equality Act 2010, offers an unprecedented opportunity for health and social care services to truly eliminate age discrimination. Attitudes are among the most important causes of age discrimination, manifested as insensitive behaviour, ageist attitudes, thoughtlessness and misplaced assumptions. Furthermore, some people do not recognise their behaviour as discriminatory, raising issues of training.

In anticipation of the UK government enacting the age equality legislation, we undertook a scoping exercise in May 2011 to seek soundings from Welsh colleagues. Their professional view rather than a corporate response was requested on the understanding that all responses will be aggregated to be non-attributable. We emailed out a questionnaire to all 7 Welsh Health Boards (HB), all 22 Local Authorities (LA) and to 27 other organisations, largely non-statutory such as voluntary sector groups and academia. The questionnaire was sent to colleagues well known to us to support honest returns and a good response rate. We time limited the responses to two weeks although a chaser email was sent to non-responders, with a further week extension. We aimed for a response rate over 50% and also invited free comments to also be made. In this paper, we present our findings. Table 1 presents the average score for each question.

Question 1: Are you aware that the government is considering implementing age discrimination legislation?

There was suggestive evidence that those working in statutory health and social care agencies felt slightly more aware of the legislation plans than those in the other organisations. Overall, the score of 4.1 suggests that a wide range of Welsh services have at least some awareness of this issue.

Question 2: Do you think this will have a direct impact on your own job/role?

As with Q1, there appeared to be a difference in perception between statutory agencies and other organisations. Statutory agencies felt the legislation would have more impact on their work than the other organisations. Perhaps other organisations might be ahead of statutory agencies on this issue?

Question 3: To what extent do you think your organisation is ready for legislation prohibiting age discrimination?

In this question, there was little difference in perception between the statutory health and social care agencies and the other organisations. This would tend to argue against other organisations being ahead of statutory agencies on this issue although perhaps individual roles in the HBs and LA need revisiting.

Question 4: Do you think the legislation will impact positively on local joint health & social care working?

There was broad agreement that the impact of the legislation would offer a positive impact on health and social care working, to some extent at least. This suggests that there may be some receptiveness across the service provision to the legislation in Wales, given the beneficial effect anticipated.

Question 5: From your own perception, how significant are barriers to implementation?

As with previous questions, there appeared to be a difference in perception between statutory agencies and other organisations. The statutory health and social care organisations perceived there to be more barriers than the other agencies surveyed. Whether this is a mindset or a reality is currently unclear.

Table 1: Average Score of the responses

Q	HB (4/7)	LA (13/22)	Other (13/27)	Total (30/56)
1	4.8*	4.3	3.6	4.1
2	4	4.2	2.8	3.6
3	3.5	3.7	3.9	3.8
4	4	4	4	4
5	4.3	4	3.5	3.7
6				
a Health	3.5	3.9	4.1	3.9
b Social	2.8	3.8	4.1	3.7
7	2.5	3.8	3.8	3.6

* Respondents were offered a 5 scale system to record their responses. 1 = very little 2 = a little 3 = to difficult to assess 4 = to some extent 5 = to a large extent

Question 6: In your experience, is a person's age a key factor when making health and social care decisions?

There was a consistent pattern on this answer, in that statutory health and social care agencies felt this was less of an issue than the other organisations. The HB responses were interesting, perceiving that any social care decisions were less influenced by age than were healthcare decisions.

Question 7: Do you think the legislative framework will have an impact on attitudes and behaviours to ageing?

This was the joint lowest answer for all organisations surveyed. With the spread of scores offered, this may be interpreted as 'too difficult to assess'.

So in the light of all of the answers and the comments received, what does all of this mean? We interpret the findings of this scoping exercise to show us that in Wales, across a broad range of services, there is an appetite and readiness for age equality legislation. We take the good response to our questionnaire in a short timeframe as further evidence of this appetite and readiness. To fully achieve age equality, barriers will need to be explored.

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Table 2: Comments against questions posed

Q	Direct quotations
1	I still think there is much to do to raise awareness. Staff do not get sufficient exposure to training and awareness programmes related to this or other legislative changes.
2	Support those who have the role / responsibilities to act as a catalyst in helping to bring about desired changes in the future. Individuals continuing in their role after the previous age for retirement should be based on their ability to still undertake their role competently and safely.
3	Is this a legislation issue or one of hearts and minds? This is a difficult area of work and how will the impact of legislation be monitored? The current legislation also coincides with social changes and the expectations of older people. The 'baby boomer' expectations and demands are significantly different from the previous generation.
4	Legislation can prove effective in ensuring that incidences of discrimination can be challenged...training for health and social care workers and dissemination of positive images of ageing are vital if legislation is to be fully effective.
5	The main barrier to the successful implementation will be the prevalence of stereotypical attitudes to ageing within society. ...ageist attitudes causing age discrimination. Internalised ageism causes as much harm as external.
6	A recent DH report outlined the attitudes of clinical oncologists towards older patients http://www.dh.gov.uk/health/2012/02/age-oncology/ . The message from this report was that sometimes healthcare professionals make assumptions about an older person's preferences about treatment.
7	Very challenging will be the aim of changing attitudes to age and ageing. Previous legislation has certainly been effective, over a period of time in engendering more positive attitudes.

Save the date!

British Society of Gerontology
Annual Conference

11-13 September 2013

Oxford University



Loneliness and Isolation: A Toolkit for Health and Wellbeing Boards

Anna Goodman
Campaign to End Loneliness

Loneliness and social isolation are a significant determinant of current and future health needs and social care in older populations. Research demonstrates it has a similar impact on mortality as smoking, and is worse for us than obesity. It has significant links to a range of chronic conditions, including hypertension, depression, and dementia – increasing the risk of developing Alzheimer's disease by 50%.

To tackle this problem, health and wellbeing boards have worked with the Campaign to End Loneliness on a Department of Health funded solution: creating a digital toolkit to help assess the need and set out strategic methods of tackling loneliness. This digital toolkit enables health and wellbeing boards to better understand, identify and commission interventions for the issue of loneliness in older age.

The toolkit explains how to best include assessments of loneliness prevalence and indicators in Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). It covers key research on the detrimental impact of loneliness on our health and offers a financial case for taking preventative action. It also demonstrates how loneliness relates to Adult Social Care and Public Health Outcomes Frameworks. The development of the toolkit was funded by the Department of Health with a Section 64 grant.

The toolkit includes four steps - each with a series of downloadable tools and examples:

Step 1: Gather the data considers the data that might already be available to inform Joint Strategic Needs Assessment (JSNA) analysis of the issue and new data collection.

Step 2: Feed into strategy development and planning links likely JSNA and strategy priorities to loneliness and isolation in older age, suggesting core elements of an effective response and summarising the evidence for different service interventions.

Step 3: Strengthen partnership working considers how different local authority functions might to reduce loneliness and how to involve a full range of local partners in order to reach the most lonely.

Step 4: Monitor and evaluate considers the assessment of strategies to address loneliness and how to improve the quality of data in order to provide a better basis for JSNA and JHWS development.

You can find the toolkit online at:
www.campaigntoendloneliness.org.uk/toolkit

For more information on the Campaign to End Loneliness (a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK) visit:

www.campaigntoendloneliness.org.uk.



Paul Burstow
March 2012



The Generations Review Editorial Team is looking for book reviewers. We receive a range of new publications on a regular basis and would be pleased for our members to comment on them for upcoming issues of GR.

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Learning Zone

An Intercalated BSc in Gerontology: A Critical Account

Jade Landers, King's College London

Ruth Stewart, Barts and the London, Queen Mary London University

May Wells, St. George's University of London

Kathryn Price, Barts and the London, Queen Mary London University

Introduction

In September 2011, The Institute of Gerontology at King's College London accepted its first cohort of medical students undertaking the Intercalated BSc (iBSc) in Gerontology. This novel intercalated degree aims to widen knowledge of the ageing process from medical, biological and social science perspectives and is the first of its kind in the UK. Here, the students present a critical account of the degree and its impact on their future careers.

Intercalated degrees

An intercalated BSc is an additional year of medical school that provides students with the opportunity to study topic in greater depth than the medical curriculum allows. There are a variety of options available, and although the majority are biomedical, others such as psychology, focus on the social sciences. There are a plethora of reasons why students choose to do a BSc and at some medical schools it is compulsory. A survey of 155 medical students at King's College London found the most popular reason for undertaking an intercalated degree was the potential influence on long-term career prospects; relating both to the field of medicine studied and the opportunity to publish research (Agha & Howell, 2005). Other reasons include: widening the knowledge base; studying a topic in greater depth and developing critical analysis skills. Current medical curricula promote evidence-based medicine as a crucial facet of modern medical practice and an intercalated degree can help develop these skills.

The King's College London intercalated degree

The curriculum for this BSc is diverse and reflects the complexity and range of issues within Gerontology. The Biology of Ageing module gave us the opportunity to learn about the aetiology of the ageing body at a cellular level. Visiting consultants offered a more clinical perspective on health in old age, focusing on the so-called "geriatric giants" – falls, stroke, depression and dementia. There was also an overview of key policies relevant to older people both within healthcare and wider social policies such as those

relating to pensions and housing. Another component of the course focused on the theoretical explanations for ageing at individual and societal levels, and their development over time. Furthermore, there was a module on research design, both qualitative and quantitative, in preparation for undertaking our individual research project; an opportunity to conduct primary research into any area of our choosing. Finally, we had clinical placements in a variety of healthcare settings including: a stroke unit, old age psychiatry, and intermediate care.

Our awareness of the ageing population we will encounter as doctors, and the challenges that we will have to face to provide the best care possible, made this course appealing. We realise as the biggest users of health and social care in the UK, (Age UK, 2011) the majority of our patients will be older people, regardless of the area of Medicine we eventually choose to specialise in. We all also wished to gain a deeper understanding of the social issues affecting older people which may have an impact on their care, as these are only touched upon in our medical training.

Challenges

Nevertheless, there were some challenges associated with undertaking this degree. Transitioning from medical school to a social science degree presented some difficulties. One criticism of the structure of the course was a slight lack of introduction to the social sciences, for example how to interpret demographic data and the basics of policy development. Stemming from a Masters course, the content of some of the lectures was complex and the use of unfamiliar terminology and concepts was a significant obstacle to overcome, although the approachability and support of staff served to ease this change. Furthermore, it was daunting to transition from being 'hidden' in a large cohort of students to being very visible in small classes and seminars, and in an environment where individual input and group discussions are endorsed. However, this encouraged the expression of individual opinion and helped us to develop our own perspectives on issues, rather than simply learning facts. The greater proportion of self-directed learning was at first a challenge, but became a great strength of the course as it allowed us to tailor our studying to areas of personal interest, something not as feasible in medical school. The resources for studying were at first unfamiliar; sociology literature, papers, and epidemiological research were new to us and the pace of the course made it, at times, difficult to keep up with the reading and effectively extract key points from the literature. However, this style of learning allowed us to adopt critical skills, developing the ability to analyse literature and construct original essays containing our own perspectives.

Benefits

Despite these challenges, the benefits of this course were numerous. Principally, a social perspective of ageing will prove vital in whichever field of medicine we individually decide to pursue. The demands of an ageing population is topical and highly relevant to the 21st Century doctor. This course has highlighted the social issues affecting the older individual, e.g.,

theories of ageing and elder abuse, and put this in the context of wider society e.g. health inequality and resource distribution. This degree bridges the gap between medical training and the social context of patient care. The complex medical needs of older individuals mean a variety of health and social care professionals will be responsible for care. This degree has taught us when all aspects of a patients care are delivered in sync it is likely there will be a much better outcome, highlighting the importance of a synchronised multi-disciplinary team. As future doctors, we will be more conscious of our responsibility to ensure comprehensive care for older patients and carefully considers the social aspect. Knowing how and when to ask questions about these issues in a medical context, and being familiar with current social and healthcare policy for older people, will be an invaluable resource. It is hoped that linking demography, research, policy and practice as taught in this degree will result in complete patient care. Unusually, on a largely social science degree, we were provided with the opportunity to do clinical placements; seeing first-hand some of the issues taught in lectures was valuable and a highlight of the course.

Interaction with post-graduate students on the course in lectures also facilitated a more rich and interesting learning environment as there were students from various backgrounds including architecture, nursing as well as medicine. The lectures were given by a variety of experts in their fields from healthcare professionals to academic researchers. It was a great privilege to be taught by such individuals at the forefront of research or practice in their field; all were clearly passionate about their area of interest and the lectures were of a high standard and engaging.

A greater understanding of research methods, developing presentation and critical analysis skills, and undertaking our own individual research projects will hopefully prove to be transferrable skills that will give us impetus to question decisions, have an interest in current research and understand the importance of evidence to support practice in order to ensure the best possible care for our older patients.

Finally, as we were given the opportunity to study how policies are formed and developed, there is the possibility this is a direction we may choose to become involved with in the future. By understanding the issues which are important to older people, we can help shape policies which at the very least do not exclude them, and at best are tailored to meet their complex needs, be this at a very local level, or on a wider scale.

Wider lessons

It is not only individual lessons which can be taken from this degree; we believe there are some aspects which can be applied to undergraduate medical education as a whole. Although it is not possible to incorporate specific areas covered in this degree into the medical curriculum in this depth we would argue that, as doctors do not work in isolation from other people in medical practice and in the context of an ageing population, elements of it should be. We understand the depth of knowledge gained from this course is not applicable to everyone, nor would it be possible to cover the subject in such depth within medical education. However, with medicine moving towards an increasingly biopsychosocial model (General Medical Council, 2009), it would be beneficial for more iBScs to have a greater social focus. Furthermore we feel there needs to be increased awareness among medical students regarding older people. According to General Medical Council figures there are more than three times as many paediatricians as geriatricians (General Medical Council, 2012), which poses the question of how we are going to provide treatment for an ageing population. It is important all specialties are aware of the complexities of care associated with older people, something which should be emphasised right from undergraduate medical education. Hopefully this will reduce indirect age discrimination, promote dignity when caring for older patients and highlight the importance of compassionate end of life care.

Conclusion

Overall, we feel the course has given us an excellent grounding in preparation for treating an ageing population. The lessons and skills learned are transferrable to all aspects of caring for any patient and will make us better doctors, and we are hopeful future cohorts will enjoy the course as much as we have.

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Voices of Experience

An Alternative to Housework

Audrey Goodale

How often do you hear older people saying "I don't know how I found time to go to work". I am one of them! I am fortunate to be fairly fit and healthy. Having had an active job, raised a family and had dogs for more than 40 years, I never seem to sit down for long. I also looked after my mother-in-law for several years which lead me to write a little book of dos and don'ts when I get older! Perhaps I should find it and admit I too am now getting older.

Nowadays, having always enjoyed the outdoors, I have joined two U3A walking groups. I meet a variety of people, some with similar interests to me such as family history research and gardening and we swap ideas etc whilst walking. Seeing our local countryside makes us appreciate how lucky we are to be able to trek across fields and along footpaths, finding hidden primroses, or the first snowdrops of the year. I also do longer walks with a friend and the past two years we have walked in the hills of Cyprus along goat paths and deep snow in Austria - what a winter wonderland of blue skies and snow, shimmering as if full of diamonds. I tried new experiences - snowshoeing (hard work but great fun) and curling on ice (not easy). Table tennis is another group I belong to where there are a few over 80 year olds who also do other activities. We have lots of laughs whilst enjoying ourselves.

Dog walking makes you have a routine, you can't lie in bed all morning, the wet nose and lick soon become a bark - get up and get going! Amazing how dogs have inbuilt time clocks. There's no peace for the wicked! I meet fellow dog walkers and our dog encourages three generations of the family to take exercise when they come to visit.

It's never too old to learn new things and so important to keep mind and body active as we get older, hopefully preventing me becoming a crotchety bore to my family and friends.

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A / THE DOVE OF PEACE

Because of their characteristics, appearance, or even because of tradition, various animals and birds have come to represent certain things to us. Doves are like that. For many centuries, they have been a symbol of tranquility and peace. "That's a symbol we doves are extremely proud of," Dotty smiled, 'and I consider it an honour to be referred to as a dove of peace. After all, we are exceedingly gentle birds."

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