

Generations Review

The Newsletter of the British Society of Gerontology



British Society of
Gerontology

News and Reviews

Message From the President

Robin Means



Robin Means
President

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Looking forward

The British Society of Gerontology (BSG) is developing an international book series to be called **Gerontology in a Changing World** in collaboration with the leading social science publisher, The Policy Press (TPP). BSG and TPP feel this is the ideal time to launch such a series because the world's ageing population is attracting the increased interest of both academic and policy audiences. It is expected that two or three new monographs of the highest quality will be published each year and that the series will have a long 'shelf life', building up to become a collection of key gerontological texts.

All BSG members were invited to apply to become the series editor on the basis of TPP support for the outline proposal from BSG. I am delighted to be able to let colleagues know that **Chris Phillipson** from Manchester University has been invited to take on this role by the joint appointment panel of TPP and BSG.

The broad aims of the series are to:

- i. deliver major contributions which rethink, in some fundamental way, the key questions and concerns in ageing;
- ii. present cutting edge research and scholarship in ageing;
- iii. promote international exchange on developments in gerontological studies putting ageing on a global stage;
- iv. explore further the interdisciplinary characteristics of gerontology; and
- v. increase the international profile and reputation of BSG and TPP as major contributors to the global debates on ageing.

Chris's first job will be to develop the full proposal for the series. Following satisfactory peer review, TPP will prepare the business case which has to be signed off by the Acquisitions Committee of TPP before a formal launch can take place at our 2013 annual conference at Oxford University in early September.

Celebrating the past

The Society is investing resources into developing its archives which are hosted by the Centre for Policy on Ageing. Mary Pat Sullivan as Chair of the Publications Committee has taken the lead on this. A guidance report was produced for BSG by National Archives as part of their free service to charities and this has led on to us appointing of two volunteer archivists both with previous experience in this type of work. Our aim is to maintain an excellent record of BSG's past in terms of our governance responsibilities but also to develop our archive so that it becomes accessible to researchers both from BSG and beyond. One of our future challenges is to develop an archival approach for the recent past and the future which reflects the fact that more and more of our 'history' is conducted through e-mail and social media.

Finally, Sheila Peace as our President Elect is leading a piece of work on the views of senior members on how BSG could better respond to the needs of senior members especially when they start to reduce their engagement with ageing research through formal employment. Sheila will be reporting on the outcome of this work in a future issue of *Generations Review*.

GENERATIONS REVIEW

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<http://www.britishgerontology.org/publications/generations-review.html>

A Report from the Honorary Secretary

Sue Venn



Sue Venn
Secretary

What we have been doing

Handbook: Rachel, the committee and I (particularly Rachel!) have been working hard to produce a Handbook as a guide to Executive Committee members about what is involved in being on the committee, including the various officers' roles, which we anticipate will not only be of benefit to those currently on the committee, but also those thinking of joining the committee in the future. Rachel will be putting a summary of the Handbook on the website for members also to see. This is all part of our goal to make sure we document what we do to create a lasting guiding legacy, and to make visible to our members what goes on 'behind the scenes'.

BSG Averil Osborn Award: I reported in the last GR that we had received nine proposals for the BSG Averil Osborn award. Just as a reminder, this award was set up in 1994 to encourage and support research that enhances the quality of life and citizenship of older people. This year the panel were pleased to make two awards. The first is 'Involving people with dementia in systematic reviews' by Mike Fisher of the University of Bedfordshire and Alzheimer's UK, and the second 'Identifying ways to improve the social inclusivity' from Hartlepool and District University of the Third Age by Maureen Smith, Andrew Mills, Jessica Scott and Chris McLoughlin of Hartlepool and District U3A in collaboration with Newcastle University. We very much look forward to hearing how these projects progress.

Annual Conference

As you will have seen from all the various announcements, the 42nd Annual Conference is being held at Keble College Oxford this year from **11-13th** September. There will also be an ERA (Emerging Researchers in Ageing) event being held on the day before the conference, (10th September) so please put this date in your diary and keep an eye out for further information through the e-bulletins and on the conference website <http://www.ageing.ox.ac.uk/bsg>.

Executive Committee Vacancy

The **Annual General Meeting** of the Society will be held during the annual conference this year and we will be seeking nominations for a Treasurer-Elect. The Treasurer-Elect supports the Treasurer in their role and has time 'to learn the ropes' before taking over. This is an excellent opportunity to help move forward the strategy for the BSG so please do consider putting yourself forward for nomination. Further information about the procedures for nomination will be made available on the BSG website and through the regular e-mail bulletins. But in the meantime, if you are interested in finding out more about this role, please feel free to contact me (s.venn@surrey.ac.uk).

Outstanding Achievement Award

Please also keep an eye out in the coming months for e-bulletins inviting nominations for this year's Outstanding Achievement Award, which is presented at the annual conference. This award is made annually to an individual or organisation that, in the opinion of the judges, has made a significant and lasting contribution to British Social Gerontology. Please also note that the award is not intended for an academic contribution alone. Further information on how to make nominations is available on the website (<http://www.britishgerontology.org/membership/bsg-outstanding-achievement-award.html>) – the deadline for receipt of nominations is **15 July 2013**.

You will also have seen a call for nominations for **Academics** of the Academy of Social Sciences for those who have made a significant contribution to Social Science and its promotion and I would encourage you to think about submitting a nomination. Nominations are submitted to the Academy after being scrutinised by Officers of the Executive Committee and a small panel of BSG Academicians (Sara Arber, Peter Coleman and Chris Gilleard). Please contact Rachel Hazelwood (rhazelwood@britishgerontology.org) for more information. The deadline for receipt of nominations is **17th May 2013**.

Finally, just a reminder about our blog 'Ageing Issues' at <http://ageingissues.wordpress.com/>, and our LinkedIn group [British Society of Gerontology Members in LI](#) – our activities in these areas are slowly growing and it would be great to see this continue. You can also follow us on twitter (@britgerontology) – we now have over 270 followers! Please do consider contributing to the blog, or following us on twitter – it all helps to raise your profile, our profile and to provide a forum for discussions on the issues which are most important to us.

For more information on BSG activities and up-to-date information go to our website:



Visit <http://www.britishgerontology.org>

BSG Scotland Report

Pauline Banks

Emerging Researchers in Ageing Past, Present and Future

Naomi Woodspring and Deborah Cairns

On 6 March 2013, BSG Scotland held its first networking seminar of the year. The first presentation, 'Dementia and risk: contested territories of everyday life', was given by Professor Charlotte Clarke from the University of Edinburgh. Charlotte has a nursing background and her presentation focused on case studies involving older people with dementia, family members and professionals. The presentation concluded that the purpose of contested territories was sense making, maintaining identity, claiming and relinquishing decision making, and creating purpose (lessness).

The second presentation given by Dr. Karen Lorimer, Glasgow Caledonian University, focused on the greying of sexually transmitted infections. Older people in this context are deemed to be 45 plus – Karen drew attention to the paucity of information available for older people who are sexually active, claiming that there is a need to address societal changes in relationships.

The third presentation, which focused on human rights, was given by Fiona Kelly from the University of Stirling. Fiona believes that the ill treatment of people with dementia is a worldwide issue and questioned by their human rights are regularly violated.

Presentation four, 'Cognitive behaviour therapy: empowering resilience in older people with late life anxiety and depression', was given by Dr. Ken Laidlaw, University of Edinburgh. The presentation was based on Dr. Laidlaw's work with older people using CBT; he believes that there is a new cohort of older people who have subdromal or subclinical depression that may last for decades. He stressed that it is not possible to predict how older people will respond to CBT. Despite this he presented information relating to some interesting cases.

The final presentation was given by Julie Christie, who is a PhD student at the University of Stirling and works with East Dunbartonshire Council. The topic of her presentation, 'Is the concept of resilience applicable to a person with dementia: A PhD study', focused on the ability of people with dementia to maintain a sense of self whilst coping with the changes associated with dementia. The afternoon finished with time for networking.

For more information on BSG Scotland and upcoming events there, please contact:

Pauline Banks, University of the West of Scotland
pauline.banks@uws.ac.uk

It is difficult to believe that it has been a year since I wrote my last ERA update for GR. In the life of a postgrad student, time has a way of distorting – a sense of things being either way too long or seemingly a fraction of a moment. In my case, a year ago seems like forever.

ERA has had an active year. There were two one-day conferences; one at Brunel and a pre-conference event prior to the BSG annual conference at Keele University, Centre for Social Gerontology. Both events were very successful and well attended. Just over sixty people attended the Keele day. What was really inspiring for Debbie and myself was the diverse mix of people who are interested in the ERA one-day conferences. A broad mix of postgrads, postdocs, masters level students, and more senior researchers who have a new-found interest in gerontology, were part of that mix.

We have also disseminated surveys after each of these events to get a reading as to what people found valuable about ERA, what may have been amiss, and what would keep them engaged and coming back to our conferences and workshops. People have been very supportive of our efforts to gather information. We have had a fifty percent plus response rate with every information gathering attempt. More than anything, the opportunity to spend a day in a comfortable, collegial atmosphere with other emerging researchers was key to people's interest. People also wanted information that would help them move their career's forward after graduation, find out about the kind of research others are doing, and have opportunities to connect with more senior researchers. ERA has been given a clear mandate by its members and others who have attended our events. In the wider scheme of things, ERA does have a broader mission and that is to build a base of postgrads and postdocs and others who value BSG and stay involved beyond their postdoc years. ERA is an essential tool to build capacity for the future of BSG.

Mounting events that respond to the stated needs and interests of the current crop of postgrads and postdocs is central to the capacity building mission. We have two events planned for the upcoming months of 2013. On 22 April there is a one-day workshop on European funding which will be a mix of hands-on teamwork and solid information from Dr. Alan Walker and Juliet Craig (New Dynamics in Ageing), Dr. Martin Persson (University of the West of England, and Dr. Judith Phillips (University of Swansea).

Finally, we will again do a one-day pre-conference event on 10 September the day before the start of the annual BSG conference at Oxford Institute of Population Ageing. For more information, including abstract submission details, please go see the conference website and follow the ERA pre-conference link.

Remembering Alan Lipman

Compiled by Bill Bytheway

Alan Lipman, who has died in South Africa at the age of 87, was chair of the BSG between 1976 and 1980. Some of those who knew him at the time have written:

Bill Bytheway: Alan Lipman was a South African architect, exiled in the UK during the 1970s and 80s and returning to South Africa in 1990. His involvement in British gerontology was relatively brief but of some significance. Initially the BSG was 'the British Society of Social and Behavioural Gerontology' and intended to be a loose alliance of psychologists and sociologists. Neither of these two 'parent disciplines', however, showed much interest and having been elected Chair, Alan persuaded the 1979 AGM to drop the 'Social and Behavioural'. I was Secretary at that time, and Alan was a most energetic Chair, very supportive of those practice-based disciplines not normally associated with 'learned societies'. One vivid memory is of Alan standing in a crowded bus, as it bounced down Keele Bank taking us to a reception in Stoke Town Hall for the British Geriatrics Society. Alan had no hesitation in grabbing the opportunity to gently grill the seated medics about the ethics of drug industry sponsorship. As is evident in his autobiography, he was a lifelong radical and iconoclast.

Julia Johnson: Alan Lipman's gerontological research, conducted in the 1960s and 1970s with psychologists, Robert Slater and Howard Harris, promised to transform the character of residential care provision for older people. He focused on the role of physical design in creating a facilitative environment for residents and staff. What was so radical about his work was his argument that staff intervention and 'enforced social contact' between staff and residents should be minimized so as to enhance opportunities for self-sufficiency. His proposed designs, therefore, favoured small, decentralized and accessible living areas and amenities, that would provide the opportunity for self-reliance and solitude as well as company, rather than centralised accommodation that too readily subjected residents 'to staff surveillance and attention'. His research challenged the received wisdom about how care homes should be run and, despite the changed demographic, it remains as relevant today as it was over thirty years ago.



Robert Slater: As a co-researcher and co-author, Alan was egalitarian with a great sense of humour, often at his own expense. He practiced what he preached and didn't like the trappings of authority. When offered a large professorial office, he chose the smallest office in the building. He was a meticulous re-drafter of our papers and he dictated first drafts to a secretary who was then probably in her early sixties, unlike the professor in the large room next door who chose a secretary of the 'dolly bird' variety. Little things in a way, but they needed the status-conscious.

In the early 1970s Alan was instrumental in getting sociology and social psychology on the curriculum for architecture undergraduates, as well as social research methods for postgraduates. In his view, an education in architecture should be gained through knowledge based on evidence rather than assumption, and the 'consumer' of architecture should be centre-stage.

Eileen Fairhurst: During one conversation with Alan about apartheid in South Africa, I remember him emphasizing that it was a conscious choice to live in Cardiff, rather than be part of the South African exile community in London. That intellectual openness and independence was one of Alan's strengths. Some of my former students benefited from that when he was an external examiner for two undergraduate courses I ran. His passion and commitment to students getting a fair hearing when individuals were being considered for moving up a degree classification was second to none. I benefited, too, as Examination/Assessment Officer: his keen sense of humour enlivened many an Examination Board.

Some key references for Alan's work:

- Lipman A. (1967) Chairs as territory. *New Society*, 9, 564-6.
- Lipman A. (1967) Old people's homes: siting and neighbourhood integration., *Sociological Review*, 15 (3), 323-38.
- Lipman A. (1968) Territorial behaviour in the sitting rooms of four residential homes for old people., *British Journal of Geriatric Practice*, 5, 265-78.
- Lipman A. (1968) A socio-architectural view of life in three homes for old people., *Gerontologia Clinica*, 10, 88-101.
- Lipman A. and Slater R. (1977) Status and spatial appropriation in eight homes for old people. *The Gerontologist*, 17(3), 250-55.
- Lipman A. and Slater R. (1977) Homes for old people: towards a positive environment. *The Gerontologist*, 17, 146-56 [reprinted in *An Ageing Population*, V. Carver and P. Liddiard (eds.), Hodder and Stoughton, London: 199-217.
- Harris H., Lipman A. and Slater R. (1977) Architectural design: the spatial location and interactions of old people. *Gerontology*, 23, 390-400.
- Slater R. and Lipman A. (1977) Staff assessment of confusion and the situation of confused residents in homes for old people. *The Gerontologist*, 17 (6), 523-30.
- Lipman A., Slater R. and Harris H. (1979) The quality of verbal interaction in homes for old people. *Gerontology*, 25 (5), 275-94.
- Lipman A. (2009) *On the Outside Looking In*. Architect Africa Press.

Richard Ward, Ian Rivers and Mike Sutherland (eds.)
Lesbian, Gay, Bisexual and Transgender Ageing: Biographical Approaches for Inclusive Care and Support. Jessica Kingsley Publishers (2012)

Book Review by: Brian Baylis
 Ambassador for Open Doors London

This stimulating and impressive book is addressed to those interested in and involved with the care and support of older LGBT people. Its focus is upon a client-centred, biographical approach as the starting point in understanding the lives older LGBT people have lived, their fears and needs and how best to provide inclusive care and support.

The book highlights the need to look at whole lives in order to understand the distinctive experiences of older LGBT people which may include the impact of discrimination, past criminalization, HIV, dementia, and the special needs of end of life care. I liked the way in which one of the contributors spoke of equality of provision as being a moving target and emphasized the need for reflective practice that means constantly re-examining our assumptions.

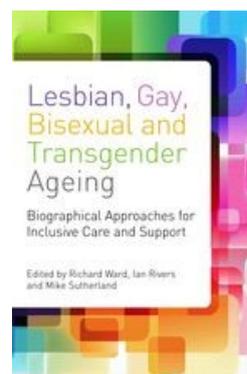
Care homes and others seeking to support and care for people who have come out or are wishing to come out should recognize that people who often expect prejudice will not recognize acceptance and goodwill unless it is overtly lived out. One of the contributors emphasizes that the aim is not to make older people come out, although that may be one of the indicators of success, - but to develop care services which are genuinely inclusive and professional practice which encourages every individual to feel valued.

For some older people anticipating and experiencing care provision there is an 'overarching rejecting' of the current care provision as they perceive it. Some have a rooted fear of life in a care setting arising from real or imagined lack of understanding of their needs as LGBT people.

There is an interesting chapter on trans ageing. It emphasizes the life course approach, mentioning certain issues faced irrespective of health and social care. It highlights the barriers, challenges, stigma and the increased rates of poverty, isolation and vulnerability in later life and the inevitable impact of all of this on wellbeing and mental health. The chapter ends with some helpful best practice principles and emphasizes the need for much more research.

The book is divided into three parts. The first focuses on the various pathways which LGBT people take to later life and then the implications for health and social care practice. Finally it considers how providers can improve practice by drawing upon successful examples of projects which have made use of community networks which have helped with service provision.

There are very interesting chapters on 'Count Me In Too' at Brighton, Roger Newman's moving story of the Dementia Support Group, the pioneering and useful work of Polari and the present Age UK Camden's project 'Opening Doors'. All of these show the value of participating with older LGBT people working collectively for change. As Sally Knocker and colleagues write in Chapter 9, quite apart from the group and individual social support, the work of 'Opening Doors' has attracted a critical mass of older LGBT people who are actively engaged in supporting main-stream providers to adapt and re-organize themselves in order to be accountable to LGBT users... so that more negative past experiences are now being used to inform positive change'.



Voices of older LGBT people are heard throughout the book through the use of case examples and original research. It is an impressive work and I thoroughly recommend it to students, researchers and any who are interested in the care and support of older LGBT people.



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Who's Who

Cassandra (Cassie) Phoenix
Senior Lecturer in Qualitative Health Research
University of Exeter Medical School

Describe yourself in three words.

Annoying crisp cruncher (I am typing this in the quiet carriage while trying to eat a bag of hula hoops!).

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

My first degree was a BSc (Hons) in Sport and Health Sciences. At that time, the programme I was enrolled upon had a really comprehensive suit of modules around physical cultural studies, sociology of the body, qualitative research methods. It was this strand of the course that I enjoyed the most and continued to pursue my interest in throughout my PhD studies.



Supervised by Professor Andrew Sparkes, my PhD took as its starting point the affinity that athletes have to developing particular kinds of 'high performance' body-self relationships through extensive investment (time and energy) in disciplined training and dietary regimes. Foreclosed to other ways of being, we knew that disruptions to this athletic identity as a result of, for example, career ending injuries, presented a grave crisis to these individuals who rarely had the resources to construct alternative body-self relationships in the absence of glorified sporting self. At that stage, we knew virtually nothing about how athletes anticipated age-related changes to their body, nor the consequences this might have for their identity. That "being old and past it" can be associated with mid-20s within the context of sport made it even more fascinating and a wonderful living example of how ageing is as much a social construct as a biological process.

Since completing my PhD in 2004, I have continued my research in the area of ageing, sport and physical activity, narrative inquiry and visual methods. In 2010 I was awarded an ESRC First Grant (now called 'Future Leaders Award'), which catapulted me into the extremely privileged position of being able to immerse myself in a project that I'm deeply interested in while simultaneously learning the ropes of project management.

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

"Here. This. Now." – Not so much advice, but more a mantra about staying in the present.

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

Many people influence, or have influenced, different areas of my life – from work, play, friendships and general outlook. In terms of work, I am influenced by women who find meaning and fulfillment in their careers, get on without compromising their values and beliefs, and are able to bring out the best in people along the way. My Mum, my good friend Melonie Burrows, and the Director of the research centre where I currently work (European Centre for Environment and Human Health) Prof. Lora Fleming all fit this description. I am lucky to have them in my life.

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

I read very little outside of work so I'm drawing from a small pot here. I was very moved by *Tuesday's with Morrie* by Mitch Albom. The conversations between old and young about acceptance, communication, love, values, openness, and happiness struck a chord both professionally and personally. Aside from that, it would be *Up the Faraway Tree* by Enid Blyton, which took me to all kinds of weird and wonderful imaginative places as a child.

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

I have such a dislike for being still and being indoors that I often wonder how I ended up in academia. Time away from work is spent enjoying the fantastic Cornish coast and countryside (where I currently live) – biking, walking, surfing, stand up paddle boarding. Once I've worn myself out, then I find a 'beer and box-set' evening – laughing along to programmes like Phoenix Nights, Max and Paddy, Faulty Towers, Fraiser... - a good way to relax.

What's the future for ageing research?

The challenges face by ageing research in light of the ongoing cuts to research budgets is hardly news to any of us. Previous issues of GR have pointed to the need to continue making the case for social science research in general and for social gerontological research in particular via the Campaign for Social Science and by engaging with the British Council of Ageing (BCA). Those structural issues aside, I am excited by the sheer diversity of ageing research that's taking place. The increasingly popular 'Arts and Humanities' stream, which often features in the BSG annual conference programme is just one example of this.

Specific to my current interest in ageing and physical activity, I think there is great scope for social gerontologists to contribute to a detailed understanding of the social environments (and I use that phrase in the broadest sense) that shape and constrain personal and political aspirations to age well.

For the last sixty years, biomedical research has demonstrated

the health benefits of regular physical activity in older age. Continually reiterating this message alone is not always helpful. A more nuanced understanding of the intersections between ageing / health / physical activity within the everyday lives of older adults is required and social gerontologists are in a great position to do this.

BSG Annual Conference 2013 @ Oxford University

**11-13 September 2013
Oxford**

The **Oxford Institute of Population Ageing** will be hosting the **British Society of Gerontology's 42nd Annual Conference**.



For more information visit:
www.ageing.ox.ac.uk/bsg

5th International Conference on Ageing and Spirituality

**7-10 July 2013
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Cutting Edge

A New BUDI for People with Dementia

Anthea Innes, Patricia McParland, Sam Nyman,
Michel Board, Clare Cutler, Ben Hicks and
Mariela Gaete-Reyes
Bournemouth University

Dementia is a research and knowledge exchange thematic priority at Bournemouth University with a growing core team at the newly founded Bournemouth University Dementia Institute launched in May 2012. The Institute is directed by Professor Anthea Innes who previously worked at Bradford Dementia Group, University of Bradford and the Dementia Services Development Centre at the University of Stirling. The team has grown quickly, 15 core members in under a year. Collaborative work across disciplines within the University is underway alongside external projects with a range of stakeholders. The Institute has quickly established working relationships with people affected by dementia, local care providers, care commissioners, and campaigning organisations reflecting the contemporary societal concern and policy drivers supporting the development of high quality care for those with dementia.

BUDI is committed to contributing to improving the lives of those with dementia. We are working to challenge and change attitudes towards dementia and to support people involved in the delivery of care to ensure it is the very best that it can be. To contribute to change in the field of dementia we are focusing on five thematic areas that we believe will impact directly on the lived experience of people affected by dementia.

Dementia awareness, education and knowledge translation: We have worked with carers and people with dementia in our region to explore their experiences of dementia and have just completed a survey of care professionals in the Dorset area. These will help to inform the choices we make in prioritising our research and education programmes. For example one of the issues raised at a carers forum we facilitated was the difficulty many had encountered during the process of diagnosis. In a new initiative funded by NHS Dorset, Bournemouth & Poole four recently appointed GP fellows are now working across Dorset to improve understanding among GPs. We work with local NHS Trusts and care home providers to develop bespoke education, raising awareness of dementia and living well with dementia. Courses are delivered that have academic credit at degree or masters level. We have also run a series of master classes focusing on issues identified as significant both locally and nationally. In May this year we are running a master class "Meeting the Prime Minister's Challenge".

Here we will discuss and debate the difficulties faced by many

care environments in meeting this challenge and the requirements of inspectorate bodies and consider ways to raise care practices and improve the quality of life of those with dementia.

We are exploring new creative ways to engage with the public and promote awareness and understanding of dementia. This includes a project with an international multi-media artist, Derek Eland <http://derekeland.com/>. Derek will use a diary room technique to access the experience of people living with dementia and the perception of members of the public about the experience of dementia. Derek's work focuses on engaging with people about what it is like to 'be human' in stressful and difficult situations. BUDI are showcasing four projects including Derek's exhibition at Bournemouth University's Festival of Learning in June 2013 <http://microsites.bournemouth.ac.uk/festival-of-learning/>.



We are also working on projects nationally and internationally ensuring that heritage and cultural venues and events are more accessible and inclusive for people with dementia. We are actively engaged in exploring knowledge translation opportunities with collaborative work underway with colleagues from India, Australia, Canada and Sweden. BUDI has recently been commissioned by RCN, Dementia UK, the Alzheimer's Society and DeNDRoN to undertake a mapping exercise to ascertain a clear picture of the dementia research currently being done in the UK; where it is being conducted and by whom. The study will use a mixture of online survey and database searches to collect data on the varying types of research (such as peer-reviewed research, PhDs) that are on-going within the dementia field. The work will begin in early February and the final report will be finished by late March/early April.

Dementia Friendly Environments: We have undertaken consultancy work about the design of new buildings and care concepts with a number of UK care providers. We are working with these providers to develop new and innovative ways to facilitate the delivery of care in the best possible environment. With Brendoncare we are developing a new shared care concept and with Guildcare we are working on socially affordable care provision using concepts such as edge spaces, to make the physical and outdoor environment accessible in care homes where accessing external space is often more difficult. We recognise that there is not always the opportunity to create bespoke dementia spaces and that there are often limits to the funding available so part of our contribution is to support providers to find innovative, creative and cost effective designs that can contribute to a sense of well-being for those with dementia.

We are working with colleagues across the university on projects related to risk reduction and wayfinding. This includes exploring how to make outdoor environments more accessible, how the risks of outdoor falls can be managed, and how to help people recover from falls that can have psychological consequences such as a fear of falling and not wanting to go out alone. We are also working on a project aimed at improving spatial awareness for people with dementia thereby reducing the risk of getting lost.

Improving services and care provision: The team has led a number of evaluation projects including local memory service provision and a new dance and movement project initiated by the Alzheimer's Society. We have evaluated two clubs in collaboration with Bournemouth Council. The first known as the 'cupcake club' offered a range of creative activities including, of course the making and decorating of cupcakes but also gardening, reminiscence



tea parties and arts and crafts.



The second, was a technology club using new technology such as the Nintendo Wii Fit and Wii Resorts, focusing on virtual ten pin bowling, hula hooping and various balance games. The Nintendo DS and Apple

IPad were also used to explore a range of different software programmes and also games such as Arts academy, Google Earth, BBC IPlayer and instrument apps.

Another project currently in progress is a part-funded Doctoral study which is being undertaken in collaboration with Age UK Dorchester. The research aims to engage men with dementia in rural Dorset with computer game technology such as the Nintendo Wii and the Xbox Kinect exploring any beneficial outcomes including improved cognitive abilities, social interaction and physical well-being. Preliminary consultations with relevant stakeholders and people with dementia and their carers are presently underway, and the results of the study alongside relevant guidance documentation are due to be published in late 2015.

Working in collaboration with colleagues from the Dorset Dementia Partnership we are evaluating a Dementia Friendly Community initiative and an end of life project. Internationally we are working to promote enhanced rural dementia service provision.

Dementia Friendly Tourism (DFT) and Leisure: We have recently completed a pilot study examining Dementia Friendly Tourism in Dorset. The study asked people with dementia and their carers what would make tourism and lei-

sure providers views on how they provided specifically for people with dementia. The data indicates that while tourism providers have taken account of disability in general there is little to suggest they have specifically considered the needs of people with dementia. People with dementia and their carers highlighted a series of factors that would encourage them to use tourism and leisure facilities and also what discouraged them from taking advantage of these. The initial study has attracted considerable interest and we are now exploring ways to take this forward with European colleagues so that we can develop accessibility in both domestic and European tourism and leisure.

Leadership and Staff Development: We recently undertook a review of the Higher Education Dementia Curriculum on behalf of the Higher Education Dementia Network. Developing leadership in dementia has been identified as a government target and the review has resulted in BUDI working with stakeholders and university colleagues across the South of England to develop a range of leadership activities in the coming months. We are also working with a range of care providers to develop leadership skills among their teams as part of education and training packages.

Our work at the BU Dementia Institute is at a very early stage and as such is changing and adapting according to need. We are committed to remaining informed and directed by local priorities and specifically by the needs of people affected by dementia. Much of our recent work is building on the development of ways to engage with the public, raise awareness and change attitudes to dementia. We are also working to drive forward science and theory. We see this as crucial in changing current attitudes to dementia and contributing to a society that is more inclusive and egalitarian, where people affected by dementia are fully embraced as citizens in their own right.

For more information:

www.bournemouth.ac.uk/dementia-institute



Ageing Issues Blog

Visit <http://www.britishgerontology.org>

Social Care for Diverse Communities: How current research at the University of Southampton aims to improve the user experience

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This article reports on an on-going study at the University of Southampton funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The aim of the study is to explore the reasons why people from Black and Minority Ethnic (BME) groups have reported lower levels of satisfaction with social care services when compared to the White majority population. We are now one year into this two-year project.

The likelihood of needing some kind of help with activities of daily living increases with age (Banks et al., 2012). Latest Census figures from England and Wales show that the population of minority ethnic groups (including White minorities) has increased from 12.5% to 19.5% in ten years (ONS, 2012). Although the BME population has traditionally had a younger age structure than the rest of the population, nevertheless both populations are ageing, and this will likely lead to an increased number of BME older people requiring personal social services (Lievesley, 2010).

BME service users, especially the Asian group, have reported lower levels of satisfaction with social services compared to the majority White population. For example, Asian, Chinese/Other and Black groups were the least likely to report being extremely satisfied or very satisfied with social services equipment or minor adaptations (The NHS Information Centre Adult Social Care Statistics, 2010). Similarly, the Asian and Black groups were the least likely to report being extremely satisfied or very satisfied with social services home care for the over 65s (The NHS Information Centre Adult Social Care Statistics, 2009).

Results from other studies also show variation in satisfaction levels by ethnicity. The Policy Research Institute on Ageing and Ethnicity (PRIAE, 2005) surveyed 390 African Caribbean, South Asian and Chinese/Vietnamese older people in Scotland, West Yorkshire and London. African Caribbeans were the most frequent users of social services, but South Asians reported lower levels of satisfaction with home care and day care compared with either of the other two groups.

Ethnic group differences in satisfaction are not limited to the personal social services; Allmark et al. (2010) reported on the reasons for low satisfaction with the Pension, Disability and Carers Service (PDCS) benefits system. Reasons for lower satisfaction among BME groups included unrealistic expectations, e.g., that health and social services would automatically communicate with the PDCS, and language barriers inhibiting awareness of the existence of some benefits. Organisational factors leading to lower satisfaction included a lack of outreach to raise awareness, and staff holding stereotypical beliefs that BME individuals have no wish to claim benefits, which could

lead to a reduced level of referrals for benefits.

It is particularly important that services are provided in an acceptable and satisfactory manner for BME groups, because of inequalities in health and disability. For example, age standardised rates of limiting long-term illness or disability in 2001 were highest among the Bangladeshi and Pakistani groups (ONS, 2005), indicating a higher need for care among these groups.

Research has established that some BME respondents do indeed hold expectations that families will provide informal care (Merrell et al., 2005; Nijjar, 2012). This expectation has been linked to cultural values such as familism (Gallagher-Thompson, 2006), and is closely associated with religion (Ahmed et al., 2008). An expectation that care should be provided within the family may lead BME groups to view social services as less appropriate, and this may be why there are reports of lower levels of satisfaction among people who do go on to use services. However, as recent research has shown, such cultural values do not necessarily lead to greater levels of support (Willis, 2012; Willis et al., 2013). Even when care is provided within the family, minority ethnic carers are sometimes working single-handedly and in need of support from services (Katbamna et al., 2004; Trotter, 2012).

A lack of trust in social services has been identified among some BME participants (Allmark et al., 2010; Nijjar, 2012; Trotter, 2012), which may act as a barrier to service use or lead to lower satisfaction among those who do use services. Due to a perceived ethnocentric design, 'mainstream' services may be experienced as culturally inappropriate by BME clients (Atkin, 1992; Desai, 2012). Trotter (2012) reports a case of a social worker consistently refusing to remove their shoes in a client's house, despite repeated requests. However, both health and social services have implemented cultural awareness training, translated written materials, and appropriate food and religious provision. Yet, there have been criticisms made of these attempts, such as poorly translated materials (Trotter, 2012).

An additional reason for BME respondents reporting lower levels of satisfaction with social services could be that they have been provided with mainstream services when they would actually have preferred culturally specific services. Culturally specific services aim to meet the needs of a specific ethnic or cultural group (Allmark et al., 2010; Walker et al., 1994; Yeandle et al., 2007). These, and other voluntary sector services funded by grants from government, are at increased risk of funding restrictions or closure due to the recession (Desai, 2012; Yeung, 2010). This could impact heavily on BME groups who might otherwise have preferred to use such services.

Many arguments have been put forward to explain the lower satisfaction levels, but research has yet to be conducted with BME respondents to evaluate these arguments. Through in-depth interviews and focus groups with people from South Asian and White British groups in Hampshire, and with social services practitioners, our on-going study will assess the possible reasons for low levels of satisfaction. It will critically

consider the extent to which stereotypes and assumptions on both sides of the service user and service provider relationship may contribute to low satisfaction.

Within the study, interviews are being conducted with individuals who have used social care services, as well as with those who provide informal care for someone who uses services. We will be able to explore questions about the way Asian participants feel they are treated by practitioners, whether they feel their cultural, religious and language needs have been adequately met, or even if these issues are seen as a priority by service users when having their social care needs addressed. We will also be able to identify the issues of importance to service users from both Asian and White groups, as we expect some priorities will be shared.

By including the heterogeneous 'South Asian' group, the study will explore a variety of locations of 'difference', including religion, culture, ethnicity and language. The aim is to specify those experiences with services that are impacted by one particular aspect of identity, as opposed to another. For example, if a participant required a shower rather than a bath because of concepts of cleanliness associated with religion, then religion would be distinguished from culture.

If the study design was such that we interviewed only minority ethnic groups, we could not be sure that their experiences or opinions were any different from those of the ethnic majority and this would not allow us to answer the primary research question. Therefore, a comparison group of White British people is needed. However, it is important to emphasise that the White British sample is not just a comparison group; the study also aims to make recommendations to better support this group in accessing appropriate and acceptable services.

The concept of satisfaction itself merits discussion. In our study we will explore the various dimensions of satisfaction, the question of cultural differences in the meaning of satisfaction, together with subjective constructions or consensual definitions of satisfaction.

It is important to avoid reducing apparent differences between the two main groups to ethnic or racialised generalisations (Vickers et al., 2012). The study will not assume that the reasons for any differences between the two main groups are due to 'ethnic' differences. In-depth interviews will be used to explore participants' experiences, such that assessments can be made about whether it is a person's cultural practices, religious prohibitions, or something entirely different that is leading to different outcomes.

The outcomes of the study will include recommendations for adult social care practice, in particular service design and delivery on how best to meet the needs of both South Asian and White British service users.

The project is on-going and a variety of methods are being employed to recruit participants. These include mailouts with the collaboration of local authorities, visits to faith groups, and participation in community groups for both Asian people and the entire community. The project team would welcome feed-

back from readers on any innovative suggestions for recruiting Asian social care users.

Disclaimer

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Below the surface: An exploration of the challenges of establishing collaborative research projects

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Introduction

The emphasis on collaborative, interdisciplinary research programmes permeates the funding milieu (Choi and Pak, 2006; Glasby and Dickenson, 2008). Such research is 'sold' as fostering cutting edge research with new partnerships tackling 'big issues' (Klein, 2008). Yet 'below the surface' of these lofty goals are messy realities of collaborative research. In a series of articles we explore the challenges of collaborative interdisciplinary research based on the prior experiences of a team of UK and Canadian researchers. Here we describe the challenges of establishing collaborative projects and suggests ways of circumventing potential problems. In subsequent article we examine challenges in the management and the outcomes of collaborative research projects. In each article we offer suggestions for enhancing success.

Methodology

A transnational interdisciplinary research project had as one of its objectives to explore the processes and outcomes of collaborative research. A semi-structured group interview was conducted with ten team members from the UK and Canada who represented diverse research disciplines and career stages. The guiding question was: "Based on your involvement in previous research projects, tell us about an experience in which collaboration worked well, and one in which collaboration did not work". The group interview was recorded on digital voice recorders and transcribed verbatim. Pseudonyms were assigned and personal information excluded to protect participants' identities.

Data analysis was iterative. We listened carefully to the interview, read vigilantly the transcript, and used content analysis to sort relevant passages of text by phase of research activity: (1) establishment, (2) management and (3) outcomes of projects. We used axial coding (Walker & Myrick, 2006) to capture themes within each phase. Within establishing projects, the themes were: recognising motivations, building a team, and having common research goals.

Recognising Motivations

Motivations for becoming involved in collaborative research programmes were varied and often sufficiently compelling that researchers chose to take on projects that eventually proved problematic. The need for financial resources was a strong driver.

It simply wasn't credible to say no to this even if perhaps some warning bells should have been ringing... Everything had been done in order to convince the funder to give

the money, rather than to lead on to an effective collaboration and to clearly define reasonable project objectives. (John)

We needed the money...The person writing the tender specification had no experience of writing those kinds of documents and they kind of chuck everything in for what was a fairly limited pot of money. (Clark)

Researchers also made decisions to build capacity that in retrospect, they regretted.

The reason we went for this body was because they were regional and we wanted to develop this region in capacity. It wasn't because we know them to be competent researchers...and we made this decision about regional capacity, which was the wrong decision. (Shannon)

I was asked after a project had gone together, to be the PI on the project... [the other co-investigators] didn't feel like they were positioned to get this money without a more senior person. I knew some of them a little bit; the project really interested me... so I said yes [and] regretted it. (Alexis)

In contrast, projects that were carefully crafted and put together with commitment, expertise and realism seemed more likely to generate a project that was easier to manage.

Building teams

The way teams were structured had a significant impact on the subsequent life of collaborative research projects. Team building sometimes was forced, often to meet funding application guidelines or skill mix requirements.

Government idea that you can pluck researchers and you put them together and that makes a team. (Anna)

She's one Health Economist that every project wants to include, but often, in a very instrumental kind of way, not as a full collaborator in the way that others expect to be fully drawn in. (Clark)

From the point of view of senior researchers, being able to choose team members was advantageous, based on the purpose of the project, the required disciplinary expertise, and compatibility.

Before we even got the money, we thought very carefully about the people we would invite into the programme and we thought not only about discipline, but about style of working, whether we thought we could

collaborate." (Alexis)

There is a clear understanding that we have skills in one area and they have skills in another and that's why we've come together. So there's complementarity and no friction in the middle and I think that is really the cause of success as a general principle. Personalities work as well. (Shannon)

Participants invited in at a late stage felt disadvantaged if they were unaware of the working style of the PI or were unclear about their prospective role on a project.

You get an email saying 'would you like to join us?' at the last minute and some money might come your way. (Clark)

I signed on to something where I didn't know the people well and it didn't work out well at all... You can end up having signed up for something really long and not very pleasant if you don't know what you're getting into. (Alexis)

In contrast, people who understood their expected role, were acquainted with other people on the project, or knew the working style of the PI, seemed to have a more positive experience.

Having common research goals

Many spoke of the importance of establishing overarching research goals as a means of creating a common focus, but few examples were given of where this had been done. Rather more examples were given where teams were fractured and research pursued in silos or "parallel play" (Alexis).

There wasn't that common goal. There wasn't a clearly articulated process of how people were going to work together. (Victoria)

I never kind of got a sense of being able to come together and actually explore the sense of interdisciplinary thing, which I thought it was going to kind of be about, but it never really was. (Anna)

Implications

Regardless of whether participants saw their overall experiences of collaborative research as positive, invariably they talked about the tensions and ambiguities inherent in the research process. We offer some building blocks when establishing collaborative research projects that may lessen some of these tensions.

- Evaluate realistically the feasibility of projects. One university had a mechanism in place to examine regularly all research tenders that are available, rejecting the majority of them "because of the feasibility of the

brief". (Clark) This initial filter system ensured that only those with capabilities of the research institute were passed on to faculty members "to see where people's capacities are, where their interests are". (Clark)

- Create teams based on familiarity with working styles, personality, history of working together as well as the purpose of the project and required disciplinary expertise. The importance of reconnaissance on potential collaborators and stakeholders cannot be underestimated (Giacomini, 2004) in establishing projects.
- Know your role in collaborative projects you join, how the PI works, and a clear description about your involvement "so you don't get into something you can't or don't want to do." (Alexis)
- Establish overarching research goals, providing a common focus for participants, regardless of disciplinary or stakeholder perspective.

The article in the next issue of *Generations Review* will look at the challenges in managing collaborative research projects.

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