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- Future of Ageing Research
- Fall Prevention
- Technology and Quality of Life



BRITISH SOCIETY OF GERONTOLOGY

EDITORIAL

December 2015

It's December already, Christmas decorations have been up around the UK for ages, mince pies are

already being eaten, office parties taking place and kids getting over excited. These days it seems many wait with great excitement for the annual John Lewis Christmas advert. Partnering up this Christmas with AGE UK, the fabled advert had a loneliness theme, where a little girl looking through a telescope spots a man sitting alone on the moon. She then tries to contact him and send him messages to show he's not alone. The advert reminds the public that not everyone enjoys a family full Christmas depicted on most adverts and Christmas scenes. We know from the work carried out by British Society of Gerontology members that as many as one million older people will go for a month without speaking to anyone and it's not just at Christmas that this is a problem. The advert has had some positive effect, the Chief Executive of Age UK in Sheffield says the branch has seen a huge rise in the number of people signing up to volunteer. Let's remember loneliness can be for life not just for Christmas and try and help create a society in every way we can that reduces people being alone when they don't want to be. We champion independency in later life, it dominates health and social care literature, yet it's somewhat of a misnomer, no one is truly independent, we all rely on others to help us stay who we want to be. We need to reframe independency in line with more co-dependency or inter-dependency models to work out how we remain us as we age but with the right and appropriate levels of interaction and support. There's a role for technology within this mix and in this issue I've helped co-author a paper with Hannah Marston and Shannon Freeman looking at the role technology, including the quantified self and the role mobile apps might have in quality of life.

Not all interventions to improve life have to be hi-tech gadgetry though, and we have a paper this issue from Jane Minter from Care & Repair England, looking at how adaptations to the home can best prevent falls. She concludes with a need for more evidence and data on their effectiveness. During November there were two excellent conferences on the Future of Ageing, one from ILC UK looking at policy and practice and one put on by us at the BSG which looked more at the research issues. Both conferences highlighted just how much is going on in these areas, the future of ageing is certainly containing lots of dedicated and hard working individuals from policy, practice, charities, the third sector and academia, let's make sure it all counts.

Merry Christmas and a Happy New Year!

Charles Musselwhite, Swansea University, December 2015

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Falling through the gaps – issues from a national prevention and falls conference

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Care & Repair England, in partnership with the British Society of Gerontology (and thanks to their sponsorship), held a one day conference in London aimed at connecting research, policy and practice in the fields of ageing, falls and housing interventions.

The conference attracted over 100 delegates including researchers, planners, commissioners, providers and activists with an interest in housing, ageing and falls. It aimed to connect people from a range of disciplines to consider how to make best use of the evidence available to bring about improvements in local falls prevention work in order to enhance the wellbeing of older people. The discussions would not only inform local commissioning but also help to determine what further research

might be needed.

So what have we learned from the event?

Falls are a major cause of disability in people over 75, leading to hip fractures and a high number of visits to A and E departments. 3.1 million of the country's housing (14% of the housing stock) has a Category 1 hazard (with 1.8 million of these homes with a risk of people falling). Fixing such hazards would save on costly health interventions as well as improve older people's quality of life. Indeed the Building Research Establishment identifies that cold, damp and dangerous homes cost the NHS £2.5 million a year. Fixing hazards that deal with falls could have significant impact.



Photo from <http://all-free-download.com/>



Falling through the gaps cont...

Whilst there are a number of falls studies cited in the Ref database most are not about falls in the home so current research in this area is limited. However the evidence on the impact of housing modifications to falls prevention does exist and is, indeed, a key part of the NICE guidelines on Falls Prevention in Older People.

[A full summary of the day's deliberations is on our website with a link to the presentations from the event.](#)

Delegates at the event were asked to consider if they were convinced by the current evidence and if so why not. They were also asked to consider what action might be needed to convince others – notably the health and care sector. It was suggested that this needed to focus on why investing in the reduction of home hazards to prevent falls would not only benefit older people's well-being but meet health and care outcomes and save on health spend longer term.

Most participants felt the evidence was there but that other factors in falls prevention were better recognised by health and care practitioners - such as posture, surgery, balance and training. It was also felt that the evidence was not seen as robust enough for health outcome purposes and that work to validate the impact of interventions over the longer term was needed working to common measures acceptable to the health, social care and housing sectors.

Participants determined who needs to be influenced and set an agenda for action including:

- determining a robust methodology to demonstrate how housing interventions save resources to health and care
- developing more RCTs recognising the difficulty of the multifactorial nature of falls and consider longitudinal studies assessing the impact over time of home modifications





- developing a central repository for the evidence/good practice in this field.

Whilst the majority of delegates believed that there was already a convincing evidence base regarding falls prevention and modification of the home environment, it was also acknowledged that more studies were needed; particularly those to quantify health gain and meet the research standards demanded by the health sector. The work of Care & Repair England to encourage, stimulate and support such developments was welcomed. It was hoped that more events like 'Falling through the Gaps' would help to broker new partnerships between academics, commissioners and providers.

Care and Repair England – via its [Catch 22](#) project would welcome your comments, ideas and views on this topic and other topics that link housing interventions with health and social care.

If you want to know more, share your work and discuss some of the issues - or join our virtual research network - please contact Martin Hodges (Health and Housing Programme Lead)

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45th Annual BSG Conference 2016

University of Stirling

Wednesday 6th - Friday 8th July 2016

About the Conference

Taking an inclusive approach that recognises that ageing is about all of us, the BSG 2016 conference **Communities in Later Life: Engaging with Diversity** encompasses a variety of topics illuminating creative and innovative ways of thinking about ageing.

Since ageing is not a homogenous experience, we seek to recognise and embrace diversity from a wide range of perspectives. The conference opens up a space for discussions that not only engage with difference, but also endeavour to make a difference to people's lives. Living well in later life depends upon a web of interdependent conditions, such as the physical and social environment, health, well-being, as well as emotional and cultural understandings of old age.

The conference therefore seeks to develop interdisciplinary and collaborative discussions that advance our understanding of the complexity and multiplicity of ageing experiences. In pursuing this goal, we encourage contributions exploring ways of engaging with diversity to enrich communities and to herald new approaches to ageing policy, research and practice.

Sub-themes

- Environment and housing
- Health and social care
- Cultural gerontology
- Dementia
- Quality of life
- Innovative methodologies
- Relationships and intergenerational work
- Technology



Instructions for submission Please complete the online submission form, available at:

<http://www.stir.ac.uk/bsg16/abstractsubmission/>

For any enquiries about abstract submission please contact the BSG Organising Committee by emailing: bsgconf16@stir.ac.uk

Key Dates

- **Registration is open**
- **Abstract Submission deadline: [29th January 2016](#)**
- **Early bird deadline: 29th April 2016**
- **Final registration deadline: 6th June 2016**

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The Future of Ageing Research – Post REF 2014

Lessons and Issues for Social Gerontology

Research Funding, Research Advances, Research Impact

The Wellcome Collection, Nov. 11th 2015

Charles Musselwhite

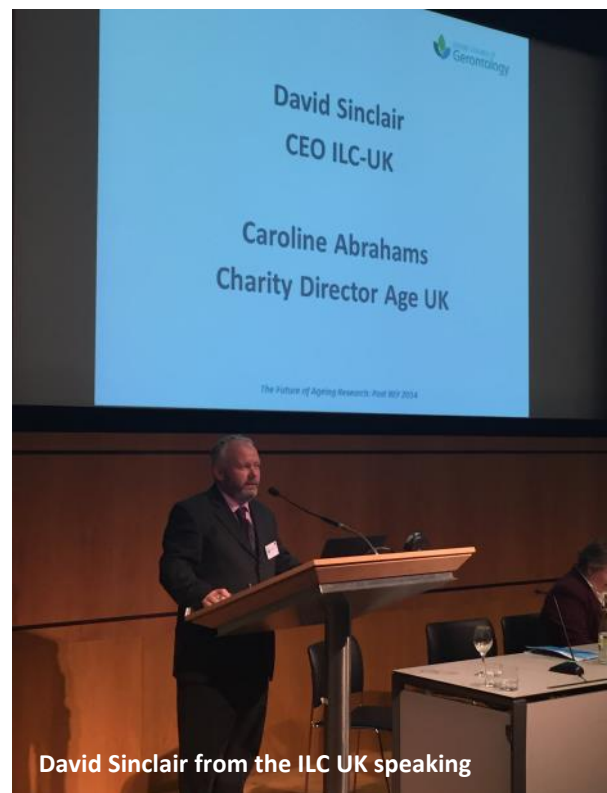


Surinder Bangar and the University of Sheffield team introduce their report

On the 11th November, BSG hosted the **Future of Ageing Research** day long conference, the focus of which was to highlight key issues in current and future gerontology research. The main focus of the day was a report commissioned by BSG on the Research Excellence Fund 2014 (REF) impact case studies. The report was excellently prepared and reported by Surinder Bangar, Sarah Hargreaves and Gail Mountain from the University of Sheffield and will be available to members and attendees in due course. In addition panel members from REF2014 discussed their experiences. The impact case studies are examples of where universities feel their research has made an impact in society. In 2014, a total of 6,679 case studies were submitted of which 311 were relevant to ageing (4.7%). Ageing is truly multi or interdisciplinary and case studies appear across all different subject panels and 33 of the 36 Units of Assessment. A subsample of 50 case stud-

ies were examined in more depth. It was found that the most common types of impact involved informing and influencing policy, improving practice and improving quality of life. Around 3/4 of the case study subsamples had an International dimension noted, but only 32% explicitly mentioned involving older people directly.

The day concluded with presentations from David Sinclair of International Longevity Centre UK and Caroline Abrahams from AGE UK, both aptly stressing the need for collaborative and partnership activities to start early on in the research process.



David Sinclair from the ILC UK speaking



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Introduction

For many people as they age, self-determination in decision making and perceptions of control and independence are important. As individuals progress across the life trajectory, they may question, reflect, and prioritise what they perceive to be good quality of life (QoL). Being physically active or fit is perceived to be of high value in retaining independence and maintaining the ability to perform activities of daily living. A key component of this is the ability to prevent and/or reduce risk of falls and to prevent serious injury. (Dergance, Calmbach, Dhanda, Miles et al., 2003). Active interaction with family, friends and the community can increase positive mental health thereby serving as a protective factor for social isolation and loneliness (Hemingway & Jack, 2013; Age Concern & Help the Aged, n.d.). A need to enhance social relationships and connectedness while in turn, reducing loneliness, might increase with age as people retire from employment; experience a loss of a spouse or children and grandchildren relocating for employment.

In the latter part of the 20th Century, society bore witness to many technological development and inventions which have been utilized for various reasons ranging from pleasure and social activities to medical support or mobility. Technology use and integration into the lives of older people has grown over the last 2-3 decades, in particular with the utilization of digital games. Research has explored a wide area of digital gaming and its associated benefit to cognition/perception (Basak, Boot, Voss, & Kramer, 2008; Boot, Kramer, Simons, Fabiani, & Gratton,

2008; Goldstein et al., 1997; Weisman, 1983), usability, playability and motivating factors (Harley, Fitzpatrick, Axelrod, White, & McAllister, 2009; Nap, de Kort, & IJsselsteijn, 2009; IJsselsteijn, Nap, de Kort, & Poels, 2007), and intergenerational relationships, design and gaming (Vaida, & Greenberg, 2009) and for its own sake (See Musselwhite et al., in press). Moreover, digital games have also been explored in relation to health benefits, for example their role in rehabilitation from falls (Gschwind, Eichberg, Ejupi, de Rosario, Kroll, et al. In press; Marston, Woodbury, Kroll, Fink, Eichberg et al., In press) and stroke (Flynn, Palmer & Bender, 2007; Lange, Flynn & Rizzo, 2009). Several comprehensive reviews have been conducted detailing the potential benefits of digital games across different health conditions utilizing a variety of commercial and purpose built-technologies and respective software (Marston & Smith, 2012; Bleakley, Charles, Porter-Armstrong et al., 2013; Hall, Chavarria, Maneeratana, et al. 2012; Miller, Adair, Pearce, et al., 2013).

A recent completed EU project - iStoppFalls (ISF) project, funded under the European Union's Seventh Framework Programme for research, technological development, and demonstration, investigated "the effects of an individually tailored ICT-based exercise program delivered through the home television set, called iStoppFalls (<http://www.istoppfalls.eu>). Over a 3-year period, the consortium established an ICT-based system to be deployed into homes of older adults aged 65+ years in Germany, Spain and Australia. Through a special edition of the European Review of Aging and Physical Activity (EURAPA) results from the iStoppFalls project published will allow evaluation

of the intervention regarding feasibility and acceptability, quality of life, as well as effectiveness on fall risk factors in older people (Gschwind, et al., In press; Marston, Woodbury, Kroll, Fink, Eichberg et al. In press).

A new emerging field in the technology realm catching the attention of researchers is the Quantified Self (QS); also called self/life logging. The QS is a field or movement that enables individuals to incorporate and/or utilize technologies which are wearable (can also be attached to clothing) on the body such as the Fitbit pedometer, Jawbone wrist band, or smartwatches, which contain sensors or accelerometers that can, for example, collect data on the person including measuring or tracking physical activity, galvanic skin response or temperature (Dorminey, 2012; Wilson, 2012; Hill, 2011; Economist, The, 2012).



Figure 1. Fitbit and Jawbone wearable technology. (Permission granted by Hannah R. Marston)

The utilization of QS technology has seen an increased emphasis on hardware development and commercialization (such as pedometers) to engage individuals to quantify and self-log their activities as a means of measuring and supporting healthy behaviours. In turn, use of these devices is showing potential to enhance positive health behaviours and facilitate social connectedness.

The emerging field of QS enables individuals to undertake the opportunity to record on a regular basis a series of activities; such as the number of steps walked via a Fitbit pedometer. QS supports individuals to track their activity/exercise progress through a

variety of commercial wearable devices (e.g., Fitbit, <https://www.fitbit.com/uk> ;Jawbone <https://jawbone.com/> ; Garmin <http://www.garmin.com/en-GB> ;or Apple <http://www.apple.com/uk/watch/>) which combine wearable sensors (i.e. EEG, ECG and video) and smart phone apps together. Community support groups such as the London QS meetup provide social opportunities for individuals using Self-Quantification technologies (also known as wearable technology) to connect at regularly scheduled intervals, to share their experiences of tracking their personal data. (e.g. see www.meetup.com/LondonQS/)

Types of QS may include physical and psychological characteristics such as heart rate and number of steps walked, places visited and tasks completed, dietary choices and number of calories consumed, sleep habits, and self-perceived mood. Conversely, the company Chaotic Moon are taking QS a step further and are exploring the use of wearable technologies in the form of tattoos (Fig 2) which may in turn be able to monitor one's health on a yearly basis (Design Boom, n.d.). For example, these tech tats or

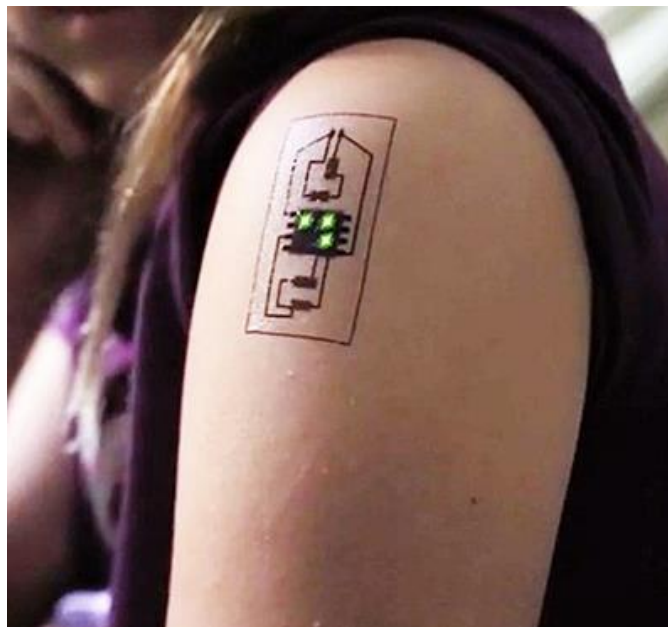


Figure 2. 'Tech Tats' bio-wearable technology (Chaotic Moon)

bio-wearables could be utilized to measure vital signs on different age groups which in turn the data would be relayed to their respective GP which would then review the data and discuss one's health in a scheduled appointment.

When QS logging is combined with gamification users may be motivated to engage more and/ or continue a specific behaviour or activity. Gamification can be found throughout different enclaves of society. One of the most popular and common forms of gamification is the reward or points system employed by commercial enterprises such as supermarkets, retail stores, and airlines. Consumers are rewarded from making purchases by loyalty programs receiving further discounts, free products, or vouchers.

Mobile apps serve an important role supporting users actively involved QS to more easily and conveniently track chosen activities on their digital devices such as a smartphone or tablet. In some instances, a web app is available which can be accessed via a desktop computer and enables users to review their progress via their computer if they do not have a tablet or smartphone. Marston & Hall (2015) discussed the nature of mHealth apps and their application into society through the area of gamification, highlighting the need for further exploration in regards to the utilization of mHealth apps for self-management of chronic health conditions from both a clinical and community setting. Moreover better understanding is also needed into how the use of gamification elements such as leader boards, rewards and badges could assist in self-management of one's chronic health condition (Miller, Cafazzo & Seto, 2014). There also remains the necessity from the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) to facilitate and provide approval for mHealth apps (Marston & Hall, 2015). Although this is has been granted by the FDA for two mHealth apps,

further work is needed.

Quality of Life (QoL) & where does it fit with 21st Century Technology?

The World Health Organization (WHO) define quality of life (QoL) as 'an individual's perception of their position in life in the context of the culture and value systems in which they live, and in relation to their goals, expectations, standards and concerns' (WHOQOL Group, 1994). There are several QoL (e.g. WHODAS 2.0 <http://www.who.int/classifications/icf/whodasii/en/> ; WHOQOL <http://depts.washington.edu/seaqol/WHOQOL-BREF> ; EQ-5D http://www.euroqol.org/fileadmin/user_upload/Documenten/PDF/Products/Sample_UK_English_EQ-5D-5L_Paper_Self_complete_v1.0_ID_24700.pdf ; SF-36 http://www.rand.org/health/surveys_tools/mos/mos_core_36item.html) instruments measuring health related QoL that have been utilized across national and international projects which have been validated and have shown to be reliable in predicting the QoL of a person or a specific cohort in society.

Over the last decade and with the increase utilization of technology hardware and software attention to address the need for an instrument which can measure/assess the QoL of the participants engaged with technology has been lacking. We feel this is an area which is under represented and should be examined. Technology is not going to disappear, yet QoL research of current and future ageing populations has yet to fully explore how the two are interrelated. QoL will remain to be important to the lives of persons across the world and as the role technology has in daily life continues to expand it is critical to understand how the two interact.

However, the thought of bio-wearables could also be a step forward in continual measurement of QoL while

combining additional data such as physical activities (number of steps) or sleep patterns. There is one main problem with many of the current wearable technologies available on the market, and that is the level of accuracy. This in turn is a major problem in regards to measuring one's QoL, and further work is needed in this area to develop and ascertain improved accuracy of wearable technologies. One solution and possibility to rectify the level of accuracy is to implement the notion of bio-wearables similar to that proposed by the company Chaotic Moon (see Figure 2). Although studies would need to be conducted to ascertain how affective this technology is, if the level of accuracy is enhanced more than the current wearable technology, this could be an alternative solution to the concept proposed here.

Conclusions

There is great opportunity to leverage existing technologies such as mobile apps to measure QoL. Technology has expanded over the last 15 years, and with the emergence of QS and the increased uptake of recording online one's activities we feel the effects of technology use on QoL should be acknowledged, measured, and addressed. Technology take-up is pushing the boundaries of tracking data and having the opportunity and ability to measure QoL as it relates to ageing across the life span. Future interdisciplinary research involving gerontology, health, and computer science/Human Computer Interaction will be better able to further understanding of how QoL is impacted through the means of technology, be it through digital games, digital devices or wearable technology.

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An Invitation

It was an invitation I couldn't refuse: would I like to participate in a study tour to Japan on the theme of arts and older people to be jointly organised by the British Council Japan, the Baring Foundation and the Calouste Gulbenkian Foundation UK? The delegation was to consist of UK arts professionals, researchers and funders who run innovative arts programmes and initiatives with and for older people. The week-long programme was to include meetings with representatives from the cultural, health and welfare sectors, with the aim of gaining a deeper understanding of Japan's approach to an ageing society and discussing possible future collaborations. Alongside the programme of visits and meetings, there would also be opportunities for the UK delegation to share their arts practices with Japanese audiences and discuss mutual concerns and issues around research, practice and policy.

After some rapid rejigging of my diary, I enthusiastically accepted. As a long-time researcher and academic, my career has taken me to many interesting places and events around the world but I'm ashamed to say I had never before visited Japan. We're doubtless all familiar with its broad demographic facts and figures: still one of the world's most populous countries (@127 million people) even though its overall population is rapidly declining; with one of the world's highest life expectancies (now about 87 at birth); and one of the world's 'oldest' populations with people over the age of 65

constituting 25% of the total population. As a social gerontologist, how could I not be interested in seeing and experiencing something first hand that, up until now, I had only read about or seen in documentaries? So it was that, late on the afternoon of Saturday April 11th, I found myself in a departure lounge at Heathrow airport en route for a week in Tokyo.

The Japanese Cultural Sector

Our Japanese hosts from the British Council had arranged a packed five-day programme of meetings and discussions, presentations and visits, roundtables and small group sessions, and a major 'future imagining' public forum. At the Monday morning briefing, we learnt that this was the first study tour of its kind to explore potential links between the Japanese and UK cultural sectors and to consider ways in which the arts can make positive and long-lasting impacts on the lives of older people. Particular goals for the week included opening up debate about how the cultural sector in Japan can deliver effective and well-evidenced arts programmes; how they can establish cross-sectoral and collaborative projects; and, importantly, develop the cultural infrastructure needed to deliver a strong Cultural Olympiad when Japan hosts the Olympic and Paralympic Games in 2020 and when 29.1% of its population will then be aged 65 and older.

In terms of the existing Japanese cultural sector, we also learnt from Manami Yuasa – Head of Arts at the British Council – that participatory arts practice is still rather new in Japan and that arts education is dominated by more traditional approaches.

Manami told us about a government scheme for naming ‘National Treasures’ which is about showing respect for ageing artists. However, these are mostly in traditional art forms and more about venerating a body of work rather than age per se. Policy-wise, there is a heavy reliance on public funding for the arts although the cultural budget is only 0.8%; the different sectors (and government) tend to work in silos; and wider activities, programmes and policies for an ageing society are not joined up. Much like the UK, audiences in Japan are ageing but, unlike the UK, there are as yet no active conversations about the nature of those audiences or how to engage diverse audiences. Instead, there is much anxiety about participation figures and the priority is to increase attendance by young people. This worry about ‘numbers’ and, in research terms, an overriding concern with ‘measurement’, were themes picked up by many of the Japanese colleagues and presenters we heard from.

The Study Tour

Throughout the week, and with the aid of brilliant simultaneous translation, we met and had rich conversations with artists, caregivers, policy-makers, researchers, arts professionals, designers, representatives from cultural institutions, the private and business sector, social enterprises, NGOs and community groups active in ageing, as well as with individuals from key ministries and government agencies.

To complement the briefing on Japan’s cultural

sector, we were given additional background information about Japan’s ageing population, their welfare sector and, in particular, about the numbers of people living with dementia. In 2000, Japan introduced Long Term Care Nursing Insurance which is paid by people aged 40 and over. For older people who need care, that support is divided into seven care levels: the lowest amount received being about 50,000 yen per month; and the highest about 350,000 yen. 90% of these costs are met from insurance; 10% from people’s own pockets – a marked change since the 1980s when such care was free. There are active debates in Japan about whether wealthier people should pay more than the 10%, and discussions about raising the retirement age and about trying to keep older people at home for as long as possible. These debates are assuming ever greater prominence given the estimated 4.62 million people living with dementia, two-thirds of whom currently live at home.

One response which readers might be familiar with is Japan’s ‘Dementia Supporters’ scheme – not unlike the Alzheimer’s Society’s ‘Dementia Friends’ initiative. However, in Japan, this scheme began a decade ago when it first trained 6 million volunteers, although only about 10% are thought to be still functioning as supporters. And, of particular interest to our group, we were told that the training was for the general public not professionals, so there are no arts organisations who have had their staff trained in these ways. That said, there are increasing numbers of dementia-friendly initiatives such as Fujinomiya city: a city of 132,000 people on the southwestern slopes of Mount Fuji which has become a ‘dementia friendly tourist destination’.

On the Wednesday, we also spent a day at the Chiyoda Community Arts Centre (formerly a junior



school) where, in the afternoon, we took part in a public forum on ‘Working Together for a Dementia Friendly Society’. There we heard about Japanese initiatives aimed at trying to change attitudes and change our physical and social environments such that people with dementia are treated like anyone else; and about how business and companies might need to respond. UK delegates spoke about the Prime Minister’s ‘Dementia Challenge’; about cultural aspects of Manchester’s ‘Age Friendly City’ developments, notably the gallery programme which has trained all its staff as dementia friends; and about West Yorkshire Playhouse’s first ever dementia-friendly performance last December of ‘White Christmas’. Our discussions that afternoon reiterated the right of everyone to enjoy the arts; highlighted the health and well-being aspects; and stressed the importance of a cross-sectoral approach to arts and ageing which also includes business and the private sector.

On other days we were introduced to a fascinating array of arts practices and approaches, ranging from music, visual art and drama projects in nursing homes to outreach drama projects in different spaces and places; to intergenerational initiatives and creative design projects involving students and older citizens in Kobe; to a dance project with homeless older men and to the establishment of Japan’s first reminiscence centre in Kitanagoya city. The initiators and presenters of these projects all shared a demonstrable passion and commitment for what they were doing; stressed how artistically satisfying it was to work with older people; but were concerned that they felt they had to constantly prove the benefits in medical/health terms rather than in terms of the artistic merit of the activities.

Some of the projects we heard about were run by – or evaluated by – academics and researchers including colleagues from the Universities of Tsukuba (one of the oldest national universities in Japan, 70kms northeast of Tokyo), Shobi (a private university in the Saitama district of Tokyo) and Aichi (a private liberal arts university some 250 kms southwest of Tokyo). Their work bears out what we know about the benefits of arts engagement for older people demonstrating, for example, improvements in mental health and well-being; in functioning and in quality of life; and in reductions in use of medications. However, what was particularly striking for me was that they felt that one of the barriers to such work was a lack of people with the requisite research skills. In addition, knowledge and understanding about the potential contribution of qualitative approaches seemed to be absent; and the colleagues we met with freely admitted that the notion of involving older people as co-creators and co-participants in research was not something they had ever really considered. As one of the participants at the Chiyoda Arts Centre put it, ‘we do lots for older people but not with older people’.



Tokyo National Art Centre

Towards the end of the week – on the Thursday – we travelled to the National Art Centre in Tokyo: an architecturally impressive modern building designed by leading Japanese architect Kisho Kurokawa when he was in his seventies. This was the venue for the main event of the week: a public forum with over 120 participants which, by sharing current UK practices, was aimed at raising awareness amongst Japanese arts professionals and educators of the role the arts can play in working with older people. Following an ice breaker exercise, the event began with what were described as short ‘inspiration talks’ from all the UK delegates, after which we broke into small groups to debate and discuss issues which the talks had raised and consider ways forward. It was during this group work that I met and talked with a Japanese colleague who, uniquely I imagine, works four days a week for a pharmaceutical company and three days a week as a visual artist with older people in care homes! After the groupwork, Syuta Mitomo got out his i-pad to show me the exquisite work he does with older people making small figures using different coloured string which he then brings together into communal installations.

The Highlight of the Week



Yukio Ninagawa

Gold Theatre Rehearsal



My personal highlight of the week was an inspiring visit we made on the Tuesday to Saitama Arts Theatre where, in 2006, acclaimed international Director Yukio Ninagawa (who turns 80 this year) established his Saitama Gold Theatre. Having interviewed 1200 applicants aged 55 and over from across Japan, he accepted 48 older people with little or no theatre background onto a year of intensive training for four hours a day, five days a week and they have been performing on the theatre’s main stage ever since. We were especially privileged to meet Ninagawa, to speak with two of the actors and sit in on their rehearsal for Shakespeare’s *King Richard II*: a collaboration with the Saitama Next Theatre which nurtures the next generation of young actors. They spoke movingly about how important these intergenerational connections are because of their ‘family-like’ nature and because they feel they are losing this in Japanese society.

Gold Theatre’s members come from many different backgrounds and the company ranges in age from

63 to 89 (average age 76). We heard first-hand testimony from Kiyoshi Takahashi, 89, who told us about the spinal problems he had experienced and how, against the expectations of his doctors, his determination to continue acting has helped him recover from paralysis and re-join the company after a year away. Ritsuko Tamura, 76, recounted for us how she began to get interested in theatre and drama after she turned 50 and how, despite living in the north of Japan, she came to the auditions at the age of 66. Having been successful, she left her home – and her husband(!) – to move to Saitama where she has now been for ten years. She says that they have made this arrangement work for themselves and their family – her children also live in other parts of Japan – and that there has been ‘more fun than hardship’.

The evening after our visit, eight of us returned to see what proved to be a truly affecting performance of King Richard II. Visually stunning, the older performers first appear at the very far end of the 150 foot long stage in a phalanx of wheelchairs from which they all rise to dance the argentine tango with the younger members: a recurrent motif throughout the performance. They looked stunning in full Japanese traditional costume: the women in richly embroidered black silk kimonos and the men in equally resplendent flowing robes. The seemingly frail young actor playing Richard II was riveting, commanding the vast stage with his presence. No matter that it was three hours long; no matter that it was all in Japanese, it was one of those ‘once in a lifetime’ experiences which brought us visitors to our feet at the end as we applauded their achievement. The Baring Foundation and our Japanese hosts are

investigating possibilities for bringing Gold Theatre to the UK in 2016 or 17 – so watch this space!

Conclusion

In the end, it turned out that I was the only researcher/academic amongst the 18-strong group which also included four colleagues from the funding bodies; the Director of Engagement and Audiences from Arts Council England; ten practitioners from cultural institutions and organisations across the UK; and two colleagues from the British Council and the National Arts Council in Singapore. That said, it was particularly heartening and encouraging to be with a group of people who were sufficiently experienced and at ease with themselves and their work to have fully embraced the value of research which goes beyond the immediate needs of satisfying funders that they are reaching set numbers of older people. It became evident that the different cultural institutions and organisations from the UK have a very varied range of research relationships with different Universities: some with gerontologists; some with colleagues in the creative arts and humanities; and others with researchers from health, welfare or psychology backgrounds. This led me to wonder whether, in future, it might be advantageous to try and map out, or at least begin to collate information about these partnerships, especially given the growing interest there now is in cultural gerontology and in arts with older people. Altogether, it was a wonderful week and if anyone would like to know more about the visit and/or be put in touch with potential UK or Japanese partners, please do get in contact.

Cont....



Japan Study Tour Participants

Arts Organisations		
Anne Gallacher	Director	Luminate
Jane Hackett	Artistic Programmer & Producer, Creative Learning	Sadler’s Wells
Jayne Howard	Director	Arts for Health Cornwall & Isles of Scilly
Nick Ponsillo	Head of Learning & Participation	Manchester Camerata
Carol Rogers	Exec Director, Edtn & Visitors	National Museums Liverpool
David Slater	Artistic Director	Entelechy Arts Ltd
Nicky Taylor	Community Development Manager, Arts Development	West Yorkshire Playhouse
Alice Thwaite	Director, Development	Equal Arts
Esme Ward	Head of Learning & Engagement	The Whitworth & Manchester Museum
Kate Whitaker	Project Manager	Wigmore Hall
University		
Miriam Bernard	Prof of Social Gerontology	Keele University & ‘Ages and Stages’
Policy/Funding bodies		
Philip Cave	Director, Engagement & Audiences	Arts Council England
David Cutler	Director	Baring Foundation
David Sampson	Deputy Director	Baring Foundation
Kate Organ	Arts Advisor	Baring Foundation
Isabel Lucena	Programme Manager	Calouste Gulbenkian Foundation
Yeng Yeng Quek	Deputy Director, Arts & Communities	National Arts Council Singapore
Katelijan Verstraete	Director, Arts & Creative Industries East Asia	British Council Singapore



Tour Study Group

Let's Talk Performance

'Let's Talk' performed live at the Future North West Older People's Conference

27 October 2015

Caroline Norrie, Research Fellow, Social Care Workforce Research Unit, King's College London

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'Earlier this year, Dr Michelle Cornes and Caroline Norrie successfully applied to the Economic and Social Research Council's Transformative Research Fellowship Scheme (managed by the Policy Institute at King's). Seed funding has enabled them to further develop and test a new drama tool designed to generate inter-professional discussion and learning around the delivery of safe, dignified care. Working with delivery partners from Dignity in Dementia and the James Cochrane Medical Practice in Cumbria, the play was performed live for the first time in front of an audience of over sixty older people attending the Futures North West Conference on 21 October (see presentation slides at <http://>

www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/2015/conf/cornes-et-al-21oct15.pdf).

The conference Chair, Noreen Haselden, commented that the use of drama was a great way of actively engaging older people in discussions around quality and safety. The fact that the play is billed as '*not just another management meeting*', but about trying to achieve transformational change through more relational and engaging ways of working was particularly appreciated by audience members, many of whom are longstanding campaigners and activists in the older people's movement. ([There is a filmed version of the play on YouTube.](#))



Who's Who—Rose Gilroy, Newcastle University

Professor Rose Gilroy

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Describe yourself in three words.

Researcher committed to change.

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

I am a fine example of an unplanned career as I tell my students. My higher education was in English Literature and Drama followed by advice work and a short career in local government where I did housing research and briefed architects on housing for older people. I entered academia in 1988 (gulp) and researched initially on regeneration and then on women's issues. Over time I moved seamlessly from women to older people. A strong part of my research profile has been my involvement in co-research with older people an example of which is my 16 years of work with Newcastle's Quality of Life Partnership and our collective involvement in Newcastle Age Friendly City.

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

In my office near the door, I have pinned up this quote from that great American philosopher R.W.Emerson "Finish each day and be done with it. You have done what you could; some blunders and absurdities have crept in; forget them as soon as you can. Tomorrow is a new day; you shall begin it serenely and with too high a spirit to be encumbered with your old nonsense".

Who is or has been the most influential person in your career?

It must be Professor Patsy Healey, now Emeritus but still making a fine intellectual contribution to planning and through her work with her community in North Northumberland making this remote area a better place in which to live and age well. Her encouragement to younger colleagues and students and her continuing passionate commitment to place making are inspirational.



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

I am a voracious reader of fiction, I managed 10 novels on my 2 weeks in the Highlands. I am not sure I can answer for best but most frequently read would be Jane Austen's 'Mansfield Park'; most recently enjoyed Pat Barker's 'Toby's Room' and when I have nothing to read I turn to the absurdity of PG Wodehouse or David Lodge for his witty take on academic life.



Best or most influential paper you have read, you'd recommend to others to read?

I think I would have to recommend a book : Graham Rowles `Prisoners of Space` - it's an honest reflection on the essential messiness of qualitative research and the care and humanity with which he presents older people.

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

I love theatre particularly drama and dance; we go to a lot of films- we are lucky to have the [Tyneside Cinema](#) and a stack of great cultural venues in Newcastle. Music generally blues. Walking, gardening, bird watching and occasional fishing.

Best research project you have been involved with and why?

Currently I am involved in two Lifelong Health and Well-Being projects. [MyPlace](#) (led by Newcastle University) is exploring development of digital tools and approaches to support public engagement with local councils and other organisations in the research, planning and design of an age friendly city. This digital approach to thinking about space is new for me. The other is [Co-Motion](#) led by York

University exploring through a longitudinal perspective how managing life transitions impacts on wellbeing and mobility. This research allows me the privilege of listening to people's stories of living and being. And I get paid to do it.

What's the future for ageing research?

At times I can feel downcast- in austere times it is easy for the age friendly city project to be halted as it competes for limited resources. However the increasing involvement in research by older people themselves (not least as speakers at BSG 2015); the commitment by young researchers; the role of the arts in illuminating the experience of ageing make me feel that we have opportunities to reach further and make a real difference.



The British Society of Gerontology's (BSG) Emerging Researchers in Ageing (ERA) provides students, early career academics, researchers, and practitioners with opportunities for learning, networking, and mentor support. We also welcome academics, researchers, and practitioners who are making a mid-career change to ageing studies. ERA co-chairs develop programmes and events informed by the suggestions and stated needs of our members.

For more details visit

<http://www.britishgerontology.org/era.html>

JOIN THE BSG TODAY!

Ageing research is increasingly high profile, nationally and internationally.

Consequently, those in universities and in organisations working with older people, will benefit from joining the British Society of Gerontology. The Society gives members access to a multidisciplinary forum and network of like minded people dedicated to applying the knowledge gained through research and practice to improving quality of life in old age.



Membership of the BSG brings you into a community of academics and practitioners interested in a wide range of issues related to ageing. In particular, membership:

- Facilitates access to dynamic and up-to date debates about ageing and ageing studies - our members are involved in cutting edge research, policy and practice and are very willing to share their perspectives with you
- Members have access to a number of social media platforms – blog **Ageing Issues**; twitter account; YouTube channel **Ageing Bites**; LinkedIn Group; and soon a photo-sharing page on Flickr
- Entitles you to significantly reduced rates at the Annual Conferences of the British Society of Gerontology
- Gives students access to our vibrant group of Emerging Researchers in Ageing (ERA), which includes students, postdoctoral researchers and people new to careers in ageing, meet regularly to discuss research, policy and practice and support one another in their careers
- Access to our mailing list (BSGmail) to enable you to keep up-to-date about conferences, seminars, teaching courses, and research about ageing and ageing studies
- If you are a student, postdoctoral or unwaged member, you are entitled to apply for a conference bursary, for example, to cover costs to attend our annual conference
- Entitles you to substantially reduced subscription rates to the following peer reviewed journals: *Ageing and Society* and *Journal of Population Ageing*
- Provides you with access to all areas of the BSG website, including the Membership Directory and Members Only pages

How can I join?

Visit the website and fill in the registration form online and we will do the rest!

www.britishgerontology.org/join

