British Society of Gerontology

UNIVERSITY of STIRLING

Communities in Later Life: Engaging with Diversity

45th Annual BSG Conference
Stirling

Wednesday 06 – Friday 08 July 2016

Contents

President's Welcome to the Annual Conference 2016

Dear Delegates

Welcome to the 45th Annual Conference of the British Society of Gerontology – *'Communities in Later Life: Engaging with Diversity'* – at the University of Stirling, Scotland. This a conference for thinking broadly as we have been asked to engage with diversity. As social scientists we might immediately address this through gender, disability, ethnicity, social class, sexuality but in doing so as social gerontologists we will be aware of how our multi-disciplinary perspective approaches ageing across the life course in different ways. The programme for this meeting demonstrates this diversity which we hope you will engage with through lively debate.

Conference themes often build on each other and you might notice that the Stirling meeting begins a tour of the UK nations. This year Scotland, then Wales for our 46th meeting in Swansea, England in Manchester for the 47th and we hope Belfast, Northern Ireland for our 48th. Where will we be by the time we are 50, I wonder. We will wait and see. Do have a marvellous conference it is going to be good.

Best wishes
Sheila

Emeritus Professor Sheila Peace
President, British Society of Gerontology

Welcome from the Stirling Conference Committee

Welcome to the 45th Conference of the British Society of Gerontology hosted by the University of Stirling. We are delighted to welcome delegates from around the world on the first leg of their four Nations tour – the conference will move from here in Scotland to Wales next year, then to England and finally to Northern Ireland in 2019.

The conference takes place on our beautiful campus and we hope you will find time for a walk around the loch or a climb up to the Wallace Monument to enjoy the views across to Stirling Castle.

This year we are privileged to be joined by three exceptional key note speakers:

- Prof David Bell, Professor of Economics, University of Stirling
- Prof Heidi Hamilton, Professor of Linguistics, Georgetown University,
- Prof Catharine Ward Thompson, Professor of Landscape Architecture, University of Edinburgh

The academic programme offers a huge range of papers and symposia informing us and encouraging debate on all aspects of ageing and gerontology. Thank-you to everyone who has contributed.

We are very grateful to all our collaborators from the arts who have enriched the programme with music, photography, art and poetry. Thank-you also to all the conference sponsors and supporters, we are very grateful for your support.

We hope you enjoy your time in Stirling and find opportunities for debate and discussion as well as time with friends and colleagues enjoying the social and cultural programme.

With best wishes

Dr Louise McCabe
Faculty of Social Sciences
Conference Committee Chair

BSG 2016 Conferencing Organising Committee

Alison Bowes
Dean of the Faculty of Social Sciences
Stirling University

Angela Cowan
Resources Manager
Faculty of Social Sciences
Stirling University

Sharon Day
Senior Administrator
Faculty of Social Sciences
Stirling University

Grant Gibson
Lecturer in Dementia
Faculty of Social Sciences
Stirling University

Lesley Guthrie
Business Support
Dementia Services Development Centre
Faculty of Social Sciences
Stirling University

Louise McCabe
Senior Lecturer
Faculty of Social Sciences
Stirling University

Vikki McCall
Lecturer
Faculty of Social Sciences
Stirling University

Jane Robertson
Lecturer
Faculty of Social Sciences
Stirling University

Alasdair Rutherford
Senior Lecturer in Quantitative Methods
Faculty of Social Sciences
Stirling University

Susan Tester
Honorary Senior Research Fellow
Faculty of Social Sciences
Stirling University

Richard Ward
Senior Lecturer in Dementia
Faculty of Social Sciences
Stirling University

Monika Wilinska
Jönköping University
Sweden

BSG 2016 Conference Timetable

Wednesday 7th July

9.00 – 17.00
Registration
Location: Atrium

9.30 – 11.00
ERA Event
Location: Iris Murdoch Building
Rooms 1 & 2

11.30 – 13.00
Welcome ceremony
Plenary session: Prof David Bell
Location: Logie Lecture Theatre

13.00 – 14.00
Lunch
Location: Atrium

14.00 – 15.30
Parallel Session 1
Location: 1, 2, & 3
Iris Murdoch Building, Logie Lecture Theatre and Seminar Rooms

15.30 – 16.30
Coffee/Tea
Location: Atrium

15.30 – 16.30
Poster Exhibition
Location: Atrium

16.30 – 18.00
Parallel Session 2
Location: 1, 2, & 3
Iris Murdoch Building, Logie Lecture Theatre and Seminar Rooms

Tweet-up – Meadowpark

19.00 – 21.00
Drinks reception and buffet sponsored by the Provost of Stirling
Location: Oscars Dining Room, Pathfoot

Welcome address from AgeScotland and presentation of the Stirling Prize
Music from the Erskine Quartet

20.30 – 22.00
Pop-Up Cinema
Location: weather dependent

Thursday 7th July

9.30 – 11.00
Parallel Session 3
Location: 1, 2, & 3
Iris Murdoch Building, Logie Lecture Theatre and Seminar Rooms

11.00 – 11.30
Coffee/Tea
Location: Atrium and Iris Murdoch Building

11.30 – 13.00
Parallel Session 4
Location: 1, 2, & 3
Iris Murdoch Building,
Logie Lecture Theatre and Seminar Rooms

13.00 – 14.00
Lunch
Location: Atrium and Iris Murdoch Building
ERA lunch with leaders event
Location: Iris Murdoch Building
(rooms 1&2)
Ageing and Society ‘how to publish’ session
Location: Iris Murdoch Building (room 3)

14.00 – 15.00
Plenary session:
Prof Heidi Hamilton
Location: Logie Lecture Theatre

15.00
Coffee/Tea
Location: Atrium and Logie Lecture Theatre

15.15 – 16.15
British Society of Gerontology Annual General Meeting
Location: Logie Lecture Theatre
Refreshments in Logie foyer and Atrium

16.30 – 18.00
Parallel Session 5
Location: 1, 2, & 3
Iris Murdoch Building, Logie Lecture Theatre and Seminar Rooms

18.45– 19.30
Drinks Reception and book launch sponsored by Policy Press
Location: Stirling Court hotel

19.30 – 23.00
Conference Dinner
Location: Stirling Court Hotel

Friday 8th July

9.30 – 11.00
Parallel Session 6
Location: 1, 2, & 3
Iris Murdoch Building, Logie Lecture Theatre and Seminar Rooms

11.00 – 11.30
Coffee
Location: Atrium and IMB

11.30 – 12.30
Parallel Session 7
Location: 1, 2, & 3
Iris Murdoch Building, Logie Lecture Theatre and Seminar Rooms

12.45 – 13.45
Plenary session: Prof Catharine Ward Thompson
Conference Close
Location: Logie Lecture Theatre

13.45
Packed lunch to go
Location: Logie Lecture Theatre foyer

Location Key

Location 1
Conference Rooms 1, 2 & 3
Maitland Room
Iris Murdoch Building
Stirling University
Stirling
FK9 4LA

Location 2
Logie Lecture Theatre
Stirling University
Stirling
FK9 4LA

Location 3
Room 2B74
Room 2B76
Room 2B84
Room 2B85
Room 2B86
Room 2B87
Room 2B88

Cottrell Building
Stirling University
Stirling
FK9 4LA

45th Annual General Meeting Agenda

1.	Welcome		Sheila Peace
2.	Minutes of the meeting held on 2nd July 2015		Sheila Peace
3.	Matters Arising		Sheila Peace
4.	President's Report – Oral Report		Sheila Peace
	4.1	The FAR Event	
	4.2	Continuity and Change	
	4.3	Developing Special Interest Groups	
5.	Treasurer's Report – Oral Report		Rosalind Willis
	5.1	Accounts 2015/2016	
6.	Secretary's Report – Oral Report		Mary Pat Sullivan
	6.1	Motion 1: This AGM approves the 2015/2016 accounts.	
	6.2	Motion 2: This AGM approves the re-appointment of David Dixie F C A of AIMS Accountants as the Society's auditor and accountant for the financial year 2016-2017.	
	6.3	Motion 3: This AGM approves an amendment to the constitution that the Secretary of the BSG Averil Osborn Award for Participatory Research, if not already a member of the Executive Committee, shall become a co-opted member.	
	6.4	Motion 4: This AGM approves an amendment to the constitution that Members of the Society shall be given not less than one calendar months' notice of the date of the Annual General Meeting.	
	6.5	Motion 5: This AGM approves an amendment to the constitution that Alteration of any rule of the Constitution of the Society shall be made only at an Annual General Meeting of the Society provided that not less than one months' notice of such alteration has been given on the Agenda of the Meeting and two-thirds or more of those voting in person on the alteration signify their assent.	
7.	Reports from Strategy Groups		
	7.1	Social Media and Communication – Oral Report	Debora Price
	7.1.1	Generations Review	Charles Musslewhite
	7.2	Publications – Oral Report	Bernadette Bartlam
	7.2.1	Ageing & Society – Oral Report	Christina Victor
	7.3	Conference Liaison and Events – Oral Report	Louise McCabe
	7.4	Building Capacity	Josie Tetley
	7.4.1	ERA	Valerie D'Astous
	7.4.2	Averil Osborn Fund	Sue Venn
	7.5	National and International Relations	Ruth Bartlett
8.	Leverhulme Project – 'The Ageing of British Gerontology: learning from the past to inform the future' – Oral Report		Miriam Bernard

9.	Election Results and Co-opted Members – Oral Report	
10.	Presentations and Awards – Oral Report 10.1 Outstanding Achievement Award 10.2 Outgoing Officers: • Professor Sheila Peace (President) • Dr Mary Pat Sullivan (Secretary) 10.3 Incoming Officers • Professor Debora Price (President) • Dr Paul Nash (Secretary) 10.4 The following are standing down from the committee: • Professor Robin Means • Dr Sue Venn • Dr Veronika Williams	
11.	AOB	Sheila Peace
	Next meeting: The 46th AGM will be held at the Society's Annual Conference in Swansea, 5th – 7th July 2017	

Academic Programme

Conference Themes

CG	Cultural Gerontology theme
D	Dementia theme
EH	Environment and Housing theme
HS	Health & Social Care theme
IM	Innovative Methodologies theme
QL	Quality of Life theme
RI	Relationships and Intergenerational Work theme
T	Technology

This programme was correct at the time of going to press.

Wednesday 6th July, Parallel Session 1, 14.00 - 15.30 (90 minutes)

STREAM	1	2	3	4	5
THEME	Environment & Housing	Dementia	Health & Social Care	Cultural Gerontology	Cultural Gerontology
CHAIR	Richard Ward	Ruth Bartlett	Robin Means	Wendy Hulko	Christina Victor
LOCATION	IMB 1 & 2	IMB 3	MAITLAND	LOGIE	C2B74
SESSION	Symposium	Oral presentations	Symposium	Oral Presentations	Oral Presentations
	(207) Neighbourhoods and the new geography of dementia, care and support.	(74) Dementia literacy of older people: interviews from cognitive function and ageing studies - Wales (CFAS II - Wales). *Carol Maddock, Michelle Edwards, Judith Phillips and Vanessa Burholt*	(238) Prevention, early intervention and resilience: navigating older people to independence, health and well-being.	(230) Precarious or active ageing: competing paradigms in the social construction of later life. *Amanda Grenier and Chris Phillipson*	(111) Ageing in an increasingly diverse Aotearoa New Zealand. *Molly George*
	Neighbourhoods and dementia: the Scottish context. *Richard Ward and Barbara Graham*	(18) Dementia in the workplace: establishing a cross disciplinary research agenda on the legal implications of dementia in the workplace. *Valerie Edgell, Jill Stavert and Rebecca McGregor*	What role can local and national supportive services play in supporting independent and healthy living in individuals 65 and over? *Karen Windle*	(27) Perception of physical ageing: an interpretative phenomenological analysis study exploring the views of older adults. *Carol Duguid*	(56) Changing perceptions of intergenerational experiences in Singapore. *Debra Street and Kriston T. D'Amuro*
	Looking out for and looking in on: how do people with dementia experience neighbourhood life? *Andrew Clark and Sarah Campbell*	(106) Literature and dementia. *Lorraine Ritchie*	Commissioning third sector services that promote resilience, or protect against frailty and vulnerability, initial findings from SOPRANO study (supporting older people's resilience through assessing needs and outcomes). *Neil Chadborn*	(178) What is reflexive seniority? *John Miles*	(189) Financial dependency and ageing: life-course and generational transitions in Santiago, Chile. *Cynthia Meersohn Schmidt*
	The practical use of the neighbourhood in the daily life for people living with dementia in a Swedish context. *Elzana Odzakovic and Agneta Kullberg*	(192) Life-course association between social interactions and other characteristics and cognition. *Jitka Pikhartova and Ann Bowling*	‘ ‘Staying well in Calderdale’: the role of community navigators in supporting older people to access appropriate and timely services. *Thomas George*	(19) The ageing of British gerontology: findings from the first phase of archival work. *Miriam Bernard, Mo Ray and Jackie Reynolds*	(237) Income sources of older people in China *Qian Xiong and Arkadiusz Wisniowski*
	experiences of place, space and neighbourhood of care partners of people with dementia: preliminary findings. *Marjorie Silverman and Elaine Wiersma*		‘Care networks’ of older people from multimorbidity: social network analysis and qualitative study *Julien Vos*		

6	7	8	9	10	11
Health & Social Care	Health & Social Care	Health & Social Care	Health & Social Care	Relationships & Intergenerational Work	Dementia
Jos M.G.A.Schols	Athina Vlachantoni	Josie Tetley	Claire Garabedian	Margaret Brown	Paul Higgs
C2B76	C2B84	C2B85	C2B86	C2B87	C2B88
Symposium	Symposium	Oral Presentations	Oral Presentations	Oral Presentations	Symposium
(131) Balancing factors for frailty in community-dwelling older adults.	(226) Informal care over the lifecourse: provision, receipt and impact	(59) "Are we on the same page? Exploring the role of the geriatrician in the care of the older surgical patient from the perspective of surgeons and geriatricians. *Sarah Howie and Anthea Tinker*	(46) 'Embodied Narratives' within an ethnographic study of everyday embodied lives of men living with dementia in care *Sarah Campbell, Richard Ward and John Keady*	(89) Who can talk to whom, and about what? The role of face-work and politeness in in responding to signs of dementia and seeking professional help. *Lucy Perry-Young, Christabel Owens, Susan Kelly, Gareth Owen*	(193) Discourses and dilemmas of social engagement and ageing in dementia.
Contribution of psychological balancing factors in frailty. *Lieve Hoeyberghs, Nico de Witte, Jos M.G.A. Schols and D-SCOPE Consortium*	Reciprocity between adult children and older parents over lifecourse. *Maria Evandrou, Jane Falkingham, Madelin Gomez-Leon and Athina Vlachantoni*	(153) Screening and gerontology nurse specialist assessment for high needs older people living in the community: impact on healthcare utilisation. *Anna King and Michael Boyd*	(186) Continuity, change and care: a sense of self in a residential care home. *Albert Banerjee, Liz Lloyd, Susan Braedley, Sally Chivers, Monique Lanoix and Tone Elin Mekki*	(60) Jenny's Diary: an evidence-based approach to support conversations about dementia with people who have a learning disability. *Karen Watchman, Irene Tuffrey-Wijne and Sam Quinn*	Dementia: a barrier to healthy ageing. *Kevin McKee*
Risk and protective factors for activities of daily living in community-dwelling (oldest) old: a systematic literature review. *Anne van der Vorst, G.A.Rixt Zijlstra, Nico De Witte, Gertrudis I.J.M. Kempen, Jos M.G.A. Schols, D-SCOPE Consortium*	The dynamics of social care and paid work in mid-life. *Madelin Gomez-Leon, Maria Evandrou, Jane Falkingham and Athina Vlachantoni*	(154) Learning disability nursing students' and lecturers' perceptions of older people. *Victoria Ridgway*	(1) Tell me what it's like to be here. *Esther Ramsay-Jones*	(122) The lived experiences of individuals within mutual caring relationships where there is a learning disability. *Angharad Parr*	The work of maintaining social engagement opportunities. *Linda Birt*
Use of informal and formal care of community-dwelling older adults. Frailty differences in older adult's care utilisation. *Deborah Lambotte, Lisbeth De Donder, Tinie Kardol and D-SCOPE Consortium*	Unpaid care for older people: a study of carers' time use. *Alison Bowes, Alison Dawson, Corinne Greasley-Adams, Susan Murray, David Bell and Alasdair C. Rutherford*	(80) Attitudes on ageing research. *Jina Lewallen*	(133) Walking through spaces and practices of prayer in a residential care home *Sonya Sharma and Sheryl Reimer-Kirkham*	(110) How people with PCA and tAD and their family carers negotiate and understand the self in an everyday context. *Rachel Woodbridge, Mary Pat Sullivan and Mary Gilhooly*	Enacting citizenship in dementia. *Fiona Poland*
The social environment as potential balancer for frailty: evidence from existing studies. *Daan Duppen, Liesbeth De Donder, D-SCOPE Consortium*	What are we talking about when we ask about informal care? Evidence from the English Longitudinal Study of Ageing. *Alasdair C. Rutherford and Feifei Bu*				Raining on the parade: the fourth age and personhood. *Paul Higgs*

Wednesday 6th July , Parallel Session 2, 16.30 - 18.00

STREAM	1	2	3	4	5
THEME	Cultural Gerontology	Quality of Life	Dementia	Cultural Gerontology	Quality of Life
CHAIR	Gemma Carney	Anja Machielse	Barbara Sharp	Debora Price	Chaz Simpson
LOCATION	IMB 1 & 2	IMB 3	MAITLAND	LOGIE	C2B74
SESSION	Symposium	Symposium	Symposium	Symposium	Symposium
	(75) Situated Knowledge of Ageing: Learning from feminist research and praxis in Art and Science	(144) Ageing well from a humanistic perspective: meaning in life and social connectedness.	130) Perspectives on caring for people with advanced dementia: education, policy and practice.	(212) Images of ageing: a symposium to discuss the portrayal of age and ageing in the international photography competition "Ageing: The Bigger Picture". *Debora Price, Charles Musselwhite, Hannah Zelig, Anne Martin -Matthews, Vanessa Burholt, Paul Nash, Ingrid Connidis, Chris Gilleard and Julia Twigg*	(99) Vagrant academic careers in gerontology: the route from early career to permanency?
	Re-constructing the science of research on ageing: primate visions and the spectre of old age. *Gemma M. Carney*	Humanism and meaning in life. *Peter Derkx*	Beyond measure: quality of life in the person with severe dementia. *Margaret Brown*		Going international: perspectives, insights and lessons learned from working in the international level of academia as an early career researcher. *Hannah R. Marston*
	On the invisibility of older women: reflections, wonderings, and home truths. *Naomi Woodspring*	Meaning of life in Belgian frail older adults: findings of the D-SCOPE project. *Dominique Verte*	Dementia Palliare: A European wide initiative to enhance practice in the care of people with advanced dementia. *Karen Watchman*		Ticking all the boxes: trying to make yourself indispensable while surviving on part-time fixed term contracts. *Chaz Simpson*
	Using a feminist informed methodology to give a voice to marginalised women. *Elizabeth Martin*	Meaning in life and social connectedness. *Anja Machielse*	Alzheimer Scotland's advanced dementia practice model: understanding and transforming advanced dementia and end of life care. *Amy Dalrymple*		Change and Challenge: life as an early career researcher. *Jackie Reynolds*
	Hagging the image: challenging the role of visual media in contemporary narratives of ageing femaleness. *Sukey Parnell*	Qualitative (ethnographic) research on meaning in life in the Netherlands. *Pien Bos*			Consumer health informatics and ageing research career opportunities: a postdoctoral post-perspective on the US academic versus industry job interview processes. *Amanda K. Hall*

6	7	8	9	10
Technology	Health & Social Care	Health & Social Care	Health & Social Care	Dementia
Katie Brittain	Gill Ward	Alison Dawson	Robin Means	Anthea Innes
C2B76	C2B84	C2B85	C2B86	C2B87
Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations
(243) SYNC International: Using technology as a platform for personalized international and intergenerational cross-cultural exchange through story telling. *Teresa Barker and Erin Michala Rice*	(211) Lay perspectives on supporting older people with anxiety and depression: a qualitative study to develop a community-based psychosocial intervention working with non-traditional providers. *Dr Bernadette Bartlam, Tom Kingstone, Mo Ray, Heather Burroughs, Tom Shepherd and Carolyn Chew-Graham*	(61) The lived experiences of being a home care worker. *Samantha Wilkinson, Lucy Perry-Young, Justine Schneider and Kristian Pollock*	(174) Older people's experience of urgent and emergency care. *Marie McGee, Bridget Penhale and Susan Campbell*	(221) Identifying computer-use behaviours that could indicate cognitive decline: insights from an expert reference group. *Laura Brown, Gemma Stringer, Iracema Leroi, Alistair Sutcliffe, Daniela Montaldi, llen Poliakoff, Kathryn McDonald, Jonathan Rust, Jennifer Thompson and Davide Bruno*
(136) Barriers to successfully running technology drop-in sessions with older people – a case study based on events organized by Age UK Barnet and Middlesex University. *Marianne Markowski and Mark Springett*	(28) Older Women and Exercise, *Imogen Monks, Elodie Haines, Evelina Russell, Laura Pennells, Laura Molly*	(68) Maids of all work? Investigating the home care workers' care for older people with dementia at end of life. *Valerie D'Astous, Ruth Abrams, Kritika Samsi, Tushna Vandrevala and Jill Manthorpe*	(198) Improving the experience and outcomes of people with dementia in acute hospital. *Fiona Kelly and Michelle Heward*	(14) Identifying dementia in the older population: use of a brief screening measure in India. *Anand Ambali, S.P. Chaukimath, D.M. Srikanth and S.S. Kolli*
(78) How touchscreen technology can support people with dementia living in care homes. *Simon Evans, Shirley Evans and Jennifer Bray*	(208) Drink wise, age well: alcohol use and the over 50s in the UK. *George Holley-Moore, Brian Beach, Sarah Wadd, Lawrie Elliot, Iolo Madoc-Jones and Michael Donnelly*	(77) Using volunteers to support the home maintenance needs of people with living with dementia: benefits and challenges. *Josie Tetley, Caroline Holland, Emma-Reeta Koivunen, Jenny Fisher, Chris Kubiak, Mark Rounding and Jane Tooke*	(247) "And so I took up residence": the experiences of family members of people with dementia during admission to an acute hospital unit. *Kay de Vries, Jenny Drury-Ruddlesden and Chris Gaul*	(253) Evaluation of constructional impairment in independent elderly population based on Mini-Mental State Examination. *Michelle Brennan, Margaret O'Connor, Catherine Peters, Declan Lyons and Elaine Shanahan*
114) Engaging a diverse workforce through technology and promoting active ageing at workplace: a Singapore hospital case study. *Tai Kiat Tan*	(96) When did you last see your father? An exploration of childhood separation and psychological health in later life. *Julie Longson*	(76) Care home bands: bringing care homes and communities together through music. *Laura Reynolds, Anthea Innes, Barbara Sharp, Nick Jenkins*	(249) Caring relationships during an episode of delirium on an acute older adult ward. *Aisling McBride, Belinda Dewar and Debbie Tolson*	(236) Capturing declining daily activity performance in a technologically-advancing older population: UK cultural validation of the Amsterdam IADL questionnaire. *Gemma Stringer, Laura Brown, Iracema Leroi and Sietske Sikkes*

Thursday 7th July, Parallel Session 3, 9.30 - 11.00

STREAM	1	2	3	4	5
THEME	Dementia	Dementia	Health & Social Care	Quality of Life	Cultural Gerontology
CHAIR	Kevin Harrison	Sue Westwood	Ben Spencer	Jan Baars	Naomi Woodspring
LOCATION	IMB 1 & 2	IMB 3	MAITLAND	LOGIE	C2B74
SESSION	Workshop	Symposium	Symposium	Symposium	Oral Presentations
	(260) Creating Conversations workshop with Artlink Central and Associate Artists	(250) Lesbian, gay, bisexual and transgender (LBTG) individuals living with dementia: concept, practice and rights: Part 1	(158) Researching design for wellbeing: ageing and mobility in the built environment.	(124) Ethical aspects of ageing.	(48) Social change and transnational conflicts: older south Asian migrant women's negotiations of old age in later life in the UK. Nafhesa Ali
		LGBT* individuals and dementia: an intersectional approach. *Wendy Hulko*	BESiDE: promoting physical activity and social engagement amongst care home resids*nson*	Ageing and the ethics of authenticity. *Hanne Laceulle*	(104) Does context matter? Informal care and health of immigrants in Europe. *Judith Kaschowitz*
		Are we all in the same boat? Attending to difference and diversity in policy on dementia. *Richard Ward*	Older people's experiences of mobility and mood in an urban environment: a pilot protocol for comparing electroencephalography (EEG) information and with self-reports. *Sara Tilley and Chris Neale*	Ethics and ageing: do life stages still count? *Ricca Edmondson*	(201) The health and wellbeing of ageing Indian migrants: a comparative analysis. *Christina Victor and Vanessa Burholt*
		Queer(y)ing dementia - bringing queer theory and studies of dementia into dialogue. *Andrew King*	Maintaining momentum - ageing and cycling in Oxford. *Ben Spencer*	Ageing, inequality and justice. *Jan Baars*	(152) Towards an understanding of the end of life spiritual journey for people from Greek background. *Michael Tsianikas*
			'Inclusive cycling for active mobility: social engagement in the age-friendly city. *Wilbert den Hoed and Helen Jarvis*		

6 Dementia	7 Technology	8 Health & Social Care	9 Health & Social Care	10 Relationships & Intergenerational Work	11 Technology
Karen Watchman	Maria Evandrou	Mary Pat Sullivan	Julia Twigg	Paul Nash	Charles Musselwhite
C2B76	C2B84	C2B85	C2B86	C2B87	C2B88
Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Symposium
(138) Researching together: involving people living with dementia as co-researchers. *Caroline Swarbrick and Scottish Dementia Working Group Neighbourhoods Research group*	(32) Why isn't telecare working for older people with adult social care needs? *John Woolham, Martin Knapp, Adelina Comas-Herrera, Jacqueline Damant, Bo Hu, Klara Lorenz, Margaret Perkins, Amritpal Rehill, Raphael Wittenberg, Paul Freddolino, Kate Hamblin and James Barlow*	(231) Improving the quality of long-term care for older people over and above minimum standards: a comparative study of government approaches in residential care in England and Australia. *Lisa Trigg*	(36) The challenges of working as a nursing assistant in a long-term care facility. *Karol Czuba, Nicola Kayes and Kathryn McPherson*	(173) The experience, meaning and significance of intergenerational friendships to older people in Ireland: Some preliminary findings from a Grounded Theory study. *Catherine Elliot O'Dare*	(179) Technology in later life (TLL): challenges, triumphs & lessons learned from this international, multi-centred study. *Dr Hannah Marston*
(55) An initiative to promote dementia-friendly generations: from a cultural perspective *Alice Nga Lai Kwong, Lorraine Siu Fan Tang and Aileen Wai Ling Lee*	(180) Technology for mental health in later life: is it a practical solution? *Jacob Andrews, Arlene J. Astell and Laura Brown*	(229) Too many 'false dichotomies'? – exploring the division between ageing and disability in the provision of health and social care services in Ireland: a study with statutory and non-statutory organisations. *Ann Leahy*	(203) "I see myself as part of a larger team": understanding variability in the structure and role of residents' care convoys in assisted living. *Candace Kemp, Mary M. Ball, Jennifer Craft Morgan and Patrick Doyle*	(170) Intergenerational fairness is an important topic which has captured the political imagination, but it needs to be balanced by consideration of fairness within each generation, especially those aged 65+. *Paul McGill*	Building an international collaborative network from the ground up. *Charles Musselwhite and Shannon Freeman*
(83) The shaping of a dementia friendly cinema. *Katie Brittain, Catherine Degnen and Pete Wright*	(9) Technology, care and a sense of home: preliminary findings. *Gigliola Brintazzoli*	(72) Health and social care pathways for people with subjective cognitive impairment. *Amy Jenkins*	(98) Do staff attitudes towards ageing affect the outcomes of care home residents? *Sinead Palmer, Ann-Marie Towers Nick Smith and Grace Collins*	(84) What do children think about old age? Segregation, integration and the 'bookend generations'. *Paula Devine, Gemma M. Carney and Katrina Lloyd*	Perceptions of technology among older adults residing in rural communities: a cross-national comparison of rural dwelling older adults in Canada and Wales. *Shannon Freeman and Charles Musselwhite*
	(53) The contrapuntal action of information and communication technologies in supporting a new 3 dimensional conceptual model of harmonious ageing in place'. *Ruth Hopkins*	(239) Closing the gap? Roles and tasks of ethnic and migrant self-organisations in healthcare. *An-Sofie Smetcoren, Leisbeth De Donder, Sofie Van Regenmortel, Renfeng Wang, Dorien Brosens, and Tine Buffel*	(217) Relationships in research collaborations: perspectives from a study to understand engagement of older people in care homes research. *Kathleen Lane, Anne Killett, Adina Burt, Andrea Kenkmann, Ann Kar, Betty Stutz, Betty Wharf, Bridget Penhale, Conway Thomas, Fiona Poland, Hilda Bullen and Tamara Backhous*	(222) Methodological issues in researching intergenerational relations, quality of life and well-being. *Penny Vera-Sanso*	"I could not live without it": benefits and challenges of technology use among older adults. *Cory Kulczucki, Haley Rutherford, Rebecca Genoe and Shannon Freeman*

Thursday 7th July, Parallel Session 4, 11.30 - 13.00

STREAM	1	2	3	4	5
THEME	Cultural Gerontology	Dementia	Quality of Life	Innovative Methodologies	Quality of Life
CHAIR	Debora Price	Sue Westwood	Suzanne Moffatt	Sheila Peace	Anthea Tinker
LOCATION	IMB 1 & 2	IMB 3	MAITLAND	LOGIE	C2B74
SESSION	Symposium	Symposium	Symposium	Symposium	Oral Presentations
	(196) A critical approach to pensions: neoliberalism, privatisation and the financialisation of everyday life.	(251) Lesbian, gay bisexual and transgender (LGBT) individuals living with dementia: concepts, practice and rights - Part 2.	(139) Evaluating the impact of a welfare rights advice intervention on older people's quality of life. The outcomes and challenges of undertaking a randomised controlled trial of a complex intervention.	'(162) 'Learning about REF impact in ageing research'.	'(108) 'Becoming an adult beginner: aging and new physical activity participation. *Meridith Griffin*
	Can rising state pension ages enhance choice? *John Macnicol*	Person centred care and cultural safety: the perspectives of lesbian, gay and trans (LGT*) people and their partners on living with dementia. *Catherine Barrett*	Domiciliary welfare rights advice for people aged > 60 years did not result in health benefits after 24 months: pragmatic randomised controlled trial in Newcastle upon Tyne, UK. *Catherine Haighton*	What is the impact of ageing research? An analysis of 311 case studies from the UK Research Excellence Framework 2014. *Surinder Bangar and Gail Mountain*	'(11) 'Physical activity behavior and the connection to time-competing activities and psychological constructs in 55-to-70-year-old Germans. *Volker Cihlar and Sonia Lippke*
	The decline of the UK pension system and the emerging financialisation of retirement. *Jo Grady*	Navigating stormy waters: consent, sexuality and dementia in care environments in Wales. *Paul Willis*	Cost-effectiveness of a proactive welfare rights advice intervention provided for an older population via primary care. *Frauke Becker*	Different forms of impact'. *Sheila Peace*	(254) What (other) factors impact upon later life physical activity?: 'Exceptional' stories seeking consideration. *Cassandra Phoenix and Noreen Orr*
	Financial capability and financial education: what do we know and why does it matter? *Debora Price*	Support for carers of LGBT* individuals with dementia. *Elizabeth Price*	"I would be terrified in case I was claiming something I shouldn't get". Qualitative findings about the impact of welfare rights advice and the barriers to claiming. *Mel Steer*	Reflections on REF 2014 from BSG sub-panel members - assessing impact'. *Judith Phillips and Alison Bowes*	(67) 'To socialise is to exercise or to exercise is to socialise?' – participation in an older women's exercise class and significance of a 'third place' for health and well-being. *Fiona Averill*
			How do we reconcile discrepant findings and what the policy and practice implications of the Do-Well trial? *Suzanne Moffatt*		

6	7	8	9	10	11
Dementia	Innovative Methodologies	Health & Social Care	Health & Social Care	Environment & Housing	Health & Social Care
Barbara Sharp	Naomi Woodspring	Ros Willis	Fiona Kelly	John Woolham	Randall Smith
C2B76	C2B84	C2B85	C2B86	C2B87	C2B88
Oral Presentations	Symposium	Oral Presentations	Oral Presentations	Oral Presentations	Symposium
(205) What is important to people with dementia? Neighbourhoods and dementia programme study: Core Outcome Set (COS) for people with dementia living at home. *Hazel Morbey, Faraz Ahmed, Reena Lasrado, YingYing Wang, Paula Williamson, Caroline Swarbrick, Iracema Leroi, John Keady, Linda Davies, David Challis, Ingrid Hellström, Lars-Christer Hydén, Carol Opdebeeck and SIobhan Reilly*	(187) A new wave?: Sustainability and community solutions to the needs of older people.	(151) Power to the people - developing evidence-based nutrition and ageing resources in everyday language to promote health and independence in older people. *Ngaire Hobbins*	(50) Understanding older people's experiences of self-funded care. *Lizzie Ward, Mo Ray and Denise Tanner*	(40) Land use mix, co-morbidity and five-year mortality in later life. *Yu-Tzu Wu, A Matthew Prina, Andy Jones, Linda E. Barnes, Fiona E. Matthews and Carol Brayne*	(63) What future for adult social care in extra care housing?
(161) An ethnographic study exploring factors that facilitate the implementation of a new model care in a dementia care home. *Christopher Poyner, Anthea Innes, Karen Watchman and Samuel Nyman*	Relational expertise in co-producing research around loneliness with older people. *Helen Manchester and Jenny Barke*	(128) Older people's interactions with and experiences of the UK food system: pathways to resilience or vulnerability. *Angela Dickinson, Wendy Wills, Faith Ikioda, Amy Godfrey-Smythe, Sue Halliday and Ariadne Kapetanaki*	(71) Self-funders and information needs (the SIgN project): the experiences of self-funders and practitioners in finding or providing information about social care. *Kate Baxter, Emily Heavey and Yvonne Birks*	(70) An exploration of the impact of housing modifications on clients' occupations and roles. *Tania Smellie and Linda Robertson*	Integrating housing and care for older people. *Ailsa Cameron*
(220) The impact of visual arts interventions on the resilience of older people with dementia. *Andrew Newman and Anna Goulding*	Working with older community researchers: achievements and challenges. *Robin Means and Naomi Woodspring*	(4) Do older adults with diabetes want to eat cake? *Olivia Farrer, Alison Yaxley, Karen Walton and Michelle Miller*	(54) I am not a pill taker: meaning and medication for older people. *Lorraine Ritchie*	(246) Content validity and factor structure of the Older People's External Residential Assessment Tool. *Matthew Roberts, Vanessa Burholt and Charles Musselwhite*	The role of commissioners in developing the market for housing with care. *Robin Darton*
(64) The impact of performing music on perceptions of dementia. *Anthea Innes and Laura Reynolds*	Reducing social isolation in older people from ethnically and culturally diverse populations. *Laurie Hare Duke, Louise Thompson and Neil Chadborn*	(109) Malnutrition in care home residents with dementia; an unavoidable phenomenon? *Jos Schols, Judith Meijers, Esther Meesterberends and Ruud Halfens*	(171) Live Well with dementia programme: the design, development and value of a programme based on self-management principles for people living with early stage dementia. *Beverley Page-Banks*	(181) Care Provision Fit for a Future Climate *Alan Lewis, Gordon Walker and Louis Nevan*	The community hub approach to extra care housing: integrating health and social care. *Simon Evans*

Thursday 7th July, Parallel Session 5, 16.30 - 18.00

STREAM	1	2	3	4	5
THEME	Dementia	Health & Social Care	Cultural Gerontology	Cultural Gerontology	Innovative Methodologies
CHAIR	Randall Smith	Anja Machielse	Suzanne Moffat	Martin Hyde	Ben Spencer
LOCATION	IMB 1 & 2	IMB 3	Maitland Room	LOGIE	C2B74
SESSION	Oral Presentations	Symposium	Oral Presentations	Symposium	Oral Presentations
	(129) Grief and recovery: what can we learn from the accounts of people with dementia? *Barbara Sharp*	(142) Boundaries and limitations of informal and formal care for independently living vulnerable older adults.	(115) The development of a research study around the experiences, attitudes and life circumstances affecting the health needs and behaviours in ageing gay, bisexual and other men who have sex with men. *Stuart Roberts*	(234) Ageing in a global context.	(88) Mental capacity and participant observation in the homes of people with dementia. *Lucy Perry-Young, Samantha Wilkinson, Justine Schneider and Kirstian Pollock*
	(33) Threat of dementia: the role of self-protective memory and replication of the mnemic neglect effect. *Gary Christopher, Richard Cheston, Constantine Sedikides and Tim Wildschut*	Strengthening the informal care networks of vulnerable older adults. *Leen Heylen and Jeroen Knaeps*	(37) Older LGB&T people's experiences and beliefs about general practice care. *Michael Toze*	Ageing in a global era: new spatialities of later life. *Martin Hyde*	(100) Conducting research in care homes during times of austerity: lessons learned from two research studies involving care homes for older adults in England. *Grace Collins, Ann-Marie Towers, Nick Smith and Sinead Palmer*
	(120) Symbolic interactionism and the challenge of theorising experiential diversity in dementia. *James Fletcher*	Network enforcement of vulnerable older adults by triads of neighbourhood dwellers. *Marina Jonkers*	(2) LGBT ageing in the UK: spatial inequalities in older age housing/care provision. *Sue Westwood*	Care for older persons in sub-Saharan Africa: spaces and practices. *Jaco Hoffman*	(16) Does "hurdle fatigue" contribute to the lack of research about day centres for older people? Reflections on carrying out case study research. *Katharine Orellana, Jill Manthorpe and Anthea Tinker*
	(52) "I feel trapped here": living with posterior cortical atrophy. *Mary Pat Sullivan, Emma Harding, Rachel Woodbridge, Anne McIntyre, Mary Gilhooly, Ken Gilhooly, Keir Young and Sebastian Crutch*	Social activation of lonely elderly persons by volunteers. *Pien Bos*	(69) "Behind closed door": care home staff's dilemmas regarding sexuality in dementia. *Tushna Vandrevala, Esther Ogundipe and Theopisti Chrysanthaki*	Theorizing about ethnicity and old age: expanding the gerontological imagination. *Sandra Torres*	(159) Exploring interval of need in the English Longitudinal Study of Ageing (ELSA): a proof of concept study. *Rosalind Willis, Andrew Channon, Maria Herica La Valle and Joe Viana*
		Limitations of professional care for socially isolated elderly persons. *Anja Machielse*			

6 Quality of Life	7 Quality of Life	8 Innovative Methodologies	9 Health & Social Care	10 Health & Social Care
Mo Ray	Debbie Price	Charles Musselwhite	Dominique Verté	Michele Board
C2B76	C2B84	C2B85	C2B86	C2B87
Oral Presentations	Oral Presentations	Oral Presentations	Symposium	Symposium
(194) Visual impairment and wellbeing in older adults: analysis of the English Longitudinal Study of Ageing. *Jitka Pikhartova and Christina Victor*	(92) Untangling the effects of retirement timing on health and wellbeing. *Brian Beach*	(112) Living Arts: a new model for working creatively with older people in care homes using the arts. *Julian West and Hannah Zeilig*	(125) Detection, Support and care for older people: prevention and empowerment.	(73) Better together - a day hospitals move towards integrated care.
(15) Vision friendly communities: views of older people with vision impairment. *Sheila Peace, Jeanne Katz, Caroline Holland and Rebecca Jones*	(175) Understanding retirement journeys: expectations vs reality. *Cesira Urzi Brancati, Ben Franklin and Matthew Jones*	(225) Dementia care: using drawings to reflect upon how we communicate. *Phil McEvoy, Sue Bellass and Alicia Mangiafico*	Including cognitive frailty to the Comprehensive Frailty Assessment. *Ellen De Roeck, Peter Paul De Deyn, Sebastian Engelborghs, Eva Dierckx and D-SCOPE consortium*	Better together - developing a culture for proactive change. Heather Olive and Lisa Pigott
(228) Sight loss, dementia and meaningful activity: results of a multi-method scoping study. *Alison Dawson, Catherine Pemble and Dianne Theakstone*	(241) Narrative reflections in retirement - biography, geography, and social identity. *Elenyd Whitfield*	(148) Through a practitioner's eyes: how an 'emergency' music intervention sonically supported a disorientated, highly agitated older person with dementia to feel in a safe 'haven' *Claire Garabedian*	Socio-demographic and socio-economic risk profiles for the identification of frailty in community dwelling older adults. *An-Sofie Smetcoren and Sarah Dury*	Better together - the virtual ward. *Lisa Pigott and Nikki George*
(51) Understanding older people's experiences of living with sight loss in care homes. *Lizzie Ward and Laura Banks*	(169) Later-life employment trajectories and health: evidence from the US. *Laurie Corna, Diana Worts, Amanda Sacker, Anne McMunn and Peggy McDonough*	(3) Sport as a reminiscence therapy. *Michael White*	Socio- demographic and socio-economic profiles of community-dwelling older adults by the type of care use. *Bram Fret, Dominique Verte and D-SCOPE Consortium*	Better together - developing patient led service development. *Heather Olive*
			Have interventions effect on 'frail' community dweling older adults. *Michael Van der Elst, Birgitte Schoenmakers, Jan De Lepeleire and D-SCOPE Consortium*	

Friday 8th July, Parallel Session 6, 9.30 - 11.00

STREAM	1	2	3	4	5
THEME	Environment & Housing	Quality of Life	Environment & Housing	Cultural Gerontology	Cultural Gerontology
CHAIR	Iain Scott	Vanessa Burholt	Louise McCabe	Andrew King	Bernadette Bartlam
LOCATION	IMB 1 & 2	IMB 3	MAITLAND	LOGIE	C2B74
SESSION	Workshop	Oral Presentations	Oral Presentations	Symposium	Oral Presentations
	(261) Mobility, mood and place co-design workshop	(121) Financial elder abuse: an exploration of the dynamics of financial abuse of people lacking mental capacity. *Mary Gilhooly, Gillian Dalley, Kenneth Gilhooly, Mary Pat Sullivan, Priscilla Harries and Michael Levi*	(117) How can respect and social inclusion in older people be promoted in an age friendly city context? Findings from a qualitative study of stakeholders from the *City of Liverpool, UK. Sara Ronzi, Daniel Pope, Lois Orton and Nigel Bruce*	(45) Addressing older people's sexuality using a cultural gerontology lens.	(95) Gender and the social imaginary of the fourth age. *Chris Gilleard and Paul Higgs*
		(22) Why and how do countries check care workers to see if they have a criminal record? Findings from an international review. *Jill Manthorpe and Valerie Lipman*	(65) Living in an age-friendly county in Ireland: does it make a difference? *Bernard McDonald*	Sexual well-being and older adults: current understandings and future directions. *Sharron Hinchliffe*	(119) The experience of living alone for 11 women aged 70-80 years. *Gemma Wells*
		(244) The elder abuse forensic center: an effective model for the most complex cases of abuse. *Zach Gassoumis*	(47) Developing age-friendly cities and communities: a tool to guide efforts to promote healthy ageing. *Stefanie Buckner, Nigel Bruce, Louise Lafortune, Calum Mattocks and Daniel Pope*	Questioning the sexy oldie? Masculinity, age and sexuality in the Viagra era. *Rafaella Ferrero Camoletto*	(13) Life course influences on, and experiences of, ageing without children amongst older Caribbean women. *Shona Willock*
		(24) Resilience to elder mistreatment. *Srinivasan Chokkanathan and Aravindhan Natarajan*	(21) Prospects for "age-friendly cities" in China. *Qiaowei Yang*	Sexual assault of older women: strategies to challenge the silence. *Catherine Barrett*	(233) The experiences of women living with dementia. *Elaine Wiersma, David Harvey and Philip Caffery*
				Sexualities in later life: the meanings of ageing for sexuality and of sexuality for ageing, across the sexuality spectrum. *Sue Westwood*	

6	7	8	9	10	11
Quality of Life	Health & Social Care	Health & Social Care	Health & Social Care	Environment & Housing	Quality of Life
Gemma Carney	Alison Bowes	Miriam Bernard	Hannah Zeilig	Grant Gibson	Tinie Kardol
C2B76	C2B84	C2B85	C2B86	C2B87	C2B88
Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Symposium
(149) A life-course approach to the study of paid and unpaid activities in mid to late life in Britain. *Lawrence B. Sacco, Laurie Corna, Debora Price, and Karen Glaser*	(113) 'Friends you can be honest with': the importance of the peer group experience in self-management programmes for people with early stage dementia. *Naomi Smith, Flis Henwood and Diane Walker*	(219) Visualising carer networks: combining social network analysis, diaries and interviews to elucidate carer support. *Jane Say*	(213) Patterns of movement in care home settings: understanding the role of the care environment in shaping residents' daily routines. *Rebecca Hawkins, Mary Godfrey, Arvin Prashar, Adelaide Lusambili and Anne Forster*	(145) Everyday life and older people's well-being in local high streets. *Luca Brunelli, Ryan Woolrych and Harry Smith*	(183) International perspectives on active ageing.
(197) The extent to which occupational social class in mid-life disguises intra-cohort differences in a 'baby-boomer' birth cohort: a mixed-methods study. *Josephine Wildman, Suzanne Moffatt and Mark Pearce*	(141) 'Once you've counted the tiles on the ceiling a few times, it gets really boring life': exploring quality of life and peer advocacy for older adults with intellectual disabilities. *Ruth Bartlett and Andrew Power*	202) Supporting informal caregivers: evaluation of an integrated caregiver support intervention. *Jeroen Knaeps, Liesbet Lommelen, Robbie Dumoulin and Leen Heylen*	(200) "Moving a little bit more"; is it possible to increase activity in care homes? *Alan Wright, Mary Godfrey, Carolyn McCrorie, Arvin Prashar, Jennifer Airlie and Anne Forster*	(93) Village life: independence, loneliness, and quality of life in retirement villages with extra care. *Brian Beach*	Does active ageing contribute to life satisfaction of older people in Spain? *Sara Marsillas, Liesbeth De Donder, An-Sofie Smetcoren, Sofie Van Regenmortel, Renfeng Wang, Deborah Lambotte, Teresa Brana, Antonio Rial and Jesus Varela*
(188) The life course and life dimensions approach to life planning. *Anthony Chiva, Peter Hanley and Mark Reeve*	(224) Improving diagnosis and support for older people with sight loss: a preliminary study. *Surinder Bangar, Peter Cudd and Jennifer Read*	(157) Developing needs-led questionnaire items to assess dementia carers' quality of life: emerging findings from the first phases of the Dementia Carers' Instrument Development (DECIDE) study. *Jan Oyebode, Penny Wright, Emma Ingelson and Simon Pini*	(232) Personalised physical activity for people with dementia in care homes: some findings. *Alison Dawson, Alison Bowes, Corinne Greasley-Adams and Louise McCabe*	(172) Side by Side: can volunteer support help people with dementia to increase social inclusion and independence and help to build dementia friendly communities? *Zoe Campbell*	Work, education and civic participation in the life course as lever for active ageing and social inclusion in Belgium. *Sofie Van Rengenmortel, Liesbeth DeDonder, Sara Marsillas, Deborah Lambotte, Renfeng Wang, An-Sofie Smetcoren, Sarah Dury and Nico De Witte*
(176) Life-long learning and the activism of everyday life - beyond the Kilburn Debates. *John Miles*	(17) The role of local support networks for people with sight loss from minority ethnic groups. *Jeanne Katz, Sheila Peace, Caroline Holland and Rebecca Jones*	(150) "From a mental and emotional point of view that support helps tremendously; it just gives you that bit more strength." Support worker roles for people with dementia, carers and family. *Emma Renehan, Dianne Goeman and Susan Koch*	(209) Active Residents in Care Homes (ARCH) intervention. *Julia Wood, Fiona Jones, Bernadette Kennedy, Liezl Anderson, Sian Koskela and Michael Hurley*	(102) Is there a home within online place branding for dementia-friendly communities? *Aled Singleton*	Social contacts and active ageing: the role of social networks in the sport participation of divorced older adults. *Deborah Lambotte, Tinie Kardol, Liesbeth De Donder, Sofie Van Rengenmortel, An-Sofie Smetcoren, Sara Marsillas, Renfeng Wang, Eva Vonck, Nico De Witte and Dominique Verte*
					Active ageing, active learning and quality of life: an empirical investigation in mainland China. *Renfeng Wang, Liesbeth De Donder, An-Sofie Smetcoren, Sofie Van Rengenmortel, Tao He, Sara Marsillas, Deborah Lambotte and Koen Lombaerts*

Friday 8th July Parallel Session 7, 11.30 - 12.30

STREAM	1	2	3	4	5
THEME	Dementia	Relationships & Intergenerational Work	Quality of Life	Quality of Life	Cultural Gerontology
CHAIR	Jill Manthorpe	Martyn Hyde	Richard Ward	Sue Tester	Cassandra Phoenix
LOCATION	IMB 1 & 2	IMB3	MAITLAND	LOGIE	C2B74
SESSION	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations	Oral Presentations
	(184) Face to face: seeing the whole person with dementia until the end of life. *Julie Watson*	(38) Lifecourse influences on loneliness and social isolation in later life. *Deborah Morgan and Vanessa Burholt*	(82) Living alone among older persons in Uganda: prevalence and socio-demographic determinants. *Isaac Ddumba and Stephen Ojiambo Wandera*	(34) Dress, gender and the embodiment of age. *Julia Twigg*	(44) 'Making an impact': the growth of the Live Age Festival. *Jackie Reynolds and Miriam Bernard*
	(252) Non-verbal communication in individuals with advanced dementia – how can we recognise the potential? *Maggie Ellis, Flavia Ursa and Arlene Astell*	(190) Long-term influences on loneliness: results of a nationally representative study with follow-up after 20 years. *Lena Dahlberg, Lars Anderssson and Carin Lennartsson*	(41) Ageing and quality of life of mid-life women in rural Connemara: in what ways does where we live influence the quality of how we live? *Alison Herbert*	(12) Embodied experiences of stroke survivors in rural areas: rethinking biographical disruption and flow. *Christine Milligan, Ant T. Lettinga, Christa S. Manninga and Louise Meijering*	(134) No more heroes: challenging the assumptions and language of resilience in later life. *Rose Gilroy, Katia Attuyer, Mark Bevan and Karen Croucher*
	(94) Mental capacity act, care communication and advance care planning in practice: evidence from an evaluation of end of life dementia care training in Dorset. *Suyu Liu, Rick Fisher and Anthea Innes*	(29) The social isolation of older Australians. *Anthea Tinker, Andrew Beer, Debbie Faulkner, Rebecca Bentley, Laurie Buys and Gill Lewin*	(101) The effects of rural community connections in later life on perceived social integration and health. *Catherine Hennessy*	(103) The significance of bodily impairments in place and wellbeing relationships – insights from a qualitative study of older people living in Scotland. *Manik Deepak Gopinath, Vikki Entwistle, Barbara Illsley and Tim Kelly*	(258) Enabling Access to Health Care for Senior Chinese Citizens *Linda Robertson and Beatrice Hale*

6	7	8	9	10
Health & Social Care	Quality of Life	Health & Social Care	Cultural Gerontology	Environment & Housing
Mary Gilhooly	Elaine Wiersma	Amanda Grenier	Karen Hanley	Jane Robertson
C2B76	C2B84	C2B85	C2B86	C2B87
Oral Presentations	Oral Presentations	Oral Presentations	Symposium	Oral Presentations
(214) Encountering frailty: narratives of older people living with frailty. *Lina Masana, Rebecca Hawkins, Andrew Clegg and Gail Mountain*	(7) Wild at Heart: a mixed method evaluation of a wildlife-related intervention for older people. *Sarah Barnes and Hanah Jordan*	(156) Fear of falling - a friend of older people, the enemy of the researchers. *Natalia Adamczewska*	(166) Extending working life - lessons from Asia and Europe.	(20) What can the life course tell us about the meaning of home for the baby boomers? *Michele Board*
(91) Is the association between chronic pain and frailty due to socioeconomic factors. *Katie Wade, Fred Wu, Terence O'Neill and David Lee*	(127) Digging for Dementia: horticultural therapy and well-being in community-dwelling people with dementia. *Sarah Noone*	(97) Delivering high quality hip fracture rehabilitation: a practitioner perspective. *Paul Nash, Natalie E. Leland, Michael Lepore, Carin Wong, Lynn Freeman, Karen Crum, Heather Gillies and Sun Hwa Chang*	Can comparative institutionalism be used to identify path-dependent approaches to the management of an ageing workforce? *Matt Flynn*	(182) Balancing acts: narratives of reasoning related to relocation in old age. *Paula Vasara*
(167) A theory-based evaluation of an integrated primary care approach for frail older people *Lotte Vestjens, Jane Murray Cramm and Anna Petra Nieboer*	(195) Facilitating co-creation with older persons in a living lab. The development of an innovative intervention in an educational setting. *Annemieke Van Den Berg, Carolien Smits, Jan Jukema and Mieke Veerman*	(90) Involving health and care professionals, older adults and families in the development of a falls prevention app. *Gillian Ward, Nikki Holliday and Aimee Walker-Clarke*	Factors influencing the extension of working life in Denmark as a comparison with the East. *Karen Hanley*	(132) Why, when and how to move – the role of a new service in shaping residential decision making processes amongst older adults in Wales. *Alexandra Vanta Sardani and Sarah Hillcoat-Nallentamby*
			Is the relationship between work-attitudes and retirement intentions influenced by socio-economic status? *Beatrice van der Heijden and Eleanor Davis*	

Keynote Speakers

We have great pleasure in introducing the keynote speakers for the BSG Conference 2016.

Professor David Bell, University of Stirling

Gerontology: an economist's perspective
David Bell is currently Professor of Economics at the University of Stirling, Scotland. He studied economics at the University of Aberdeen and the London School of Economics. He joined Stirling in 1990 and since then, his main interests have been in labour economics, fiscal decentralization and the economics of social care. He has published widely and has acted widely as an adviser to policymakers.

Professor Heidi Hamilton, Georgetown University

Language, dementia and meaning-making in art galleries and at home: objects of joint attention as resources for learning and lifting spirits
Heidi E. Hamilton is Professor and Chair of the Department of Linguistics, Georgetown University where she teaches courses in discourse analysis and applications of interactional sociolinguistics. Her research interests focus on issues of language and Alzheimer's disease, language and aging, medical communication, and language learning.

Professor Catharine Ward Thomson, University of Edinburgh

Lifetime experience or moment by moment?
Environmental influences on mobility and mood in older age.
Catharine Ward Thompson is Professor of Landscape Architecture at the Edinburgh School of Architecture and Landscape Architecture (ESALA), Director of the OPENspace research centre, and Associate Dean for Research, Knowledge Exchange and Impact for the College of Humanities and Social Science at the University of Edinburgh. Her research focuses on inclusive access to outdoor environments, environment-behaviour interactions, landscape design for older people, children and teenagers, and salutogenic environments.

Age UK and Age Scotland are proud to be leading sponsors of the 45th annual conference of the British Society of Gerontology. We wish everyone an interesting conference and an enjoyable stay in Stirling.

Bignham & District 50+ Project in Edinburgh take part in a Seated Gentle Exercise class for older people. The project, in part funded by Age Scotland's grants programme, aims to support people who live alone and to improve their health and wellbeing.

Age UK – national, local and international

Our network includes Age UK, three national charities, Age Scotland, Age Cymru and Age NI, and 165 local Age UKs across England. We also work with Age International to support older people in over 40 developing countries.

We are all dedicated to helping older people love later life. Our five ambitions shape everything we do. They reflect the priorities that people in later life have told us matter to them – **money, wellbeing, health and care, home and community**.

Research at our heart

We are an authority on ageing and older people's issues. We generate and use world-class, high-impact research across the five ambitions. We share research and expertise across the network.

This year, our Research team and Policy team have joined together. Jane Vass, Director of Policy and Research said, 'Whether in social care, financial or other issues, our commitment to research continues to be at the heart of all we do. We value our ongoing relationship with the BSG.'

Jane Vass Director of Policy and Research, Age UK

A warm welcome to Stirling from Age Scotland

Age Scotland is the largest charity in Scotland dedicated to enabling everyone to make the most of later life. We provide national and local services for older people when they need them and ensure that older people's ideas for a better Scotland are heard by those who need to hear them.

Meet our Chief Executive, Brian Sloan, at the Conference Welcome drinks reception and buffet on Wednesday 6 July.

Brian Sloan Chief Executive, Age Scotland

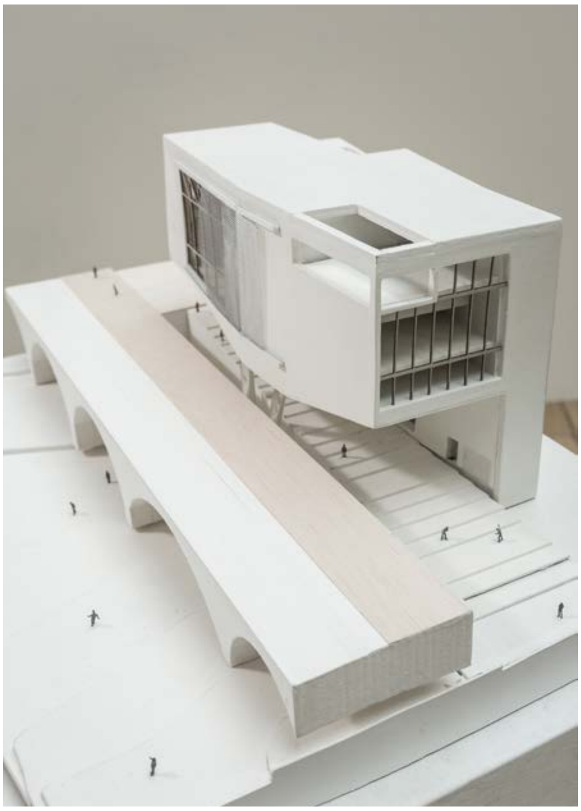
What do you need to know?

Our online Knowledge Hub is packed with evidence, reports and other resources on ageing and older people's issues:

www.ageuk.org.uk/knowledge-hub

Age UK is a charity dedicated to helping more people love later life. Registered charity number 1128267. ID203187 05/16

Exhibitions



Mobility, Mood and Place Exhibition

Atrium

Mobility, Mood and Place (MMP) is a three-year interdisciplinary research project (2013-2016), funded by the EPSRC, involving academics from the Universities of Edinburgh, York, Heriot-Watt and King's College London. The research is partnered by a range of stakeholders, including organisations and individuals from local government, health, housing and social care, private practitioners from planning, urban design, architecture and landscape architecture, charitable organisations, and individual participants.

Work Package One of the project is entitled 'Co-Created Environments', and seeks to examine design issues from the first person perspective, as perceived and informed by diverse older participants, including people with dementia and stroke survivors in Manchester, London and Orkney. Data generated from these workshops and other participatory methods is utilised by students of Architecture and Landscape Architecture to generate proposals for age-friendly environments.

The exhibition explains the studio methodology of working with older people and students in making proposals which exist at a series of scales within the city and rural environments. Insights are offered into effective techniques for co-designing with older participants through a tool-kit and design interventions which provide both physical and psychological affordances for older people.

Artlink Exhibition – Creating conversation

MacRobert Arts Centre

Based round an artist-designed, hand-illustrated tablecloth featuring images from the garden, this exhibition will explore the development of a unique creative activity kit to deliver dementia-friendly arts interactions in care settings.
http://macrobertartscentre.org/event/creating-conversation/

Dementia Services Development Centre

Design and technology suite tours

Iris Murdoch Building

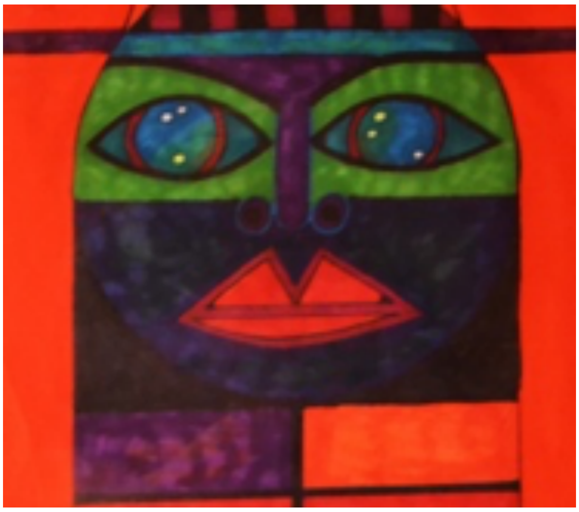
Tours of the dementia centre are available throughout the conference and a sign-up sheet will be available at the registration desk for the conference. More information on the tours can be found at:
http://dementia.stir.ac.uk/design/design-and-technology-suite

Paintings by EDWARD MCLAUGHLIN

Iris Murdoch Building, Gallery

When Edward Mclaughlin, an internationally esteemed engineer and amateur artist received a diagnosis of Dementia in 2002, he retreated for a long time into inactivity and depression. When he eventually took up Art again he discovered to his amazement that he now saw the world and in particular colours quite differently. A series of vibrant portraits gave expression to his new visual sensibility and contrasted markedly with the meticulous pencil drawings typical of his work before diagnosis.

His work maintained its celebration of colour as it evolved into an exploration of his own subjective experience. His art has been lauded as a vivid insight into the inner life of someone with dementia but it is even more than that. With its illumination of the complexity and shifting nature of individual identity and its meditation on human consciousness it is suffused with universal messages and questions. Essentially it asks us what it means to be human.



Special events

Policy Press book launch and drinks reception

Thu 7th July, 6.45pm,
Stirling Court Hotel

At the drinks reception the Policy Press will be launching a new series of books, published in association with the BSG. Details about the series are as follows:

New Series: Ageing in a global context

Series Editors:

Chris Phillipson
(University of Manchester, UK),

Toni Calasanti
(Virginia Polytechnic Institute and State University, USA) and

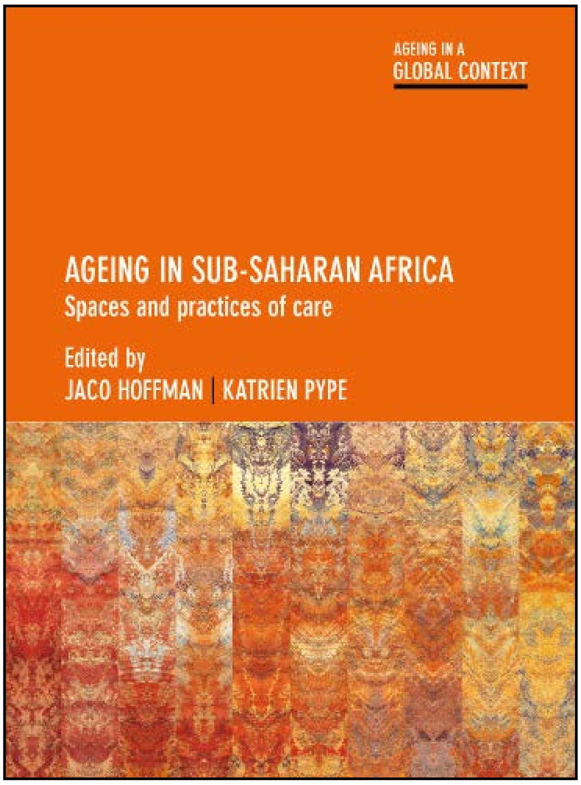
Thomas Scharf
(NUI Galway, Ireland)

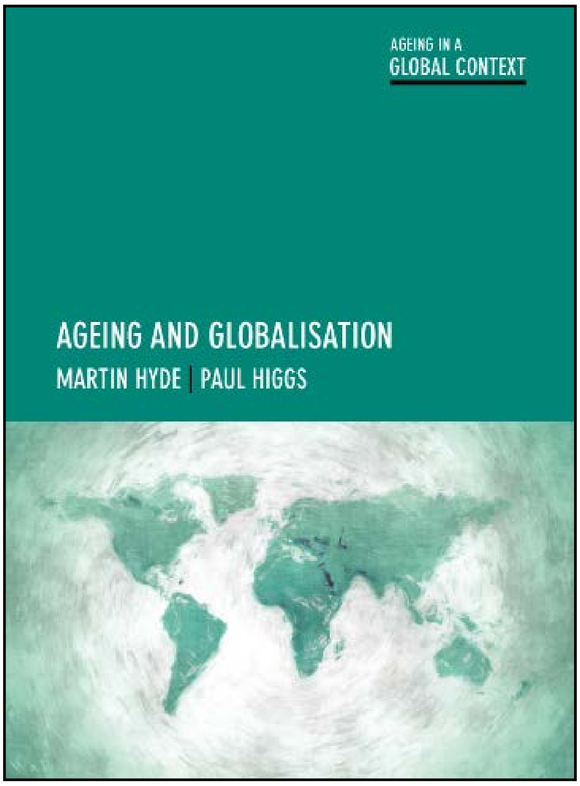
This major new series addresses broad cross-cutting issues around ageing in a global society. The books present innovative perspectives that will transform debate in this fast-moving field.

"This series moves beyond the past and looks for a 'new narrative' that is orientated to where the field should go."

Victor Marshall,
UNC at Chapel Hill

The first two books of the series will be available for people to buy at the event. These are Ageing and globalisation by Martin Hyde and Paul Higgs and Ageing in Sub-Saharan Africa: Spaces and Practices of Care edited by Jaco Hoffman and Katrien Pype.





Policy Press
UNIVERSITY OF BRISTOL

**Thu 7th July, 9.30 am,
Iris Murdoch Building**

Creating Conversations workshop with Artlink Central and Associate Artists

Get hands-on and creative as you get to grips with current participatory arts practice with people diagnosed with dementia. Explore the possibilities of social prescription for wellbeing, product design for self-managed creative care, retrofitting dementia care environments to enhance social opportunity, and creating quality artworks with people with dementia for themselves, family and the public.

After an introduction to the breadth of practice within Artlink Central's portfolio of programmes, delegates will have the opportunity to participate themselves, working alongside our associate artists to fabricate an inclusive and safe creative environment, exploring the art of the doodle, exclusively trialling and testing our new Creating Conversations dementia kits and activities, and developing an experiential understanding of how artists and participants can unlock creativity together, to support enhanced communication and social engagement.

Thu 7th July, 1.00pm, Iris Murdoch Building (Rooms 1&2)

ERA Lunch with leaders event

An opportunity for ERA members to meet up with leading academics from gerontology to chat over lunch.

**Thu 7th July, 1.00pm,
Iris Murdoch Building (Room 3)**

How to get your paper published: a forum with the editors of Ageing & Society

This session will provide some general advice on how to get published and how to prepare an article for an academic journal such as Ageing & Society. This is an opportunity to ask the editors your questions and get their advice and insight into the publishing process.

**Fri 8th July, 9.30 am,
Iris Murdoch Building**

Mobility, Mood and Place Co-design workshop with the Edinburgh University School of Architecture

Led by Iain Scott and students from the school

In this workshop participants will be given the chance to participate in a co-design approach to age-friendly architecture that has been developed by the Edinburgh University School of Architecture. Working in small clusters you will be given a hands-on introduction to a method that has been used with great success to better understand and consequently develop age-friendly built environments. The workshop will give delegates the opportunity to take part in co-design activities along with students of Architecture, and will utilise drawing, modelling and digital techniques of making and representing in three dimensions.

Social and cultural events

Wed 6th July, 7pm,
Pathfoot Building

Drinks reception, buffet and music

Drinks reception sponsored by the Lord Provost of Stirling with welcome address from Brian Sloane of AgeScotland and awarding of the Stirling Prize for the best student poster by Ballie Neil Bennie from the Lord Provost's office. Music will be provided by the Erskine Quartet from the Live Music Now – Scotland.

During the evening, delegates will be able to sign up for tours of the University's art collection that is held within the Pathfoot building.

More information on the musicians can be found at: **www.erskinequartet.com**

Wed 6th July, 8.30 pm, venue to be confirmed (weather dependent!)

Pop-up cinema

A pop-up cinema event will take place, hopefully outside on the campus, showing a selection of acclaimed films about ageing. More information to follow. Pop-Up cinema began with the desire to turn disused and unusual spaces across Stirling into cinema venues screening a variety of films, from cult classics to family entertainment, more information at: **http://www.creativestirling.org/**

Places will be limited and tickets will be available on a first come, first served, basis at the registration desk for the conference.

Thu 7th July, 7.30 pm,
Stirling Court Hotel

Conference dinner

After dinner we are delighted to welcome Dr James Naughtie, Anita Govan and the band, Barluath.

Dr James Naughtie, Chancellor of the University of Stirling

Dr James Naughtie, one of Britain's best-known broadcasters, became Chancellor of the University of Stirling in October 2008.

Born and educated in Aberdeenshire, he began his journalism career in 1975 on the Press and Journal and wrote for the Scotsman and Guardian before moving into broadcasting. Currently, he presents Today on BBC Radio 4, and is host of the network's monthly Bookclub. For Today, he has travelled to more than two dozen countries, and has written and presented two acclaimed series on American politics.

Anita Govan, performance poet
A Scottish performance poet, Anita was appointed the Stirling Makar in 2012 and is described by the Scotsman as: 'Warm and strong, beautiful words and evocative imagery.' Anita runs workshops, residencies, school visits, public readings and various stage performances and collaborations. She has run workshops in schools, youth projects and festivals. She sees poetry as an exciting and powerful tool for people of all ages and backgrounds to find their voice and discover themselves as poets.

With easy, loping rhythms, Anita's poetry verbally paints pictures inthe mind, engaging all the senses. One of the pioneers of the now-flourishing spoken word scene. And co-founder and teacher with Confab's **Scottish Youth Poetry Slam***, She has been described as a 'driving force' for performance poetry in Scotland and was Stirling Makar from 2012-2015 … *'bright, glittering, vocabulary.'*

The Guardian.

http://www.anitagovan.com/index.html

Barluath
A five piece Scottish traditional group including vocals, fiddle, pipes, whistles, bazouki and keyboard, Barluath are a diverse and innovative Scottish folk band that embrace both the traditional and contemporary music of Scotland, Ireland and America.

Musicians
The Erskine Quartet and Barluath both contribute to the work of Live Music Now Scotland, an organisation that works with a very diverse range of people that rarely, if ever, have the opportunity to experience live music - some of whom are very disadvantaged, including older people living in care homes. You can find out more about Live Music Now Scotland at:**http://www.livemusicnow.org.uk/scotland**

Exhibitors

We are very pleased to welcome our partners, friend and sponsors who are all supporting the conference this year. All stands are in the Atrium close to the main registration desk of the conference.

Conference partners:

age Scotland
Love later life

age UK
Love later life

Friends of the conference:

Scottish Centre for Telehealth & Telecare

Tunstall

Alzheimer Scotland
Action on Dementia

My home life
SCOTLAND

UNIVERSITY OF THE WEST of SCOTLAND
UWS

Policy Press
UNIVERSITY OF BRISTOL

Stirling Council

Emerald
GROUP PUBLISHING

Sponsors:

- Dementia Services Development Centre, University of Stirling
- Cambridge University Press
- MICRA, University of Manchester
- Centre for Policy on Ageing
- Scottish Care
- Talking Mats
- University of the Third Age
- Scottish Dementia Clinical Research Network
- University of Edinburgh

Conference and Venue Information

Conference Venue

This event is on the campus of the University of Stirling. The University of Stirling was opened in 1967 on a brand new campus built on the estate of the 18th century Airthrey Castle. Lying two miles from the Royal Burgh of Stirling, the campus boasts impressive views as well as a large amount of wildlife, which adds to a relaxed atmosphere.

The city of Stirling itself is an impressive mix of old and new, and has a growing reputation as one of the most attractive places to live in the UK. With a population of almost 40,000, Stirling has emerged as a leading cultural and business centre, with ongoing regeneration in both industry and the arts attracting investment from home and abroad. Stirling, Scotland's ancient capital and the original seat of the Scottish crown, has played a pivotal role in Scotland's history. Dominated by its famous Castle, Stirling has been a focal point for some of the most influential episodes in Scotland's past, including the Wars of Independence during the Middle Ages. The National Wallace Monument, dedicated to William Wallace (immortalised by Mel Gibson in the Oscar-winning film, Braveheart), is a reminder of the city's turbulent history, and stands as a sentinel above the University campus.

Please note: if you are planning to travel via train, there will be a free shuttle mini bus service provided for travelling to and from Stirling train station to Stirling Court Hotel and the University Halls of Residence.

Please see below for the days and times of this service:

Minibuses from Stirling Train Station:

- Tuesday 5th July – pickups at 1.30pm, then every 30 - 40 mins until 5.00 pm
- Wednesday 6thJuly - pickups at 7.45am and 8.15am, return time 6.00pm
- Thursday 7th July – pickups at 7.45am and 8.15am, return time: 6.00pm
- Friday 8th July – pickups at 7.45am and 8.15 am, return time: 1.45pm

In addition the shuttle bus will be available out with the above times, throughout the conference, for delegates wishing to travel to/from Stirling City Centre, if available.

Taxi Information

- Braehead Taxis – tel: 01786 445544, email: enquiries@braeheadtaxis.com
- Saturn Taxis – tel: 01786 811111, email: info@saturntaxis.com
- Marina Executive Travel Ltd – tel: 01324 622862, email: bookings@marinaexec.co.uk

Registration

Registration will take place from 8.00am–5pm on Wed 6th and Thurs 7th July 2017 and 8.00am to 10.00am on Fri 8th July. The registration desk will be open throughout the conference for those arriving at other times. Please ensure that you wear your name-badge at all times during the conference. If you have any enquiry, please contact the registration desk in the first instance situated in Atrium.

Luggage Storage

There will be luggage storage will be available on campus. Please contact conference reception desk.

Attending Sessions

There is no need to register in advance for paper parallel sessions/symposiums/roundtables sessions. Room sizes do limit numbers; therefore please ensure you arrive early if you are keen to attend a particular session.

Notice Board

A notice board will be situated in the registration area for the duration of the conference. This will be used as a bulletin board to notify delegates of any messages, including conference announcements and programme adjustments.

Finding your Way Around

Presentation Locations

Individual papers and symposiums sessions will take place in a number of syndicate rooms across the campus and also within Iris Murdoch Building. There will be signage and also helpers available to ensure you reach your chosen session. Please check the timetable. The posters will be available in the Atrium on the link bridge throughout the conference.

Main sessions (welcome / keynotes) will take place in the Logie Theatre.

Toilet Facilities

There will be toilet facilities available close to all conference areas and will be sign posted.

Hospitality

Wed 6th July		
10.00am	Coffee/Tea	Atrium
1.00pm	Lunch	Atrium
3.30pm	Coffee/Tea	Atrium
Thurs 7th July		
11.00am	Coffee/Tea	Atrium/Iris Murdoch
1.00pm	Lunch	Atrium/Iris Murdoch
3.00pm	Coffee/Tea	Atrium/Logie Lecture Theatre
Fri 8th July		
11.00am	Coffee/Tea	Atrium/Iris Murdoch
1.45pm	Packed Lunch	Logie Lecture Theatre

If you have accompanying persons they are welcome to lunch at an additional cost of £15 (Cash) for Wed or Thurs. Please book at the registration desk.

Evening Dinners & Receptions

- Wednesday 6th July 2016, Oscars, Pathfoot building, University of Stirling – Drinks Reception & Welcome Buffet 7–9pm
- Thursday 7th July 2016, Conservatory, Stirling Court Hotel – Drinks Reception 6.45–7.30pm
- Thursday 7th July 2016, Abbeycraig Restaurant in the Stirling Court Hotel – Conference Dinner 7.30pm

If you have accompanying persons or if you are a day delegate, places can be booked at a cost of £25 per person for Wednesday buffet and £45 per person for Thursday drinks reception and conference dinner. Please book at the registration desk.

Medical Information & Emergencies

For minor medical queries, in the first instance, please contact a member of the conference organising team at the reception desk in the Atrium.

Alternatively, please contact the University reception desk or call 2222 from an internal phone or 01786 467999 from an external phone.

In an emergency and out of hours please contact NHS 24 on 08454 242424 or go directly to Forth Valley Royal Hospital - Stirling Rd, Larbert, Tel: 01324 566000.

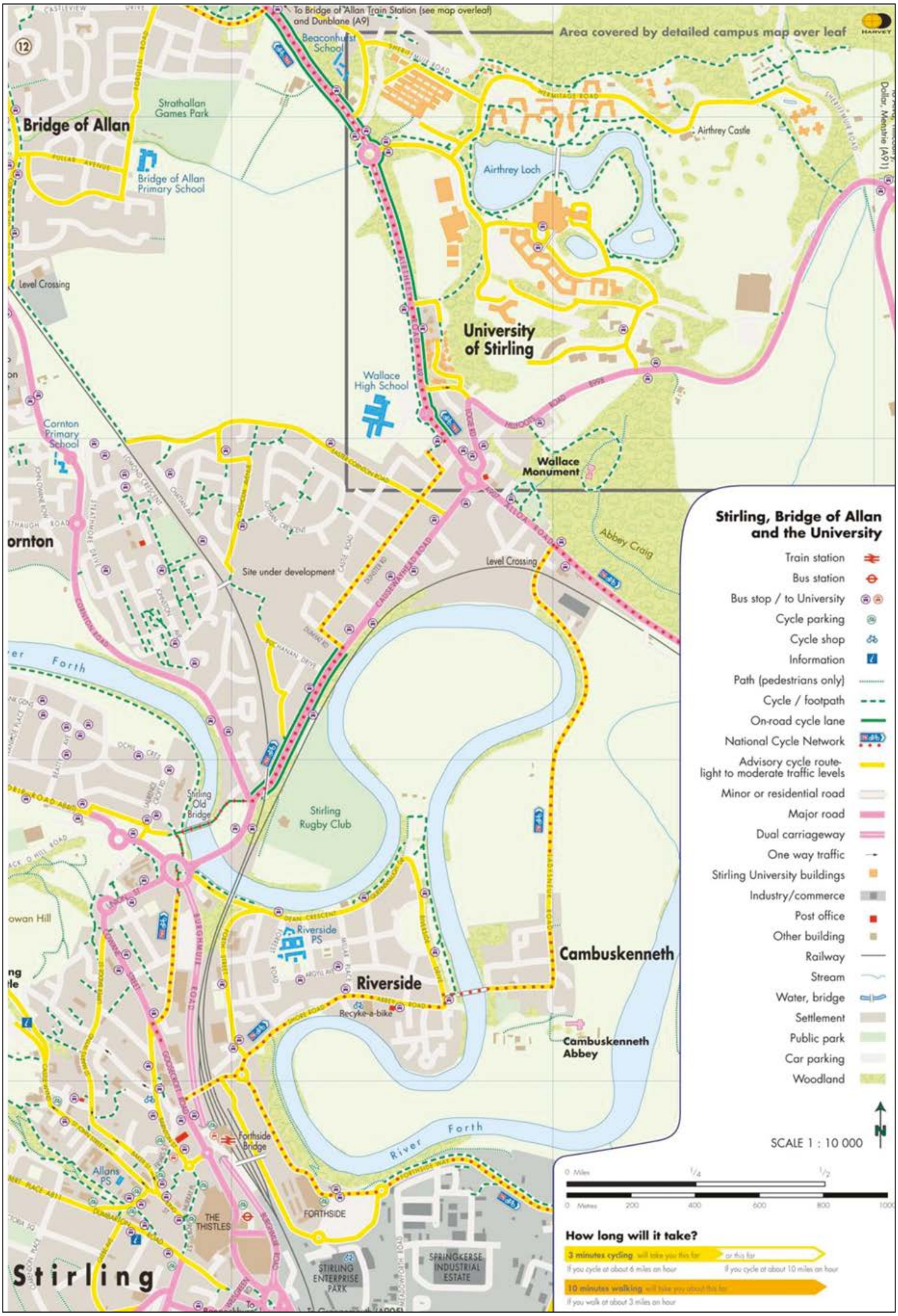
Internet Access

Internet Access is available through Eduroam. For delegates without access to Eduroam, please see card in your conference bag for guest wifi access instructions.

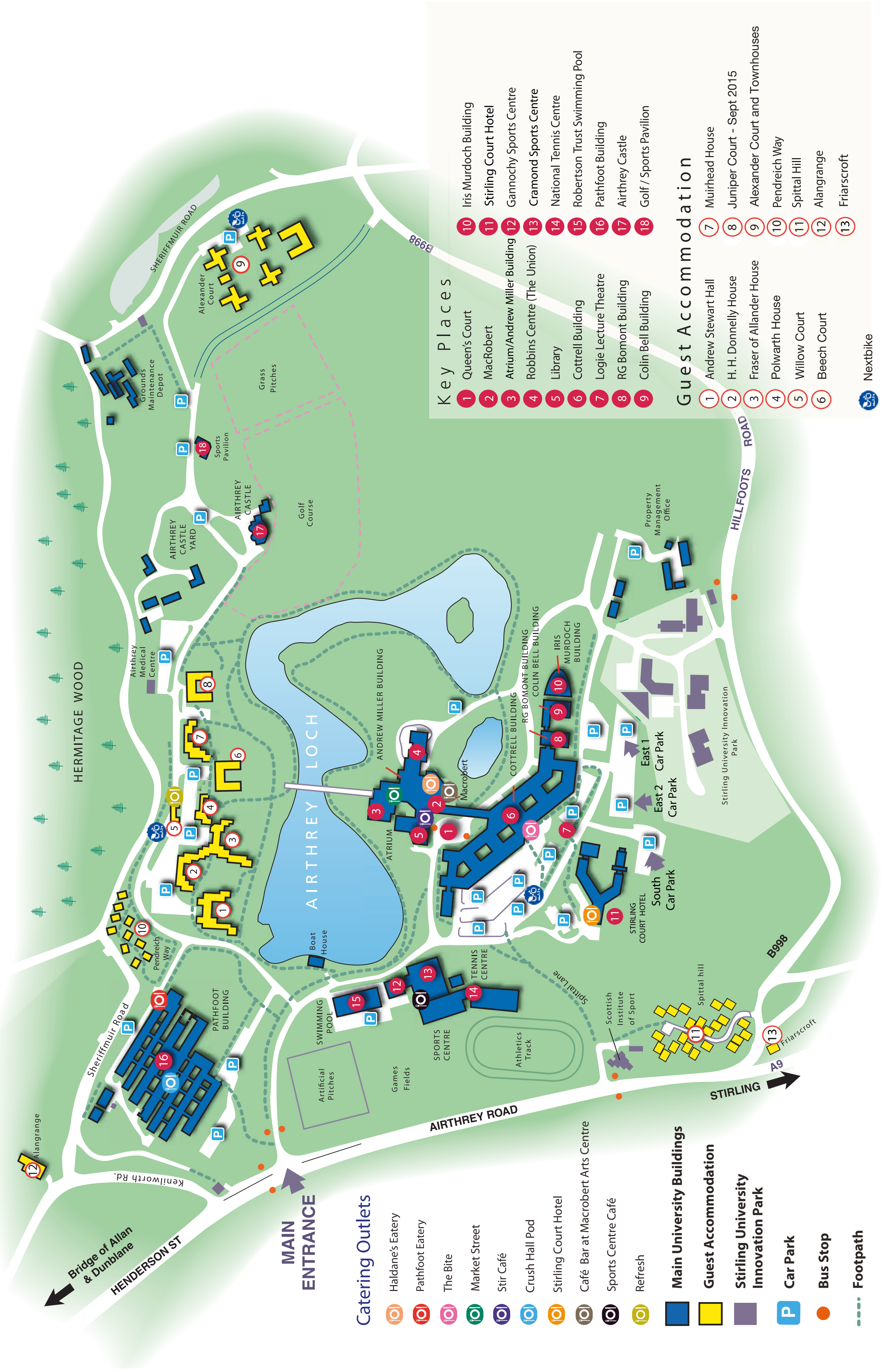
Fire

If you discover a fire please raise the fire alarm by activating an alarm button and by dialling 2222 from an internal phone or 01786 467999 from an external phone. If you hear an alarm please leave the building using the nearest fire exit and head immediately to the fire assembly point.

Maps


To Bridge of Allan Train Station (see map overleaf) and Dunblane (A9)
Area covered by detailed campus map over leaf
HARVEY
12
Bridge of Allan
Strathallan Games Park
Bridge of Allan Primary School
Beaconhurst School
Airthrey Loch
Airthrey Castle
Hermitage Road
Sheriffmuir Road
Dollar, Menstrie (A91)
Level Crossing
University of Stirling
Wallace High School
Hillfoots Road
B998
Wallace Monument
Abbey Craig
Cornton Primary School
Cornton
Site under development
Causewayhead Road
Airthrey Road
Alloa Road
Forth
Stirling Old Bridge
Stirling Rugby Club
Riverside PS
Riverside
Dean Crescent
Abbey Road
Shore Road
Recyke-a-bike
Cambuskenneth
Cambuskenneth Abbey
Forthside Bridge
River Forth
FORTHSIDE
THE THISTLES
STIRLING ENTERPRISE PARK
SPRINGKERSE INDUSTRIAL ESTATE
Allans PS
Gowan Hill
Burghmuir Road
Goosecroft Road
Stirling
Stirling, Bridge of Allan and the University
Train station
Bus station
Bus stop / to University
Cycle parking
Cycle shop
Information
Path (pedestrians only)
Cycle / footpath
On-road cycle lane
National Cycle Network
Advisory cycle route- light to moderate traffic levels
Minor or residential road
Major road
Dual carriageway
One way traffic
Stirling University buildings
Industry/commerce
Post office
Other building
Railway
Stream
Water, bridge
Settlement
Public park
Car parking
Woodland
N
SCALE 1 : 10 000
0 Miles
1/4
1/2
0 Metres
200
400
600
800
1000
How long will it take?
3 minutes cycling will take you this far
or this far
If you cycle at about 6 miles an hour
If you cycle at about 10 miles an hour
10 minutes walking will take you about this far
If you walk at about 3 miles an hour

University of Stirling Campus



Things to do in and around Stirling

Local Tourist Attractions

Tourist Information – Visit Scotland	Visit Scotland **www.visitscotland.com/info/towns-villages/stirling-p235631**
Stirling Castle 	Stirling Castle, one of Scotland's grandest castles with its imposing position and impressive architecture. One of the most popular visitor attractions in the country. Address: Castle Esplanade, Stirling, FK8 1EJ, Tel: 01786-450000 **www.stirlingcastle.gov.uk**
National Wallace Monument 	An essential visit when in Stirling - all the drama of William Wallace's campaign for Scottish freedom brought to life in a spectacular setting. Address: Abbey Craig, Hillfoot Road, Stirling, FK9 5LF, Tel: 01786-472140 **www.nationalwallacemonument.com/**
Bannockburn Memorial 	Discover more about one of the most important battles in Scottish History. Address: Glasgow Road, Whins of Milton, Stirling, FK7 0LJ **www.battleofbannockburn.com/visit/**
The Beheading Stone 	A reminder of gruesome capital punishment in times past. The beheading stone in Stirling is thought to have witnessed the execution of various important figures. Address: Stirling, FK8 1EH
Cambuskenneth Abbey 	In its day a famous house of Augustinian Canons, the scene of Robert the Bruce's Parliament in 1326 and burial place of James III and his Queen. Address: Cambuskenneth Village, Stirling, FK9 5NH **www.visitscotland.com/info/see-do/cambuskenneth-abbey-p245531**
Falkirk Wheel 	The Falkirk Wheel is a rotating boat lift in Scotland. It connects the Forth and Clyde Canal with the Union Canal. Named after the nearby town of Falkirk in central Scotland, the lift opened in 2002. Address: Lime Road, Tamfourhill, Falkirk, FK1 4RS, Tel: 0870-0500208 **www.scottishcanals.co.uk/falkirk-wheel**
The Kelpies 	The Kelpies are one of the largest equine sculptures in the world, standing 30 metres (100 feet) tall. They are the landmark feature of The Helix Environmental Regeneration Scheme on the Forth and Clyde Canal near Falkirk. They were designed by Andy Scott and will be the largest public artworks in Scotland. **www.thehelix.co.uk** Tel: 01324-506850

Local Restaurants

Stirling

Papa Joe's Restaurant	21 Dumbarton Road Stirling FK8 2LQ 01786 446414 **www.papa-joes.co.uk/** Situated centre of Stirling town
Smiling Jacks (Mexican)	17 Barnton Street Stirling FK8 1HF 01786 462809 **www.smiling-jacks.co.uk** Situated centre of Stirling town
The River House Restaurant	Castle Business Park Craigforth Stirling FK9 4TW 01786 465577 **www.riverhousestirling.co.uk** Situated outskirts of town requires transport
Jimmy Chung's Bar and Chinese Buffet	14 Friars Street Stirling FK8 1HA 01786 469911 **www.jimmychungs.com/locate/loc_stirling.htm** Situated centre of Stirling town
Indian Cottage Restaurant	11 Dumbarton Road Stirling FK8 2LQ 01786 478889 Situated centre of Stirling town
Filling Station	7 Dumbarton Road Stirling FK8 2LQ 01786 472820 **www.filling-stations.co.uk/restaurant/stirling** Situated centre of Stirling town

Bridge of Allan

Stirling Court Hotel	Stirling Court Hotel University of Stirling Stirling FK9 4LA 01786 466000 **www.stirlingcourthotel.com/** Situated on University campus
MacRobert Café Bar and Restaurant	MacRoberts Arts Centre University of Stirling Stirling FK9 4LA 01786 466666 **www./macrobertartscentre.org/** Situated on University campus Open Mon- Sunday 10am – 7pm
The Queen's Hotel	24 Henderson Street Bridge of Allan Stirling FK9 4HP 01786 833268 Within walking distance of University campus – allow 20 mins
The Meadowpark	56 Kenilworth Road Bridge of Allan Stirling FK9 4RY 01786 834084 **www.themeadowparkstirling.co.uk** Within walking distance of University campus
Jam Jar	28 Henderson Street Bridge of Allan Stirling FK9 4HR 01786 831 616 **www.jamjarcafe.co.uk** Within walking distance of University campus – allow 20 mins
Vecchia Bologna	Mine Rd Bridge of Allan Stirling FK9 4DT 01786 833617 **www.vecchiabologna.co.uk** Within walking distance of University campus – allow 20 mins (steep hill)

Invitation to join the BSG!

Become a Member!

This is an exciting and dynamic time for the British Society of Gerontology. Established over forty years ago, the society's mission is to improve the lives of older people and promote ageing research, teaching, policy and practice. Joining the BSG means joining a vibrant community of academics, researchers, practitioners, policymakers, students, service users and older people, all with a shared purpose. The society continues to go from strength to strength implementing a strategy that reflects the multidisciplinary purpose of the BSG as well as serving the membership.

Joining the BSG not only means that you are part of this ever-growing and energetic society, it also brings the following benefits:

- Access to the society's network of social media channels, including our blog Ageing Issues, our YouTube channel Ageing Bites, Twitter & LinkedIn
- reduced rates at the Annual Conferences of the British Society of Gerontology
- participation with our online newsletter Generations Review which enables members to communicate with one another and is a dynamic forum in which to discuss current issues about research, education, policy and practice
- automatic enrolment on 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
- a reduced rate subscription to either: Ageing and Society or Journal of Population Ageing
- access to all areas of the BSG website, including the Membership Directory and Members Only pages

Current Membership Fees (if paying by direct debit, all other payment methods incur a £5 administration fee):

Waged member	£55.00
Full time student, retired or unwaged	£22.00
Retired	£23.00
Unwaged	£21.00
Special membership Subscription to Ageing & Society	£33.00
Special membership subscription to Journal of Population Ageing	£40.00

How to Join – simply visit our website today! **www.britishgerontology.org**

British Society of Gerontology

The BSG's social media platforms

If you have any comments, suggestions or questions about how to access or contribute to any of our social media platforms, please contact our Manager **Claire Ford-cford@britishgerontology.org**

Watch our videos!

BSG Ageing Bites is a series of short bite size films each highlighting a different aspect of ageing or ageing issue available on our YouTube channel – **https://www.youtube.com/user/AgeingBites/videos**

Become a Blogger!

"Ageing Issues": http://ageingissues.wordpress.com/
The BSG blog is an exciting and rapidly growing public platform for promoting discussion of ageing issues. To date the blog has had over 20,357 views from over 68 different countries. There are 1553 regular followers and this number is growing steadily. The blog is there for all members to use – it is quick and easy way to share your views, research and comment on the articles already posted. Please contact Claire Ford for the instructions on how to become an author – we are here to support anyone who isn't sure about what to do, so please don't let the fact that you've never blogged before put you off.

Join us on LinkedIn!

http://uk.linkedin.com/
For those who are already on we also have a BSG group where members can share ideas and have discussions – so if you have a LinkedIn profile, please do join our group.

Follow us on Twitter!

@britgerontology
For those who 'tweet' you can follow us on @britgerontology. We already have a strong following which is increasing on a daily basis. If you are a member and a Tweeter, please let us know so that we can follow you too. Send an email to Claire Ford.

Claire Ford
BSG Manager
cford@britishgerontology.org

Invitation to join BSG's Emerging Researchers in Ageing

The BSG's Emerging Researchers in Ageing provides students, early career academics researchers and practitioners with opportunities for learning, networking and mentor support.

We also welcome academics, researchers, practitioners who are making a mid-career change to ageing studies. ERA chair and executive committee develop programs and events informed by the suggestions and stated needs of our members.

Become an ERA member and enjoy these benefits:

- Participate in educational, professional development and social events at no charge
- Network with students and early career professionals
- Develop professional relationships with like-minded students and early career professionals
- Expand international connections and encourage the sharing of ideas and achievements
- Provide opportunities to connect with mid to late career professionals through informal networks and mentoring programs
- Apply for members-only bursaries and Stirling prize offered by the BSG
- Access to discounted BSG Membership and the National Conference registration
- Develop leadership skills to help shape the future of the BSG

Join us and help share your future and the future of gerontology

For more information:
Valerie.d'astous@kcl.ac.uk

Abstracts – Symposia

In alphabetical order of chairs last name

Jan Baars
University Humanistic Studies
info@janbaars.nl

Ethical Aspects of Ageing

This symposium will discuss ethical aspects of ageing at three levels. First Hanne Laceulle will reflect on the merits and pitfalls of the typical late modern ethical discourse of authenticity, with the purpose of evaluating whether it could contribute to a viable ideal of 'ageing well'. Although the ideal of authenticity is attractive it also raises critical questions when it comes to our moral relations to others and our social and moral responsibilities. Next, Ricca Edmondson questions the ethical relevance of life stages. After the right criticism of framing social expectations in terms of age there remains the question whether it might still make sense to accept moral obligations as connected with a person's life stage? And if so: under what circumstances and in what respects?

Finally, Jan Baars discusses justice in relation to inequality in ageing. A first question is whether this problem has been analysed adequately in the dominant discourse of justice and ageing, from Daniels to McKernie. Secondly, the paper will explore the adequacy of the ethical concept of 'recognition' to analyse and criticise the different forms of inequality that manifest themselves within and between different cohorts of ageing people.

Paper 1

Hanne Laceulle
University for Humanistic Studies

Ageing and the ethics of authenticity

According to philosophers like Taylor (1991) and Ferrara (1998), our times are dominated by an 'ethics of authenticity'. Whereas ethics is usually interpreted in terms of moral obligations and legitimation of actions, an ethics of authenticity focuses on the personal appropriation of moral values. Instead of following the rules and norms of moral tradition or convention, an ethics of authenticity presupposes that one's own original inner motivations and intuitions provide a more reliable and valid source of moral authority, especially given the fact that in modern societies traditional sources of morality have lost much of their self-evident status. Naturally, however, an ethics of authenticity raises critical questions when it comes to our moral relations to others and our social and moral responsibilities.

This paper will elaborate on the merits and pitfalls of this typical modern ethical discourse, particularly when it is applied to the context of ageing, with the purpose of evaluating whether it could contribute to a viable ideal of 'ageing well'. After introducing the theme of authenticity, we will consider some examples of how the idea of authenticity has found its way into gerontological discourse. Subsequently, general critiques of authenticity will be discussed and evaluated for their relevance in the context of aging. The paper will conclude by suggesting a novel interpretation of authenticity as a social and moral practice which aims to remedy some of the discussed shortcomings of existing interpretations.

Paper 2

Ricca Edmondson

National University of Ireland

Ethics and Ageing: Do Life Stages Still Count?

Gerontology and ageing studies have concentrated, to great effect, on opposing ageism in all regions of human social interaction. Scholars from Margaret Gullette to Bill Bytheway have exposed the destructive folly of a socio-political obsession with chronology in conceptualising the human life course, as well as within the bounds of everyday social interaction. Judging people in terms of their age and framing social expectations with reference to age have been widely excoriated, mostly correctly. Does this mean, though, that we should treat everyone, including ourselves, as ageless? And if it does not, what are the acceptable boundaries of adverting to a person's age in reference to what he or she might be expected to do, or what might be demanded of them?

This paper concentrates in particular on the ethical aspects of these questions. In other times and places than the contemporary West, moral obligations have been accepted as in part connected with a person's life stage, if not his or her age as such. Can this still make sense, and if so under what circumstances and in what respects? These are particularly challenging enquiries at a time in which the status of ethical discourse is itself under attack from a variety of quarters, but in this paper we argue that at least some ethical aspects of ageing remain part and parcel of giving it meaning.

Paper 3

Jan Baars

University for Humanistic Studies

Ageing, Inequality and Justice

The main thrust of discussions about ageing and justice has been directed at problems between 'the young' and 'the old'. An early example of this tendency is the work of Norman Daniels 'Am I My Parent's Keeper? An Essay on Justice Between the Young and the Old' (1988); a more recent one McKerlie's ' Justice Between the Old and the Young' (2013).

This paper will present some critical comments on these discussions, at two levels. First, the opposition between the interests of 'the young' versus 'the old' suffers not only from negative generalisations about older people (ageism) but also from inadequate terminology such as 'generations', 'age groups' or 'birth cohorts'. It will be argued that the problems of inequality that ignite the debate about justice and ageing can more adequately be portrayed as inter- and intra-cohort inequalities that tend to be reproduced and cumulated over time. Secondly, the paper will explore the adequacy of the ethical concept of 'recognition' to analyse and criticise the different forms of inequality that manifest themselves within and between different cohorts of ageing people.

Michele Board
Bournemouth University
mboard@bournemouth.ac.uk

Better Together – A Day Hospitals Move Towards Integrated care

A core part of the vision in the NHS five year forward view is a fundamentally different role for acute hospitals. The changing needs of the population increases the demand on acute hospitals, and they will not be able to meet these challenges by working alone. This symposium will share examples from the Day Hospital, at an acute NHS Foundation Trust, and how the interdisciplinary team embraced the opportunities to work better together.

They were eager to collaborate with all stakeholders and develop their service to meet the needs of their older client group. Indeed the local population is the oldest in the country. To ensure robustness to the changes they wanted to implement the team chose to work with their local HEI and work towards gaining Practice Development Unit accreditation (PDU). Through accreditation, teams are encouraged to question and challenge practice and, by using current evidence, improve services. The PDU development programme ensures the evolution and sharing of proven best practice. This symposium will share some of the examples of how the interdisciplinary team at the Day Hospital have integrated their services for the benefit of their patients, and the staff themselves. Their philosophy of 'Better Together' underpins their work.

Paper 1

Heather Olive
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

[Lisa Pigott]

Better Together – developing a culture for proactive change

Providing and delivering health care services is enormously demanding, both in terms of financial and human cost. There is an emphasis on providing an efficient and cost effective service with reducing resources. The number of day hospitals across the country has declined, perhaps because they were not seen as cost effective. This presentation will highlight how a day hospital on the South Coast, has developed its service to meet the needs of its local ageing population. To be successful the whole team needed to be part of that change, and we will share the stages we undertook to develop a culture for proactive change in the department.

Initially the multidisciplinary PDU leadership team reviewed the patient pathway throughout the service, and then asked the wider team to contribute their development/improvement ideas which we called our light bulb moments. We generated over 100 (and growing) ideas all of which have been included in our project plan. Each idea has represented a meaningful change either directly for patients or for the service we provide.

All staff within the department joined different working groups to identify service development, from small projects such as changing the time the fire alarm is tested to larger projects which have changed working practices. This created a sense of ownership and commitment to the changing role of the day hospital. This presentation will share the journey of creating a positive culture of change that is benefiting the needs of patients and staff.

Paper 2

Lisa Pigott

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

[Nikki George]

Better Together – The Virtual Ward

The current focus on integrated care within the NHS is the result of concern about service fragmentation for patients, and in particular a lack of coordination between primary, secondary and tertiary care. This session will share an example of one of the PDU projects that aims to provide a more seamless journey for patients. The local CCG had already prioritised improving integrated care for patients with frailty and long term conditions, by holding regular multidisciplinary team meetings at GP surgeries. Recognising through PDU that we could play a pivotal role in this project has led to members of the Day Hospital interdisciplinary team representing the acute trust at 30 GP surgeries at the new 'Virtual ward rounds'.

This presentation will share how the team were able to prioritise this development, without additional resources and how the virtual ward round has prevented acute hospital admissions, facilitated a more supported discharge from the acute service and improved liaison between the acute and primary care staff looking after an individual patient. This has led to a more holistic person centred approach to care. This developing function of the day hospital demonstrates its unique interface between primary and secondary care, and ensures the pivotal role it has in an integrated service.

Paper 3

Heather Olive

RBCH NHS Foundation Trust

Better Together – Developing Patient led Service Development

This presentation will give another example of a project that evolved from the PDU process. The Francis report (2013) recommended a culture of openness and that putting patients first is essential. With the review and service development happening at the Day Hospital we wanted to increase the transparency of the development to patients. This required us to set up robust communication pathways with our patients and carers to ensure feedback could be gained. This presentation will discuss how this was achieved, from day hospital newsletters to patient and carer focus groups.

The Kings Fund (2013) highlighted the potential peril of NHS providers using patient feedback as tokenistic and avoiding this was essential. The newsletters were used as a gateway, informing patients of service development and inviting them to focus groups that are run regularly. These groups avoid being tokenistic as not only are they giving patients opportunities to feedback to staff on their service development projects but also patients and carers are suggesting service development ideas. The ideas are acted upon and then taken back to the focus groups for their review and input. The patients have valued this participation and said that this way of working was not just beneficial but that they wanted to continue being part of it despite all having left the service.

A person centred approach to care is not only beneficial to patients, but also for staff that become energised by the enhanced relationships with the users of the service they provide. This presentation will share this part of our journey and offer examples of patient led initiatives.

Gemma Carney
Queen's University Belfast
g.carney@qub.ac.uk

Situated Knowledge of Ageing: Learning from feminist research and praxis in Art and Science

Advances in cultural gerontology have opened up many new lines of enquiry for gerontologists. One of the most potentially useful openings is to make explicit the links between gender studies and cultural gerontology. In this symposium we investigate how feminist methods and praxis can be used to elaborate, enrich and expand research on ageing. We investigate how the feminist maxim that lived experience is a valid form of knowledge can be applied to old age. Each paper takes a particular aspect of feminist research: concepts, theories, methods or praxis to explore what lessons feminist research and praxis might have for social gerontology.

The potential of intersectional approaches to add depth and breadth to understandings of inequality and female oppression has been recognised (Verloo, 2006). For the most part, this work is age-blind, choosing, instead, to focus on the intersection of gender and race/ethnicity, sexual orientation or class).

The potential of intersectionality to enrich the work of gerontologists has not yet been explicitly identified. As such, the papers in this symposium will push forward a new and important agenda for research on ageing in an era where large-scale surveys have reached maturity, and theoretical work in gerontology has reached a new and important juncture.

Paper 1

Gemma M. Carney
Queen's University Belfast

Re-constructing the Science of Research on Ageing: Primate Visions and the spectre of old age

Feminists such as Donna Haraway (1989; 1990) made important progress in questioning the dominance of nature over culture and of science over situated knowledge, or lived experience. In Primate Visions Haraway (1989) establishes that even the most rational scientific research is a form of cultural production. In this paper I argue that Haraway's (1989: 13) contention that 'nature is only the raw material of culture' could be useful in enhancing our understanding of human ageing. In particular, the central premise of Primate Visions, that 'oblique and sometimes perverse' (Haraway, 1989: 377) representations of what is taken for granted by scientists, is a useful means of questioning the biological determinism that underpins widely held but naïve associations between ageing and decline.

The paper concludes that such approaches (see also Friedan, 1993) are especially useful for those of us working in critical gerontology; who aim to de-stabilise entrenched views on ageing and older people. The paper concludes that concepts developed by feminists such as biological determinism and social constructionism could transform social gerontology, and in particular, it's critical branch, into a more emancipatory project, in theory and praxis.

Paper 2

Naomi Woodspring

University of the West of England

On the Invisibility of Older Women: Reflections, wonderings, and home truths

In the first paragraph of her essay, Fracture, Oakley wonders in what ways personal narrative can escape 'self-indulgence' and 'what such stories can say about the universal human experience of living in a body' (2007, p iv). Informed by Oakley's consideration (and other feminist academics), this paper, explores the long held belief that old women are invisible; and the methodology employed in that exploration. There are a number of research questions embedded in this long held belief including: Are old women really invisible? And, in what ways? And to whom? or Is that a myth engendered by internalised ageism? Do we actually see each other - each other being other older women seeing older women? These questions, like many feminist research questions come from a seed of personal experience, observations, or curiosity. Can the answers, in part, come from personal narrative? Turning Oakley's wondering into a question – what is the role/place of the older researcher in gerontology.

Does it create a position of privileged informant or a biased perspective? Are these two positions mutually exclusive? The reflections in this paper are based, in part, on a study of thirty adults born between 1945 and 1955 - first wave of the postwar generation. In this study, women discussed their ageing bodies. Additionally, my own experiences and observation, as part of that first wave of boomers, feed into this paper.

The underlying narrative is that the personal is political. The paper attempts to weave together, qualitative research with personal experience, observation, and reflection.

Paper 3

Elizabeth Martin

Queen's University Belfast

Using a feminist informed methodology to give a voice to marginalised women

While it has long been established that any woman, regardless of class, religion, ethnicity, age, sexuality, or lifestyle can be a victim of domestic abuse, the majority of existing literature focuses on younger women, largely ignoring older women (Lazenbatt et al., 2010).

Penhale (1999) describes the 'triple jeopardy' of being old, female, and abused. Studies have shown that older women who have experienced lifelong abuse are more likely to use tranquillisers and sleeping pills, and to have problematic alcohol and drug use. Older women as a group tend to conceal their substance abuse more than men because of the greater stigma attached to females adding further to their marginalisation.

This paper discusses the use of a feminist informed BNIM which enables the researcher to bear witness to these women's experiences. Themes such as role-taking are examined: role taking is reciprocal, that is, the role made by one person has to fit the role made by others during that particular situation. During interaction between individuals from unequal positions of power, therefore, it can be the case that the most powerful individual controls the situation and by doing so can influence the behaviour of others.

The paper will conclude by suggesting the agency of older women in abusive relationships is greatly diminished through the combination of micro, meso and macro power within our society.

Paper 4

Sukey Parnell

Kings College London

Hagging the Image: Challenging the role of visual media in contemporary narratives of ageing femaleness

Older women who have incorporated a new stage of femaleness in later life, feel unrepresented by the majority of images circulating in Western visual media. Contemporary narratives debate this lack of image as a loss of youth, beauty and performative power, calling for counter imagery. My thesis problematizes these narratives and argues that this desire is misplaced for photographic images of this dynamic multi-faceted stage of femaleness cannot exist – it is beyond still and single representations.

Sukey Parnell's film, Hagging the Image, explores questions of 'femininity', photographic image, and ageing. Parnell's work offers us the opportunity to extend our visual language. Through conversation circulating around contemporary images of older women woven together with imaginative film footage, the film invites us to engage with a connection to the past and universal cultural patterns that lay just below the surface of our image-saturated society. By privileging these archetypal images and interknitting them with modern images of women, we remember older meanings, renewing what was known and, perhaps, forgotten. Parnell's film creates a visual language that provides another layer of meaning to the 'feminine' ageing experience. It is a provocation to see beyond the usual tropes of images of older women and to imagine a visual language that includes images of ageing women that encompass femininity and beauty. The film asks the question: who or what represents ageing women in society at this time?

Karen Hanley
Brighton University
Business School
karenhanley@gn.apc.org

Extending working life – Lessons from Asia and Europe

Paper 1

Matt Flynn

Newcastle University Business School

Can comparative institutionalism be used to identify path-dependent approaches to the management of an ageing workforce?

We examine public policy-making in the United Kingdom (UK) and Hong Kong Special Administrative Region (HKSAR) in relation to retirement, pensions and extending working life. As populations around the world age, there has been substantial attention in Europe and North America on how public policies are encouraging people to save towards retirement and creating new pathways to extended working life. Less attention has been given to East Asian economies. However, as most countries across East and West experience workforce ageing to a similar extent, we expect a convergence of national policies, but recent literature has pointed to the institutionalist concept of 'path-dependency' to explain differences in how nation states deal with the common challenge they are facing.

The aims of this paper are to explore whether comparative institutionalism can be used to identify path-dependent approaches to the management of an ageing workforce; and to consider whether and how the global phenomenon of population ageing is leading to a convergence of approaches in the East and West. We will use a case study approach and semi-structured expert interviews and will specifically discuss these countries' approaches to employment regulation, welfare state provision and public sector employment related to age, work and retirement.

Paper 2

Karen Hanley

Brighton University Business School

Factors influencing the extension of working life in Denmark as a comparison with the East.

Factors that affect extending the working life can include: caring responsibilities, an appropriate working environment, flexible working arrangements, training and education, and health. Cultural memories, such as earlier incentives to leave the labour market, can stay as part of the background for older workers making decisions or plans, regarding retirement or work. For an older worker, these factors, not only appear in later working life, they appear during the working life course. Understanding that the whole of the working life can affect the ability to extend the working life, is important for future planning for workers of all ages.

This paper will present findings from a qualitative study in Denmark (2014-2015), among older workers aged 60-70. From a life course perspective, these findings highlight particular factors which can help or hinder extending working lives. The interviewees expressed their views and their memories of their life course, which are compared and contrasted with national labour market and pension policies, and employer HR policies.

Paper 3

Eleanor Davies

Huddersfield University Business School

[Beatrice van der Heijden, Matt Flynn]

Is the relationship between work-attitudes and retirement intentions influenced by socio-economic status?

Understanding the factors that influence retirement decisions has been a core theme in the literature and so far, the relationship between work related attitudes and retirement intentions has not been satisfactorily explained. Some studies have found that job related variables are associated with retirement intentions whereas others have not supported these relationships.

These mixed findings suggest that these relationships may differ between different sub-groups of older workers. The focus of this paper is therefore to investigate the relationship between older workers' work-attitudes, their retirement attitudes and their retirement intentions, and in particular, to examine whether these relationships differ according socio-economic status.

These issues are important because an understanding of the impact of work-related variables and retirement intentions has implications, not only theoretically, but also practically for both employers and employees who each have their own respective needs in managing retirement.

The conference presentation will discuss the rationale for the association between work attitudes, retirement attitudes and retirement and will present analysis data drawn from the UK and Hong Kong older workers.

Paul Higgs
University College London
p.higgs@ucl.ac.uk

Discourses and dilemmas of social engagement and ageing in dementia

An important part of discussions about the challenges presented by dementia today is the extent to which individuals diagnosed with the condition are able to participate in society or are excluded from social engagement. Considerable efforts have been made to enhance the lives of people with dementia however it is also the case that many of the difficulties to engagement have also been identified. One factor is that people with dementia may often be excluded by prevalent ideas of 'successful ageing' which see issues of cognitive decline as inherently problematic. For others the answer lies in establishing 'person-centred' care where the socially constructed barriers could be removed.

However, yet others see the issue less in terms of malignant psychology and more in terms of the need for dementia to be embedded in the politics of citizenship. Critiques from cultural gerontologists argue that it is the enveloping social imaginary of the fourth age that undermines social engagement and personhood approaches fail to understand this change in the structuring of old age. The four papers presented here provide different interpretations of how to understand the current discourses surrounding dementia as a means to better engage with them.

Paper 1

Kevin McKee
Dalarna University

Dementia: A Barrier to Healthy Ageing?

Healthy Ageing is one of a number of related concepts, such as 'Successful Ageing' and 'Active Ageing', that have come to occupy a central role in how gerontological research and policy on ageing and older people is formulated and enacted; despite the fact that there is little consensus on what 'Healthy Ageing' actually is or implies. This paper will provide an overview of the Healthy Ageing concept and propose a model of Healthy Ageing based on a review of empirical evidence.

An important question that has been raised in relation to the Healthy Ageing agenda is whether it is of benefit to older people or if it alternatively marginalises or excludes frail older people. It has been argued that the increasingly normative requirement to 'age healthily' may be beyond the capacity of people with, for example, cognitive impairment or dementia, and that such vulnerable people risk being labelled as social failures. This paper will consider these arguments in relation to different conceptualisations of Healthy Ageing, while also drawing upon other important concepts linked to advanced later life, such as the Fourth Age, person-centred care, and frailty. Is dementia a barrier to 'aging healthily', or can Healthy Ageing be constructed in such a way as to be inclusive of all older people?

Paper 2

Linda Birt

University of East Anglia

The work of maintaining social engagement opportunities

Older people' active engagement in social relationships may protect against cognitive decline. Yet paradoxically, ageing and cognitive impairment often reduce opportunities to engage socially. The community structures that support engagement and interaction are complex and not always within the older person's individual agency. The symptoms of dementia can make the work of managing social interactions challenging, as recall and language become increasingly difficult and potentially 'embarrassing' making social expectations less easy to meet.

Comorbidities such as depression, anxiety and physical health concerns may impact on personal motivation, or ability, to remain engaged in relationships and activities. Environmental factors such as transport and finance can further restrict social engagement opportunities. This paper arising from the PRIDE programme of research identifies and critically examines potential facilitators and inhibitors to social engagement for older people across the dementia trajectory, using examples from a range of qualitative analyses. These include: 1) scoping review of social engagement when living with mild dementia; 2) observational and interview data from people aged 60-95 whose cognitive function ranges from 'no perceived memory problems' through to living with mild dementia. Early results indicate that the absence of relevant social and cultural pathways to social engagement can make it more difficult for the person with dementia, and those in their social groups to know how to behave or react. Knowing and naming the sociological factors which enable social engagement may create opportunities for developing resources to mitigate and manage such increasingly complex interactions and for identifying strategies to enhance social engagement for people newly diagnosed with dementia.

Paper 3

Fiona Poland

University of East Anglia

Enacting citizenship in dementia

Clinical practice has shifted from hiding the diagnosis of dementia to an emphasis on transparency. More people are now living with knowledge of their condition within communities where dementia remains feared but little-discussed in its specifics within families affected. The sociological lens of citizenship provides a conceptual and analytical framework for examining the role of society and culture in repositioning dementia away from discourses of deficit and despair and into a discourse of agency and independence. Drawing on data from a longitudinal qualitative, ethnographic and interview study with people living with memory difficulties, we identify sociological markers of the transition towards and within dementia, specifically illustrating the complex interactions which shape the experience of being a citizen with dementia. Within western cultures, marking and managing a transition from being "a person with memory difficulties" to being "a person with dementia" can be conceptualised as moving from a state of citizenship entitlement to the capabilities and resources to participate in wider society to a state of citizenship disentitlement. In cultures which value individualism and independence, the newly-diagnosed are placed on a threshold, where old roles and status will be left behind as they move towards a potentially-impoverished new horizon. Attending more closely to the minutiae of their discourses and actions, can help us re-evaluate the often-subtle ways in which people with dementia continue to strive to reciprocate care and to give to others in their communities however diminished their opportunities to do this become.

Paper 4

Paul Higgs
University College London

Raining on the parade: the fourth age and personhood

The fourth age in the formulation adopted by Gilleard and Higgs represents a feared location in old age bereft of any social and cultural capital that might permit the articulation of choice, autonomy, self-expression and pleasure in later life. It is a social imaginary of a feared old age. In contrast to the authority of age and ideas of maturity and seniority the fourth age is associated with senility and senescence.

As a consequence both dementia and frailty feature heavily in demarcating its boundaries and the social responses to it. It also invokes both a sense of abjection as well as an imperative of care. Taken together the social imaginary of the fourth age presents considerable conceptual difficulties for contemporary studies of dementia. It goes beyond arguments about the barriers to social engagement that centre on stigma; it takes issue with many of the assumptions of personhood implicit in approaches derived from the work of Tom Kitwood; and it also challenges the politics of dementia approach that advocates citizenship as a solution to the limitations of personhood discourses. This presentation will outline the scope of the fourth age approach particularly as it relates to the concept of personhood in dementia.

It will conclude that while personhood is at best a 'placeholder' concept, the internal contradictions that it possesses in relation to dementia make it an impediment to the development of a more reflexive imperative of care which concentrates on supporting people's existing capabilities while minimising the harmful consequences of their incapacities.

Martin Hyde
University of Manchester
martin.hyde@manchester.ac.uk

Ageing in a global context

Population ageing and globalization are two of the most significant developments that have occurred over the last half century. However, there is little research that has brought them together.

This symposium – which is based on forthcoming books from the series on 'Ageing in a Global Context' by Policy Press - aims to redress this by critically examining the ways in which they interact and the challenges and opportunities for older people. This is important, not simply because a more integrated approach to globalization is necessary, but because the effects of the global economic crisis have destabilized many of the assumptions and policies around old age. Furthermore, older people are increasingly caught up in global flows as tourists and migrants, challenging many of our assumptions about the relationship between ageing and place. Population ageing is seen as a global phenomenon. However, there are differences in the timing, speed and level of population ageing as well as the in the spatial distribution of older populations and the ageing of the older population itself.

This symposium asks how we rise to these challenges, and explore what these new ways of living under globalized conditions mean for the experience and understanding of later life?

Paper 1

Martin Hyde

University of Manchester

Ageing in a global era: new spatialities of later life.

For the first time in history, most people throughout the world can expect to live into their 60s and beyond. However, not only are people living longer but the world in which they are doing so has undergone a number of radical changes. It has become increasingly common to note that we 'age in place' and that place has an important impact on our experiences of later life. However, the places in which we age are being transformed. We have moved away from a world in which nation-states were seen as the dominant spatial form to a world characterized by a series of overlapping spaces which include global, regional and local forms.

These transformations represent not only a radical re-ordering of the spatial and social modes of living for older people but also pose a challenge to the 'methodological nationalism' of much gerontological research. The fluidity of movements along these new economic, cultural and political landscapes have not simply undermined the institutional arrangements of the nation-state but have dissolved many of the basic social categories of modernity. Drawing on evidence from a wide range of countries we aim to show that social gerontology needs to develop new theoretical and empirical models that allow for the complex interplay of these different spatial logics.

Our analyses demonstrate the importance of the changing nature of space to understand later life and raise the question of what it means to age in locations configured by the intersections between global, regional and national spaces.

Paper 2

Jaco Hoffman

Oxford Institute of Population Ageing

Care for Older Persons in Sub-Saharan Africa: spaces and practices

Despite remaining younger than all the other world regions, the older population of Sub-Saharan Africa (SSA) will, similar to other world regions, grow in absolute numbers – the current population of 44 million people aged 60 and over is expected to increase four-fold to 160 million in 2050.

A major difference between population ageing in the more developed and the still developing regions of the world is that ageing in the latter largely occurs against a backdrop of considerable economic, infrastructural and personal strain with the family seen as the main (if not only) source of care. Longevity, even if achieved, then often entails a life of compromised health with scant access to general (let alone appropriate or specialized) care and similarly constrained financial resources. These additional years, which in the more developing parts of the world do not necessarily translate into healthy longevity, challenge individuals, families, civil society and the state with regard to the social and health care of its older members.

This contribution, based on a Policy Press collection of in-depth ethnographic analysis, will offer a view of the impact of local and global transformations on the care, or lack of care, received by older people in SSA. By examining formal and informal care, including inter- and intra-generational care, retirement homes, care in the context of poverty, HIV/AIDS and migration, this presentation has as aim to move forward debates about how to address the long term care needs of this vulnerable population and by whom.

Paper 3

Sandra Torres
Uppsala University

Theorizing about ethnicity and old age: expanding the gerontological imagination

Gerontology's interest in ethnicity grew out of an interest in culture as geographical locality that has implications for the values, attitudes and frames of references that people uphold. This essentialist understanding of ethnicity and culture – which is often nowadays coupled with a structuralist understanding - leads to the assumption that the way in which we age, the manner in which we experience aging and the elderly care solutions that we formulate to meet the needs of older populations can be grounded on the ways in which ethnicity either determines who we are or what we have. Addressing ethnicity in this relatively fixed and dated manner inhibits gerontologists from asking research questions that resonate well with ethnicity scholarship and/or that make sense with the so called super-diversity that the globalization of international migration and transnationalism has generated. These societal trends are namely challenging gerontology to embrace the social constructionist approach to ethnicity and move forward toward an intersectionality-informed regard for ethno-cultural backgrounds. This presentation – which is based on a book on ethnicity and old age which Policy Press will publish next year – will urge gerontologists to shift their attention from the what of ethnicity to the when and how of ethnicity. Using examples from the literature on ethnicity and old age around two areas of interest to gerontologists – inequalities and health/social care needs – this presentation will show that much could be gained if we were to expand our gerontological imagination on ethnicity in a more constructivist and globalization-aware vein

Tinie Kardol
Vrije Universiteit Brussel
asmetcor@vub.ac.be

International Perspectives on Active Ageing

Since the introduction of the concept Active Ageing by the World Health Organisation research, policy and practice have emphasised the importance of remaining active as being beneficial to the quality of life for older people. The WHO introduced a multidimensional approach in which the word 'active' refers to the on-going participation of older people in social, economic, cultural, spiritual and civic affairs. The aim of this symposium is to highlight several important issues associated with the concept of Active Ageing that to date have received limited attention. First, Marsillas will describe the development of an Active Ageing measurement instrument and will explore its relation to life satisfaction. Thereupon, Van Regenmortel will uncover how participation in various domains throughout the life course protects people from social exclusion in later life. Within the ageing population, the number of single people is increasing.

Therefore, Lambotte will explore the role of social networks in the sport participation of divorced older adults. In the final paper Wang will identify whether participation in educational activities increases quality of life among older people living in China. The presenters will seek to integrate current research and policy perspectives as well as identifying recommendations for policy and future research.

Paper 1

Sara Marsillas
Universidade de Santiago De Compostela

[Liesbeth De Donder, An-Sofie Smetcoren, Sofie Van Regenmortel, Renfeng Wang, Deborah Lambotte, Teresa Braña, Antonio Rial, Jesús Varela]

Does Active Ageing contribute to life satisfaction of older people in Spain?

Different debates have emerged across the literature about the conceptualisation of active ageing. In addition, current active ageing measurement instruments are scarce and show several limitations which hamper their applicability in different contexts. The aim of the paper is to propose an active ageing index based on a model of active ageing developed at individual level. Both, the model and the instrument, include different elements of people's life liable to be modified by intervention programs enhancing active ageing. Moreover, the influence of active ageing to life satisfaction is also tested. For this, a representative sample of 404 Galician (Spain) community-dwelling older adults (aged 60 years and over) participated throughout a structured survey. The results show that the proposed measurement tool is based upon a valid model of active ageing composed by two broad categories of variables. The model comprises both status variables (related to physical, psychological and social health) as well as different types of activities called process variables. This model is tested using Partial Least Squares (PLS) and the findings show that active ageing is a fourth-order, formative construct. In addition, PLS analyses demonstrate that active ageing has a strong positive effect on life satisfaction. The potential of active ageing as a relevant concept for people's life and their satisfaction is highlighted. Implications for policy and suggestions for further research are offered.

Paper 2

Sofie Van Regenmortel
Vrije Universiteit Brussel

[Liesbeth De Donder, Sara Marsillas, Deborah Lambotte, Renfeng Wang, An-Sofie Smetcoren, Sarah Dury, Nico De Witte]

Work, education and civic participation in the life course as lever for active ageing and social inclusion in Belgium

Research applying a life course perspective has already shown that inequalities in later life are influenced by conditions earlier in life. Theory and research demonstrate that (dis)advantages are being accumulated throughout the life course and that various disadvantages are combined. In this study we aim to explore how aspects of active ageing occur in the life course and how they protect from or enhance social exclusion. Data were collected through 44 life story interviews with older adults (60 years and over) living in Flanders or Brussels (Belgium). The semi-structured nature of the interviews was based on McAdam's life story method (2008). Heterogeneity of respondent's age and gender was guarded. Findings showed that older adults indicated a strong importance of education and labour market participation in their life stories. Not only did these aspects occur in different stories, they were also frequently repeated and strongly emphasized. Education, for instance, was perceived as a key point, leading to work and consequently friendship relationships, which still appeared in their present life. Furthermore, education enhanced self-esteem and belief in own abilities. Also participation in civic activities, such as being a member of a choir or volunteering, were perceived as a positive aspect linked to valuable relationships in later life. This study shows the occurrence of aspects of active ageing through the life and how these influence present active ageing and social inclusion. Furthermore, results demonstrate how work, education, participation, and social exclusion are intertwined both in the current condition and during the life course.

Paper 3

Deborah Lambotte
Vrije Universiteit Brussel

*[Tinie Kardol, Liesbeth De Donder,
Sofie Van Regenmortel, An-Sofie Smetcoren,
Sara Marsillas, Renfeng Wang, Eva Vonck,
Nico De Witte, Dominique Verté]*

Social contacts and active ageing: the role of social networks in the sport participation of divorced older adults.

Active ageing by sports participation ensures older adults to maintain a physically active lifestyle and contributes to a better quality of life. Within an ageing society the amount of divorced older adults is increasing. Divorced older adults have a greater risk of vulnerability, isolation and loneliness, this can be counteracted by the social aspect of sports participation. Using both quantitative and qualitative research methods, the relationship between social contacts and sports participation of divorced older adults is investigated. The quantitative part is based on data derived from the Belgian Ageing Studies (N=2234 divorced adults aged 60 and over). The qualitative part uses data from 19 semi-structured in-depth interviews with divorced older adults (55+). The results of the quantitative research demonstrate that divorced older adults who are member of a sports club, who walk, cycle or perform other sports activities have more contacts with friends and acquaintances. Divorced older adults who are enrolled in a sports club also have more frequent contact with their parents. However, divorced older adults who walk or cycle have generally less frequent contact with other family members than children, grand children, brothers/sisters and parents. The results from the qualitative interviews indicate that although divorced respondents are principally motivated to sport in order to improve their health, they perceive social contacts within their sports participation as pleasant and furthermore constitute an important element in their sports participation. This presentation will discuss the different functions of social contacts in the sports participation of divorced older adults.

Paper 4

Renfeng Wang
Vrije Universiteit Brussel

*[Liesbeth De Donder, An-Sofie Smetcoren,
Sofie Van Regenmortel, Tao He,
Sara Marsillas, Deborah Lambotte,
Koen Lombaerts]*

Active Ageing, Active Learning and Quality of life: An Empirical Investigation in Mainland China

Active ageing has been developed as a strategy to enhance quality of life (QoL) as people age. As one of the important determinants of active ageing, education can improve older adults' physical and mental wellbeing and combat negative stereotypes and social exclusion. In recent years, the University of the Third Age (U3A) movement has developed very quickly in mainland China. The purpose of the study is to explore whether educational activities such as U3A can increase QoL by comparing participants of U3A with non-participants. A mixed-methods approach was conducted in Xi'an region of China among older adults (aged 55 and over), data were obtained through both five focus group interviews (n=42) and a self-report questionnaire (n=579) based on EUROHID-QOL 8 item index. After identifying their different perceptions on QoL by focus group interviews, independent sample t-test was applied by survey data. Results demonstrate that in contrast with non-participants, older learners who attend the U3A programs show a better general health, mental and environment condition.

Learning experience can assist to build up a much more positive perception of ones wellbeing. But in terms of daily ability and personal relationships, there is no significant difference between participants and non-participants. In conclusion, this study presents evidence that active ageing can enhance QoL. As a potential way, policy makers and practitioners should pay more attention to U3A programs and make them more attractive and sustainable.

Andrew King
University of Surrey
andrew.king@surrey.ac.uk

Addressing older people's sexuality using a cultural gerontology lens

There is growing recognition of the importance of sexuality in the lives of older people, but change has been slow. Historical discourses equating old age with loss and burden have reinforced cultures in which sexuality has not been recognised, let alone celebrated. Indeed, older people have long been considered sexless and when sexuality was expressed it was often conceptualised as a 'behaviour' or problem to be managed. Recognising these social influences provides a new opportunity to reshape cultures that support and affirm older people's sexuality.

This symposium will consider how cultural gerontology offers an opportunity to further rethink older people's sexuality. It will explore sexual wellbeing, sexual assault, diverse sexualities/identities and the use of sexopharmaceuticals to critique ways in which sexuality is emphasised and to suggest further cultural shifts that need to occur.

Paper 1

Sharron Hinchliff
University of Sheffield

Sexual well-being and older adults: Current understandings and future directions

The growing interest in the sexual well-being of older adults has been fuelled by many interconnecting factors including the view that sexual activity is 'good' for our health, the bio-medicalisation of sex and the development of sexuo-pharmaceuticals to counter sexual 'dysfunction', and societal shifts in the way we view sexualities, relationships and what it means to be 'old'. Indeed, sex has become a marker of 'successful ageing' and the sexual well-being of older adults part of an ageing well agenda in England and other developed countries. While this shift should not be accepted unquestionably, sexual well-being can have a role in the quality of life of older adults and sexual difficulties can be a source of distress. However, the sexual well-being of older adults is a neglected topic within gerontology.

Drawing on a programme of research developed at the University of Sheffield, as well as the psychology, sociology and sexology literatures, this paper explores what we know - and what we do not know - about the sexual well-being of older adults. It pays particular attention to the tensions that this 'new' focus brings, as well as the intersections of social divisions such as gender, age and sexual orientation.

Paper 2

Raffaella Ferrero Camoletto

University of Turin, Italy

Questioning the sexy oldie? Masculinity, age and sexuality in the Viagra era

This paper explores the intersections of gender, sexuality and ageing in the Viagra era, by investigating medical expert discourses and social representations of men's sexual health problems.

The paper is based upon a mixed-method qualitative research project, focused on social awareness campaigns on male sexual health carried in Italy from 2010 and targeted at informing the general population about the diffusion of men's sexual problems and at promoting medical advice, thereby constructing a definition of the problem to be solved, the patients to be cured and the treatments to be adopted.

The research project involved a thematic analysis of visual and textual documentary material produced by the awareness campaigns, and of 19 in-depth interviews and one round-table with medical experts in the field, recruited because of their involvement in these campaigns.

In medical experts' accounts, age emerges as a controversial dimension, recalled in defining and discussing different ideal-typical profiles of patients: the old (the resigned "sexually retired", the new "sexy oldie", the pathetic "dirty old man") and the young (the clumsy beginner and the transgressive youngster).

The paper provides a pluralized and nuanced understanding of Viagra sexual culture, showing the ambivalences and tensions within medical discourses around the myths of a "pharma-mediated second youth" and of an "ageless sexuality". The key limitation of the study relates to the small scale of the sample, which did not allow the influence of some structural dimensions, mainly gender and age cohorts of the medical experts interviewed, to be taken into account.

Paper 3

Catherine Barrett

Celebrate Ageing

Sexual assault of older women: strategies to challenge the silence

This paper presents a framework for challenging the silence around the sexual assault of older women. It explores the cultural influences that have contributed to the silencing of older women and draws on four projects undertaken in Australia to highlight strategies for prevention in other cultural contexts.

It begins by outlining research on factors contributing to the vulnerability of older women to sexual assault. This includes societal myths about old age as a protective factor against sexual assault and the influence of rape laws on older women's expectations of sexual consent. Then it reflects on the lack of older women's participation in sexual assault research and suggests ways in which they are silenced.

Next an innovative pilot that engaged older women in conversations about 'sexual wellbeing and safety' is presented. The broadness of the topic and the group context in which it was used provided a unique opportunity to discuss sexual assault and could be readily adapted to a range of settings.

The presentation will also outline research engaging aged care service providers in preventing the sexual assault of older women living at home or in residential aged care. It will describe how a modified Appreciative Inquiry approach enabled examples of 'best practice' to be documented and enabled service providers to move beyond defensiveness to an understanding of ways in which they could prevent sexual assault.

The paper finishes by describing the role of a National Sexuality Network for older people in privileging the voices of older people and preventing sexual assault through information provision.

Paper 4

Sue Westwood
University of Oxford

Sexualities in later life: the meanings of ageing for sexuality and of sexuality for ageing, across the sexuality spectrum

There is a gradual, but growing, recognition of the significance of sexuality in later life, from biological, psychosocial, socio-political and sociocultural perspectives. This offers rich opportunities for cultural gerontology to explore both the meanings of ageing for sexuality and of sexuality for ageing. Despite modern day binary constructions of hetero- homo- and bi- sexualities, sexuality is far more complex, fluid and socially, historically and contextually contingent.

It is also profoundly informed by the intersections of gender, age and ageing. In this paper I ask what it means to age across the spectrum of sexualities/sexual identities, both majority ('heterosexual') and minority (i.e. lesbian, gay, bisexual, sex/gender fluid and intersex). I interrogate the norms and normativities which underpin perceptions of ageing sexualities and how they inform recognition and/or mis-recognition in later life. I consider how those (mis-) recognitions shape access to resources and representation in older age and how these interact to produce significant inequalities in later life. I also caution against both under-emphasising the significance of sexuality in later life and over-emphasising it. This is particularly for those in the fourth age for whom there may be many more pressing concerns. I argue for the need to take a far more flexible approach towards ageing sexualities in order to fully conceptualise the range of possibilities for sexuality in later life.

Anja Machielse
University of Humanistic Studies
a.machielse@uvh.nl

Boundaries and limitations of informal and formal care for independently living vulnerable older adults

Many European welfare states are increasingly emphasising informal care to meet the needs of a growing population of older adults (European Commission, 2015). Informal care can diminish the need for professional care, thereby reducing expected public costs of an ageing population (Schenk et al., 2014). Governments of welfare states are scaling back their provision of care, encouraging citizens to fill this gap by actively taking care of each other (Hilton & MacKay, 2011; Newman & Tonkens, 2011). Various social interventions are being developed that aim at strengthening the informal care networks of vulnerable elderly. Knowledge about intervention effectiveness is still relatively new and dispersed within the European context. This symposium explores different kinds of care offered by neighbours, informal (family) caregivers, volunteers and professionals to vulnerable older adults in Belgium and the Netherlands.

Heylen & Knaeps explored how to strengthen informal (family) care networks of older adults. Bos analysed an organised informal care system run by volunteers. Jonkers studied the informal care given by and for vulnerable elderly living together in one neighbourhood. Machielse inquired into the complexity of professional care for socially isolated elderly. Together these papers show the boundaries of informal and professional care.

Paper 1

Leen Heylen

Thomas More,
University of Antwerp, Belgium

[Jeroen Knaeps]

Strengthening the informal care networks of vulnerable older adults

This paper discusses the results of an evaluation research of a social intervention carried out by social workers of local communities in Belgium. The intervention aims to counteract and prevent social isolation among vulnerable older adults and increase community care. By using an appreciative inquiry approach the professionals aim to trigger social contacts and mutual support among older adults.

A cyclical qualitative research design is applied to evaluate whether, how and why this type of intervention can be beneficial for vulnerable older adults. Participants and professionals were interviewed on several occasions. Professionals' logbooks were analysed (triangulation). Initial results indicate that social contacts are a prerequisite for support. Learning to know each other gradually leads to mutual trust and support. These "weak ties" increase participants' sense of belonging. That intervention clearly has its boundaries though. First, it proves difficult to reach the most vulnerable socially isolated older adults. Second, for those most vulnerable older adults, the intervention seems inappropriate as the complexity of the problems they face exceeds the caring capacity of voluntary support. Third, mutual support between participants is limited to emotional support, occasionally helping with groceries, etc. Larger and more structural tasks such as personal care or daily help with cooking exceed the capacity and willingness to care of these "weak ties". Public-policy expectations for increased community care must therefore be realistic, particularly when it comes to vulnerable older adults.

Paper 2

Marina Jonkers

AMC Research Institute,
Amsterdam, the Netherlands

Network enforcement of vulnerable older adults by triads of neighbourhood dwellers

This paper describes the strengths and restrictions of organised informal social support networks constructed around socially isolated elderly dwellers of an urban neighbourhood in the Netherlands. Local residents were stimulated by social professionals to give social support and care to isolated elderly neighbours with serious problems and to organise this support in small networks.

Evaluation of the project was based on a qualitative participative approach. The project's design, implementation and monitoring were studied from different perspectives of the involved participants. Data were collected through semi-structured interviews with local residents as actual or potential informal caregivers, in-depth interviews with socially isolated elderly dwellers, and focus group interviews with the involved social professionals. Data were also collected through observations and casual interviews at informal social events organised for and by local neighbourhood residents.

This study found out that citizens themselves spontaneously organise informal social support networks to help socially isolated neighbours. Although professional interventions aim to empower support, they occasionally result in the destruction of organic informal social care systems. Social support organised by dwellers does not reach those isolated neighbours who have serious multiple problems. Only persons with minor problems received social support from their neighbours.

One of the main conclusions is that organisation and implementation of informal social care as offered by neighbours is very complex. Professionally streamlining existing informal networks is delicate and its particular dynamics require careful fine-tuning. Informal social caregivers and care recipients prefer self-managed choices and decisions.

Paper 3

Pien Bos

University of Humanistic Studies, Utrecht, the Netherlands

Social activation of lonely elderly persons by volunteers

This presentation is based on an evaluative ethnographic study among elderly persons in Rotterdam, the Netherlands. Data are collected among 55+ citizens who are admitted to a social work-program because of their problematic social isolation and/or loneliness. The program offers each client a volunteer who will visit the client on a weekly basis. We collected our data among the clients before and after the intervention. In addition to these lived experiences we also collected data from the perspectives of volunteers and coordinators in order to detect strengths and limitations of professionally organised volunteer informal support. We triangulated the in-depth interviews with thick descriptions, collected through participant observations and focus groups.

The study reveals a wide array of expectations, hopes and frustrations of clients as well as volunteers. Several clients appeared ‘unmatchable’ because of heavy needs. Many volunteers experience mismatches and declining motivation. Volunteers balance distance versus proximity or intimacy, sustainable relationships versus temporality, practical assistance versus social support. The increasing number of unmatchable clients requires reconsiderations and readjustments in terms of screening and selection of volunteers and clients. The operational volunteer staff needs intensive coaching to adjust and improve skills and to uphold motivation.

Paper 4

Anja Machielse

University of Humanistic Studies, Utrecht, the Netherlands

Limitations of professional care for socially isolated elderly persons

This paper offers insights into the effectiveness of coaching trajectories by social workers for socially isolated elderly with problems on several life domains. The impact of the professional support is evaluated using the qualitative ‘Perceived Benefit Approach’ (PBA) in which the clients’ subjective ‘perceived’ benefits are central. The main sources of data were face-to-face interviews with socially isolated older adults and social workers, and logbooks in which the social workers reported about their contact with these clients. The perceived benefit is evaluated in terms of the extent to which the problem definition of the professional corresponds with the client’s perceived need; and the match between the scope of assistance and the complexity of the experienced problems. The study shows that interventions to develop a supportive network are doomed to fail for this target group, and that professionals should rather focus on preventing and/or mitigating harmful consequences of social isolation by reducing obstacles that hinder independence and self-reliance.

The findings shed new light on the aims of interventions for socially isolated elderly in the current policy context of Western European welfare states, with its government emphasis on the importance of citizens' independence and self-reliance. This absence of supportive relationships that people can fall back on in case of adversity is a serious threat to self-reliance – especially for seniors, who are particularly vulnerable to social isolation owing to loss of family and friends, health, or mobility.

Anja Machielse
University of Humanistic Studies, Utrecht, the Netherlands
a.machielse@uvh.nl

Ageing Well from a Humanistic Perspective: Meaning in Life and Social Connectedness

In contemporary Western societies the 'greying of society', its financial consequences, and the biological and pathological processes associated with the 'senescence' of human bodies over time have been widely researched. This symposium focuses on how 'ageing' people experience their lives as existential and socially situated processes from the perspective of a meaningful life course.

Meaning in life is a comprehensive construct that can be broadly conceptualised (Baumeister & Vohs, 2005; Brandstätter et al., 2012; Derkx., 2013; Stillman, et al., 2009). In this symposium a meaningful life is understood as a life in which basic needs for meaning, such as purpose, moral worth, self-worth, competence, comprehensibility, connectedness and excitement are fulfilled. The presented papers show how meaning in the life of older adults can be studied from a humanistic perspective.

Derkx conceptualises humanism as a meaning frame that acknowledges and promotes the autonomous and responsible role of individuals in shaping their existence meaningfully. Verté presents findings on meaning in life in the Belgian D-SCOPE project on frail older adults. Assuming that in humanism the self is profoundly social, Machielse explores the connection between meaning in life and social connectedness. Bos explores the experiences of vulnerable elderly in an empirical study on lonely older adults in the Netherlands.

Paper 1

Peter Derkx
University of Humanistic Studies, Utrecht, the Netherlands

Humanism and Meaning in Life

Starting from Baumeister's theory (Baumeister & Vohs, 2005) a theory of a meaningful life has been developed involving seven needs for meaning: needs for purpose, moral worth, self-worth, competence, comprehensibility, connectedness and excitement (Derkx 2013). More than Baumeister's theory this one strikes a balance between agency and communion. After outlining the theory the value and relevance of a meaning perspective for ageing well will be shown. Issues that will be dealt with in this context are: (1) the difference between a happy life (=> well-being) and a meaningful life, (2) continuity, disengagement and activity, (3) the social construction and institutionalisation of a standard life course, (4) individualistic coherence (identity) and 'lateral' (relational) integration, (5) resilience as recovery, resistance and reconfiguration (transformation), (6) the role of religion and worldview in relation to suffering, and (7) views of death, finitude, afterlife and (vertical and horizontal) transcendence.

Paper 2

Dominique Verté

Vrije Universiteit Brussel (VUB),
Brussels, Belgium

Meaning of life in Belgian frail older adults: findings of the D-SCOPE project

This contribution focuses on the meaning in life of frail older adults and uses findings from the D-SCOPE project (Detection – Support and Care of Older People: Prevention and Empowerment). Using data from 100 qualitative interviews with frail older adults in Belgium the argument will be developed that frailty should be approached from a balance perspective.

To date, most of the debate around frailty in older adults has only focused on the registration of deficits. In the light of active ageing, besides the registration of deficits and dependency there needs to be a registration of strengths as well which concentrate on autonomy and meaning of life. Two individuals with the same frailty can experience the meaning of life very differently.

Consequently, this study will investigate how frail older person experience their meaning of life, and what contributes to a meaningful existence. Findings will centre upon dimensions such as purpose, moral worth, self-worth, competence, comprehensibility, connectedness and excitement.

Paper 3

Anja Machielse

University of Humanistic Studies,
Utrecht, the Netherlands

Meaning in Life and Social Connectedness

In humanism, meaning in life is conceived as fundamentally social. This paper focuses on the relationship between meaning in life and social connectedness. It is assumed that positive personal attachments contribute substantially to the capacity of making sense of one's life. In turn, the experience of a meaningful life protects against the damaging effects of major life changes in various life areas, which tend to occur more often as people age.

This paper investigates how older adults who have trouble entering into and maintaining social relationships experience their disembeddedness, and how their lacking social competences influence their experience of a meaningful life. The data from a longitudinal study on 50 socially isolated older adults in the Netherlands are used to explore whether and how these elderly persons try to bring meaning into their lives and to what degree they succeed. The findings will centre upon the dimensions purpose, self-worth, competence and comprehensibility. The study also makes clear that professionals (social workers) play an important role in the meaning-making process of socially isolated elderly.

Paper 4

Pien Bos

University of Humanistic Studies, Utrecht, the Netherlands

Qualitative (ethnographic) research on meaning in life in the Netherlands

This paper is based on in-depth interviews and thick descriptions collected among elderly persons in Rotterdam. Our data are collected among 55+ citizens who are admitted to a social work-program because of their problematic social isolation and/or loneliness. This program offers each client a volunteer who will visit the client on a weekly basis. We collected our data before and after the intervention. Our findings are centred upon dimensions such as purpose, moral worth, self-worth, competence, comprehensibility, connectedness and excitement. The paper explores what meaning in life people experience when they are socially disconnected and/or deprived, and how do the elderly experience the intervention in terms of meaning in life. The study also makes clear what role volunteers can play in the meaning-making process of these vulnerable elderly.

Robin Means

University of the west of England

Prevention, early intervention and resilience: navigating older people to independence, health and well-being.

If older people are to maintain independence, mitigating deterioration of existing conditions as well as maintaining well-being, it is essential that they are able to identify (or be assisted to identify) those available interventions or resources to support needs. Navigating the care system has been described by users as complex and frustrating. They report having to tell the same story to numerous professionals and to go through the same assessments. When navigation is difficult; overuse, underuse or inappropriate use of services has been reported.

This symposium will bring together four projects that have identified interventions and networks that can effectively support (and navigate) older people to independence. Our first presentation (Karen Windle) will outline findings from a systematic review that explored community and statutory interventions that effectively support well-being. Such interventions are often delivered by third sector organisations and Neil Chadborn will report on a survey of commissioners to understand the variety of services and commissioning relationships. Our third presentation (Tom George) discusses the role of community navigators in keeping older people independent. Finally, Jolien Vos identifies the care networks of older people with multimorbidity and discusses early thoughts around a tool which could support safe and appropriate care navigation

---

Paper 1

Karen Windle

University of Lincoln

What role can local and national supportive services play in supporting independent and healthy living in individuals 65 and over?

The UK population is ageing rapidly and the extent of comorbidities will continue to increase. This greater demand for support and care will need to be met within an environment of continued economic restraint. One policy response to mitigate such demand has been the reinvigorated focus on prevention and early intervention in health, social and third sector care. Prevention is broadly defined to include a range of services that promote independence; prevent or delay the deterioration of health and well-being resulting from ageing, illness or disability; and delay the need for more costly and intensive services.

Drawing on the findings from a systematic literature review, this paper will highlight why prevention and early intervention is crucial and discuss the continuum of prevention; identifying the importance of putting well-being at the centre of any preventative strategy. The evidence base of well-being services (e.g., befriending, social prescribing) primary (e.g., health checks, day services) secondary (e.g., case finding) and tertiary (e.g., rapid response) interventions will then be outlined. Throughout there will be an assessment of whether the literature on prevention is still 'fragmented or underdeveloped' as well as an identification of the role of service integration in such provision.

Finally, we will explore how the 'nation can get serious about prevention', locating the individual's role in preventative care as well as those sectors that should continue or initiate preventative services. We draw on the evidence to identify those effective processes that will enable the implementation of preventative strategies.

Paper 2

Neil Chadborn

University of Nottingham

Commissioning third sector services that promote resilience, or protect against frailty and vulnerability; initial findings from SOPRANO study (Supporting Older People's Resilience through Assessing Needs and Outcomes)

Third sector organisations offer a diversity of support for older people in the community. Optimal delivery of support requires assessment of an individual's needs and priorities, followed by referral or signposting to multi-agency services.

Commissioners can influence the design of services and facilitate integration within the broader health and social care sector. We are studying the process and relationships of commissioning, in order to improve the efficiency and accessibility of care and support for older people. We surveyed commissioning managers, in Clinical Commissioning Groups and Local Authorities, in the East Midlands region of England. Respondents were asked to describe services, to name the provider, and to describe how the service was commissioned.

We received 12 survey responses, from a sample frame of 28 commissioning organisations. Seven respondents were from CCGs, two from social care and two were from public health.

One respondent was responsible for joint commissioning in health and social care. Commissioners described between two and nine services. Diverse services were reported, including falls prevention, home improvement and lunch clubs. Seven services contained needs assessment or social prescribing (assessment and referral process). Some services were delivered by a partnership of voluntary sector and public sector organisations. Responses to an open question about how services were commissioned indicate a changing relationship, where previously block contracts or grants have been awarded, now tenders are more common. The survey provided a regional overview and we are following this by interviewing commissioners, third sector personnel and older people.

Paper 3

Thomas George

University of Lincoln

‘Staying well in Calderdale’: the role of community navigators in supporting older people to access appropriate and timely services.

The ‘Staying Well Programme’ was set up across Calderdale Metropolitan Borough Council in November 2014. The programme incorporates three aims: a reduction in loneliness and social isolation for older people; an increase in community capacity; and improved intersectoral working. Four ‘Staying Well’ workers were put in place within existing community hubs and tasked with: identifying lonely and isolated older people; signposting them to appropriate community services; mapping and identifying gaps in community provision and; supporting the implementation of ‘locally designed’ interventions.

Our evaluation used a multi-method approach to assess the effectiveness and cost-effectiveness of this programme. Qualitative and quantitative methods have been administered, including: base-line and interim semi-structured interviews and process mapping with strategic and operational staff; ‘before and after’ structured questionnaires with older people themselves (n=400); collation and analysis of pre-collected data and cost data; and assessment of community impact.

In discussing the findings from this 18 month evaluation, we will highlight why (and how) the role of the ‘Staying Well’ workers necessarily changed to that of ‘Community Navigators’. We will present the structure and processes of the ‘navigator role’, how staff supported older people through assessment, signposting and social transport. We will explore the impact of the programme, discussing whether changes in loneliness and social isolation were seen. We will determine if older people themselves reported better health-related quality of life or, if they changed their service use; accessing more appropriate and timely provision. Finally, we will assess the cost-effectiveness of this programme.

Paper 4

Jolien Vos

University of Lincoln

‘Care networks’ of older people with multimorbidity: social network analysis and qualitative study

The increase in long-term conditions and multimorbidity, particularly in older people, has led to increased demand and more complex models of health and social care, often delivered in an environment characterised by specialisation and fragmentation. Users with multimorbidity often receive formal and informal care from a variety of people and professionals at different times and locations. Finding the right support, at the right time and place (care navigation) is a burdensome task for users/ patients, their family and friends (informal carers). Many older people have developed a ‘personal care network’ to help navigate the maze of services, but we know little about the structure or function of such a network.

We developed a questionnaire to identify and collate network data for older people (aged 55 years or over) with multimorbidity living in England. Applying social network analysis and descriptive statistics, we produced visual graphs of participants’ ‘personal care networks’.

Additionally, in-depth data were gathered through semi-structured interviews with participants living in Lincolnshire.
This paper will report on the findings from this study; identifying the role of actors in care networks, visually representing these

through 'care network graphs'. Users' perspectives of their 'care network' and the challenges in care navigation are discussed. This study identified the main actors involved in care and their function for older people with multimorbidity. These important data will be bought together to inform the design of tools that can appropriately support older people (and their carers) to navigate the health and social care environment.

Charles Musselwhite
Swansea University
Charliemuss@gmail.com

Technology In Later Life (TILL): Challenges, Triumphs & Lessons Learned from this International, Multi-centred Study

In the past 10 years, the world has experienced unprecedented growth in technology. Technology has become interwoven into daily life. In response, several studies have been conducted across disciplines including health, gerontology and computer science. Research examining the roles and effects of technology across a range of topics including rehabilitation, well-being, usability and social connectedness across our ageing populations has been increasing. However, an understudied area in the current literature technology use by adults aged 70+ years. The Technology In Later Life (TILL) project derived to gauge understanding of technology use by adults aged 70+ years.

In this symposium we aim to bring together experts in technology in ageing from Canada and the UK to share their knowledge, study results, and lessons learned from this international, multi-centred, pilot study. The TILL study gathered data on 40 participants aged 70+ years living in suburban and rural communities in two regions of the UK (England and Wales) and Canada (Saskatchewan and British Columbia). We will provide an opportunity gain an insight into the challenges and triumphs of our collaborative efforts and will highlight our initial research findings. We will also discuss our future plans to expand this study in the upcoming year.

Paper 1
Charles Musselwhite
Swansea University

[Shannon Freeman]

Building an International Collaborative Network from the Ground Up

Networking and collaborative working is increasingly becoming an important aspect of academic life. As doctoral students we attend conferences, seminars, networking events and symposiums in a bid to enhance our knowledge, learning, communication, presentation skills and to provide or receive support from peers and established academics who are involved in this segment of academic life. Networking and collaboration are two important aspects of being an academic, while colleagues introduce one another through emails, social media and face-to-face. At the time, it may not seem important, but in the future, these connections can be crucial be-it for an external examiner, shared research interests or more importantly working together on grant applications and publications.

This presentation will discuss the interconnecting facets of building an international collaborative network from the ground up. Why would colleagues want to work on an international project, what are the benefits and challenges of working as an international partner on a project? Does working on an international collaborative project pose problems for the individuals themselves or their respective institutions in regards to differences and expectations such as research ethics board (REB) applications. We anticipate from this presentation, delegates will receive an all-round perspective of international collaborative work.

Paper 2

Shannon Freeman

University of Northern British Columbia

[Charles Musselwhite]

Perceptions of technology among older adults residing in rural communities: A cross-national comparison of rural dwelling older adults in Canada and Wales

Although use of technology in the lives of older adults is gaining popularity, it has been embraced at a slower pace and in different ways than younger cohorts (Berry, 2011; Orlov, 2011; Roberts, 2009). Technological advancements have become increasingly interrelated with aging demographics. In rural, remote, and northern communities in Canada, the importance of technology has been equated to that of the introduction of the railroad and electricity (Ashton & Girard, 2013). As technology continues to develop at a rapid pace, understanding how older adults perceive and use/do not use technology is crucial to address the needs of our ageing society.

Our presentation focuses on mixed method data gathered from 20 rural dwelling older adults from northern British Columbia, Canada and South West in Wales, UK. We highlight the benefits and positive perceptions of technology specific to older adults in rural communities including the role technology plays to mitigate the generational divide between multiple generations, excitement to use technology to reduce social isolation and connect with loved ones across distances. We also highlight the challenges and costs including feelings of being left behind by technology that has advanced too quickly, barriers to understanding technologically complex language, inaccessibility to internet broadband and wifi connections, and increased costs to access basic technology services for those on fixed incomes. Through our presentation of this pilot data we will highlight that while some older adults have become enthusiastic able technology users, others struggle to adopt and use technology in the 21st century.

Paper 3

Cory Kulczycki

University of Regina

[Haley Rutherford,Rebecca Genoe, Shannon Freeman]

"I could not live without it": Benefits and challenges of using technology use among older adults

This pilot study explored the perspectives of adults aged 70+ years across four sites in two countries regarding technology use, including opportunities provided through technology use and challenges older adults face in using technology. As part of our mixed methods approach, focus groups were facilitated at each study site. Focus groups were a minimum duration of 60 minutes. These discussions were digitally recorded and transcribed verbatim. Following initial and focused coding (Charmaz, 2014), we identified several emerging themes, including: technology use habits, benefits garnered from using technology, and challenges of using technology.

Participants used a variety of devices, including: cell phones, laptops, desktops, and tablets. Technology was used for researching information, maintaining relationships (through email, video conferencing, and social media), health and safety, and leisure activities (e.g., gaming, reading). Participants reported several benefits and possibilities for technology use, such as improving accessibility for people living with impairments, learning new skills and information (e.g., mental agility games), increasing productivity (e.g., writing) when they become less independent, and for end-of-life planning. Participants identified challenges and drawbacks of technology, including: privacy concerns, lack of confidence with using technology or troubleshooting problems, comprehending technological terminology, and managing passwords.

Some participants questioned whether new technology was better than their current practice (e.g., paper and pen). Despite these challenges, several participants described their technology use as a requirement for daily living, and were willing to embrace the opportunities that technology presented.

Suzanne Moffat
Newcastle University
suzanne.moffatt@ncl.ac.uk

Evaluating the impact of a welfare rights advice intervention on older people’s quality of life. The outcomes and challenges of undertaking a randomised controlled trial of a complex intervention.

In the UK, non-uptake of state benefit entitlement among older people has increased markedly over the last decade, resulting in avoidable pensioner poverty. This National Institute of Health Research funded study, the Do-Well Trial [ISRCTN: 37380518] used a randomised controlled design together with an economic and embedded qualitative study to examine the impact on quality of life of a welfare rights intervention aimed at increasing benefit entitlement for low income adults aged 60 and over. The intervention comprised a domiciliary welfare rights assessment of means tested and non-means tested welfare benefits, coupled with assistance to claim.

Participants (N=755) were recruited via primary care. This symposium will examine the key findings of the trial, comprising quantitative, qualitative and health economic outcomes. We examine the implications of identified discrepancies between the quantitative and qualitative findings. We also discuss the extent to which our findings address questions about whether increased access to resources results in improved quality of life. Finally, we will explore the implications of the study, and examine the extent to which the findings of a single randomised controlled trial of a complex intervention can adequately inform policy and practice.

Paper 1

Catherine Haighton
Newcastle University

Domiciliary welfare rights advice for people aged ≥ 60 years did not result in health benefits after 24 months: pragmatic randomised controlled trial in Newcastle upon Tyne, UK

Poverty is a growing health risk for older people, who are less likely to claim welfare entitlements than those below pension age in the UK. Welfare rights advice (WRA) interventions lead to greater income, but have not been rigorously evaluated for health benefits, in part because such research has previously been deemed unethical. A systematic review, pilot RCT, and focus group with potential participants tested acceptability and helped finalise study design of this definitive individual randomised, single blind, wait-list controlled trial of domiciliary WRA for people aged ≥60 years. Challenges to study design related to: randomisation, contamination, equipoise and control condition, length of follow-up, selection bias, outcome measures, generalisability and nature of the intervention.

Participants (n=755) were recruited via primary care and randomised to either immediate WRA (n=381) or wait-list control (n=374). Only 25% of those who received immediate WRA were awarded extra welfare benefits, compared with 58% in the pilot RCT: not surprisingly there was no significant difference in our primary (CASP-19 – a quality of life measure) and secondary outcome measures between trial arms at 24 month follow-up. The study design was safe, fair and scientifically rigorous, gained funding from the National Institute of Health Research and received ethical approval. However, we were unable to detect an effect of the intervention on our main outcome measures. This could be due to dilution, but comparisons of those who did and did not receive additional welfare also showed no significant differences in outcomes.

Paper 2

Frauke Becker

Newcastle University

Cost-effectiveness of a proactive welfare rights advice intervention provided for an older population via primary care

Given we cannot meet all the needs for health and social care the use of our scarce resources needs to be prioritised. The use of domiciliary welfare rights advice (WRA) may increase people's income and improve quality of life but whether it is a good use of resources is uncertain.

Cost-utility analyses from the perspectives of the public sector services and the Treasury assessed the cost-effectiveness of the domiciliary intervention compared to usual practice. Costs associated with the delivery of the intervention and outcomes in terms of new benefit claims as well as changes in health-related quality of life were estimated for a population of independently living older people (≥60 years). Incremental cost per quality-adjusted life year (QALY) gained was calculated at 24 months.

The additional cost to deliver a domiciliary WRA was £17 (95% CI: 15.37, 19.05). There was evidence that the average amounts gained from Disability Living Allowance (mobility component) and Carer's Allowance were higher in the control group. No other statistically significant differences were identified. The difference in mean QALYs in the intervention arm was 0.009 (95% CI: -0.038, 0.055). At a threshold value of £20,000 for society's willingness to pay for a QALY gained, there was only a 63% probability that the domiciliary WRA would be cost-effective.
Current evidence is that, in terms of health gain, the introduction of a domiciliary WRA is unlikely to be cost-effective. These results should however be considered alongside other non-health impacts of introducing a domiciliary intervention.

Paper 3

Mel Steer

Newcastle University

"I would be terrified in case I was claiming something I shouldn't get". Qualitative findings about the impact of welfare rights advice and the barriers to claiming.

Under-claiming or non-claiming of state benefits persistently occurs among the UK population aged over state pension age. Although pensioner poverty has fallen in recent years, socio-economic income inequalities persist into old age and the gap between well off and poor pensioners has increased.

This paper presents findings from qualitative in-depth interviews conducted with fifty purposely selected men and women aged 60 and over living in urban, rural and semi-rural areas in the North East of England. This study was embedded within a pragmatic randomised control trial of 755 participants. It considered the impact of proactive domiciliary welfare rights advice and claims assistance accessed via primary care, and explored barriers to claiming benefits.

Successful benefit claimants used additional income and non-financial benefits (aids and adaptations) for health and social support, utilities, transport and social activities. Substantial barriers to claiming non-universal benefits were identified and included a lack of knowledge of entitlement, lack of confidence in negotiating the benefits system and a fear of inadvertently falsely claiming benefits. A generational 'habitus' of pride, independence and self-reliance was identified amongst older claimants. This contributed to an increased propensity to under-claim benefits that participants were entitled to and increased their sensitivity to stigma associated with being a benefit claimant. Media representations persistently present older people as being better off at the expense of younger age groups.

We examine the impact of stigma and shame, as well as discourses of entitlement and examine the extent to which this contributes to inter-generational conflict.

Paper 4

Suzanne Moffatt

Newcastle University

How do we reconcile discrepant findings and what are the policy and practice implications of the Do-Well trial?

It is not uncommon for quantitative and qualitative findings within a single study to show discrepancies. As with our extensive pilot study, the DoWell trial found that there was no significant measureable impact on quality of life as a result of a domiciliary welfare rights advice intervention. The qualitative study, however, demonstrated that for those individuals who received additional financial and non-financial benefits, there was a positive effect on overall quality of life, as reported by recipients. In this paper, we demonstrate how we adopted a mixed methods approach to analysing the quantitative and qualitative findings to further interrogate the data and to ensure that non-statistically significant trends were not missed. We then proceed to discuss the policy implications of welfare rights as an intervention, having shown that it does not lead to a clearly measurable impact on quality of life at a population level, but does contribute to reducing pensioner poverty, and positively impacts on the lives of older people who take up previously unclaimed benefits. Finally, we examine the implications of ongoing cuts to public and voluntary sector services for older people attempting to access information about, and gain assistance to claim, state welfare benefits. We conclude that access to such 'low level' assistance is important for older people's wellbeing, inclusion and moreover, is a right of citizenship.

Sheila Peace
The Open University
sheila.peace@open.ac.uk

'Learning about REF Impact in Ageing Research'

In 2014,154 UK Universities were assessed for their research excellence. The Research Excellence Framework (REF) built on Research Assessment Exercise (RAE) 2008 and added the impact of research in relation to changes and benefits to UK economy, society, culture, public policy and services, health, the environment and quality of life and international impacts. January 2015, saw Higher Education Funding Council for England (HEFCE) commission Digital Science and the Policy Institute and Digital Humanities at King's College London, plus Nature Publishing Group, to analyze the impact of case studies (6,975) submitted to the REF 2014 and develop a database for wider use.

The Policy Institute at King's produced an analytical report of the complete database esearch.ections on ageing research and the handling of multidiscplinary impactto the main Panel C committeewes talksessment sub. During the Spring of 2015, the Executive Committee of BSG proposed a research consultancy to examine the representation of research on ageing in the REF Impact database. The findings of this research were presented at the 'Future of Ageing Research' meeting in Nov. 2015 attended by over 60 BSG members. This symposium looks at: findings from the BSG study; defining 'impact' and ways of 'engaging with consumers, practitioners, policymakers (civil servants/ministers); being a sub-panel member.

Paper 1

Surinder Bangar
University of Sheffield

[Gail Mountain]

What is the impact of ageing research? An analysis of 311 case studies from the UK Research Excellence Framework 2014

The impact case studies submitted by the UK Higher Education institutions to the Research Excellence Framework 2014 (REF 2014) provide a unique and fascinating resource describing impact beyond academia and across all disciplines.

This paper will present the findings of an analysis of the ageing research impact case studies within REF 2014. The study was commissioned by the British Society of Gerontology (BSG) to assess the nature, scale and scope of ageing research across the REF to find out how research is benefiting the lives of older people.

We conducted an analysis using the 6,679 published impact case studies available on the REF online database.
Within the limitations of the REF requirements, the database and this study, our analysis identified 311 impact case studies relating to ageing research across the REF. The range of Panels and Units of Assessment which feature research illuminating some aspect of age, ageing and later life is extensive. The overview of ageing research across the case studies suggests that major challenges and opportunities presented by age and ageing in society benefit from collaborations which bring together multiple perspectives.

These findings have implications for those interested in ageing research and research impact. By understanding how impact is reported and assessed we can begin to inform emerging plans for future research excellence assessment, determine characteristics of impact case studies, the value to the social sciences and consider some of the implications for research and how research can benefit society.

Paper 2

Sheila Peace

The Open University

Different forms of Impact'

During 2014, the BSG Executive Committee undertook a brief survey of members to see which UoAs they might be submitted to within for REF 2014. These were predominantly: UoA 22: Social Work & Social Policy and UoA 23: Sociology in Panel C that included: Architecture/Built Environment, Geography, Archeology, Environmental Studies, Economics, Business Studies and Management, Law, Politics, Social Work & Social Policy, Sociology, Anthropology and Development Studies, Education. The BSG also has members submitted under UoAs 02: Public Health, Health Services and Primary Care and 03: Allied Health Professions, Dentistry, Nursing & Pharmacy n Panel A plus a small number in other UoAs. As seen from the first paper detailed work defining ageing research had taken place and a purposive sample of 50 case studies was considered across Panels A, B, C, D as research on ageing had been found in a majority of the UoAs. For this paper comparison is made between 4 case studies – one from each panel chosen for the BSG analysis and an additional 4 case from UoAs 22 and 23 where the Society has the largest number of members being submitted. The aim of the paper is to discuss the type of impact proposed by the REF authors and implications for the BSG in in aiding research dissemination.

Paper 3

Judith Phillips

University of Stirling

[Alison Bowes]

Reflections on REF 2014 from BSG Sub-Panel Members - assessing Impact'

In the years preceding the REF exercise, the Learned Societies were asked to nominate members who might sit on the assessment sub-panels and as experienced research academics bring an important element of peer review to this exercise. This was the case for some of our sub-panel members. In this presentation Judith Phillips and/or Alison Bowes talk about their work as sub-panel members; how their group was organized, and their links to the main Panel C committee.

Then consideration is given to their involvement of assessing research impact and reflections on ageing research and the handling of multidisciplinary research.

Debora Price
University of Manchester
debora.price@manchester.ac.uk

A critical approach to pensions: neoliberalism, privatisation, and the financialisation of everyday life

The increasing role of financial markets, actors and motives in daily life is generally referred to as 'financialisation', a phenomenon that is growing worldwide. This symposium presents three papers by scholars analysing the impact of the increasing financialisation of daily life on financial outcomes in old age in the context of the neoliberalisation of old age. In particular we focus on the privatisation of welfare, notably pension systems. Each paper argues from a different perspective that these trends, namely financialisation and privatisation, are adversely affecting the accrual of later life income in the form of pensions. We ask, collectively, whether "choice" can really be an appropriate basis for future policy, given the very restricted range of choices that people actually have when they reach their 60s.

Paper 1

John Macnicol

London School of Economics

Can Raising State Pension Ages Enhance Choice?

The policy of recent governments in the UK has been to implement a gradual raising of state pension ages. In late 2013 the Chancellor of the Exchequer, George Osborne, announced that, in future, the principle guiding state pension eligibility should be that citizens should expect to spend 'up to' one-third of their adult lives in state-funded retirement; hence state pension ages will in future be linked to life expectancy rises.

Ostensibly, this is being done in order to deal with potentially difficult fiscal and demographic pressures over the next fifty years, consequent upon the ageing of the UK population. However, this paper will argue that raising state pension ages has long been a cause on the political right, and is part of a much bigger project to privatise retirement as far as is practicable. Ideologically, a redefinition of retirement is taking place, emphasising choice and control over both the funding of retirement and the decision to retire.

This paper will examine how far choice and control can be exerted over the decision to retire. It will focus on two areas: (a) the contentious debate over state pension ages over the last hundred years, showing that the push to raise them is not of recent origin; (b) historical trends in male 'early' retirement, tracing the fluctuations in the average age of permanent labour market exit over past decades and showing that early retirement is a very long-run phenomenon, not one originating in the 1970s.

Paper 2

Jo Grady

University of Leicester

The Decline of the UK Pension System and the Emerging Financialisation of Retirement

This paper is concerned to account for the collapse of adequate pension provision in the UK, which was until quite recently, very differently organised with a quite high percentage of the working population provided for by adequate company and occupational pension schemes. The collapse of this provision has allowed for a reconfiguration of pensions, that are now wholly transformed from the intergenerational collective agreements of recent past (be these with the State or with Employer), to individualised saving investments, with vastly reduced contribution from both employer and state. Regardless of increases in retirement ages, this reconfiguration in provision will have serious implications for retirement, as it will become increasingly difficult for employees to choose to retire, when they are economically compelled to stay in the labour market, due to insufficient pension savings. Thus, the reconfiguration of the UK Pension system in the UK has actually prompted a financialisation of retirement.

The argument presented in this paper works on different levels; (a) the reconfiguration of the UK Pensions system has left individuals with less favourable pension options than previously experienced, (b) the introduction of very much less adequate and more fully private provision provided by the private sector will result in less viable pension arrangements for individuals which will compel them to work for longer into their retirement, and thus, (c) this effectively represents the emergence of a trend in the financialisation of retirement as individuals who by extending working lives due to economic compulsion, as opposed to choice, find their very retirement choices are a result of increased financialisation of everyday life.

Paper 3

Debora Price

The University of Manchester

Financial Capability and Financial Education: What do we know and why does it matter?

The financial education industry is now a multi-billion dollar industry pervading many aspects of daily life as governments, corporates, civil society and educators increasingly perceive financial capability to be an essential skill for successfully navigating modern life. The growth in the financialisation of daily life follows the liberalisation of financial regimes of the 1980s and 1990s, the proliferation of financial services and financial instruments, and the increasing privatisation around the world of the provision of welfare by governments transferring this function to the private sector, especially in the realm of pensions.

While almost all the research in this realm comes from America, over the last ten years we have seen research agendas begin in other high income countries on this topic, as well as in middle and low income countries. In this paper I ask what we know about financial capability and financial education in light of the increasingly important role that individual financial competence plays in our pension system.

I find that while we know that levels of financial capability are alarmingly low, we have less idea of what part financial capability plays in financial outcomes, and while the evidence on whether financial education makes a difference is heavily contested, the answer is that financial education probably makes very little difference to outcomes. I ask why we remain so wedded to financial education as a solution to these problems in the light of the evidence and pose questions about the implications for pension system design.

Debora Price
The University of Manchester
debora.price@manchester.ac.uk

Images of Ageing: A Symposium to discuss the portrayal of age and ageing in the international photography competition "Ageing: The Bigger Picture"

How we portray age and ageing in photography is an extremely important question, since cultural representations play a role in framing discourse, thought, politics, policy and daily practices of ageing. This issue is increasing in importance with the proliferation of photography and photographs as an integral and ubiquitous part of daily life across the internet and social media.

From November 2015 to January 2016, Photocrowd (www.photocrowd.com) sponsored by the British Society of Gerontology ran an international photography competition aimed at professional and amateur photographers, to portray ageing in the 21st century around the world. The competition was entitled "Ageing: The Bigger Picture" (https://www.photocrowd.com/challenges/374-ageing-bigger-picture/winners/) and aimed at capturing a nuanced understanding of age and ageing. Judging was both by a crowd vote and an expert panel, the panel comprising a professional photographer, an academic photographer, a prominent fashion journalist and an academic gerontologist. The competition attracted 1243 entries, and over 200,000 ratings in the crowd vote, and the results attracted widespread publicity including being featured by the BBC.

In this symposium a panel of leading gerontologists from the UK and Canada offer short critical reflections on the contemporary portrayal of ageing through photography as represented by the competition entries. Each panelist will present a different perspective on the images submitted to the competition, their meaning and impact. This will be followed by a whole panel/audience discussion.

Speakers:
Dr. Charles Musselwhite, University of Swansea: 'The crowd and expert votes: what do these tell us about gerontology and photography?'

Dr. Hannah Zelig, University of the Arts, London: 'Beauty, representation and ageing'

Professor Anne Martin-Matthews, University of British Columbia, Canada: 'The portrayal of couple and family life'

Professor Vanessa Burholt, University of Swansea: 'Images, culture and place'
Dr Paul Nash, University of Swansea: 'Cultural representations of ageing: the mainstream media and competition images compared'

Professor Ingrid Connidis, Western University, Canada: 'Representations of ageing: subject and object'

Professor Chris Gilleard, University College London: 'Pictures or picture frames? Some reflections on the competition's photographic imagery'

Professor Julia Twigg, University of Kent, Panel Judge: 'Reflections on judging the photography competition'

Jos M.G.A. Schols
Maastricht University

Balancing factors for frailty in community-dwelling older adults

Several instruments have been developed to detect frailty in older adults. However, these mainly focus on the deficits of frailty while not every state of frailty has negative outcomes for daily life. Frail older adults may experience their need for help differently because of factors influencing their daily situation. This symposium contributes to the investigation of balancing factors in frailty in order to not only detect deficits and dependency but also to gain insight into factors that may redress their frailty situation. First, Lieve Hoeyberghs will discuss the contribution of personality traits in relation to frailty. Second, Anne van der Vorst will give an overview of risk and protective factors for disability in activities of daily living. Deborah Lambotte will elucidate results on the use of informal and formal care of community-dwelling older adults and their relation with frailty. Finally, Daan Duppen will discuss the results concerning the relation between the social environment and frailty. The symposium's individual presentations represent balancing factors from a multidimensional and holistic frailty approach. The findings and discussion will have implications for future empirical research regarding frailty and public policies in supporting older adults and their environment to age in place.

Paper 1

Lieve Hoeyberghs

Hogeschool Gent

[Nico De Witte, Jos M.G.A. Schols, D-SCOPE consortium]

Contribution of psychological balancing factors in frailty

To the best of our knowledge, psychological frailty is understudied. Several scholars point to the importance of emotions when ageing. As a consequence, a good understanding of older people's emotions can provide an inside perspective in the dynamics of psychological frailty. Indeed, a balanced emotional development is related to early environment experiences, personality traits, and neuroticism. Thus, feeling psychologically frail strongly depends on individuals' personality traits (defined in DSM-5 by negative affect, detachment, antagonism and inhibition).

Further, there is strong evidence that enhanced neuroticism is related to adverse outcomes. Neuroticism, defined by irritability, anger, sadness, anxiety, worry, hostility and vulnerability. Also experiences of enhanced emotionalism, sensitivity to criticism and high self-criticism are observed. In this contribution we present the findings of a qualitative study based on 100 in-depth interviews with frail older people aged 60 and over, living in Flanders, Belgium. The results, however preliminary, reveal new perspectives on psychological frailty. Moreover, the importance of the contribution of the paradox of well-being, as balancing factor in frailty. Are, as suggested, community-dwelling older people despite ageing, worsening physical functioning and general decline reporting higher senses of 'feeling good'?

Paper 2

Anne van der Vorst

Maastricht University

[G.A. Rixt Zijlstra, Nico De Witte, Gertrudis I.J.M. Kempen, Jos M.G.A. Schols, D-SCOPE consortium]

Risk and protective factors for activities of daily living in community-dwelling (oldest) old: a systematic literature review

Frailty may lead to disability in activities of daily living (ADLs), which are essential for living an independent life, and therefore may threaten the wish of most older people to age in place. However, not all frail older adults experience disability in ADLs, and therefore it is not only important to gain more insight into risk factors of ADLs, but also into protective, or 'balancing', factors. Since disability in ADLs mainly occurs in the oldest old, a review of risk and protective factors for ADLs in community-dwelling older adults aged 75 and over was conducted.

CINAHL (EBSCO), EMBASE, PsycINFO and PubMed were searched systematically for potentially relevant articles published between January 1998 and July 2015. Longitudinal, prospective studies assessing risk and protective factors for ADLs in community-dwelling adults aged 75 and over were included. After careful selection of 6,705 identified articles, 25 were included. The overall strength of the evidence per identified factor was rated by examining the associations and the quality of each study.

Higher age, female gender, diabetes and stroke were found to be risk factors for ADLs in multiple studies, whereas a high level of physical activity was found to be protective. By far most factors that have been examined were considered as risk factors, and most factors were examined in one study only, or were not or ambiguously associated with ADLs.

To conclude, this review shows that research regarding protective factors for ADLs needs more attention, because to date mainly risk factors have been examined.

Paper 3

Deborah Lambotte

Vrije Universiteit Brussel

[Liesbeth De Donder, Tinie Kardol, D-SCOPE consortium]

Use of informal and formal care of community-dwelling older adults. Frailty differences in older adult's care utilisation.

This contribution examines the different types of informal and formal care utilisation of community-dwelling older adults and investigates whether the combination of formal and informal care use differs across levels of frailty. Using cross-sectional data of community-dwelling older adults (60+) from the Belgian Ageing Studies (BAS), collected between 2008 and 2014 in 83 Flemish municipalities (N=38,066), we performed Latent Class Analysis (LCA) to identify classes of informal and formal care use among older adults. Chi-Square analyses are performed to explore the relationship between the different classes of care use and frailty and ANOVA analyses to assess differences in hours of assistance according to the different classes. LCA identifies 8 classes of care use, which vary in combinations of informal and formal care providers. The results reveal inter alia that older adults who are more likely to combine care from nuclear and extended family with care from all formal caregivers (general practitioner, home nursing and formal home assistance) are more physically, psychologically, environmentally and multidimensionally frail. Throughout the presentation the argument is developed that older adults use more informal care than formal care. However, when older adults are frail the use of informal and formal care moves from a substitute use towards a complementary use. Policy makers encouraging informal care in order to decrease formal care costs should consider that older adults do not always use informal care and frailty in older adults influence the potential role of informal care providers.

Paper 4

Daan Duppen

Vrije Universiteit Brussel

[Liesbeth De Donder, D-SCOPE consortium]

The social environment as potential balancer for frailty: evidence from existing studies

Policy makers tend to rely more and more on the informal network as care providers for frail older adults. While literature mostly focuses on family care, also broader social networks are considered to be important. However, these social networks tend to become smaller in later life. This paper investigates the potential role social environment can play as risk or balancing factor for frailty. Observational studies in Web of Science, Pubmed, Proquest Social Science and Ovid psychINFO databases were systematically screened for relevancy.

Findings from fifteen articles could be classified in five different categories, pointing towards five different types of social environment: social networks, social support, social participation, subjective neighbourhood experience and socio-economic neighbourhood characteristics. Social participation, subjective neighbourhood experience and socio-economic neighbourhood characteristics appeared to have a (strong) protective function with frailty or frailty worsening in eight studies. Social networks and social support on the other hand were mostly not related with frailty or adverse frailty outcomes except in five studies where gender of the care receiver and relation with the caregiver were separately researched.

The discussion highlights that the social environment and frailty are related, but mainly in the form of neighbourhood characteristics and in order to counteract frailty in prevention programs focusing on older adults, it is suggested to include social environment from a broad perspective and not solely focusing on increasing social support and strengthening networks.

Barbara Sharp
Alzheimer Scotland/University of West of Scotland
bsharp@alzscot.org

Perspectives on caring for people with advanced dementia: education, policy and practice.

Recent years have seen the care of people with dementia transformed by greater understanding of the syndrome and positive models of support to help people live well with their condition following diagnosis, in more aware, enabling and inclusive environments.

These transformational initiatives have been less attentive to dementia in its most advanced, severe states where people still experience inequalities of access to the specialist care they require, poor understanding of the experience of this most complex and many faceted condition, and suboptimal care. Advanced dementia lays bare the vulnerabilities of our humanity and calls for sensitive but also practical, resourced, and informed responses.

The papers presented in this session explore intimately the experience of advanced dementia and offer us some direction in terms of practice, education of the health and social care workforce and policy frameworks which may begin to address this much neglected area.

Paper 1

Margaret Brown
University of West of Scotland

Beyond measure: quality of life in the person with severe dementia

I have sought to explore and understand the phenomenon of quality of life for the person with severe dementia living in a care home using six case studies to forming a collective case study grounded in social constructivism. Exploring how this social world might be created and co-created, I have developed an understanding of the phenomenon from the data derived from the individual with severe dementia, close family and care home staff.

Using a collective case study approach the study uses a body of data including non-participant observation, semi structured interviews, routinely collected data, rating scales, care notes and artefacts used to construct six individual case reports. Following analysis the results are related as individual case reports and are then presented as a cross case analysis.

Findings from the study have enhanced the understanding of the importance of considering the fundamental aspects of life within the care home setting. Eating and drinking and personal care form much of the waking hours for the person with severe dementia and contribute considerably to the experience of quality of life. These insights are in contrast to the drive for therapeutic interventions that are not embedded in the greater part of the person’s day. The fundamental aspects of care are referenced here within a relationship focused care framework, including the person, family and staff. Implications for practice, education, policy and further research are considered and some recommendations are offered.

Paper 2

Karen Watchman

University of West of Scotland

Dementia Palliare: A European wide initiative to enhance practice in the care of people with advanced dementia

In advanced dementia, people living with the illness, and their family, need to be supported by a qualified and confident workforce, who are both evidence informed and supported to continually develop their practice. Workforce training, commitment to good quality continuing care and services for people living with dementia are World Health Organisation priorities (2012). Education for care staff and partnership working with families is recognised at strategic and policy level across Europe (2015). However, the reality is that research and training on advanced dementia is scarce. This session highlights the importance, in the face of the rising incidence of dementia, for accessible education to support and manage care for people with advanced dementia, making use of modern technology, communication and networking to support learning in a virtual environment. 'Palliare', meaning 'to cloak', is a European Union Erasmus+ project led by University of the West of Scotland that is collaboratively creating a range of practice based and experiential online learning resources to support carers of people in the advanced stage of dementia. A virtual international Community of Practice will be shared – a learning environment where people with common interest in advanced dementia come together to share and learn from each other. This will be presented in the context of a new European Best Practice Statement on Advanced Dementia Care developed after a literature review, gap analysis of the qualified dementia workforce, and review of experiential learning.

Paper 3

Amy Dalrymple

Alzheimer Scotland

Alzheimer Scotland's Advanced Dementia Practice Model: understanding and transforming advanced dementia and end of life care.

Increasing life expectancy means more of us will experience dementia and the proportion of people dying with dementia will grow. In addition advanced dementia presents the most complex phase of the illness, characterised by intensive physical and psychological symptoms, and difficult transitions. Current models of support for people with dementia do not respond well to the needs of people living with advance dementia.

Alzheimer Scotland has carried out an extensive consultation and information gathering process, involving people with dementia, their family members and carers, individual professionals and partner organisations. Alzheimer Scotland has researched best practice and explored through a literature review the available evidence of how to understand advanced dementia and provide the best support for people living with the advanced phase of the illness.

A key finding of the report is that this complex phase of dementia requires a multi-disciplinary, coordinated and planned approach. Alzheimer Scotland Advanced Dementia Practice Model sets out an integrated and comprehensive, evidence-based model to promote the wellbeing and quality of life of both the person with advanced dementia and at end of life with dementia, including those closest to them. It builds on key developments in post diagnostic and community support and introduces an Advanced Dementia Specialist Team to provide optimum care in advanced dementia and at end of life.

This presentation provides an explanation of the model and of the key findings and recommendations of the report.

Chaz Simpson
Brunel University & University of Hertfordshire
charles.simpson@brunel.ac.uk

Vagrant Academic Careers in Gerontology: The route from early career to permanency?

Despite the growing recognition of a global ageing population and the opportunities and difficulties it may bring to all walks of life, academic careers in gerontology are more perilous than ever. Currently more than a third of academics in the United Kingdom are employed on a non-permanent basis, with the majority of these being early career researchers and gerontology is no exception. This symposium aims to discuss and bring together early career researchers who have gained extensive experience and knowledge on a variety of levels of academia and industry across different countries to tell their stories of negotiating their short-term, temporary, vagrant academic careers. In relation to these stories, I will reflect on my own career which began in 1998, yet it took until 2007 to gain a permanent academic post. I would never have been able to achieve permanence nor carve a niche for myself in gerontology had it not been for SPARC (Strategic Promotion of Ageing Research Capacity; Lansley, 2007, 2010) that offered training and support, a project to run, networking opportunities and showcasing my research while also lobbying for change. How such elements might support early career researchers on a trajectory to permanency will be discussed.

Paper 1

Hannah R Marston
The Open University

Going international: perspectives, insights & lesson's learned from working on the international level of academia as an early career resarcher

Over the last several years early career researchers graduating from multi-disciplinary studies have had to explore alternative employment opportunities outside their usual sphere. Being a graduate in a multi-disciplinary subject (virtual reality & gerontology), and who graduated in 2010 (2 years after the economic crash), one had to explore alternative employment opportunities in regards to 'life' after an early career researcher, while starting to climb the academic ladder. Thus, keeping in mind the necessity to publish from one's PhD, in addition to undertaking the responsibilities required for one's current position.

This presentation aims to provide attendees an insight into the perspectives of choosing to start one's academic career on the international level and within the confines of a global economic crash. Was it through choice or was it a matter of going where the work was/is? Applying and working on fixed term contracts can be fruitful and provide an array of experience and networking opportunities. However, the emotional, mental, and physical strain can take its toll.
Therefore, being aware of the challenges and benefits of applying for international appointments (including variations of applications), structure of resume, salary, grant applications and taxes, which may be alleviated if one knows what facets to look? In addition to getting to grips of living and working in different cultures is also crucial to settling into a new life be-it on a personal or business level.

Paper 2

Chaz Simpson

Brunel University & University of Hertfordshire

Ticking all the boxes: trying to make yourself indispensable while surviving on part-time fixed-term contracts.

Finding it difficult to carve that niche in (social) gerontology, having to explore alternative employment opportunities if you haven't yet found that niche, all while being immersed in a changing employment environment where fixed-term part-time teaching- or research-only contracts are becoming the normal?

All of the above form part of my story, a story that's started, while working in my first fixed-term, part-time research-only post, with the realisation that I would need to be a successful lecturer, researcher and administrator if I wished to aim to be a permanent full-time academic with a career and research plan that stretched to retirement. With universities presenting themselves as being committed to the student experience, but at the same time seeming to be casualising their workforces by offering more and more short fixed-term contracts, and as more early career academics find themselves chasing a declining number of permanent positions what can one do to achieve the academic dream. Making myself indispensable, might have been the answer.

Now as I come to the end of what many see to be my 'early career researcher' years, this presentation will outline my personal journal across the five years since graduation to be able to tick all the boxes trying to make myself a serious proposition for a permanent full-time academic post. I will conclude with contemplation's on what I have achieved and what I might still need to focus upon to attain my desired outcome.

Paper 3

Jackie Reynolds

Keele University

Change and Challenge: life as an early career researcher

For a number of years there have been concerns in academia about the position of postdoctoral researchers, particularly in relation to future employment prospects (Akerlind 2005). Two of the key problems that have been identified in the US and Australia (but with relevance elsewhere) are that a lack of permanent academic positions has resulted in the increased duration of postdoctoral employment, and that early career researchers face a range of barriers and disadvantages in relation to obtaining research funding (Laudel and Glaser 2008). This has led to concerns about how effectively early career researchers are being prepared for 'life' after PhD and early career to make the transition from dependent to independent researchers.

As an 'early career researcher' who graduated in 2011, this presentation offers a personal perspective on my experiences of negotiating such challenges. I draw on my experiences in relation to teaching, self-employment, and undertaking fixed-term contracts to highlight both the difficulties encountered and the successes achieved. In particular, I focus on a two-year appointment as a Senior Researcher (2013-15) that included both research development and undertaking research, including leading an AHRC-funded research project at a relatively early stage in my career. The presentation will conclude with some reflections on the lessons learned and on hopes for future developments.

Paper 4

Amanda K. Hall

Consumer Health Informatics and Aging Research Career Opportunities: A Postdoctoral Post-Perspective on the US Academic versus Industry Job Interview Processes

The field of Consumer Health Informatics (CHI) focuses on research and development of tools and applications for health to improve consumer health outcomes, health care engagement, communication between healthcare providers and patients, and medical decision-making. The field of CHI is growing as more consumers gain access to technology and the U.S. healthcare system advances to a digitally-based health information infrastructure. For example, among US working adults, 96% use the Internet or a mobile phone and while younger generations are prolific technology users, older adults show the highest rates of new Internet adoption (Madden & Jones, 2008; Jones & Fox, 2009). To fully engage in their health care patients need access to technology that is easy to understand and interpret. However, many challenges such as the usability of websites and medical devices, access to accurate and interpretable health information and resources, and the need for customizable personal health information persist. Therefore, Industry and academic career research opportunities have emerged to meet the increased demand for effective and well-designed CHI applications and tools.

The aim of this presentation is to discuss career opportunities in the areas of ageing and technology related to CHI. The presenter will share the do's and don'ts of submitting job application materials, delivering job talks and chalk talks, and how to prepare for industry and academic job interviews. Finally, the pros and cons of each career path will be discussed.

Randall Smith
University of Bristol
randall.smith@bristol.ac.uk

What Future for Adult Social Care in Extra Care Housing?

This symposium draws on research funded by the NIHR School for Social Care Research. The focus is on the current and future provision of adult social care in housing with care settings. Three studies,all based in England,were supported:

(1) Adult Social Services in Environment Settings,2012-2014(ASSET,PI: Simon Evans, University of Worcester);

(2) The Development of Community Hubs in Extra Care Housing Schemes.2014(PI: Simon Evans);

(3) The Provision of Social Care in Extra Care Housing,2015-2017(ECHO, PI: Ailsa Cameron,University of Bristol). They all address the challenges presented by a difficult policy environment in which local politicians, policymakers and practitioners are invited to do more with less. The national rhetoric of effective integration, personalisation, increased wages,asset based welfare and other positive sounding initiatives are accompanied by a major reduction in central government financial support for local agencies,a controversial mode of governance,not least in an an ageing,post-industrial society.

Paper 1

Ailsa Cameron

University of Bristol

[Atkinson, T., Evans, S., Darton, R., Porteus, J., Smith, R., Johnson, E., Lloyd, L.]

Integrating housing and care for older people

Recent figures suggest that people over the age of 65 account for almost 51% of gross local authority spending on adult social care (Oliver et al 2014). Current projections indicate that a growing proportion of older people will, in the future, be living on their own and will require formal care (King's Fund 2014). While these demographic changes have significant implications for adult social care policy they also demonstrate the need for sufficient and appropriate housing that enables older people to live independently.

The provision of appropriate housing is a key element of UK government policy. Various models of housing with care have emerged with Extra Care Housing (ECH) offering the potential to combine housing and social care in the same setting. Indeed the integration of personal housing alongside individualised care means that ECH is viewed as 'a viable alternative to and possible replacement for residential care' (Beach 2015:7).

Drawing on findings from the ASSET and ECHO projects this paper will consider what potential the integration of housing and care has for older people living in the UK. It will consider the different models of integrating social care within housing and the advantages, as well as some of the challenges therein. The implications of integrating housing and care will be considered from the perspective of those managing schemes as well as from care workers and older people themselves.

Paper 2

Robin Darton

University of Kent

[Cameron, A., Smith, R., Johnson, E., Lloyd, L., Atkinson, T., Evans, S., Porteus, J.]

The Role of Commissioners in Developing the Market for Housing with Care

In recent years, the central role of housing in the development of effective community care services has become widely recognised. For example, in setting out the general duty of local authorities to promote well-being, the Care Act 2014 includes well-being relating to the suitability of an individual's living accommodation. In particular, housing with care has become increasingly popular, and has been seen by policy-makers and commissioners as offering a cost-effective alternative to residential homes.

However, the organisation of housing with care is complex, with a range of funding arrangements and the need to provide housing services together with care and support. Furthermore, commissioners of services have to respond to multiple, and possibly conflicting, changes in policy and practice, for example personalisation, the introduction of personal budgets, changes in eligibility criteria, spending reductions and welfare changes. There is a danger that, by concentrating on contracts and services, commissioners may lose sight of the more strategic aspects of commissioning necessary to facilitate high quality care and support (Smith, 2015).

The ECHO project (The Provision of Social Care in Extra Care Housing), which began in 2015, and its forerunner, the ASSET project, were commissioned and funded by the Department of Health's NIHR School for Social Care Research. This presentation will draw on interviews conducted in the two projects to examine the strategic response of commissioners to the process of developing and shaping the provision of housing with care.

Paper 3

Simon Evans
University of Worcester

[Atkinson, T., Darton, R., Cameron, A., Smith, R., Netten, A., Porteus, J.]

The Community Hub approach to extra care housing: integrating health and social care.

There is growing evidence for the benefits of housing with care for older people including a good quality of life, better physical and cognitive ability, and opportunities for social interaction (Atkinson et al. 2014; Netten et al. 2011; Evans and Vallelly 2007; Bernard et al. 2007). Many housing with care schemes have a range of services and facilities that can accessed by people in the surrounding community, reflecting a more integrated approach to health and social care. Interest in this 'community hub' model is growing among commissioners and providers in line with current Government policy and drivers for change. The model is perceived as being able to contribute towards the integration of older people's housing within local health and social care economies (DCLG 2009). Potential benefits include the integration of older people's housing, reduced isolation and increased cost effectiveness of local services through economies of scale and by maximising preventative approaches to health and wellbeing. A range of wider social benefits might also be envisaged, such as greater acceptance of older people within society and more intergenerational contact. This paper draws on a survey of housing with care schemes and four In depth case studies from the ASSET project, funded by the School for Social Care Research (part of the National Institute for Health Research) to explore the potential of housing with care schemes to act as a community hub and to highlight a range of benefits, barriers and facilitators.

Ben Spencer
Oxford Brookes University
bspencer@brookes.ac.uk

Researching Design for Wellbeing: Ageing and mobility in the built environment

In 2013 the UK Research Council's Lifelong Health and Wellbeing (LLHW) programme [i] funded seven projects to investigate the ways in which better design of the built environment could facilitate and enable the mobility, physical activity and connectivity of older people within their communities. As this research moves to a conclusion this symposium brings together four of the LLHW projects to reflect on the innovative methods they have used, their initial findings and the implications for the design of environments, related technologies and wellbeing.

Paper 1

Vicki Hanson
University of Dundee

BESiDE: Promoting Physical Activity and Social Engagement Amongst Care Home Residents

For the past couple of years, we have been engaging in research 'in the wild' in care homes. This work aims to understand aspects of the built environment that effect residents' physical activity and social interaction. Researchers in BESiDE collect many types of data, including interviews, co-design input, location and environment information from wearables, and architectural information about the care homes. In this symposium, we will report on these different aspects of the work, describing our results, showing how the pieces inter-relate, and discussing our various methodological successes and challenges.

Interviews have been conducted with architects, care home visitors, and care home residents to understand strengths and weaknesses of various building structures in a variety of built environments ranging from new-built to retrofit, from small to large. Observations in care homes were carried out, again in architecturally different buildings, to understand activities and building designs that interact with movements of residents. Workshops were conducted with residents to work through issues of co-design to consider types of wearables that would be acceptable for our sensor studies.

Current work uses sensors to understand where care home residents spend their days and how design characteristics of the built environment interact with their physical activity and social interactions. Our goal is to juxtapose building designs and information from interviews, observations, and sensors to inform as to how building design can facilitate physical activity and social interaction for care home residents.

Paper 2

Sara Tilley
University of Edinburgh

[Chris Neale]

Older people's experiences of mobility and mood in an urban environment: a pilot protocol for comparing electroencephalography (EEG) information with self-reports

Objectives: This study aims to develop a protocol to help understand how walking through different urban environments affects mood using mixed methods including electroencephalography (EEG), self-reported measures and interview results. This presentation describes the protocol, practical implications, and a critical review of these methods. In addition to a summary of findings, case studies of individual participants will be presented to highlight themes.

Methods: Healthy participants aged over 65 walked a continuous route that comprised of green space and a busy urban street in Edinburgh wearing an EEG headset. A week later, 8 participants completed reflective interviews. Participants watched a 10-minute video of the route, paused throughout to create 8 segments of interest. For each segment, participants described their walking experience and completed a Likert scale indicating how 'excited', 'engaged' and 'frustrated' they felt, corresponding to time matched Affectiv Suite EEG (Emotiv proprietary software) outputs.

Main findings: Quantitative outputs suggest changing levels of excitement, engagement and frustration between environments whilst walking, further reflected in the themes that emerged during interview. Some common themes emerged, including: anxiousness prior to walking; awareness of the experimental set-up and seeking landmarks for navigation. The weather and social interaction along the route mediated their experience. Comparative analysis between Affectiv Suite and Likert scales show no statistical difference. Case studies highlight changes in mood correlating with participants' remembered experiences.

Conclusions: A mixed methods protocol is presented focusing on mood in urban environments. This synergy of methods may offer a deeper understanding of changing mood whilst walking amongst older people.

Paper 3

Ben Spencer

Oxford Brookes University

Maintaining Momentum - ageing and cycling in Oxford

The cycle BOOM project aims to investigate cycling among people age 50 and over in four UK cities (Oxford, Reading, Bristol and Cardiff) using a mixed methods approach. This includes biographical interviews, mobile methods and quasi-experimental cycling and wellbeing trail.

This paper focuses on existing cyclists living in the Oxford area who participated in mobile observations and subsequent video elicitation interviews and also new and returning cyclists who took part in the cycling and wellbeing trial. The paper will present preliminary findings that highlight the strategies existing cyclists use to maintain cycling in older age and their experiences of cycling and impact on wellbeing. It will also present preliminary findings from the 8-week cycling and wellbeing trial on the experience of new and returning cyclists, how this unfolded during the course of the trial, the impact on health and wellbeing and likelihood of continuation of cycling.

The paper will provide a reflective summary of emerging thoughts on how specific social, technical and physical design interventions could support cycling as part of strategies to promote healthy ageing.

Paper 4

Wilbert den Hoed

Newcastle University

[Helen Jarvis]

Inclusive cycling for active mobility: social engagement in the age-friendly city

Several national policies acknowledge that active forms of transport improve public health and reduce travel costs, pollution and congestion. At the same time, increasing emphasis on ageing in place highlights that individual mobility is of crucial importance to social participation and access, meaning that the need to stay mobile goes beyond issues of general health and access to amenities. The claim here is that an age-friendly city flourishes with high engagement in active travel such as cycling.

This paper considers the contemporary situation of Newcastle upon Tyne, a low-cycling city in a low-cycling country, where improvements are being made to the road system infrastructure to increase active forms of transport and to demonstrate commitment to the UK Age-Friendly Cities (AFC) Network.

Comparisons are made with the Netherlands, a high-cycling country, to show how cycling contributes improvements to general health and social participation throughout different life stages. The study combines mobile methods for mapping everyday journeys from GPS tracking alongside efforts to engage with individual cyclists to better understand ageing and cycling practices relationally. The findings from the Netherlands show how initiatives to promote cycling in the AFC of Newcastle upon Tyne may avoid exclusionary processes and strengthen interdependent mobilities. It is argued, from international comparison, that an inclusive approach is vital in order to facilitate both physical and social activity and mobility for all ages.

Dominique Verté
Uantwerpen and Vrije Universiteit Brussel
Dominique.Verte@vub.ac.be

Detection, Support and Care for Older people: Prevention and Empowerment.

The primary aim of this symposium is to discuss research concerning the detection and prevention of multidimensional frailty. Currently, frailty is often not detected in time, while frailty is associated with multiple adverse outcomes (e.g. hospitalisation and institutionalisation). This threatens the wish most older adults have to age in place. In order to reverse or remove the negative outcomes of frailty, frailty needs to be detected on time. A first step in this process might be the addition of cognitive frailty to the multidimensional model. Ellen De Roeck will therefore present the multidimensionality of frailty and the added value of cognitive frailty at the Comprehensive Frailty Assessment Instrument (CFAI) scale. Next, An-Sofie Smetcoren will discuss socio-demographic and -economic risk profiles for frailty from a multidimensional perspective. This can help to make prevention of frailty more individualised. Subsequently, Bram Fret will present the relation of socio-demographic and -economic profiles with the use of formal and informal care. Subsequently, Michaël Van der Elst will review the outcomes of interventions addressing frailty.

In sum the insights of all studies discussed in this symposium can help to detect older adults in need of care and support, and to make preventive actions and/or empowering activities more individually tailored.

Paper 1

Ellen De Roeck
Uantwerpen and Vrije Universiteit Brussel

[Peter Paul De Deyn, Sebastiaan Engelborghs, Eva Dierckx, D-SCOPE consortium]

Including cognitive frailty to the Comprehensive Frailty Assessment.

Frailty is a complex and multidimensional syndrome. One of the subtypes of frailty is cognitive frailty. Cognitive frailty can be described as a heterogeneous clinical manifestation characterised by the presence of cognitive impairment in exclusion of a dementia. Cognitive frailty is associated with negative outcomes. For example older people with cognitive frailty are more prone to develop dementia.

The Comprehensive Frailty Assessment (CFAI) measures only four domains of frailty, namely physical, psychological, social and environmental frailty. The absence of cognitive frailty can be seen as a limitation.

Therefore, we conducted a study in which we administered 6 questions about cognition together with the CFAI. The questions are based on the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE), which is a short questionnaire designed to assess cognitive decline and dementia in older adults. The CFAI and 6 questions were then administered together with the Montreal Cognitive Assessment (MoCA), an objective measure of cognitive functioning, to 100 community dwelling older persons. In this way the correlation between the objective measure (MoCA) and the subjective interpretation of the participants (6 questions) could be studied. After we studied this association we will select, through factor analysis, the most useful questions and add those questions to the CFAI.

Paper 2

An-Sofie Smetcoren

Vrije Universiteit Brussel

[Sarah Dury, D-SCOPE consortium]

Socio-demographic and socio-economic risk profiles for the identification of frailty in community dwelling older adults.

This paper investigated risk profiles of frailty among older people, as this is essential for targeting those individuals at risk for adverse outcomes and to undertake specific preventive actions.

Frailty is conceived not only as a physical problem, but also refers to emotional, social, and contextual hazards. Using data generated from the Belgian Ageing Studies (n=30,984) we tested a multivariate regression model which included socio-demographic and socio-economic indicators as well as four dimensions of frailty, for men and women separately. Findings indicate that for both men and women, increased age, having no partner, having moved in the previous 10 years, having a lower educational level or having a lower household income are risk characteristics of becoming multidimensional frail.

Moreover, when looking at the different frailty domains, different risk profiles arise, and gender-specific risk characteristics are detected. To conclude, this paper pays attention to practical implications and formulates a number of future research recommendations to tackle frailty in an ageing society. The necessity for a thorough knowledge of risk profiles of frailty is demonstrated, as this will be cost and time saving and permit preventive actions to be more individually tailored.

Paper 3

Bram Fret, Dominique Verté, D-SCOPE consortium

Vrije Universiteit Brussel

[Dominique Verté, D-SCOPE consortium]

Socio-demographic and socio-economic profiles of community-dwelling older adults by the type of care use.

Timely identification of frailty by preventive home interventions can allow older people to age well at home and maintain their independence. In recent years, formal caregivers gained more attention for preventive home-based support and health promotion for older people to prevent frailty, but research in this field is still limited. This paper aims to identify differences in formal and informal care use of community-dwelling older adults in terms of socio-demographic and socio-economic characteristics.

First, Latent Class Analyses (LCA) is used to identify types of care use among community-dwelling older people. Second, Chi-Square analyses are performed to assess the socio-demographic (age, gender and marital status, need for care) and socio-economic variables (level of education and income) within the different types of care use. All analyses are performed on data collected by the Belgian Ageing Studies, a survey among community-dwelling older people (60+) (N =38,066).

Results indicate that older adults likely to receive a combination of formal and informal care are more likely to be older (80+), never married and more in need of help for personal care, household activities and personal mobility. The results suggest that the use of formal care increases with age and is not related to socio-economic status or educational level. Older adults using informal care are more often highly educated and have a higher household income.
A preventive home-based approach seems to be useful for younger older people who use less formal home assistance.

Paper 4

Michael Van der Elst
Ku Leuven

[Birgitte Schoenmakers, Jan De Lepeleire, D-SCOPE consortium]

Have interventions effect on 'frail' community dwelling older adults.

The population in the European Union is ageing rapidly. Therefore, the number of older adults who are vulnerable will increase. Research shows that 17% of the persons over 65 are frail. According to some studies, interventions can restore the functionality of older adults and/or delaying the decline of frailty. This study aims to identify the effects that interventions have on 'frail' older people.

The effects are defined as the following outcomes: mortality, hospitalisation, costs, fall incidents and institutionalisation. A systematic review is performed by use of various digital databases: Medline, Embase, the Cochrane Library, and Social Sciences Citation Index. Only randomised controlled studies aiming to threat frailty in community dwelling elderly (60+) in comparison with 'usual care' are collected. Approximately 30 studies are included. The results contain the effects of several interventions on predetermined outcomes mortality, hospitalisation, costs, fall incidents and institutionalisation.

Secondly, A comparison is made between the different interventions to measure the most effective intervention. Also other variables are crucial to compare, for example the age of the participants and duration of the intervention, in order to create a framework that gives insight into the effectiveness of an intervention. A framework will be presented describing the most effective pathway to improve the frailty decline of older adults.

Athina Vlachantoni
University of Southampton
a.vlachantoni@soton.ac.uk

Informal care over the lifecourse: provision, receipt and impact

This Symposium will present 4 papers drawn from research conducted in the ESRC-funded Centre for Population Change, under the work streams of Understanding intergenerational support and exchange; and Increasing longevity and the changing lifecourse. The Symposium brings together researchers from the University of Southampton (Jane Falkingham, Maria Evandrou, Madelin Gomez-Leon, Athina Vlachantoni) and the University of Stirling (Alison Bowes, Alison Dawson, Alasdair Rutherford, Feifei Bu), and presents findings from ongoing projects in the area of informal care provision and receipt. The overall objective of the Symposium is to enhance our understanding of key aspects of informal care provision and receipt over the lifecourse, for instance carers' time use and organisation of the caring activity; the impact of informal care provision on employment patterns; and patterns of reciprocity in support exchange over the lifecourse.

Paper 1

Maria Evandrou

University of Southampton

[Jane Falkingham, Madelin Gomez-Leon, Athina Vlachantoni]

Reciprocity between adult children and older parents over the lifecourse

Understanding patterns of intergenerational support is critical in the context of demographic changes, such as changing family structures and population ageing, and changes in the policy landscape of health and social care provision. Existing research has analysed intergenerational support at a given time in the individuals' life course, eg. from adult children towards older parents and vice versa. However, the lack of empirical data has rendered the study of the dynamic nature of such support a more difficult task. Using data from the 1958 NCDS, this paper examines the extent to which the provision of help from one's parents in early adulthood affects the chances of adult children to reciprocate with support towards their parents later in life (when children are 50). Three-quarters of both men and women had received some kind of help from their parents earlier in life, and more than half provided some kind of support towards their parents at age 50. Provision of support to parents was higher amongst those adult children who had received support earlier in the lifecourse than those who had not (57% vs 49% amongst men, and 60% vs 47% amongst women). The results also show that gender permeates patterns of support receipt and provision across the life course. Men in early adulthood were more likely to have received help with finances and accommodation, while women had received more emotional support and help with childcare. Such findings have implications for the provision of informal care towards future cohorts of older people, and by extension, the organisation of formal systems of social care.

Paper 2

Madelin Gomez-Leon

University of Southampton

[Maria Evandrou, Jane Falkingham, Athina Vlachantoni]

The dynamics of social care and paid work in mid-life

This paper investigates the impact of informal care provision to older parents/parents-in-law on the employment status of adult-children in mid-life. The study analyses unique longitudinal data of a cohort of individuals born in Britain in 1958. The analytical sample comprises all respondents who were at risk of providing care (i.e. with at least one surviving parent/parent-in-law) and who were employed at age 46. Logistic regression then investigates the impact of caring on changing employment status between 46 and 50, controlling for a range of socio-demographic characteristics, respondent's health status and partner's employment status. Continuous caring was significantly associated with reducing or stopping work, with the effects mediated by the carers' own occupational category and health, and by their partner's employment status. Amongst those caring at age 50, those providing intense care (10+ hours a week) were more likely to have adjusted their employment patterns between 46 and 50 than those in less intense roles and male carers were more likely to have adjusted their employment patterns than female carers. Duration and intensity of care matter. The ability to combine paid work and parental care in mid-life will be increasingly important in the context of rising longevity.

Paper 3

Alison Bowes

University of Stirling

[Alison Dawson, Corinne Greasley-Adams, Susan Murray, David Bell, Alasdair Rutherford]

Unpaid care for older people: a study of carers' time use

In the changing context and nature of family caregiving, this study aims to develop better understanding of what unpaid carers are doing, and how their work is changing. Existing research tends not to provide systematic exploration of and effective tools for examining carers' tasks, how they use their time and how this could be captured in large scale survey research. Large surveys tend to use structured questions about caring, which contain many assumptions about carers, and may not therefore be collecting data which can usefully inform contemporary policy. A qualitative phase of research has identified new understandings of carers' tasks and ways that they both relate to and use their time. This paper focuses on the development of a time use diary methodology which aims to collect extensive, detailed data about the range and frequency of unpaid care tasks, which will be used to develop a fuller understanding, and ultimately to inform more effective questioning in large scale surveys. The methodology draws both on the qualitative research and on work with a carers panel, who have advised on the feasibility and acceptability of the data collection process. The methodology will be used in the next phase of the study which is a larger scale study of time use by a sample of 250 carers.

Paper 4

Alasdair C. Rutherford

University of Stirling

[Feifei Bu]

What are we talking about when we ask about informal care? Evidence from the English Longitudinal Study of Ageing

Informal care plays a signifcant role in the care system for older people in the United Kingdom. This is projected to increase considerably in the next two to three decades as an ageing population leads to an increase in the demand for informal care. Understanding these patterns and trends requires a good quality measurement of the complex phenomenon of informal care. We analyse spousal care dyads from the English Longitudinal Study of Ageing (ELSA) in order to model under-reporting of the provision of care and support between spouses to provide an insight into the reliability of measurements of informal care derived from social survey data. We argue that the most common measures used are likely to be under-estimating both the scale and scope of informal care, and we recommend careful consideration of the wording and content of informal care survey questions asked of both carer and care recipient in order to operationalise measures of informal care activities.

Richard Ward
University of Stirling
richard.ward1@stir.ac.uk

Neighbourhoods and the new geography of dementia, care and support

Existing research tells of a 'shrinking world' following the onset of dementia. Attrition within social networks is often matched by steadily constricting boundaries to the geographies of everyday life. In this context, the home and a 'walkable zone' surrounding it, take on increased significance. In this symposium we explore the role and experience of neighbourhood for people affected by dementia and their carers. We draw together research from different parts of the world with a shared concern for the dynamic relationship between the social and material environment and how this alters over time in the context of living with a dementia. The symposium will report early findings from on-going work, highlighting methodological and conceptual issues and will consider the implications of the research for the now policy-prominent notion of the 'dementia-friendly community'. We hope that comparisons between similar research from different regions will create opportunities to understand what is specific to particular neighbourhoods and the features and experiences that are shared and more commonplace.

Paper 1

Richard Ward
University of Stirling

[Barbara Graham]

Neighbourhoods and dementia: The Scottish context.

This first paper will introduce the 'Neighbourhoods: Our people, our places' project and will outline the approach we're taking and early insights from the first stages of data-gathering. In a context of diverse and competing efforts to define the dementia-friendly community our research foregrounds the lived experience of people with dementia and carers.
The research is taking place against the backdrop of a burgeoning programme to establish a network of dementia-friendly communities across Scotland.

These developments are driven by an emerging policy agenda which emphasises a changed geography of dementia care and support alongside efforts to engineer a new social ecology for individuals living with the condition. In this paper, we draw on early experiences from the project to reflect on this larger scale agenda for change to the nature of support for people living with dementia. Central to our argument is a focus on the scale and scope of daily life and how this changes over time. We include consideration for the intangible, remembered and affective dimensions to neighbourhood that until now have rarely figured in a debate on the dementia friendly community.

Paper 2

Andrew Clark

University Salford and University of Manchester

[Sarah Campbell]

Looking out for and looking in on: how do people with dementia experience neighbourhood life?

As more people live independently with a diagnosis of dementia, so the role of neighbourhood spaces in providing formal and informal social and physical infrastructure to support daily living has grown in prominence. Yet while local places are considered to be implicitly important in movements such as the Dementia Friendly Neighbourhood initiative in the UK, little is known about the lived experiences and daily realities of neighbourhood life for those living with dementia. Certainly, there is work on the design of the physical or material environment, as well as the provision of locally situated formalised care infrastructures, but attention has rarely focused on the more routine, informal and mundane activities and settings that constitute neighbourhood life for people with dementia. This paper reports on work being undertaken by the NIHR/ESRC funded Neighbourhoods and Dementia research programme. It draws on data collected from walking interviews with 20 people with dementia living independently in a variety of neighbourhoods in a northern English city. The paper presents preliminary findings on what makes for a supportive local environment, including the presence of services, facilities and recognisable individuals. Findings indicate that practices of neighbouring and being neighbourly are seen to be reciprocal rather than unidirectional acts, with people with dementia looking out for others as much as they might themselves be looked in on. Consequently, they should be considered active place-makers who are instrumental in reproducing neighbourhoods as sites of engagement, interaction and support.

Paper 3

Elzana Odzakovic

University of Linkoping

[Agneta Kullberg]

The practical use of the neighbourhood in the daily life for people living with dementia in a Swedish context

How the social and physical aspects of neighbourhood interact has significant implications for the health and self-identity of older people. Despite some early and pioneering work in this area, the question of how people with dementia integrate and use their neighbourhood in a Swedish context remains under-researched and poorly understood. In this study 15 persons with dementia and their partners have been recruited so far, all of whom live in ordinary housing such as a single-family house or in a flat in a city or rural areas. A sit-down interview and walking interview was performed in the informants' home and in their neighbourhoods. All interviews were video-recorded and audiotaped, and analysed using situational analysis.

Preliminary results show that despite cognitive impairment people with dementia use their neighbourhoods in different ways in the course of their daily life. This includes visits to local destinations such as shops, libraries and the pharmacies and so on, but with particular emphasis placed by our participants on the importance of being able to take a walk outdoors independently. For people with dementia living alone without a partner, social interaction with the neighbourhood often starts at the window, by waving to neighbours or to see street life outside.

People with dementia in our study also suggested ideas how to make the neighbourhoods dementia friendly for future generations in Sweden.

Paper 4

Marjorie Silverman
University of Ottawa and Lakehead University

[Elaine Wiersma]

The everyday experiences of place, space and neighbourhood of care partners of people with dementia: Preliminary findings

This presentation discusses the preliminary findings of a research project based in Ottawa, Canada that is examining the everyday experiences of place, space and neighbourhood of co-residing carers of people with dementia. Grounded conceptually in a social citizenship model of dementia (Bartlett & O'Connor, 2010) as extended to carers, and theoretically in Bourdieu's concept of social capital (Bourdieu, 2001), the project aims to explore how carers of people with dementia perceive, experience and engage with the social and material elements of their neighbourhoods. What are their networks of support? Have their actual or potential social resources changed? Has there been a devolution in their social capital? What is their experience of neighbourhood spaces? Using social network mapping (Emmel, 2008), walking interviews (Evans & Jones, 2011) and photo elicitation (Clark-Ibanez, 2004), the researchers are currently interrogating carers living in urban, suburban and semi-rural areas. Preliminary findings, based on initial interviews, have uncovered a number of pertinent themes. In the context of this symposium, these preliminary findings from a Canadian perspective will be placed into dialogue with the initial findings from the UK and Swedish-based Neighbourhoods and Dementia study.

Sue Westwood
University of Oxford
sue.westwood@spi.ox.ac.uk

Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals Living with Dementia: Concepts, practice and rights: Part 1

While there has been a growth in literature on LGBT* ageing and on LGBT* mental health in later, very little of it has addressed dementia. Similarly, while there is an emergent awareness of the significance of diversity in the experience of living with dementia very little attention has been paid to diversity relating to sexuality/sexual identity, gender and/or gender identity. Indeed there appears to be a silence on these issues among the extensive body of health and social care literature on ageing and dementia. Most notable of all has been an absence of the voices of LGBT* people living with dementia themselves.

The edited collection 'Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals Living with Dementia: Concepts, practice and rights' (eds Sue Westwood and Elizabeth Price) which will be published by Routledge in Spring 2016, addresses this significant gap in the fields of dementia, LGBT ageing and gender and sexuality studies. Taking an intersectional approach it considers the conceptualisation of dementia and LGBT* experience(s) of dementia and associated needs and rights issues. These two symposia, chaired by the co-editors, involve presentations by authors who have published chapters in the collection: the first addresses concepts; the second, practice and rights issues.

Paper 1

Wendy Hulko

Thompson Rivers University, Canada

LGBT* Individuals and Dementia: An intersectional approach

Intersectionality, as a way of framing the lives and experiences of those impacted by more than one domain of oppression, has been taken up by both gerontologists and queer studies scholars, and has been applied to dementia studies, often with an additional focus on privilege.

Intersectionality posits that social identity categories like sexual orientation, gender expression, race, ethnicity, age, and social class cannot be pulled apart in order to locate the source of discrimination - as racism versus sexism for example - to which a minoritized individual may be subject.

This theoretical framework has much to offer research and practice with older lesbian, gay, bisexual, transgender, two-spirit, intersex, queer, and questioning (LGBTTsIQ) individuals living with dementia primarily as it accounts for the complexity of people's lives and directs attention towards people with dementia who may be invisible like older lesbian and bisexual women or 'too visible' in the case of racialized people. In this presentation, I provide an overview of intersectionality theorizing, including models, and discuss its relevance to the lives of older adults with dementia. This discussion is enlivened through a case study of an older Métis woman who identifies as both bisexual and transgender and is awaiting gender affirmation surgery. Through socially locating Joan and imagining her as a person with dementia, intersectionality becomes more understandable and potential issues are raised. The presentation concludes with implications for research and practice with older LGBT* individuals living with dementia, including a recommendation to view liminality and border crossing as strengths.

Paper 2

Richard Ward

University of Stirling

Are we all in the same boat? Attending to difference and diversity in policy on dementia

Responsibilities surrounding the 'where', 'who' and 'how' of dementia care and support are shifting rapidly throughout the UK, as part of a wider 'new geography' for health and social care. Many recent innovations to policy and practice have centred upon the physical and social environments of people with dementia, marked by transition from formal types of support made available in designated settings such as care homes, hospitals and day centres toward 'everyday' assistance in community settings such as cafes, shops, theatres and art galleries. While people with dementia may have had a right to the former, the latter relies upon the munificence of local community agents, from bank clerks to town planners, golf clubs to corporate property developers.

This paper interrogates recent policy on dementia and its implications for our understanding of the diverse experience of local places and spaces for different groups and individuals affected by dementia.
In particular, it considers how existing evidence of the experience of public environments for LGBT groups might help us to reflect on the significance of a more differentiated and disentangled way of understanding 'people with dementia' as a category within current policy. It is argued that rather than glossing over questions of difference, attention to the diversity of people affected by dementia should instead lie at the heart of policy-making and practice.

Paper 3

Andrew King
University of Surrey

Queer(y)ing Dementia – Bringing Queer Theory and Studies of Dementia into Dialogue

In this paper I explore the possibilities and challenges of bringing insights and observations from queer theory into dialogue with studies and understandings of dementia amongst LGBT people.

I consider what it means to queer(y) dementia and what dementia means for queer theory. The paper has four, intersecting, sections. The first section, 'insights' looks at queer theory, what it is and how it developed. In the second section, which draws heavily of Judith Butler's queer call to focus on processes of materialization, I consider dementia as an object of study and an experiential entity, what we might call a genealogy of the concept. I then highlight similarities and differences between queer and dementia before moving, in the third section, to outline what current studies tell us about dementia amongst queer people. The fourth section, 'queer(y)ing dementia' then moves back to consider what dementia means for queer theory; how dementia challenges the meaning of queer theory.

I argue that studying dementia as queer means shifting debates away from problem solving and biomedics, per se, to examine the complex, messy, inside-outness and otherness that dementia invokes. I conclude that queer(y)ing dementia means a reappraisal of both.

Sue Westwood
University of Oxford
sue.westwood@spi.ox.ac.uk

Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals Living with Dementia: Concepts, practice and rights - Part 2

While there has been a growth in literature on LGBT* ageing and on LGBT* mental health in later, very little of it has addressed dementia. Similarly, while there is an emergent awareness of the significance of diversity in the experience of living with dementia very little attention has been paid to diversity relating to sexuality/sexual identity, gender and/or gender identity. Indeed there appears to be a silence on these issues among the extensive body of health and social care literature on ageing and dementia. Most notable of all has been an absence of the voices of LGBT* people living with dementia themselves.

The edited collection 'Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals Living with Dementia: Concepts, practice and rights' (eds Sue Westwood and Elizabeth Price) which will be published by Routledge in Spring 2016, addresses this significant gap in the fields of dementia, LGBT ageing and gender and sexuality studies. Taking an intersectional approach it considers the conceptualisation of dementia and LGBT* experience(s) of dementia and associated needs and rights issues. These two symposia, chaired by the co-editors, involve presentations by authors who have published chapters in the collection: the first addresses concepts; the second, practice and rights issues.

Paper 1

Catherine Barrett

Australia

Person Centred Care and Cultural Safety: The perspectives of lesbian, gay and trans (LGT*) people and their partners on living with dementia

There is a paucity of research documenting LGBT* people's experience of dementia and their care needs. This can be attributed to the limited focus on older LGBT* people in gerontology, as well as the widely held belief that LGBT* people with dementia lose their sexuality and their sexual and gender diversity. This paper challenges normative assumptions about LGT* people living with dementia by documenting their lived experience and their care needs. The paper draws on in-depth interviews with LGT* Australians and their partners to explore the ways in which sexual orientation and gender identity are affected by dementia. It documents how LGT* identities are enacted to provide guidance for service providers on the unique experiences and needs of LGT* people with dementia.

The effects of dementia on intimate relationships are explored and strategies for supporting LGT* relationships are outlined. The paper will conclude with an overview of the needs articulated by LGT* people and their partners as a guide for service providers. It will reinforce the unique needs of LGBTI people living with dementia. Interview narratives will emphasize the importance of engaging LGBTI people and their partners in shaping service responses.

Paper 2

Paul Willis

University of Bristol

Navigating Stormy Waters: Consent, sexuality and dementia in care environments in Wales

Locating sexuality in the context of dementia care, care staff, registered nurses and managers of long-term care environments face complex demands in balancing the desires, rights and wellbeing of residents alongside overarching legal and ethical imperatives to protect older people with declining mental capacity from harm. In parallel, the biographies, interests and identities of lesbian, gay and bisexual-identifying (LGB) residents are frequently absent from discussions about managing concerns for capacity and consent. In this presentation I explore how residential care staff manage issues of sexual consent and capacity when providing care to older adults who identify as LGB. In particular, I outline three dimensions to care provision and dementia: first, how staff and managers seek to be facilitative of intimate relationships between residents with declining mental capacity; second, how the primacy of risk underpins care work in this domain; and third, the absence of LGB-identifying residents and same-sex relationships in professional discussions of sexuality, care and consent. Here, I attend to the ways in which older people's sexualities are represented by care staff and managers in their discussions about care. To illustrate these three dimensions, I present focus group findings from a mixed-methods study into the provision of inclusive care to older adults in care environments across Wales (Willis et al., 2013). To conclude, recommendations for developing a LGB-affirming approach to negotiating care, consent and dementia will be identified.

Paper 3

Elizabeth Price

University of Hull

Support for Carers of LGBT* Individuals with Dementia

This chapter charts my long personal and professional journey involving LGBT* people and dementia, which began with a casual enquiry by a colleague, many years ago no. The chapter brings together, and to an end, a small corpus of work of mine which had, as its starting point, the nascent, but largely unexplored, area of LGBT* dementia studies. It is a chronology of care, a map of the journey to date, and reflections on both what has been achieved so far and what needs to come next.

Naomi Woodspring

University of the West of England

naomi.woodspring@uwe.ac.uk

A New Wave?: Sustainability and Community Solutions to the Needs of Older People?

In the UK, there is currently a range of projects in process from the Age-friendly Cities initiatives (WHO) to projects to reduce loneliness and isolation among older people. Each one of these projects is looking to new/innovative approaches to long-standing challenges. This symposium will present three papers that discuss important aspects of these projects. In Helen Manchester's (University of Bristol) and Jenny Barke's (Southville Community Development Association) presentation they look at the process of co-production. Robin Means (UWE) and Naomi Woodspring (UWE) present a paper that examines the accomplishments and challenges of working with volunteer community researchers. Laurie Hare Duke, Louise Thomson and Neil Chadborn, from the Institute of Mental Health and University of Nottingham, investigate the challenges of traditional evaluation methods with an ethnically diverse group of older people in a community-based program to reduce social isolation.

At a glance, all these projects represent, perhaps, long-term sustainable solutions to long-standing community issues. That is certainly the ideal but as with all ideas that aim to 'think big' there are both joys and stumbling blocks along the way. This symposium aims to present a well-rounded discussion of aspects of these important projects in and for the lives of older people.

Paper 1

Helen Manchester

University of Bristol and Southville Community Development Association

[Jenny Barke]

Relational Expertise in Co-producing Research around Loneliness with Older People

Co-producing research with community members can greatly enhance the research process and the value of findings within the local community. However, it is also a process highly fraught with tensions, raising questions around the synthesis of different ways of knowing the world, the relational expertise (Edwards, 2005) required to manage such processes and the kinds of (useful) knowledge being produced.

The paper reports on a project involving community workers and academics who worked with local older people in the Greater Bedminster area of Bristol to understand more about older people's experiences of loneliness locally and consider how the community can support older people who experience loneliness.

The research was co-produced between a community based researcher and eight community researchers, most of whom were aged over 60. Over a series of meetings the group considered the impact of loneliness within the local community and how they would like to explore this. The group then received bespoke research methods and ethics training and designed a piece of qualitative research which included semi structured interviews with older people (n=14), a focus group with local service providers and collecting postcards with responses to loneliness at venues and events across the local area (n=70). Data was analysed as a group using traditional thematic analysis.

In this paper we explore the importance of relational expertise in the process of a co-producing research. We examine how the team involved negotiated and attempted to empathetically inhabit each others ways of knowing and perspectives in moving towards a range of legacies and outputs.

Paper 2

Robin Means

University of the West of England

[Naomi Woodspring]

Working with Older Community Researchers: Achievements and challenges

Bristol was successful in being awarded £5.9m over 5 years as one of the 15 'Ageing Better' pilot sites by the Big Lottery Fund. Bristol Ageing Better (BAB) formally started on April 1st 2015 with a ream from the University of the West of England (UWE) being commissioned to deliver the local evaluation. BAB is composed of 16 different activity streams, one of which is a team of older volunteer community researchers recruited by UWE.

The stated long term objective for the community researchers is for them to evolve into a social enterprise towards the end of this 5 year programme.

This paper briefly outlines the considerable achievements so far, both in terms of group process and research, that have been enabled through a test and learn developmental model. However, the main focus is on three questions:

i) What have been the main challenges?

ii) What are our proposals for overcoming these?

iii) What are our explanations as to why this work is proving so stretching in terms of satisfying the community researchers?

At the heart of this paper is a desire to understand the gap between how the UWE team are experiencing this work and how the community researchers are experiencing it and how this gap might best be narrowed.

Paper 3

Laurie Hare Duke

University of Nottingham

[Louise Thompson, Neil Chadborn]

Reducing Social Isolation in Older People from Ethnically and Culturally Diverse Populations

This paper reports on the methods and early results of an evaluation of community-based interventions to reduce social isolation among older people. Leicester Ageing Together is a Big Lottery-funded programme targeting people over the age of 50 at-risk of social isolation to improve their well-being and support them to become more active in their local communities. The programme funds 23 activities and services run through existing third sector and community-based groups.

The evaluation of the programme is adopting a mixed methods approach, combining both formative and summative evaluation and building on a co-produced theory of change. Delivery staff from the projects have been involved in developing the theory of change, which incorporates intervention characteristics (e.g. activities are relevant and accessible), pre-conditions (e.g. increased outreach and engagement with older people, better access to transport), short-term outcomes (e.g. increased activity, confidence and social contact) and longer-term outcomes (e.g. improved well-being and reduced isolation).

Semi-structured interviews with beneficiaries, project staff and other stakeholders are being used to explore the theory of change developed for the Leicester project, and the facilitators and barriers to the implementation of the programme. In addition, quantitative assessment of outcomes (social participation, social isolation and well-being) is being conducted through a national evaluation framework adopting self-report measures over time.
We will discuss some of the challenges of using self-reported evaluation methods, with an ethnically diverse population, which include measurement error from inadequate translation, inappropriate content and insensitivity of items.

Alternative approaches to evaluation with these participants will be considered.

Abstracts - Oral presentations

Presented in alphabetical order of first authors last name

Natalia Adamczewska
Bournemouth University
nadamczewska@bournemouth.ac.uk

Fear of falling - a friend of older people, the enemy of the researchers

Introduction:
While fear of falling (FoF) has been recognised as an important psychological problem in later life, it has been poorly defined. Consequently, to date, researchers have misapplied measurement tools and misinterpreted their research findings. Moreover, FoF may not be as negative as it is currently assumed. The current paper aims to contribute to the discussion about FoF and the constructs correlated with FoF.

Methods:
A narrative literature review was conducted to compare various definitions of FoF in order to differentiate the concepts misinterpreted as FoF. New associations between the concepts were sought in the light of research on posttraumatic stress disorder (PTSD).

Results:
FoF has often been confused with anxiety, falls efficacy or even phobia. The research on PTSD helps differentiate the role of these concepts. FoF can be innate and help protect older people from undertaking risky behaviours. Anxiety is likely to occur after falling and may be responsible for the potential maladaptivity of FoF. Falls-efficacy (one's confidence in their ability to perform tasks without falling) is crucial in coping with anxiety and maladaptive FoF.

Conclusion:
This is the first attempt to incorporate theory and evidence from PTSD to the area of falls to explain the associations between FoF and its correlates. The attempt was undertaken in order to advance theory, drive new research and improve practice. New definitions of FoF need to be created in the future.

Nafhesa Ali
University of Huddersfield
nafhesa.ali@hud.ac.uk

Social change and transnational conflicts: Older South Asian migrant women's negotiations of old age in later life in the UK

This paper aims to explore the intersections of gender, age and ethnicity and how social change has added to complex negotiations around the ways in which older (60-87 years) South Asian (Pakistani and Indian) migrant (SAM) women anticipate and approach old age and ageing across the life course. Older SAM women have faced ageing structures across transnational contexts (homeland and UK), and earlier life course understandings around family and reciprocal care in later life has been an underlying feature of older South Asian women's expectations of old age.

Drawing upon empirical research and utilizing a two part-method using ethnography and qualitative life course interviews, this paper explores how older SAM women's constructions of later life have been challenged in old age. From thematic readings this paper examines two aims. First, the ways in which older SAM women anticipate and approach old age, and second, how notions of reciprocal care has impacted on older SAM women's sense of quality of life in later life.

The paper will conclude by addressing the importance of exploring gender, age and ethnicity within an intersectional life course framework to highlight the diverse ways in which ageing occurs for older migrant women across transnational contexts, but also the impact on renegotiations of later life transnational identities.

Anand Ambali
BLDE University
anandambali@yahoo.com

[Chaukimath S. P, Srikanth D. M , Kolli S. S]

Identifying dementia in the older population: use of a brief screening measure in India

Background:
Dementia is an emerging medico social problem affecting elderly, and poses a challenge to clinician and caregivers. It is usually identified in late stage where management becomes difficult.

Aim:
The aim of the five day screening was to identify dementia in elderly population..

Material And Methods:
The geriatric clinic and department of psychiatry jointly organised screening method to detect dementia in elderly for five days in September 2014 to commemorate world Alzheimer's day. The invitation regarding the camp was sent to all senior citizen forums and also published in leading Kannada daily newspaper. Mini Mental Status Examination and Diagnostic and Statistical Manual of Mental Disorders, 4th edition criteria (DSM IV) was used to identify dementia. RESULTS: Elderly male participated in more number than females and dementia was identified in 36% elderly with education less than 9th standard.

Dementia was found in 18% in our study population. CONCLUSION: The screening method help identify elderly suffering from dementia and also created awareness about it. Hypertension and diabetes mellitus were common co morbidity in study population. Our study suggested organising screening measures will help identify elderly living with dementia.

Jacob Andrews
University of Sheffield
jacob.andrews@sheffield.ac.uk

[Arlene J. Astell, Laura J.E. Brown]

Technology for mental health in later life: Is it a practical solution?

Research suggests that many older adults experience mental health difficulties including anxiety (1) and depression (2). Smart phone and tablet applications to support good mental health are becoming increasingly popular but to date there has been little exploration of their appeal or suitability for older adults. While research has examined older adults' views of technology in general (3), to our knowledge there has been no exploration of how this population feels about using technology to support mental health. Using the COBALT Tools for Engagement (4), we developed four interactive workshops to understand older adults' perspectives on the practicality of using technology to support mental health. Fourteen older adults (over 65 years) took part overall, with six to eight attending each two-hour workshop.

Activities included discussing vignettes, describing their own loved and abandoned technologies, and evaluating existing mental health support apps. Audio and video from the sessions were transcribed, and analysed using Template Analysis (5) in Nvivo. The participants thought technology in general was most beneficial when used by other people within a service, for example in medical care. The main barrier they identified was that using technology required great effort. Poor mental health was also thought likely to decrease motivation to use such technology, while clear instructions and good ease of use were seen as possible mitigation. Older adults would need a clearly identifiable benefit to engage with mental health technologies regularly. This work should facilitate improved consideration of older adults' needs for those developing new mental health technologies aimed at this population.

Fiona Averill
University of the West of Scotland
fiona.averill@uws.ac.uk

'To Socialise is to Exercise or to Exercise is to Socialise?' – Participation in an Older Women's Exercise Class and significance of a 'third place' for health and well-being

Current United Kingdom (UK) and Scottish Government concerns highlight an impact on the public funding of caring for the elderly in our communities which relates directly to the predicted increase in the ageing population. Research suggests that for older women, inactivity and loneliness are two main contributors to health decline. This paper will consider how a 'third place' (Oldenburg, 1999) could support older women's health and well-being within a community. The study saw and heard the feelings of a group of older women's health and well-being experiences whilst participating in a Local Authority organised Over 50's exercise class. Data was collected using photovoice, a contemporary ethnographic visual method and a focus group. Volunteers took photographs of the women before, during and after their class, which were verbally analysed, collated, themed and discussed in their third place (a place to meet which is not home or work), the local coffee shop. Two themes which emerged were the group's feelings about exercising and socialising, with their third place being a crucial element to the weekly class. In conclusion, this study suggests that partnerships between older women, Local Authorities, the National Health Service (NHS) and older people's organisations, should focus on co-creating such third places, where exercising and socialising are combined as a contributor to health and well-being whilst reducing the costs to the public purse.

Key Words; older women, third place, physical activity, health and well-being

Surinder Bangar
University of Sheffield
s.bangar@sheffield.ac.uk

[Peter Cudd, Jennifer Read]

Improving diagnosis and support for older people with sight loss: a preliminary study

National reports indicate that a significant proportion of sight loss in the older population could have been avoided. This paper summarises findings of a preliminary study to improve detection and support for older people with sight loss. We carried out a mapping exercise to find out what support and services are available at a local level to enable appropriate referral and to identify gaps in broader provision to identify novel routes to an improved sight care pathway. We explore how new interventions such as 'Eyes Right', a vision screening toolkit, might be used within services, for example Falls Clinics, community centres and/or people's homes to help with earlier detection and referral.

The study is a collaboration between Sheffield Teaching Hospitals NHS Foundation Trust Occupational Therapy Services and the School of Health and Related Research, University of Sheffield and co-production with members of a newly formed public involvement group for visual impairment. Thomas Pocklington Trust (TPT), were involved in developing the 'Eyes Right' Toolkit. Dialogue with TPT about this study was established and TPT were able to contribute to some of the activities. Thomas Pocklington Trust is a national charity dedicated to delivering positive change for people with sight loss.

These findings have implications for those interested in providing practical help and support for older people with sight loss, how we design care pathways, using new interventions in practice, co-production within research and multi-agency working.

Teresa Barker
The iPal Group
teresa.barker001@umb.edu

[Erin Michala Rice]

SYNC International: Using technology as a platform for personalized international and intergenerational cross-cultural exchange through story telling

The iPal Group, led by an American Gerontologist living in the U.S. and American-born International Education Specialist living abroad, share their unique model of online life-enrichment and learning that is both international and intergenerational which provides a platform for cross-cultural exchange through story-telling. Their unique program, Senior Youth Network Connection (SYNC) International, uses technology (tablets and apps) to engage elders who are living in the U.S. with university students studying English to achieve the dual purpose of life-enrichment and learning outcomes.

Please join them as they share the results of a Spring 2016 Pilot Program, which paired seniors living across the U.S. with university students living in Abu Dhabi, and details of the 6-week personalized curriculum which they participated in.

Objective: This session will discuss how the iPal Group used specific technology and applications to engage American seniors and Emirati university students in the SYNC International program.

Additionally, the presenters will share the results of the spring 2016 pilot program concerning specific life-enrichment, learning outcomes and cultural diplomacy through pre and post pilot self-report and surveys from the participants.

Sarah Barnes
ScHARR, University of Sheffield
s.barnes@sheffield.ac.uk

[Hannah Jordan]

Wild at Heart: A mixed method evaluation of a wildlife-related intervention for older people

Isolation and loneliness are increasing issues amongst older people in the UK. A growing evidence-base suggests that exposure to the natural environment can positively affect health and well-being. Wild at Heart is an intervention designed by Sheffield Wildlife Trust to engage older people with wildlife-related activities, with a view to improving well-being and reducing isolation. The activities delivered by the programme include nature walks, photography courses and group-based workshops in sheltered housing.

This study aims to evaluate whether the delivery of ‘Wild at Heart’, a wildlife-related intervention, improves the physical and mental well-being of older people and reduces feelings of isolation.

A concurrent mixed method approach was taken. The quantitative component comprised a self-completed questionnaire survey of recipients of the Wild at Heart programme to generate findings in relation to self-perceived physical health, mental well-being and improvements in social networks. The qualitative component comprised semi-structured interviews with a purposive sample of older people attending the wildlife related activities and the volunteers delivering the activities. Data were analysed using SPSS for the statistical findings and NVivo for the thematic analysis.

This paper will report preliminary findings from the both the survey and semi-structured interviews. A discussion of the methodological challenges of evaluating this type of complex intervention will be included.

Bernadette Bartlam
Keele University
b.bartlam@keele.ac.uk

[Tom Kingstone, Heather Burroughs, Mo Ray, Tom Shepherd, Carolyn Chew-Graham]

Lay perspectives on supporting older people with anxiety and depression: a qualitative study to develop a community-based psychosocial intervention working with non-traditional providers.

Anxiety and depression are prevalent among adults aged 65 years and over: around 20% of older adults experience depression and 15% anxiety. Both are poorly managed and increase use of health and social care services, and risk of mortality. The study reported here informed the development of a psychosocial intervention to be delivered by non-traditional providers which will be evaluated in a feasibility trial.

Nineteen people aged 65 years+ were recruited through third sector organisations in North Staffordshire. Semi structured interviews with participants who had, or knew others with depression or anxiety explored their views and experiences of living with a low mood and/or stress as an older adult, and what had, or might have helped them. In addition, advice was sought on the outline design of the trial, particularly in relation to recruitment strategies. Data were analysed thematically, using principles of constant comparison.
Initial analysis suggests group activities may have an important role in helping people to manage depression and/or anxiety and that accessing them requires "grim determination" and "courage" to overcome internal barriers (e.g. acceptance, motivation, physical health) and external barriers (e.g. transport, cost, cuts to services). Analysis suggests further that engaging in activities led to increased opportunities to widen social participation. Satisfaction with the availability of formal support to manage and treat symptoms was low. Participants' thought that a psycho-social intervention delivered in the community could be potentially helpful. The paper will highlight how findings from this qualitative study will inform the design of the trial intervention.

Ruth Bartlett
University of Southampton
R.L.Bartlett@soton.ac.uk

[Andrew Power]

'Once you've counted the tiles on the ceiling a few times, it gets really boring life': Exploring quality of life and peer advocacy for older adults with intellectual disabilities.

This presentation explores what quality of life means for older adults with intellectual disabilities. In particular, we examine the role of peer-advocacy (i.e. people with intellectual disabilities supporting other people with an intellectual disability) in the context of reduced day care services. There have been dramatic changes in day care provision over the last five years in the UK, especially for people with intellectual disabilities. The personalisation agenda has led to a shift away from collectivised services in day care centres towards more family and community based support. While such a shift may be seen in negative terms (i.e. as ‘cut backs’) it does also create new opportunities for people with an intellectual disability. Drawing on interview data gathered by two people with an intellectual disability, and focus group interviews conducted by the authors, we explore how older people with intellectual disabilities are navigating this shift and seizing the opportunities it brings. The findings reveal that peer advocacy plays a vital role, in that it helps people problem-solve issues together, and learn new knowledge and skills in an informal and equitable way. Such opportunities are essential, we would argue, for the quality of life of older adults with intellectual disabilities.

Kate Baxter
SPRU, University of York
kate.baxter@york.ac.uk

[Emily Heavey, Yvonne Birks]

Self-funders and Information Needs (the SIgN project): the experiences of self-funders and practitioners in finding or providing information about social care

The SIgN project is a qualitative research study about the information needs of people who fund their social care from their own resources. The purpose is to develop a resource for use by local authority social care practitioners, GPs, voluntary organisations and others who provide information and advice about social care to self-funders, as well as a short film and accompanying leaflet for self-funders about key information and advice issues.

Research evidence about people who pay for their social care is limited. Estimates of the number of self-funders in England vary, but there is agreement that numbers are increasing with population ageing and rises in eligibility thresholds for local authority-funded care. The importance of self-funders to local authorities is also increasing, in part due to the Care Act 2014 which stipulated, among other things, that local authorities must establish and maintain services to provide information and advice to all.

Semi-structured interviews have been completed with 30 self-funders about their need for, experiences of and attitudes towards seeking information and advice about social care, and 16 practitioners about their contacts with self-funders, including typical questions and answers, and challenges in providing information. We aim to undertake 50 self-funder and 20 practitioner interviews in total. By the time of the presentation, we will also have facilitated workshops with self-funders and practitioners to help develop the film, leaflet and practitioner resource.

We will discuss the main findings from the self-funder and practitioner interviews, and early thoughts on the content of the project outputs.

Brian Beach
International Longevity Centre - UK
brianbeach@ilcuk.org.uk

Untangling the Effects of Retirement Timing on Health & Wellbeing

In a period of rising State Pension Age in the UK, the question of whether people should keep working or retire in order to optimise their health and wellbeing is an important one. There has been a proliferation of research on the health effects of retirement over the past 60 years, but one limitation has been a focus on retirement as a status rather than exploring the impact of the timing of the retirement transition. Previous work has also suffered from important methodological shortcomings.

Consequently, little is known about how

the timing of retirement may impact health, and whether a later retirement age should be promoted or discouraged.

This project explores the effect that the timing of retirement might have on different aspects of health, e.g. cognitive function and depression. This research, as part of a larger international collaborative piece, uses the English Longitudinal Study of Ageing to test four theory-based hypotheses on the impact of retirement timing on health – specifically, whether retirement maximises health when it occurs early, late, anytime, or on time.

Early findings are presented from analysis employing a range of advanced modelling techniques in order to identify the short-, mid-, and long-term causal effects of retirement timing on health. Moving forward, the project will use harmonised international data to introduce policy and macro-level variation that will refine the identification of causal mechanisms in how retirement timing affects older adults' health and wellbeing.

Brian Beach
International Longevity Centre - UK
brianbeach@ilcuk.org.uk

Village Life: Independence, Loneliness, and Quality of Life in Retirement Villages with Extra Care

New and innovative models for providing social care are crucial to address rising costs for care in an ageing society. With growing and unsustainable pressure on existing services, creative solutions to the emerging challenges have the potential to drastically mitigate these pressures, enhancing cost-effectiveness and improving the quality of care and indeed the quality of life for those receiving care and support. One approach to emerge has been alternative models of housing with care, such as extra care housing, where care services are provided on an as-needed basis to residents within their own homes. In addition to provided needed care services, housing with extra care also aims to promote independence and choice, reduce social isolation and loneliness, and enhance quality of life.

This research draws on data gathered from survey questionnaires distributed to seven different residences run by two housing with care providers in England. Respondents were asked about their experiences living in their housing alongside the CASP-19 quality of life questionnaire, the Older People's Quality of Life (OPQOL) questionnaire, and five items related to loneliness, including the Three-Item UCLA Loneliness Scale. The findings were then compared to a comparable sample from the English Longitudinal Study of Ageing (ELSA) using propensity score matching. The results suggest that residents in retirement villages with extra care experience higher quality of life, a greater sense of control, and reduced loneliness compared to the ELSA sample. Limitations and some important implications for government, housing and care providers, and researchers are discussed.

Miriam Bernard
Keele University
m.bernard@keele.ac.uk

[Mo Ray, Jackie Reynolds]

The Ageing of British Gerontology: findings from the first phase of archival work

This paper reports on findings from the first phase of a new two-year (2015-17) study exploring the evolution of British gerontology from the founding of the British Society of Gerontology in 1971, up to the present day. Our mixed method study charts the growth and development of gerontological knowledge through an examination of the BSG's archives and by means of in-depth narrative interviews with circa 40 senior British gerontologists.

The first phase of the study has concentrated on exploring materials in the BSG archive, housed at the Centre for Policy on Ageing in London. Following a scoping exercise, the research team has focussed its initial analyses on the handbooks (programmes, abstracts and delegate lists) produced to accompany the annual conferences. Working to an agreed data extraction template, we have systematically examined, for example, the nature and balance of different conference themes and topics; the contributions and disciplinary backgrounds of key contributors; the numbers of papers, symposia and posters presented each year; the nature and extent of accompanying social programmes; and the evolution of linked events – particularly those addressing the needs of early career and PhD students. Alongside these analyses, we have photographed key documents and compiled a policy chronology against which to set the archival findings. In this presentation, we look at what these analyses are telling us in terms of the evolution of gerontological research topics, theory development, policy and practice changes over the last 45 years.

Acknowledgment: This study is funded by the Leverhulme Trust, and supported by the BSG and the CPA.

Michele Board
Bournemouth University
mboard@bournemouth.ac.uk

What can the life course tell us about the meaning of home for the baby boomers?

There is growing emphasis to allow people to age in place. There are, however, conflicting messages from the Government for example the bedroom tax (Power et al 2014) which is making people fearful about their long term security about where they live. Using photo-elicitation interviews this paper will report on the findings from a PhD study that considered the impact of an individual life course on the meaning of home for six baby boomers. The participants revealed how their individual life course has influenced their meaning of home, such as where they live, where they work, their roles as parents, grandparents, the effect of illness and their fearful anticipation of future life transitions such as their children leaving home, growing older and even death. Yet their unique life course has been set within a changing world, with dramatic changes in relationships, housing and work choices, which can all influence the option to age in place. This research adds to an anticipatory gerontology, to capture a better understanding of what baby boomers want from their home, which is in contrast to the housing policies of the 1970's when the views of the general population were not considered (Stewart 2005). This research has offered an insight into the lived experience of the significance of home, and also, sadly, the huge divide between the rich and the poorer members of society.

Michelle Brennan
University hospital limerick,
clinical age assessment unit
michelle2206br@hotmail.com

[Margaret O 'Connor, Catherine Peters, Declan Lyons, Elaine Shanahan]

Evaluation of Constructional Impairment in Independent Elderly Population based on Mini-Mental State Examination

The mini-mental state examination (MMSE) is a widely used screening test for cognitive impairment in older adults. During observation in clinical practice, a significant proportion of patients were found to have difficulty with the constructional ability question despite being intact in other cognitive domains. The aim of this study was to assess whether impaired constructional ability was evident in older people living independently in the community without a diagnosis of dementia

Methods

370 patient records of the Health Inequalities and Aging in the Community Evaluation (HIACE) Study were reviewed after excluding patients with documented dementia. Basic demographics, original MMSE form and score were reviewed and scored according to Folstein guidelines. This was compared to the testers score and if any discrepancies were noted a new MMSE score was calculated. were recorded and their original MMSE form and score was reviewed. 295 had a completed and scored MMSE.

Results

370 patients were included, 62% female, age range 60-92 years, 97% with a Barthel >18. 85%(294) had a documented score of 30. Discrepancies were founds between the scoring of the construction question by the tester compared to the MMSE scoring guidelines in 11%(40) cases. 16%(59) incorrectly drew the pentagon. In 10%(37) this was the only incorrect question. Following adjustment for all discrepancies in scoring, 72%(213) actually scored 30/30. Therefore the major source of incorrect scoring was with pentagon analysis.

Conclusions

A significant proportion of older people living independently in the community have impaired constructional ability in the absence of documented cognitive deficit. Does this predict early cognitive decline, is it representative of normal ageing or could visual impairment account for this. A significant number of errors in MMSE pentagon scoring highlight a requirement for training of health care professionals to standardize MMSE scoring and improve inter-observer variability

Gigliola Brintazzoli
University of Brighton
G.Brintazzoli@brighton.ac.uk

Technology, care and a sense of home: Preliminary findings

Using an ethnographic approach,16 elderly people aged 61-95 living in East Sussex, using one or more telecare devices provided by a local telecare provider, not being affected from severe cognitive impairment and not too ill or distressed to take part in the study, were interviewed and observed in their own home during a period of six months. The research was guided by the domestication theory, a conceptual framework in Science and Technology Studies and Media Studies initially developed to help understand the adoption and use of new media technologies by households (Silverstone et al., 1992). In this rich-depth approach, the user has an active role in defining the nature, scope and functions of technology. The domestications framework, particularly well-suited with a qualitative approach, allowed to capture the practical and symbolic aspects of the adoption and use of telecare system. In this regard, care at a distance was investigated using Silverstone et al. (1992) four non-discrete phases in the dynamics of the household's moral economy, more specifically appropriation, objectification, incorporation and conversion. In turn, the complicated and intertwined relationships with human and remote care, as well as experiences of home were explored through the use of the domestication framework. Importantly, data analysis recently started, thus only preliminary findings will be presented at the conference. The project is expected to make a significant contribution to the understanding of how care and a sense of home may be modified by remote technologies.

Keywords: older people, care technologies, telecare, home, domestication approach

Katie Brittain
Newcastle University
katie.brittain@ncl.ac.uk

[Catherine Degnen, Pete Wright]

The Shaping of a Dementia Friendly Cinema

There is an increased focus on the challenges of including people with dementia in everyday life, which can be seen in The Prime Minister's challenge, supported by the Alzheimer's Society, of creating dementia friendly communities. The vision within this is a move to tackle the exclusion that people living with dementia experience; and yet, what actually constitutes a dementia friendly community is still very difficult to determine. What is evident however, is that where care and support for people with dementia takes place, and the nature of those places is important and that people's individual needs vary. Drawing upon recent theoretical perspectives in the anthropology of material culture and design anthropology, this paper explores what makes a public space dementia friendly. We draw on qualitative research (focus groups, interviews and observations) from an evaluation of a dementia friendly cinema pilot within the North East of England to highlight the lessons learnt within such a scheme.

Laura Brown
University of Manchester
laura.brown@manchester.ac.uk

[Gemma Stringer, Iracema Leroi, Alistair Sutcliffe, Daniela Montaldi, Ellen Poliakoff, Kathryn McDonald, Jonathan Rust, Jennifer Thompson, Davide Bruno, Laura Brown]

Identifying computer-use behaviours that could indicate cognitive decline: insights from an expert reference group

Early diagnosis of dementia is critical to aid planning and ensure timely therapeutic interventions. However, current methods for detecting cognitive decline are costly due to specialist time and equipment, and not all people will complete these assessments at the early stages of disease progression. Given the increasing number of older adult computer users, there is an opportunity to improve early disease detection through unobtrusive and continuous measurement of computer-use behaviour.

However, a key challenge in analysing computer-use is the extensive range of behaviours that could be captured. As part of the 'Software Architecture for Mental Health Self-management (SAMS)' project, we convened a reference group of experts from clinical and cognitive neurosciences to gain consensus on a) which computer use behaviours are most likely to be sensitive and specific to detecting early cognitive decline, and b) which domains of cognitive function each of these behaviours would be dependent on. The expert reference group first participated in two workshops focussed on identifying which computer-use behaviours (e.g. mistakes or slowed functioning) are most likely to indicate early cognitive decline. They then completed a follow-up survey to indicate the extent to which each of the twenty-two shortlisted computer-use behaviours could indicate impairment in six cognitive domains. There was strong agreement between experts as to which aspects of memory, perception, language and executive function underlie computer-use behaviours. The results of this study have therefore produced an expertise-driven list of candidate computer-use behaviours which can be measured for detecting cognitive decline.

Luca Brunelli
Heriot-Watt University
lb156@hw.ac.uk

[Ryan Woolrych, Harry Smith]

Everyday life and Older People's Well-being in Local High Streets

Policy on ageing-in-place has identified the role of the urban environment in supporting social interaction and providing access to services and amenities. In the UK local high streets have traditionally been at the core of everyday life in towns and cities. They afford a setting to access shops and facilities, and a focal point for community and social participation that offers opportunities to support ageing-in-place. Although the role of high street has featured in policy on the creation of vibrant and sustainable communities, there has been little attempt to articulate this with the everyday lives of the elderly, and as a result we have limited understanding of how these settings can be designed and managed to better support older people. In addressing this gap, the research aims to understand how local high streets can foster the well-being of older adults, and how this learning can inform their improvement for an ageing-in-place agenda. The research adopted an ethnographic research approach: field observations in three different locations in Edinburgh are combined with the data elicited from walking interviews, sit-in interviews and focus groups with 84 retired people, between 61 and 97 years old. Key facets of well-being, from social and community dimensions to personal autonomy, independence, restorative experiences and sense of place, emerged from this study. The paper will argue that this multi-dimensional experience of well-being should inform the design and management of local high streets in order to make them more supportive for an ageing population.

Stefanie Buckner
University of Cambridge
sb959@medschl.cam.ac.uk

*[Nigel Bruce, Louise Lafortune,
Calum Mattocks, Daniel Pope]*

Developing age-friendly cities and communities: A tool to guide efforts to promote healthy ageing

In the context of rapid population ageing and urbanisation, there is a growing recognition of the need to ensure that urban environments foster healthy ageing and a good quality of life in older age. The WHO has been playing a leading role in supporting relevant endeavours through its Age-friendly Cities initiative (1).

This paper presents an evidence-based tool specifically designed to guide efforts to make urban environments better suited to a diverse ageing population. Its development was informed by fieldwork in Liverpool/UK as a city with a commitment to an age-friendly agenda. This involved interviews and focus groups with older residents and stakeholders in policy and practice, a quantitative analysis of secondary health data, and a review of the literature.

Designed to be adaptable to different contexts, the tool identifies ten key areas where evidence is required to assess initiatives intended to make urban settings more age-friendly. These include leadership and governance, resource commitments, evidence-based working, involvement of older residents, and monitoring and evaluation. It offers a recording facility for the evidence gathered, and a way of synthesising and presenting this to enable the identification of strengths as well as areas for improvement.

Findings from the application of the tool in Liverpool are presented, together with insights from its pilot-testing in other urban settings. The aim is to demonstrate the use of the tool in relation to initiatives at differing scales and stages of implementation to support cities' efforts to become more age-friendly.

Sarah Campbell
University of Manchester
sarah.campbell@manchester.ac.uk

[Richard Ward, John Keady]

'Embodied Narratives' within an ethnographic study of everyday embodied lives of men living with dementia in care

This paper presents emergent ideas from an on-going doctoral study which is exploring everyday embodied life for men living with dementia. The paper discusses challenges within dementia studies to find methods and ways of working that include the voices of those who may no longer use words or hold structured conversation. This study draws on data taken mostly from ethnographic field notes within care homes and on dementia wards. My days were spent sat alongside residents living with dementia in corridors, day rooms, and when permitted in bedrooms and bathrooms. The focus of the paper will be to explore the notion of and opportunities for 'embodied narrative analysis' using this data. Using mainly a traditional participant observation approach to collect data, the analysis has attempted to expand 'narrative analysis' to look at stories told through the diverse individual and collective bodies of the participants.

I am exploring how the atmospheres of these environments are felt through the entanglements of collective bodies in the material and sensory spaces of dementia care. Narrative analysis has been enhanced through close attention to affect and atmosphere in order to consider how collective bodies perform together the 'small stories' of everyday life within these settings. This paper will discuss the importance of innovative methodological approaches within dementia studies which explore the embodied and intangible aspects of care that can have truly tangible and bodily consequences for the people who live in these spaces and their relationships with those who care for and support them.

Zoe Campbell
Alzheimer's Society
zoe.campbell@alzheimers.org.uk

Side by Side: Can volunteer support help people with dementia to increase social inclusion and independence and help to build dementia friendly communities?

The Alzheimer's Society's second annual report: "Dementia 2013: The hidden voice of loneliness", reveals:

- A third of people with dementia said they lost friends following a diagnosis.
- More than a third of people with dementia felt lonely
- Nearly two-thirds who live on their own feel lonely. Difficulties in maintaining social relationships and others features of dementia contributed to this.
- People with dementia living alone are more likely to become socially isolated and unable to access key services.

Side by Side uses person centred tools that enable people with dementia to identify the outcomes they wish to achieve, the activity and services they need to realise these; and the strengths, capabilities and skills they share with peers and the wider community.

Volunteers are then placed with people to achieve these outcomes.

The service will also identify common barriers that deter people with dementia from taking part in everyday community activity. Staff and volunteers then support people where possible to identify and implement solutions to those barriers. Where this is not possible the Manager will engage with local Dementia Friendly initiatives and organisations to combat the issues people face locally.

The service is subject to a robust, external evaluation conducted by the Charities Evaluation Service which began in October

2014 and is continually producing evidence which can be shared.

This evidence will show whether or not such a service meets the aims or reducing loneliness, increasing social participation, empowering people with dementia to be self-advocates and supporting the creation of dementia friendly communities.

Srinivasan Chokkanathan
National University of Singapore
swksrini@nus.edu.sg

[Aravindhan Natarajan]

Resilience to Elder Mistreatment

Adversities are common in late life and so are the abilities of older adults to thrive under these adversities. Information abounds on negative effects of adversities; whereas, there is a palpable lack of information on positive adaptation or resilience to adversities. Using resilience theory, the current study examined the influences of multiple risks (individual, family, mistreatment related) and promotive factors (mastery, support) in the positive adaptation of older adults to mistreatment. A subset of data (187 older adults who were mistreated) from a survey on elder mistreatment in rural India was analyzed for the present study. Positive adaptation to mistreatment was indicated by global life satisfaction scale.

Mistreatment - measured by an adapted version of conflict tactics scale -signified acts of psychological, physical, financial abuses and neglect experienced by older adults at the hands of their family members prior to the year of interview. Elder mistreatment was reported as severe and recurrent. Consistent with resilience theory, the results of multiple regression analysis showed that multiple risk factors decreased resilience to mistreatment. Both a sense of mastery and social support increased positive adaptation to mistreatment. Social Support was found to be more beneficial at lower levels than at higher levels of mistreatment.

Gary Christopher
University of the West of England
gary.christopher@uwe.ac.uk

[Richard Cheston, Constantine Sedikides, Tim Wildschut, Emily Dodd]

Threat of dementia: the role of self-protective memory and replication of the mnemic neglect effect

Dementia has been described by many as the most feared diagnosis. Indeed, a survey conducted by Saga at the end of 2014 showed that older adults are more scared of a diagnosis of dementia than they are of cancer. While early detection and diagnosis are consistently identified as important in facilitating individuals and families to access appropriate interventions in a timely manner, the success with which they are able to do this is often dependent on the person's willingness to identify themselves as having dementia. Research in social psychology on the general population has shown that, when faced with personally-relevant, threatening information, the manner in which that information is processed differs from non-threatening information. Information threatening to the self is less well-remembered than non-threatening information, thereby implying a form of self-protection. This is referred to as the mnemic neglect effect.

We have tested whether this mechanism also affects those with a diagnosis of dementia. We carried out two studies: in the first, we explored whether the general mnemic neglect was present for people affected by dementia, and in the second we examined recall of dementia-related material that varied in its level of threat. Findings showed that there was a significant interaction between recall and the level of threat. The results from these studies will be discussed with reference to how diagnoses can be communicated, how a person adjusts following diagnosis, and in terms of therapeutic change over time. [Research funded by the Alzheimer's Society]

Volker Cihlar
Federal Institute for Population Research,
Wiesbaden, Germany
volker.cihlar@bib.bund.de

[Sonia Lippke]

Physical activity behavior and the connection to time-competing activities and psychological constructs in 55-to-70-year-old Germans

Physical activity has proven to be an influential parameter of healthy aging. However, only a minority of older adults engages in physical activity to a recommended extent. Multiple reasons exist for underachieving the necessary physical exercise levels. In this study, we draw attention to time-competing activities and psychological components as impeding or enabling factors for physical activity behavior in 55-to-70-year-old Germans on basis of developmental theories. Cross-sectional data from the German Transitions and Old Age Potential study was used (n=4,891). Multinomial logistic regression analyses indicate that family engagement and labor work have a significant negative relationship with sufficient physical activity.

Active citizenship, however, positively relates to higher physical activity levels, even in those underachievers who are motivated to increase their physical activity behavior. Investing energy in life domains and a distinct internal locus of control characterize underachievers who are motivated and clearly distinguish them from underachievers without any motivation to increase their physical activity level. Those who are sufficiently physically active show higher values in the personality trait conscientiousness. The study results suggest that time-intense and strongly externally determined activities like nursing care and labor work hinder a sufficient level of physical activity, even if the motivation is existent. Active citizenship and physical activity seem to be linked processes. For the implementation of sufficient activity behavior in daily routine, a persistent, self-disciplined, efficient, and organized personality seems to be a decisive factor.

Grace Collins
Personal Social Services Research Unit
g.collins@kent.ac.uk

*[Ann-Marie Towers, Nick Smith,
Sinead Palmer]*

Conducting research in care homes during times of austerity: lessons learned from two research studies involving care homes for older adults in England

Local authorities have encountered exceptional cuts over the last few years due to a decrease in funding at a local level. Most continue to try and protect spending on adult social care but with an ageing population, maintaining current levels of services is placing a strain on other budgets. In addition to funding difficulties, local authorities are under pressure to measure and improve outcomes in line with the recent Care Act (2014), in which they have been given the responsibility of ensuring the quality of services they are commissioning.

Research identifying robust and rigorous methods of measuring and monitoring outcomes is needed within the sector and especially in homes for older people, where many care recipients lack the physical and mental capacity to engage with traditional survey methodologies.

However, with the pressures local authorities and providers are currently experiencing, do they have the resources to engage with research and how can we, as researchers, overcome this? We will draw on the experiences of two research studies in care homes for older people in England; the first working with a research-ready national provider from the design phase and the second in which a local authority was a partner in the proposal. Despite early partnership working, we encountered significant delays and difficulties affecting project timescales and the recruitment of homes and participants. We report the strategies we used to overcome these challenges and consider the wider implications for future research in this time of austerity.

Laurie Corna
King's College London
laurie.corna@kcl.ac.uk

*[Diana Worts, Amanda Sacker,
Anne McMunn, Peggy McDonough]*

Later-life employment trajectories and health: Evidence from the US

Concerns over population ageing and rising public pension costs have prompted an extension to working life in many western nations. From a policy perspective, increases in life expectancy and improvements in later-life health at a population level provide a strong rationale for such changes. Yet, a population perspective likely glosses over considerable heterogeneity in terms of who may be able to extend their working life, and with what consequences for individual health. The social patterning of work and health in later life would suggest that some social groups stand to benefit, while others may be particularly disadvantaged. In this paper we investigate how later-life labour market trajectories are related to self-rated health in the early 70s. Our data come from the original cohort (1931-1941) of the American Health and Retirement Survey.

We use optimal matching with dynamic hamming distances to summarise later-life labour market trajectories over ages 52-69, and then assess their association with poor self-rated health at the respondent's first interview following their 70th birthday. Our models adjust for prior socio-demographic and life course factors, including reports of ill health. Men who downshift from full- to part-time work in their mid-60s fare the best in health terms; among women, self-rated health is best among those in on-going employment with a part-time component over ages 52-69. Women with little or no attachment to the labour market during their 50s and 60s fare the worst. Health selection is an important factor for both men and women.

Karol Czuba
Auckland University of Technology
kczuba@aut.ac.nz

[Nicola Kayes, Kathryn McPherson]

The challenges of working as a nursing assistant in a long-term care facility.

Aim

The aim of this study was to explore the experiences of work stress of nursing assistants (NAs) in the Auckland region, New Zealand.

Methods

This study used an Interpretive Descriptive Methodology. Data from n=10 NAs was collected using semi-structured in-depth face-to-face interviews. Data was analysed using thematic analysis to identify key categories and themes that captured participant reports of their experiences.

Findings

Findings suggested that NAs experienced high levels of work stress, possibly leading to negative outcomes for the NAs themselves, and their patients. Key themes were: having too much work to do, having no control over the work, feeling undervalued and under constant pressure, and not having sufficient resources to provide quality care for patients. The findings contribute to the current knowledge about NAs' work stress by identifying the challenges relating to the lack of recognition of NAs', the unintended consequences of person-centred care and particular difficulties experienced by migrant NAs.

Conclusions
This study has increased our understanding of how nursing assistants experience work stress and demonstrates the complexity of that experience. The findings of this study could be used to guide the development of interventions aiming to improve both the work environment and the caregivers' ability to cope with stress.

Lena Dahlberg
Dalarna University & Karolinska Institutet/
Stockholm University
ldh@du.se

[Lars Andersson, Carin Lennartsson]

Long-term influences on loneliness: Results of a nationally representative study with follow-up after 20 years

The understanding of social phenomena is enhanced if individuals can be studied over longer periods, but there is a general lack of longitudinal research on loneliness in old age. The overall aim of this study was to examine whether there is an association between loneliness in old age and social engagement 20 years earlier, as suggested by life course theory and the convoy model.

Data from the nationally representative Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD; 2002 and 2011 data collection waves) and the Swedish Level of Living Survey (LNU; 1981 and 1991 data collection waves) were used. The sample included 823 individuals with an average age of 62.2 years at baseline and 82.2 years at follow-up.

Each form of social engagement in old age was significantly associated with the same form of social engagement 20 years earlier. Close forms of social engagement (being married and access to social support) protected against feelings of loneliness in old age. Some more distant forms of social engagement (low levels of social contacts and social activity) were also associated with loneliness in old age, but only when they were considered solely in old age. These findings underline the importance of interventions targeted at newly widowed older people and at close relationships that can provide social support in old age.

Valerie D'Astous
King's College London
valerie.d'astous@kcl.ac.uk

[Ruth Abrams, Kritika Samsi, Tushna Vandrevala, Jill Manthorpe]

Maids of all work? Investigating the home care workers' care for older people with dementia at end of life

Home care workers provide practical care and support to many older people with dementia at home. They are the largest dementia care workforce. The personal and practical care they provide to older people may continue until they die (even if other professionals are involved). However, the role, experiences, beliefs and attitudes of home care workers providing care up to the end of life for people with dementia are often overlooked. There are limited numbers of studies that have addressed specifically how home care workers define and manage possible conflict, stress and competing demands; and these are hard to distinguish from research on other practitioners or covering settings outside the home. This 18 month qualitative, exploratory study began with a review of existing research evidence. Using systematic methods, we identified research covering home care, dementia and end of life. We searched key databases and data sources using relevant search terms, and reviewed the evidence by identifying themes in the papers and documents located, including NICE guidelines on home care and on end of life. This paper reports the findings of the review and the ways the evidence was used to inform fieldwork, including drawing on advice from the research advisory group in which older people and carers actively participated.

Alison Dawson
University of Stirling
a.s.f.dawson@stir.ac.uk

[Catherine Pemble, Dianne Theakstone]

Sight loss, dementia and meaningful activity: results of a multi-method scoping study

Increasingly it is recognised that people with dementia will also have other health conditions that will make their lives additionally challenging. For many people one of these conditions will be sight loss, i.e. poor vision, including partial vision and blindness. This paper reports on a scoping study funded by Thomas Pocklington Trust. Supporting people to continue to engage in activities that they value ('meaningful activities') when they have both conditions is important, but can challenge family and professional carers.

We present the findings of a multi-method scoping study by a team from the University of Stirling which sought to open up discussion around meaningful activity for people with dementia and sight loss. The paper synthesises findings from: a systematically conducted review of relevant literature; semi-structured interviews with expert informants from a range of professions supporting people with sight loss and/or dementia to engage in activity; and responses to a widely distributed online survey.

Key findings include: a paucity of peer-reviewed literature that addresses meaningful activity for people with both conditions and differences in understandings of 'meaningful activity' depending on whether the focus is on people with dementia or those with sight loss; a view emerging from the survey responses that supporting individuals with both conditions introduces unique challenges; and both a strong demand from those providing support for further guidance in this area and evidence of limited awareness of existing resources. We consider the implications of these findings and present issues for further consideration.

Alison Dawson
University of Stirling
a.s.f.dawson@stir.ac.uk

[Alison Bowes, Corinne Greasley-Adams, Louise McCabe, Ruth Jepson]

Personalised physical activity for people with dementia in care homes: some findings

Previous studies have suggested that physical activity can confer a range of benefits for people with dementia, include improved well-being and quality of life, and physical benefits such as improved balance (preventing falls), and grip strength (supporting independence in ADLs), as well as reducing the risks associated with 'sedentary behaviours' (low energy activities performed sitting or lying down). Our own research has signalled that a personalised approach to physical activity is merited for this group and that the notion of physical activity needs to be broad, to encompass everyday moving about and everyday tasks as well as formal 'exercise programmes' or 'activity sessions'.

This paper presents early findings from research funded by The Healthcare Management Trust ('HMT', http://hmt-uk.org/) aimed at providing rigorous research evidence for a newly developed approach to providing personalised physical activity for people with dementia in care homes by developing, testing and evaluating an intervention based on this approach. In particular, it presents findings from a systematically conducted review of relevant literature, an electronic survey of managers of UK care homes designed to collect information on and views about current approaches to physical activity, and the analysis of data collected from a sample of care homes in England and Scotland about residents', relatives' and care staff views on the desirability and feasibility of increasing residents' participation in physical activities through embedding opportunities for activity into everyday care home routines.

Isaac Ddumba
Mukono District Local Government
iddumba08@gmail.com

[Isaac Ddumba, Stephen Ojiambo Wandera]

Living Alone among Older Persons in Uganda: Prevalence and Socio-Demographic Determinants

Background

There is paucity of data and limited research about the prevalence and determinants of living alone among older persons in Africa in general and Uganda in particular. Therefore, this study aimed at investigating the prevalence and social-demographic determinants of living alone among older persons in Uganda.

Methods

A secondary analysis of the 2010 Uganda National Household Survey data was done. Frequency distributions were used to estimate the prevalence of older persons living alone. Complementary log-log regression models were used to estimate the relationship between living alone and socio-demographic factors among older persons in Uganda.

Results

Nearly one out of ten (9%) older persons lived alone in Uganda. Living alone was higher among older persons who were: in advanced ages (70-79 years), men, resided in central region, divorced, separated, or widowed, in better wealth status, receiving remittances and were disabled.

Conclusion

Due to the vulnerability associated with living alone, there is a need to formulate policies and design programmes that foster formal community care centers and strengthen social support systems for older persons in Uganda.

Kay de Vries
University of Brighton
l.k.devries@brighton.ac.uk

[Jenny Drury-Ruddlesden, Chris Gaul]

"And so I took up residence": The experiences of family members of people with dementia during admission to an acute hospital unit

It is estimated that a quarter of acute hospital beds are in use by older people with dementia at any one time. Little empirical research has been carried out that has specifically examined the day-to-day input of family members into the care of people with dementia during an acute hospital admission. In this paper we present the results of analysis of interviews with 26 family members of people with dementia about their experiences of supporting an admission of a person with dementia to an acute hospital unit in New Zealand. For all family members the desire to support the person with dementia during their admission to an acute hospital unit was at the forefront and was their primary focus. The theme, 'And so I took up residence', exemplifies fully the experiences of all of the family member participants. This study provides evidence that family members are a resource that may be unrecognised, untapped, and unsupported in the event of hospitalisation of people with dementia.

Manik Deepak Gopinath
Dundee University
m.deepakgopinath@dundee.ac.uk

[Vikki Entwistle, Barbara Illsley, Tim Kelly]

The significance of bodily impairments in place and wellbeing relationships – insights from a qualitative study of older people living in Scotland

Despite burgeoning scholarship on place, health and wellbeing in gerontological literature, consideration of health/age related impairments and their interaction with place and wellbeing is muted. Utilising relationally theorised notions of 'capabilities' and 'place', we demonstrate how consideration of impairments supports nuanced understandings of relationships between place and wellbeing amongst older people.

This paper draws on a qualitative study that explored older peoples' experiences of place and wellbeing across a range of settings. In-depth interviews were undertaken with 26 participants aged between 65 and 96 years and living in a range of domestic, sheltered and residential care housing from across more and less affluent areas of Dundee. A thematic analysis was carried out.

Our analysis suggests that older people's experiences of evolving impairment, place and wellbeing are all closely but varyingly interconnected. For instance, three participants reported having age related macular degeneration. Yet variations in visual functioning together with unique contexts impacted on different valued capabilities and produced diverse place and wellbeing experiences.

Attending to bodily impairment in the context of place and wellbeing:

a) Supports appreciation about kind of capabilities that might be impacted and reveals the emergent nature of some capabilities that shape perceptions of/ relationships with place;
b) Highlights the mediating role of place in shaping capabilities that matter;

The study strongly suggests that bodily impairments need to be attended to as a significant diverse factor alongside others (e.g., gender, age) to enable informed analysis about kinds of support that older people might require to live well.

Paula Devine
Queen's University Belfast
p.devine@qub.ac.uk

[Gemma M Carney, Katrina Lloyd]

What do children think about old age? Segregation, Integration and the 'Bookend Generations'

As far back as 1968, it was suggested that the central concern of social gerontology was the issue of integration versus segregation: Are old people integrated into society, or are they separated from it?'. Segmenting the generations into school, work and retirement on the basis of age can lead to spatial and cultural separation of people at different stages of the life course. Whatever its cause, segregation on a societal level affects social networks, which makes it difficult for members of different groups to build personal knowledge of one another.
This paper takes the novel approach of addressing the gulf of experience between the 'bookend generations' by asking children about their attitudes to ageing and older people. Analysis is based on data from the 2014 Kids' Life and Times (KLT)

survey which involved over 4,000 10 and 11 year olds in Northern Ireland, a region which has experienced other forms of segregation, including those based along religious, ethnic and political lines. The data suggested that the age at which people are seen as old is relational, often depending on the age of the respondent. The findings showed that children have a positive view of old people, and appreciate their diversity. Intergenerational support was emphasised. Around one third (31%) of respondents thought that young and old people do not mix together often while 69% thought it would be better if they did. Overall, the findings suggest that whilst children may live in an age-segregated world, there is respect between generations.

Angela Dickinson
University of Hertfordshire
a.m.dickinson@herts.ac.uk

[Wendy Wills, Faith Ikioda, Amy Godfrey-Smythe, Sue Halliday, Ariadne Kapetanaki]

Older people's interactions with and experiences of the UK food system: Pathways to resilience or vulnerability.

Background

Little is known about how the UK food system affects the food security experienced by older people. This paper will present findings from phase one of a study funded by the ESRC in collaboration with the Food Standards Agency (FSA), in order to explore explore when, how and why older people living in the UK might become vulnerable through their interaction with food systems they use in order to acquire food.

Methods

Ethnographic methods included explorations of kitchens, interviews, visual methods (photography and video), food logs, and go-along tours with people acquiring food via a range of food systems (including retail outlets, gardens and allotments, gifts and services such as meals-on-wheels and other food deliverers and lunch groups) with 25 households (ages between 60 and 90 years) in Hertfordshire. Data included 42 transcripts, field-notes, over 1000 photos, 30 hours of video and 20 food logs).

Findings

Analysis revealed four interconnecting themes around the food environments of older people, the social nature of food practices in later life, cognitive systems (knowledge, beliefs and competence) and finally, the ageing body (physicality and adaptation)

Conclusions

The above themes are experienced in very different ways across the households. Older people interact with a complex and varied range of actors and suppliers in their acquisition of food. Findings will be of interest to food-policy makers, retailers and food services targeting older people as well as academics.

Carol Duguid
Glasgow Caledonian University/NHS GGC
cdugui15@caledonian.ac.uk

Perception of physical ageing: an interpretative phenomenological analysis study exploring the views of older adults

The bodily ageing process is an unavoidable and unpredictable journey which is lived and experienced differently by human beings. As numbers of older people living longer are currently publicised within social, economic and political policies, concepts of 'being old' 'feeling old' and 'looking old' are areas which require further attention within educational, health and social care professions. This doctoral study embarks using an Interpretative Phenomenological Analysis approach using semi structured interviews and diary writings to interpret older people's perception of the physical ageing process. This presentation incorporates the current progress of this study, key literature and recommendations for future research.

Valerie Egdell
Edinburgh Napier University
v.egdell@napier.ac.uk

[Jill Stavert, Rebecca McGregor]

Dementia in the workplace: establishing a cross disciplinary research agenda on the legal implications of dementia in the workplace

Dementia is a growing issue in the UK with over 800,000 people affected and of these cases in excess of 40,000 are aged under 65 years (Prince et al. 2014, Alzheimer's Society 2015). Thus a significant number of individuals under 65 years may be experiencing symptoms of dementia while in employment. In addition, as working lives extend and more older workers continue in work, the potential impact of dementia on the workplace could be substantial.

Consequently employers need to be prepared to support employees with dementia in the workplace. However to date, there has been little research on experiences of dementia in the workplace. The research that exists highlights the lack of support for workers with dementia, and issues around work performance and job retention (Chaplin and Davidson 2014, Roach and Drummond 2014, Ritchie et al. 2015). As dementia may be considered to be a disability under the Equality Act 2010, the legislation potentially provides a framework for individuals to request that their employer make reasonable adjustments to support them to continue in employment. International human rights law is potentially another tool which could be utilised to obtain the necessary adjustments. The aim of this paper is to review the existing literature on dementia in the workplace and set this against the legislative framework to establish an agenda for future research. The paper will argue for the need to establish a cross disciplinary research agenda on the legal implications of dementia in the workplace for employers.

Catherine Elliott O'Dare
Trinity College, Dublin, Ireland
odarec@tcd.ie

The experience, meaning and significance of intergenerational friendships to older people in Ireland: Some preliminary findings from a Grounded Theory study

Intergenerational friendship is a friendship which occurs between differing generations of older and younger adults. Extant research had indicated that intergenerational friendship was rare and unusual, being normatively, culturally and structurally discouraged and, therefore, the topic attracted little academic attention. However, recent quantitative research challenges these assertions by purporting that a significant number of people across contemporary Europe are involved in two or more intergenerational adult friendships (Dykstra and Fleischmann, 2015). That intergenerational friendship not only exist but are prevalent in societies across Europe, including Ireland, provided an impetus to pursue further knowledge of this fascinating yet neglected topic.

This research explores and seeks to understand intergenerational friendships from the perspective of the 'older' friend. How these friendships are practised and experienced, along with their meaning and significance, and the role they play in the older individual's life. Also, how these

friendships are shaped by social forces is examined. Taking a qualitative approach using Constructivist Grounded Theory, rich data is being gathered through in-depth semi-structured interviews with older people in Ireland who have formed intergenerational friendships. Early findings indicate many novel insights, including intergenerational friendship as a personal ageing strategy.

Maggie Ellis
University of St Andrews
mpe2@st-andrews.ac.uk

[Flavia Ursa, Arlene Astell]

Non-verbal communication in individuals with advanced dementia – how can we recognise the potential?

Individuals with very advanced dementia who have lost the ability to speak may employ non-verbal methods of communication that appear similar to those used by young infants. Whilst these behaviours are recognised as both communicative and effective in infants, in people with advanced dementia they are typically thought to be meaningless and random. Consequently, the nonverbal communicative bids of individuals with advanced dementia are often marginalised or completely ignored, leaving them socially isolated.

The current study investigated the impact of first watching a video clip of a non-verbal parent-infant interaction on communicative effectiveness ratings of a video clip of a non-verbal person with advanced dementia-caregiver interaction, and vice versa. There was a significant increase in overall effectiveness ratings for the communication exhibited by the individual with advanced dementia when participants watched the parent-infant interaction first. Although the significant effect was not present for specific communication variables (e.g. eye gaze, sounds, etc.), a trend was observed, with higher ratings of communication of the person with advanced dementia in the condition when the infant video was seen first. Thus, participants were more likely to rate the person with advanced dementia-caregiver interaction as effective when first exposed to a nonverbal infant-parent interaction. These findings have implications for the care of individuals with advanced dementia as by training caregivers to recognise nonverbal behaviour as communicative, individuals with advanced dementia would be less cut off. Thus, greatly improving their well-being, as well as making caregiving more rewarding.

Simon Evans
University of Worcester
simon.evans@worc.ac.uk

[Shirley Evans, Jennifer Bray]

How touchscreen technology can support people with dementia living in care homes.

The impact of activities in care homes include increase positive emotions and enabling residents to remain occupied and engaged. There is growing interest in the application of touchscreen technology in care settings, particularly for residents who are living with dementia. Tablets are being used to facilitate diverse activities including reminiscence and cognitive stimulation action. Digital interaction with creative activities including visual arts and music is often encouraged with the aim of increasing wellbeing and quality of life. There is considerable anecdotal evidence to suggest that this can be effective, but there is a lack of systematic approaches to using and evaluating touchscreen technology in care settings.

This presentation reports on the evaluation of a project by a large care and housing provider to introduce iPads across 60 care homes, supported by a training package for activity coordinators. Our findings highlight the effectiveness of iPads in complementing and enhancing existing activities for people living with dementia, as well as supporting the introduction of new activities based on the growing range of apps that are available. Outcomes included increased interaction and greater inclusion as well as the provision of a more person-centred approach and increased staff skills and confidence.

Olivia Farrer
Nutrition and Dietetics, Flinders University
olivia.farrer@flinders.edu.au

[Alison Yaxley, Karen Walton, Michelle Miller]

Do Older Adults with Diabetes Want To Eat Cake?

The number of older adults diagnosed with type 2 diabetes is increasing and approximately 25% of all aged care residents have diabetes. In 2005 the American Dietetic Association (ADA) released a position statement stating that, 'the quality of life and nutritional status of older residents in long-term care facilities may be enhanced by liberalization of the diet prescription' without negatively impacting on glycaemic control. As a result the low fat, low sugar, high fibre diet widely promoted for functionally independent older adults with diabetes has been liberalized in aged care to advocate use of added sugar in beverages, meals and desserts and full fat food items such as milk, cheese and yoghurt. A recent systematic literature review found limited robust evidence to demonstrate that a liberalized diabetic diet does improve quality of life and so this study aimed to evaluate dietary preferences of older adults with diabetes, as a proxy for quality of life measures.

This study compared the health beliefs and dietary preferences of older adults with diabetes residing in the community with those of older adults already residing in residential aged care facilities. In addition participants were asked their opinion about the importance of autonomy in the dietary management of their diabetes. Preliminary findings suggest that older adults are less inclined to care who manages clinical aspects of their diabetes in aged care, but do want autonomy over daily food choices particularly when asked if they would like to 'eat cake'; which received mixed responses.

James Fletcher
King's College London
james.fletcher@kcl.ac.uk

Symbolic Interactionism and the Challenge of Theorising Experiential Diversity in Dementia

Current dementia understanding is dominated by the biomedical construct positing a pathological disease entity causing inevitable progressive decline (Sabat 2001). Meanwhile, the media propagates alarmist forecasts of an imminent healthcare catastrophe due to a homogenous mass of faceless self-less older people (Peel 2014). This derogatory deterministic portrayal of dementia disregards the diversity of lived experience, preferring the certainties of a clearly demarcated universal model. Contesting this inadequacy, social psychology has made a significant contribution to improved understandings of dementia through a greater focus on inherently varied individual experience (Innes & Manthorpe 2013).

Although underdeveloped, symbolic interactionist principles are repeatedly implied within this literature (i.e. Kitwood 1997), proposing various alternative approaches to dementia. This suggests substantial potential to inform a model of dementia that is better able account for experiential diversity. In pursuit of such a model, a traditional symbolic interactionist framework is taken from Herbert Blumer's (1969) original theoretical writings, through which existing works concerning dementia are re-evaluated. The result is a novel theoretical account of dementia within a major social science tradition. Encompassing both agency and structure through a focus on interaction and interpretation facilitates the construction of a generalisable theoretical model that actively embraces diversity.

Claire Garabedian
Association for Dementia Studies - University of Worcester
c.garabedian@worc.ac.uk

Through a practitioner's eyes: how an 'emergency' music intervention sonically supported a disorientated, highly agitated older person with dementia to feel in a safe 'haven'

The creative arts are increasingly recognised for their positive impact on people living with dementia. Music is particularly acknowledged as an especially effective tool for providing comfort (Särkämö et al., 2012; Vink et al., 2013), and for reducing the agitation (Van der Geer, 2009; Cohen-Mansfield, 2013) commonly associated with advanced dementia. An 'emergency' music intervention conducted during thesis fieldwork exploring the effects of individualized live and recorded music on people with dementia nearing the end of life and their carers, illustrates the capability of a trained experienced music practitioner to sonically create a 'haven' wherein a highly agitated person with advanced dementia was able to reconnect with his body in present time, thereby allowing his caregivers to provide essential care.

This paper also discusses the experience of the researcher as music practitioner during this 'emergency' intervention, and throughout this project, and the ramifications of the outcomes of this study towards future practice and research within this burgeoning field.

Zach Gassoumis
University of Southern California, Davis School of Gerontology
gassoumi@usc.edu

The Elder Abuse Forensic Center: An Effective Model for the Most Complex Cases of Abuse

Social workers and other direct service providers in the U.S. often struggle to address the most complex cases of elder abuse. Appropriate intervention is crucial in all elder abuse cases, as it may decrease the chance of abuse recurring after the case has been closed and increase the chance of positive outcomes for the victim. This is especially important for cases involving more complex issues, where more moving pieces may result in a higher chance for the recurrence of abuse. In an effort to provide support and guidance to social workers while handling these complex cases, the Elder Abuse Forensic Model brings together a multidisciplinary team of expert medical, psychological, legal, enforcement, and social service practitioners to consult and advise social workers on individual cases.

This paper provides an overview of the history and function of the Elder Abuse Forensic Center model and highlights evaluation research conducted at the University of Southern California to determine the efficacy of the model in promoting the safety of older adults in a cost effective manner. A decade-long evaluation of the Los Angeles center has shown the model to increase the chance of successful prosecution of the abuser and conservatorship/guardianship of the older adult and to decrease the chance of abuse recurring after the closure of the social worker's case. The structure of the Los Angeles center is compared to that of other centers, and new directions for the development and growth of the model are presented.

Molly George
University of Otago
molly.george@otago.ac.nz

Ageing in an Increasingly Diverse Aotearoa New Zealand

Well within the span of older New Zealanders' lifetimes, the country's population has changed substantially from its bicultural roots consisting primarily of Maori (the Tangata Whenua) and a non-indigenous population of British settlers and their descendants to a multicultural nation with urban centres reflecting images of "super-diversity."

Older New Zealanders' "then and now" comparisons confirm that while moving only through time, these older folk now live in "a different country" to that of their memories. The complex inter-weavings of time, space and movement, now characteristic of a globalized world, have brought many older New Zealanders into frequent contact with a diverse array of cultures and ethnicities personified in the immigrants now sharing their churches, neighborhoods and shops. Older New Zealanders often readily express significant "macro" concerns about the impact of large numbers of diverse migrants on New Zealand. However, their interactions with individual migrants often typify cosmopolitan moral ideals. These older New Zealanders' experiences of their changing surroundings remind us that ageing-in-place does not avoid novelty nor negate contact with difference.

This research presents older people as steady "moorings" as the seas of change and the tide of mobile people have come in around them. If integration of immigrants is essential to the success of new, ubiquitous sites of multiculturalism, perhaps older New Zealanders are not the social and economic liability that discussions of population ageing would have us believe. Perhaps they are, on the other hand, a quiet and overlooked asset.

Mary Gilhooly
Brunel University London
mary.gilhooly@brunel.ac.uk

[Gillian Dalley, Kenneth Gilhooly, Mary Pat Sullivan, Priscilla Harries, Michael Levi]

Financial Elder Abuse: An exploration of the dynamics of financial abuse of people lacking mental capacity.

The aim of this study was to explore and characterise the dynamics of financial abuse of people lacking mental capacity. The project, funded by the Dawes Trust, used three methods of data collection: (1) Using an extended case study we investigated the motivations and justifications of perpetrators and harm to victims, plus the means by which abuse is perpetrated. (2) An online survey with members of the Society of Trust and Estate Practitioners (STEP) which aimed to examine the scale and nature of the financial abuse perpetrated by people with lasting powers of attorney. This survey was particularly interested in perceptions of how the Public Guardians Office (now the OPG) and Court of Protection were functioning at the time of the changes introduced by the Mental Capacity Act 2005 and what changes could be made under the forthcoming legislation. (3) An analysis of cases of financial abuse from the Court of Protection. The findings from these three key components of the project will be presented, along with recommendations for future research on financial elder abuse.

Chris Gilleard
University College London
CGilleard@aol.com

[Paul Higgs]

Gender and the social imaginary of the Fourth Age

The development of a distinct field of what could be described as 'fourth age' studies has thrown light on the re-configuration of later life operating under two different but interconnected discourses . While the third age has come to be seen as a cultural field valorising agency and lifestyle, the fourth age is enveloped by a feared ‘social imaginary’ of ‘unsuccessful ageing’.

While attention has been drawn to the importance of cognitive and physical frailty in constructing the fourth age, less discussion has taken place around the significance of gender. This paper outlines how a focus on the gendered nature of the fourth age social imaginary provides further understanding of contemporary old age. Two contrasting themes pervade modern thinking about old age, one based upon labour market participation, the other based on cultural marginality.

Discussions of the gendered nature of the ‘weaknesses’ of old age have been directed more often towards the former, addressing inequalities in the economic underpinning that enables and sustains the ‘third age’. This has left the gendered vulnerabilities of deep old age relatively neglected. We illustrate the many ways that gender has shaped and continues to shape the fourth age’s imaginary, with older women, much more than older men, embodying its frailty, abjection and lack of agency.

Rose Gilroy
Newcastle University
r.c.gilroy@ncl.ac.uk

[Katia Attuyer, Mark Bevan, Karen Croucher]

No more heroes: challenging the assumptions and language of resilience in later life

Against a background of welfare state retreat, a more heroic conceptualisation of resilience suggests that older adults will recover and even improve in the face of life challenges (Staudinger et al, 1993). This has fused into the discourse of `successful ageing` (Wagnild, 2003). This paper considers this `heroic turn` through two perspectives: firstly the concerns expressed by CoMotion project researchers and secondly the narratives of participants. The participants are people aged 55 and over who experienced one or more key life ‘transitions’ in the year prior to their recruitment. During the course of our 18 month research involvement, the conversation of participants centred on the unfolding relationships between the impact of transitions (both recent and past) and wellbeing and mobility. In the second (and final) face to face interview we explored how our participants met life changes over the life course, but in developing the topic guide we were anxious to avoid suggesting that all life challenges could be `overcome`.

Drawing on an initial analysis of participant interviews it is evident that the term “resilience” is not used. Some have tended to frame their strategies for coping with or adjusting to change with beliefs and behaviours learned from an early age or the learning from previous difficult situations. Others have pointed to the importance of recognising that help is needed in some difficult situations, or acknowledging when previous strategies have failed, or have limited value. Their stories of coping with transitions draw on both the learning from past experience and a range of current resources, personal, social, spiritual and financial.

Amanda Grenier
McMaster University
grenier@mcmaster.ca

[Chris Phillipson]

Precarious or Active Ageing: Competing Paradigms in the Social Construction of Later Life

Contemporary frameworks on aging are currently organized around active ageing—and the extent to which this may be fostered through social policy, social programming, and achieved more generally by older people. At the same time, theoretical debates in the field are ripe with concerns about the extent to which active and successful frameworks can be applied to all situations in late life, particularly where advanced age or marginalization are concerned. One of the main concerns is the extent to which active ageing is capable of reaching and responding to inequality and disadvantage, or whether such frameworks sustain- or perhaps worsen- the marginalization of those who 'fall short of targets'.

Our paper explores precarious and active ageing as competing paradigms in the social construction of late life. Born out of the post-war boom, 'active ageing' and similar approaches organised around 'success' seem to rest on assumptions about continued support for the welfare state. However, the collapse and/or retrenchment of such programs and supports raise doubts about whether active ageing can be realistically achieved in the current context. While it is possible that some older people will and can achieve active ageing, there is also an increasingly large group of older people whose realities may be better described as precarious. Such contrasts in the experiences of aging lend support to an analysis organized around the idea of precarity. Examples from changes to working life, pensions, and the collapse of social supports for longevity will be elaborated.

Meridith Griffin
McMaster University
griffmb@mcmaster.ca

Becoming an adult beginner: Aging and new physical activity participation

Paired with the individualized imperatives of postmodern culture, there is a decided shift from earlier metanarratives of aging that emphasized decline and dependency to a different – yet related – narrative of normative aging which is organized around the reflexively constituted culture of fitness (Bauman, 2005). Simultaneously, however, the majority of older adults do not actually achieve sufficient levels of activity to result in health gains – regardless of generally widespread awareness about the purported health benefits of participation. A disconnect thus exists between discursive imperatives to age 'well' by way of engagement in physical activity, and the lived experience of the majority of older adults. This disconnect prompted an investigation of the experiences of those who had made the choice to engage in physical activity in later life. Specifically, in this scoping study, in-depth interviews were done with ten adult newcomers to different physical activity/sport settings (recreational team, individual lifestyle, group, and competitive). The objectives were to: (1) explore the perspectives and experiences of individuals beginning or returning to physical activity participation in later life; (2) trace the pathways to this participation in terms of social, emotional, psychological, and environmental resources for (and facilitators of) participation; (3) better understand the settings and environments that provide inclusive opportunities for later life participation (and/or older adults as 'beginners' rather than 'veterans' or 'continuers'). Findings reveal the gendered elements of embodied aging in context; experiences of inaccessibility and exclusion (both physical and emotional); and strategies for resilience and persistence with respect to embodied learning.

Karen Hanley
Brighton University Business School
karenhanley@gn.apc.org

[Peter Hanley, Mark Reeve]

The Life Course and Life Dimensions Approach to Life Planning

A number of models for life planning have been developed over the last 30 years (Bridges, 1981; Coleman and Chiva, 1982; Tones, 1989). I am proposing a newer model which integrates some new ways of thinking and can be applied across the life course.

The Life Course and Life Dimensions (LCLD) approach uses a timeline as a trigger, and for any particular phase, issue, or life event asks questions concerning three important dimensions:

1. Life Themes Dimension (sometimes referred to as life strands)
2. Life Skills Dimension (Including competences, capabilities, cognitive abilities, affective (emotional) abilities)
3. Personality and Personal

Dimension
In this paper I will explore the use of this model at different stages in the life course. The value or contribution of this model to life planning can then be discerned.

Rebecca Hawkins
University of Leeds
r.hawkins@leeds.ac.uk

[Mary Godfrey, Arvin Prashar, Adelaide Lusambili, Anne Forster]

Patterns of movement in care home settings: understanding the role of the care environment in shaping residents' daily routines.

Research has demonstrated that care home residents spend the majority of their time inactive, despite the known benefits of physical activity and decreasing sedentary behaviour (Sackley et al., 2006). Interventions, such as exercise classes, have been introduced into care homes (Crocker et al., 2012). Such initiatives, however, are often reliant on external resources and increases in movement are often not sustained.

Developing interventions to maintain or increase residents' physical activity requires understanding of contextual factors that shape existing patterns of movement. This sub-study aimed to explore routine patterns of movement amongst residents in care home settings. It is part of a programme of research developing and testing a complex intervention, embedded within routine care, to promote physical activity amongst care home residents (REACH: Research Exploring physical Activity in Care Homes).

Drawing on a grounded theory approach (Charmaz, 2006), we conducted qualitative observations within the communal spaces of four purposively sampled residential care homes over approximately four months in each home. Qualitative interviews were also conducted with sampled staff members, residents and relatives.

There is a dynamic relationship between action, interaction and the environment. The care environment of the participating care homes shaped residents' routine patterns of movement. In particular, organisational elements such as the espoused ethos of care, systems of management, processes of staff development and training, and the use of care plans were found to be important. Such structures and mechanisms should be considered when implementing interventions to increase care home residents' movement and reduce sedentary behaviour.

Catherine Hennessy
Bournemouth University
chhennessy1@gmail.com

The Effects of Rural Community Connections in Later Life on Perceived Social Integration and Health

Social capital, an individual's ties of social connection and reciprocity, has been examined in relation to the health, well-being, and participation of older people. Most studies focus on urban settings and research on the impact of these connections in later life in rural places is less prevalent. This presentation reports findings from the Grey and Pleasant Land project that investigated older people's connections to and participation in rural communities in southwest England and Wales. Data are from a survey with 920 respondents 60+, of the types, levels and influences on their connections to and participation in multiple aspects of rural community life. A model specifying the simultaneous relationships between perceived social integration (7-item index, *a* =.87) and health (3-item index, *a*=.87), and the relationships between two sets of relevant predictors is estimated. The exogenous variables include indices of participation in community activities (6-item, *a*= .80), social support (6-item, *a*=.87), political engagement (4-item, *a*=.77), problems with accessing 20 services (Loevenger's H=.53), age, gender, and poverty. Results show that participation in community activities (.12), social support (.19) and political engagement (.051), all have a positive effect on social integration, with social support having the largest effect. Barriers to services negatively affect both dependent variables (social integration and health) and when service barriers are controlled for the effect of health on social integration is non-significant but the effect of social integration on health is large and positive. The results support the belief that social integration is an important determinant of health for older adults.

Alison Herbert
Irish Centre for Social Gerontology,
NUI, Galway
alison.herbert@nuigalway.ie

Ageing and quality of life of mid-life women in rural Connemara: in what ways does where we live influence the quality of how we live?

Background: Gaps in research addressing gendered, mid-life ageing, particularly within a rural, Irish context, suggest a need to develop new empirical studies aimed at capturing the experiences of this growing population group, with a view to informing policy and improving the quality of life of women across the lifecourse. This paper seeks to extend knowledge by examining the importance of place and quality of life from the perspective of mid-life
(Peace et al., 2007).

Methodology: drawing on principles of constructivist grounded theory (Charmaz, 2006), an exploratory empirical study was conducted. In-depth, one-to-one interviews with a diverse sample of 25 women, aged 45-65 years, living in various rural contexts took place over 18 months. Findings and theory emerged inductively from the constant comparison of data from interview transcripts.

Findings: Analysis of ageing revealed an overarching category of quality of life. Secondary categories emerged as health, social relationships, work, and place.

Each category is inter-dependent, and each influences quality of life. Participant perspectives on place, both positive and negative, and levels of attachment, both high and low, were found to influence quality of life.

Conclusions: Levels of attachment to place at mid-life were mixed, with place identity concurrent with self-identity. Levels of place attachment related predominately to environment, social relationships, work and purpose. Some participants reported feeling strong attachment to place at earlier lifecourse stages, especially when raising children or working, but now felt less attached. Others chose at mid-life to live in Connemara for lifestyle reasons and indicated a high degree of place attachment.

Ngaire Hobbins
Consulting Dietitian in
Ageing Wellness and Gerontology
ngairehobbins@gmail.com

Power to the People - developing evidence-based nutrition and ageing resources in everyday language to promote health and independence in older people

The distinct difference between the nutritional needs of people 70 plus and of younger adults are well documented in the scientific literature. Specifically there is an increased requirement for protein and close observation of a range of vitamins (B1, B6, B12, folate, D, E) and minerals (Fe, Ca, Zn, Mg, Se) is essential. There are numerous interactions between medications and nutrients and significant impact from age-related changes in appetite and other issues, including cognitive impairment, affecting intake of food and nutrients with advancing age. Malnutrition is common in residential aged care and in the community and is associated, along with unintentional loss of weight beyond 70, with increased morbidity and mortality. Despite the weight of evidence however, there is a lack of practical, age-appropriate nutrition advice specifically for this group. Older adults are at the mercy of public health nutrition messages which overwhelmingly target younger people and can instead be anything from unhelpful to harmful at later age. To address this, a review of the science of nutrition and ageing and nutrition and cognitive decline/dementia was carried out, findings were rendered into everyday language and two books developed for this audience. 'Eat To Cheat Ageing' and 'Eat To Cheat Dementia' illuminate the demands of ageing in relation to nutrition and provide sensible, practical eating advice to maximise physical and cognitive health.

This presentation discusses that process, highlighting the specific nutritional needs of older adults and presenting key messages from the books that help individuals continue to enjoy vital, independent lives.

George Holley-Moore
International Longevity Centre - UK
georgeholley-moore@ilcuk.org.uk

*[Brian Beach, Sarah Wadd, Lawrie Elliott,
Iolo Madoc-Jones, Michael Donnelly]*

Drink Wise, Age Well: Alcohol Use and the Over 50s in the UK

Drink Wise, Age Well is a major new programme of work to address the challenges of alcohol-related harm in older adults, looking to raise awareness of the issue, change attitudes, combat stigmatisation, convey harm reduction messages, and influence community norms about the use of alcohol. The programme will also develop a body of evidence on how to prevent and reduce alcohol-related harm in people over 50 to inform future practice in the UK. The programme includes a major new survey looking at alcohol use in the over 50s population in key UK demonstration and control study areas. The survey, which had more than 16,700 respondents, is the first survey worldwide to specifically assess drinking behaviour in later life. It uses the Alcohol Use Disorders Identification Test (AUDIT) score, which goes beyond simply measuring alcohol consumption.

This paper presents the findings from the survey, including the prevalence of drinkers at different risk levels, reported reasons for consuming alcohol, and awareness of previous recommended guidelines. We also identify the risk factors for being at increasing and higher risk from alcohol-related harm, along with the likelihood of these risk groups to report physical and mental health issues. We find strong associations between higher risk drinking and both depression and not coping with stresses in life. Finally, we present insights on different subgroups of the older population that may be at disproportionate risk of alcohol-related harm in addition to the reasons why approaches to tackling alcohol-related harm need to take age explicitly into consideration.

Ruth Hopkins
Swansea University
r.c.n.hopkins@swansea.ac.uk

The contrapuntal action of information and communication technologies in supporting a new 3 dimensional conceptual model of harmonious ageing in place'

Ageing in place (AIP) has been the United Kingdom's policy solution to housing increasingly ageing populations. Older people have expressed a preference to remain in their homes as they age, and home is a place where older people can maintain their independence, and where health and social care can be delivered in private.

The argument is forwarded that only 'two dimensions' of older people's needs are being met. These are their health and social care needs. Older people are however using, information and communication technologies (ICTs), or via their activated proxies, to support their health and social care needs. Additionally they are using ICTs to meet a 'third dimension' of need. This paper introduces a new 'three dimensional conceptual model' influenced by Maslow's higher order needs of belonging, self-esteem and self-actualisation, and the word 'contrapuntal' the adjective of 'counterpoint' into the field of gerontology.

Counterpoint, a word taken from musical nomenclature, is the art of adding melodies together to create a 'harmonious' texture of music with no individual melody acting antagonistically for a dominant position (Blom, 1954; Davidian 2015). The phrase contrapuntal action is being imported into the discipline of gerontology, because it is the best way to describe the action of ICTs in creating balance and harmony in meshing together the three elements of health, social care and Maslow's higher order needs (i.e. belonging, self esteem and self-actualisation), consequently maintaining homeostasis, in the new 'three dimensional' conceptual model supporting older people to harmoniously age in place.

Sarah Howie
Kingston Hospital NHS Trust
sarah_howie80@hotmail.com

[Anthea Tinker]

"Are we on the same page? Exploring the role of the geriatrician in the care of the older surgical patient from the perspective of surgeons and geriatricians"

Introduction
There is increasing recognition that the ageing population represents a challenge to existing surgical services. The National Confidential Enquiry into Patient Outcome and Death reports recommend that geriatricians proactively review high risk older patients undergoing surgery to improve care (NCEPOD 2010, 2014) however, this approach has not been widely translated into practice.

Methods
A qualitative study was undertaken by conducting twelve semi-structured interviews with six surgeons and six geriatricians exploring the role of the geriatrician in the care of older surgical patients. Data was analysed used a grounded theory approach.

Results
There was agreement that the current system did not meet the needs of older surgical patients, delivering fragmented and reactive care. Geriatricians valued their holistic way of working but these generalist skills can overlap with other specialties, and can be viewed as "wasting" resources. Whilst many favoured the 'joint care' approach, not all viewed the current collaboration between orthopaedics and geriatrics in hip fracture care favourably. The main obstacle preventing better integration of the two specialties was a concern that it would deskill the surgeons, narrowing their role to that of "the technician". Other barriers included: loss of autonomy; lack of evidence; and a lack of recognition of the

gaps in care the geriatricians would fill.

Conclusion
There is acceptance that surgical services need to adapt to the medically complex, ageing population. Closer working practices with geriatricians was supported, however, significant human factors as well as lack of evidence to support this change are challenges which need addressing.

Anthea Innes
University of Stirling
anthea.innes1@stir.ac.uk

[Laura Reynolds]

The impact of performing music on perceptions of dementia

Music is becoming increasingly recognised as a powerful vehicle to use when working with people with dementia. The role of performance in contributing to the perceptions of dementia of both those involved in performing and those viewing the performance is relatively limited. This paper will discuss the reported impact of performing as a musical ensemble (an orchestra) for the professional musicians, people with dementia and their family supporters, student volunteers as well as those viewing the performance (the general public). Drawing on interviews and structured observations with people with dementia and their families; interviews with musicians and volunteers; and structured self-complete questionnaires by members of the public viewing the performances we will discuss the key findings in terms of: perceptions of ability, achievement and success, learning and skill development, and challenging limiting beliefs. Based on our experience of developing a music group and performing, it can be seen that initiatives such as the one we will showcase have the potential to raise awareness of the reality of living with dementia and to increase expectations about what life with dementia may involve.

Amy Jenkins
Swansea University
643775@swansea.ac.uk

[Andrea Tales, Jeremy Tree, Antony Bayer]

Health and Social Care Pathways for People with Subjective Cognitive Impairment

Approximately 800,000 people in the UK have Alzheimer’s disease (AD); approximately 5-20% of older people in the UK have mild cognitive impairment (MCI); and approximately one-quarter to one-half of older adults are believed to have subjective cognitive impairment (SCI). By 2050 the number of people living with AD in the UK will rise to 1.7 million.

SCI is characterised as a person experiencing cognitive impairments such as forgetfulness, but appear clinically normal on standard cognitive assessments. Memory clinics throughout the UK have many different care pathways for people with SCI. For instance, some offer a prevention training programme, whilst others discharge the patient and are told to return if their symptoms worsen. Research suggests that people with SCI are 4.5 times more likely to develop MCI than people without, thus suggesting SCI could be a pre-MCI stage, and therefore possibly a harbinger to AD. SCI has numerous causes not all related to degenerative disease. Nevertheless, SCI can affect quality of life and should not be overlooked.

Ultimately we are looking at SCI from a novel multi-disciplinary perspective involving e.g. health and social care, neuropsychology, vision and attention. We aim to explore SCI in order to inform research, policy and clinical practice. This presentation will explore the results of a preliminary service evaluation study and a follow-up of this service evaluation.

Judith Kaschowitz
TU Dortmund University
judith.kaschowitz@tu-dortmund.de

Does Context Matter? Informal Care and Health of Immigrants in Europe

There is an increasing number of old and disabled but also growing diversity in Europe. Our analysis deals with these two trends by examining differences in health effects of informal caregiving between foreign-born and natives. Immigrants make less often use of formal care supply, either due to limited financial resources or strong family norms, so they might be disproportionately affected by health effects of caregiving. The relationship between caregiving and health could be affected also by the country context in which care is given, as the degree of formal care supply and the duty to provide informal care vary considerably in Europe.

Using data from SHARE (waves 1, 2, 4, and 5) and ELSA (waves 1 – 5) we examine the connection between informal caregiving and self-perceived as well as mental health and estimate pooled ordinary least squares models. Our preliminary results show, that individuals who give care to someone outside the household report better and those who give care to someone inside the household report worse health compared to people who don't give care. This applies to immigrant as well as native caregivers in Europe. However, there are differences in health between native and foreign-born caregivers: immigrant caregivers are in worse health compared to native caregivers. Our next step is to make use of the longitudinal data and conduct fixed-effects models. This will help to investigate, whether these differences reflect that immigrants who give care are more often in poor health or that caregiving is a higher burden for immigrants.

Jeanne Katz
The Open University
jeanne.katz@open.ac.uk

[Sheila Peace, Caroline Holland, Rebecca Jones]

The role of local support networks for people with sight loss from minority ethnic groups

The Thomas Pocklington Trust (TPT) commissioned a team from The Open University led by Professor Sheila Peace to explore the needs and aspirations of older people with vision impairments in England (TPT, 2016). In order to access participants the team contacted both national and local organisations providing services to older people with vision impairment. Our original intention was to focus on people over the age of 70, but primarily interview those over the age of 85. However, as some people from minority ethnic groups are likely to die earlier, and some are more likely to experience vision impairments compared to the White British population of the UK, we sought to interview a disproportionate number (Johnson & Morjara-Kaval,2007). This also contributed to a wider range of type of vision impairment (RNIB,2015).

Through contacts provided by the TPT and RNIB and internet searches, 50 people were contacted and all agreed to be interviewed. Some participants preferred to be interviewed in public spaces rather than in their own homes.

This paper focuses on interviews with all 14 participants (of 50) from minority ethnic groups. All but 4 were referred by VI organisations that target a specific local ethnic group. The paper will discuss recipients' perceptions of the types of services they received from statutory, medical and local services and the extent to which they believed that local charities set up for specific ethnic groups helped them in accessing essential services, or not. (236)

Fiona Kelly
Queen Margaret University
fkelly1@qmu.ac.uk

[Michelle Heward]

Improving the experience and outcomes of people with dementia in acute hospital

Background

It is estimated that people with dementia over the age of 65 use up to one quarter of UK hospital beds at any one time, and are staying in hospital for longer than other people who go in for the same procedure; putting a resource strain on an already struggling health system.
Audits of dementia care in hospitals in the UK have identified instances of poor care and inconsistent assessment, information sharing, planning and delivery of personalised care in hospitals.
In a move to improve outcomes for people with dementia in hospital in the South of England, the Academic Health Sciences Network has been working with eight acute hospitals on an Acute Care Development Programme; introducing interventions including visiting musicians, volunteer befrienders, open visiting, staff awareness of dementia and identifying dementia champions.

Methods

We are using ethnographic methods including structured and unstructured observations, interviews, focus groups and participant diaries, to seek feedback from patients, family carers and staff of the interventions that each of the eight hospitals is undertaking.

Data analysis

Each data set is being analysed separately, taking a realist approach, before undertaking a comparative analysis and triangulation of the data.

Findings

This paper will present preliminary findings including what worked (or not), for whom and why. It will discuss some of the challenges and learning when implementing psycho-social interventions within acute care environments and present ideas for other acute settings working to make improvements in patient experience and outcomes.

Candace Kemp
Georgia State University
ckemp@gsu.edu

*[Mary M. Ball, Jennifer Craft Morgan,
Patrick J. Doyle, Elisabeth O. Burgess,
Molly M. Perkins]*

"I See Myself as Part of a Larger Team": Understanding Variability in the Structure and Role of Residents' Care Convoys in Assisted Living

Convoys of care are the evolving collection of individuals who provide formal and informal care to frail and disabled individuals (Kemp, Ball, & Perkins, 2013). They are essential to how care is experienced, organized, and delivered across the spectrum of long-term care, including in assisted living (AL). Although these care networks affect AL residents' ability to age in place and influence resident and caregiver quality of life, few researchers, if any, have studied care convoys systematically, longitudinally, and with the full complement of stakeholders.

Consequently, little is known about the structure and function of convoys, including how and why they vary, and with what outcomes. To address this knowledge gap, we draw on data from a five-year study using grounded theory and qualitative methods to examine residents' care arrangements in AL. We present findings from analysis of the first of two waves of data collection involving 28 residents and their entire care convoys (n=114) followed over two years in four diverse AL environments. Findings show that the number and type of caregivers that comprise care convoys and the specific roles of each depend on factors unique to residents and their caregivers and AL residences, all of which can change over time. We identify the diverse care patterns present in these 28 convoys and examine the multilevel factors (e.g., resident, caregiver, facility, community, and regulatory contexts) that shape convoy structure, function, transition, and outcomes. Critical to care outcomes is the effectiveness of communication and collaboration among multiple care partners, including residents.

Anna King
University of Auckland
a.king@auckland.ac.nz

[Michal Boyd]

Screening and Gerontology Nurse Specialist assessment for high needs older people living in the community: Impact on healthcare utilisation

Identification of high needs frail older people, followed by comprehensive assessment and intervention may reduce hospitalisation and re-admission1. This study involves screening to identify high needs community dwelling older people, followed by gerontology nurse specialist assessment. Outcomes related to healthcare utilisation are explored. The study was a quasi-experimental pre-post design. The intervention group included two General Practitioner Practices, while the control group comprised three Practices of comparable socioeconomic status, ethnicity and geographical location. All Practices were located within one city in New Zealand. Males and females aged 75yrs+ that were enrolled in a Practice were eligible for participation.

The intervention involved posting the Brief Risk Identification for Geriatric Health Tool (BRIGHT)2 screen to identify high needs older people. A positive screen (score of 3 or higher) indicated high need and referral for a gerontology nurse specialist assessment. The control group received usual General Practitioner care. Data were collected one year pre and post intervention using an electronic records system. The primary outcome was acute hospital admissions. Secondary outcomes were hospital re-admissions (defined as acute admission, after 30 days of discharge, and to the same hospital), length of stay and emergency department presentations.

A total of 908 older people were in the control group, 516 older people completed a BRIGHT screen (intervention group) and 106 of these attained a positive score. Analysis of data will explore outcomes for older people in the intervention group compared with the control group.

Jeroen Knaeps
Thomas More
jeroen.knaeps@thomasmore.be

[Liesbet Lommelen, Robbie Dumoulin, Leen Heylen]

Supporting informal caregivers: evaluation of an integrated caregiver support intervention

This paper presents the first results of an evaluation research of an integrated caregiver support intervention. To meet the care needs of the ageing population, public policies increasingly focus on informal care. However, informal care has its boundaries. Many informal caregivers are at risk of a caregiver burden. The goal of this research is to evaluate an integrated caregiver support intervention, tested in two Belgian local communities in an urban and more rural area. During six months, participants receive ten group and four individual coaching sessions in which individual participants' goals and struggles are discussed and exercises are made. The coach uses the Appreciative Inquiry and a lifestyle intervention approach. To study whether such an integrated caregiver support intervention is achievable, a qualitative research design is applied in which the coaches' logbooks are analyzed in combination with semi-structured interviews of participants (N: 19).The first preliminary results show the importance of the individual coaching sessions, especially at the start of the intervention. This is specifically striking as participants indicate that their main motivation to participate were the group sessions. The individual sessions improve their reflective capacity, which is expected to positively affect their mental resilience. The first results confirm the hypothesis that the combination of group and individual sessions, tailored to the needs of the informal caregivers, is a key success factor for effective caregiver support.

Alice Nga Lai Kwong
Vocational Training Council
alicekwong@vtc.edu.hk

[Lorraine Siu Fan Tang, Aileen Wai Ling Lee]

An initiative to promote dementia-friendly generations: from a cultural perspective

Creating dementia-friendly generations have emerged in a recent decade to respond to the steady rise in the number of people with dementia. Although the need for such an agenda has frequently been advocated, there is no shared vision of the society to sustainably support it in a local context. It is also found that the knowledge of dementia among students is generally poor (Kwok, et al., 2011).

We review recent researches on dementia-friendly generations (Gerogre, et al., 2011). Despite very little research carried out in this area, our preliminary review suggests that introducing an intergenerational approach in the schools' curriculum could be effective in promoting positive interactions between young people and older adults with dementia and thus removing the stigma of dementia in society.

This paper aims to present an intergenerational initiative to be responsive to national and local needs. This initiative will inform the government and policy-makers on the directions of aged care in the community. The aims of the initiative include: (1) providing children and young people with insights into global and local issues arisen from an ageing society; (2) fostering a dementia-friendly community by engaging younger generations and older adults with dementia; (3) providing a platform for schools and organisations to initiate educational activities to educate young generations about dementia; and (4) preserving and promoting appreciation of the Chinese cultures in aged care.

In the presentation, an overview of the initiative design is reported and the challenges are discussed. In particular, the discussions focus on cultural perspectives.

Kathleen Lane
University of East Anglia
kathleen.lane@uea.ac.uk

*[Anne Killett, Adina Burt,
Andrea Kenkmann, Ann Kar, Betty Stutz,
Betty Wharf, Bridget Penhale,
Conway Thomas, Fiona Poland, Hilda Bullen,
Tamara Backhouse]*

Relationships in research collaborations: perspectives from a study to understand engagement of older people in care homes research

Respectful relationships are at the heart of research studies seeking to involve and learn from patient and public involvement (PPI) collaborations. Powerful constructions of very old people as non-agentic call for resistance by all concerned with later life. Our CLAHRC-funded study, Residents Research-Active in Care Homes

(RReACH), explored the involvement of older care-home residents in research, with six key PPI collaborators: three older care-home residents, two older people in the community and one housing-with-care manager. This collaboration took a dynamic, emergent approach to building both the research design and PPI contribution, aiming to promote authentic contributions and specify what inclusive engagement in research might be possible for older people in this setting.

To explore respectful, effective relationships with PPI colleagues, we aimed to engage in ways that encouraged responsive conversations to express and reflect on individual preferences and needs. This helped establish dynamic, productive relationships, reflected in the wide range of challenging and detailed issues raised as relevant within continuing interactions over the life of the project. We also held workshops to explore how to link with those interested in care-home research and how to sustain relationships beyond this study. While strong one-to-one relationships were seen as essential, sustaining longer-term engagement also required building broader networks between organisations and among individuals interested in care homes.

We will discuss how collaborative relationships were experienced and how the ideas generated at the workshops may be translated into establishing research-directive reciprocal and sustainable relationships with older people living in care homes.

Ann Leahy
Department of Sociology, Maynooth University, Kildare, Ireland
ann.leahy.2014@mumail.ie

Too many 'false dichotomies'? – Exploring the Division between Ageing and Disability in the Provision of Health and Social Care Services in Ireland: A Study with Statutory and Non-Statutory Organisations

In Ireland health and social care services are separately funded and organised for disabled and older people using age 65 as the administrative boundary. This results in a different engagement with health and social care services depending on whether disability is first experienced before or after age 65 and is known to create particular difficulties for some groups. This study sought to understand how the boundary between the two services operates from the perspective of those working on ageing and disability in Ireland. One-to-one interviews were conducted with 15 people from June 2015. The study found that the strict funding and organisational boundary is considered illogical, inflexible and not delivering person-centred care. Participants simultaneously acknowledged that people could experience disablement with ageing and not be seen as disabled, just 'elderly' or 'older people.' This thinking is reinforced in turn by the separate funding and organisational structures of the two services, affecting how people perceive what it is to be disabled and older and informing what supports and services are considered appropriate to older disabled people. Findings suggest that bio-psychosocial understandings of disability invoked within the disability sector can encompass those experiencing disability for the first time in older age within the category 'disabled'. The study discusses bio-psychosocial models of disability as a way of understanding disability in older age that avoids a return to the old individualistic 'decline and loss paradigm'.

Jina Lewallen
Northumbria University
jina.lewallen@northumbria.ac.uk

Attitudes on Ageing Research

Our aging population research projections from the Administration on Aging report that baby boomers are reaching 65 and by 2050 will be the largest cohort group on the planet (Administration on Aging, 2010). As a result, professions such as social work will need to prepare to be able to meet the social service needs for this group.

This research pre-tested/ post-tested BSW students taking Social Work courses and looked at attitudes on aging in the social work profession and evaluated changes in student's attitudes before and after an experiential learning assignment.
Fifty-six students took part in the pre-test attitude survey. The survey used was "Facts on Aging Quiz" (Palmore, 1981). Throughout the course, students learned about our aging population and how social work skills and knowledge about aging will be needed to meet the challenges facing older adults.
In addition to the social work students' taking the pre-test attitude survey, the same survey was given to SW undergraduate Ethics class who had a lecture on gerontology and social work from investigator, Dr. Jina Lewallen.

Key words: Social work, attitudes, ageing

Alan Lewis
University of Manchester
alan.lewis@manchester.ac.uk

[Gordon Walker, Louis Neven]

Care Provision Fit for a Future Climate

Higher average temperatures and heat waves, caused by climate change, pose a number of health-related risks. Epidemiological and physiological evidence indicates that older people are particularly vulnerable to the effects of excessive heat. Advice on minimising heatwave risk is available in the Public Health England Heatwave Plan. However, it is unclear whether such recommendations are being taken up in practice.

This Joseph Rowntree Foundation-funded study explored the extent to which care homes and extra-care housing schemes in England are fit to cope with climate change, specifically higher average temperatures and heatwaves. A sociotechnical approach was taken, with investigation made of the design and management of four case studies; two residential care homes and two extra-care housing schemes.

This paper reports on the findings of semi-structured interviews conducted with five managers, seven care staff, two maintenance workers and ten occupants from across the four case studies. The health risks to older occupants from heatwaves were not a major concern for managers and care staff in the case studies. Interviewees observed that heatwaves are currently rare in the UK, and suggested cold presents a bigger threat to older occupants' health than heat. These views were reflected in ad-hoc compliance with only some recommendations of the Public Health England Heatwave Plan, in an apparent lack of structural investment in building features that would improve natural ventilation and minimise solar heat gain, and in the confusion over who is responsible for turning off heating systems during extremely hot weather.

Suyu Liu
Bournemouth University Dementia Institute
lius@bournemouth.ac.uk

[Rick Fisher, Anthea Innes]

Mental Capacity Act, Care Communication and Advance Care Planning in Practice: Evidence from an evaluation of end of life dementia care training in Dorset

This research discusses findings from three questionnaires administered in 2014 to evaluate the effectiveness of 6 end of life care (EOLC) training workshops delivered by the National Council for Palliative Care in Dorset. The workshops, titled 'Building Knowledge & Confidence -The Mental Capacity Act (MCA), Effective Communication and Advance Care Planning (ACP) with People and Carers affected by Dementia', focused on the care of people living with dementia at the end of their lives and their home carers. These workshops concentrated on improving the understanding and application of MCA, enhancing the skills of ACP and the ability to communicate with patients in practice.

The workshops were delivered to 156 staff within Dorset Clinical Commissioning Group commissioned services. These participants responded to 2 questionnaires immediately before and after the workshops, and a follow-up online questionnaire 3 months after the workshop. The questionnaires aim to explore the impact of the workshops on participants' understandings and skills of EOLC when working with people with dementia.

The findings show that participants' pre-training confidence and knowledge about EOLC for people with dementia and/or their carers was limited, but they reported an increase in such confidence and knowledge after participating in the workshops. The online follow-up questionnaire findings demonstrate that there was ongoing implementation of the workshop learning three months post-workshop attendance.

To maintain and develop their confidence and knowledge in practice, participants suggested to have more refresher training courses, and future training contents and pedagogy should reflect diversity in the occupational background of participants.

Liz Lloyd
University of Bristol
liz.lloyd@bristol.ac.uk

[Albert Banerjee, Susan Braedley,
Sally Chivers, Monique Lanoix,
Tone Elin Mekki]

Continuity, change and care: a sense of self in a residential care home

This paper draws on findings from an international study of promising practices in care homes: Reimagining long-term residential care: an international study of promising practices. Across all six countries in the study, the maintenance of personal identity, regarded as important to avoiding institutionalisation, is a core feature of the approach to care in the homes studied,. Encouraging residents to bring with them cherished possessions, such as photographs and ornaments, and displaying memory boxes for people with dementia can be understood as strategies to achieve this aim. At least in part, these practices reinforce a backward facing view of personal identity – that identity is what the resident has done and been prior to moving into the home. Less well understood is the potential of care to enable personal development and change. This study has identified approaches to care that have such potential. Underpinning these is a more fluid conceptualisation of personal identity in which a continuing sense of self can be maintained, including in people with dementia (Kontos and Naglie 2007). This conceptualisation requires attention to emotional and sensory as well as cognitive dimensions of identity.

Julie Longson
Keele University, School of Nursing and Midwifery
k.j.longson@keele.ac.uk

When did you last see your father? An exploration of childhood separation and psychological health in later life

World War Two heralded a shift in family dynamics in Britain as children were separated from their fathers through conscription or evacuation. Bowlby (1939) cautioned that this separation would have long-ranging consequences for psychological health later in life and a number of authors have explored the impact of war on families and children.

Anxiety disorders have a significant impact upon the lives of older people, with up to 10% of people experiencing symptoms, but relatively little is known about how life events influence the development of psychological disorders in later life. This paper outlines the findings and implications of a literature review examining the impact of war time separation from parents and psychological health in later life Beekman et al (1998) established a link between childhood experiences in World War 2 and anxiety in older people and Foster (2003) found that people who were evacuated as children have reduced psychological wellbeing 60 years later. Neurodevelopmental changes due to childhood stressors may predispose to anxiety and work by Howe (2011) exploring attachment across the lifecourse indicates that Bowlby's concerns about separation may be justified.

These findings have implications for the management of psychological disorders in later life and the investigation of its origins. Assessment strategies focusing on symptoms rather than cause may miss important links between childhood and later life whereas narrative approaches using a more detailed history may enable understanding of childhood wartime experiences and their impact on mental health for both clinicians and those in their care.

Carol Maddock
Swansea University
c.a.maddock@swansea.ac.uk

*[Michelle Edwards, Judith Phillips,
Vanessa Burholt]*

Dementia Literacy of Older People: interviews from the Cognitive Function and Ageing Studies - Wales (CFAS II-Wales).

One in three people over the age of 65 (1) will develop dementia , but people over 65 know less about dementia than someone in their twenties (2) . 'Dementia literacy' is a component of the overarching concept of Health Literacy i.e. 'knowledge and beliefs regarding dementia that aids recognition, management, or prevention' (3) .

This sub-study within the CFAS II Wales study investigates differences in dementia literacy in people aged 65+. In this paper I draw on qualitative interviews with 26 people exploring their dementia experience, awareness and knowledge as well as identification of their information needs, preferred sources of health information and mechanisms of sharing information within their social networks.

A framework approach was used to analyse the data.(4)

Preliminary analysis has indicated that there are gaps in people's knowledge and understanding of dementia including prevention, treatment and recognition of the symptoms (dementia literacy). There is uncertainty about where to find and how to access relevant support available to themselves or others with dementia to live well in their communities for longer.

Attitudes to and knowledge of dementia varied even where personal experience was included.

It is highly likely that during the dementia trajectory, someone close to the individual affected will provide surrogate health literacy skills to negotiate care and support to compensate for their reducing health literacy skills.

This study will provide more information about older people's dementia literacy status, identify preferences for sources and types of information and how health literacy may be distributed within their networks.

Jill Manthorpe
King's College London
jill.manthorpe@kcl.ac.uk

[Valerie Lipman]

Why and how do countries check care workers to see if they have a criminal record? Findings from an international review

Many gerontologists will have experience of needing a 'criminal record check' if they conduct research with older people using health or care services in the UK. Millions of such checks (now termed Disclosure and Barring Service checks in England) are conducted annually for those working or volunteering with groups considered vulnerable, such as older people.

This presentation summarises the findings of an international review of evidence about the checking of staff and volunteers working with adults who are vulnerable or at risk (or similarly defined) receiving social care and support from non-professionals. The purposes and processes of such schemes are outlined. In contexts of increasing geographical mobility of care workers and growth in the direct employment of care workers in many countries, questions arise about such schemes' futures and about the possible risks presented by other arrangements.

The review found a variety of practices, ranging from no checks to substantial checks involving fingerprinting. Different national contexts revealed different reasons for carrying out checks. These extended from efforts to stop fraudulent use of government subsidies to minimising the risk of harm to vulnerable adults, and more positively to enhance user and public trust in care providers.

A small number of countries place particular emphasis on the individual employees' rights to privacy and rehabilitation and this moral imperative overrides other policy goals. Little evidence was found related to older people's consumer rights. The preventive value of such schemes was in most countries presumed rather than available as evidence for scrutiny.

Marianne Markowski
Greenwich University
A.M.Markowski@greenwich.ac.uk

[Mark Springett]

Barriers to successfully running technology drop-in sessions with older people – a case study based on events organized by Age UK Barnet and Middlesex University

This paper considers the challenges of collaboration between NGOs and other volunteering organisations to deliver technological support to older users. For this a case study of the collaborative efforts between Age UK Barnet and Middlesex University's 'Design for All' group is presented. The socio-political climate of funding cuts for local organisations forms the context for this informal alliance. Age UK Barnet had to look for opportunities to maintain their service offerings to their clients. One of the services that was in danger of being discontinued was the smart phone and tablet drop-in support sessions, where older users could bring their own devices and ask questions.

Members of the Middlesex 'Design for all' Research group offered support to Age UK Barnet by providing tutors and hosting the drop-in session on their premises. In total there were two workshop sessions at Middlesex University. This case study reviews the collaboration and insights gained from 3 levels: the institutional requirements for holding such an event, the organizational set-up of drop-in sessions and the content level of queries asked by older users. The paper concludes that significant barriers for providing technological assistance to older people lie with the set-up of the event and institutional requirements.

At the same time, the technological issues experienced by older people were pre-dominantly password and systems network related issues. In most cases participants simply needed re-assurance that they were doing the correct steps for resolving the issue. Presumably, most issues reported in the drop-in sessions are experienced by people of any age, but younger users are likely to receive re-assurance from their peers and are more open to trying things out due to natural their learning style.

Lina Masana
Bradford Teaching Hospitals NHS
Foundation Trust
Lina.Masana@bthft.nhs.uk

*[Rebecca Hawkins, Andrew Clegg,
Gail Mountain, Mike Nolan, Lesley Brown,
Ikhlaq Din, John Young]*

Encountering frailty: narratives of older people living with frailty

There are multiple conceptualisations of frailty; within biomedicine frailty is an adverse health condition associated with age-related decline in multiple organ systems and is common in later life. Older people who are clinically deemed frail are more vulnerable to sudden, major changes in health and function (Clegg et al., 2013). On-going research is focused on the detection and management of frailty in primary care. Little is known, however, about the experiences of older people who are categorised as frail.

This grounded theory study aims to explore the experiences of community-dwelling older people (≥ 75 years) who have frailty, how they manage on a daily basis, and the resources and support they draw on.

Semi-structured interviews were conducted with a purposive sample of twenty community dwelling older people categorised as having different degrees of frailty (Fried et al., 2001), recruited from the existing CARE study cohort (CLAHRC Yorkshire & Humber). Participants were diverse in relation to their living circumstances, gender, ethnic background, and socio-economic status. Interviews explored health and illness experiences, ageing, patterns of daily life, and support and resources.

Interview data is being analysed drawing on the principles of grounded theory (Charmaz, 2006) and commenced alongside data collection. Findings will conceptually map experiences of health, illness and resourcefulness in relation to frailty. These findings will inform the next stage of research, using established methods of co-production to explore how service providers, older people and carers can work together to deal with the challenges of living with frailty and enrich wellbeing.

Aisling McBride
University of the West of Scotland
aisling.mcbride@uws.ac.uk

[Belinda Dewar, Debbie Tolson]

Caring relationships during an episode of delirium on an acute older adult ward.

Delirium is an acute medical emergency requiring urgent intervention and management. In acute hospitals in the United Kingdom, approximately 20-30% of patients will develop a delirium. Existing evidence suggests that the occurrence of an episode of delirium can be a stressful experience for the patient, their family and staff caring for the patient.

Relationship centred care is the practice of developing supportive relationships between patients, families and staff for the purpose of creating an enhanced care environment for all involved in the delivery and receipt of care. Due to the often distressing experience of delirium, there is a need to further understand the experiences of those involved, to enhance relationship centred care in practice.

The study used an approach to research called appreciative action research. This incorporates, working in partnership, uncovering what is working well and taking collective action to enhance practice by using the knowledge of what participant's value. Methods included staff, patient and family member interviews (10), appreciative observation (200 hours), documentary analysis and discussion groups. The data was analysed collaboratively with participants via discussion of the emergent findings.

The presentation will have three parts, discussing: 1.The value of appreciative observation of delirium care in a busy acute older adult ward to uncover and highlight good care. 2. The benefit of participants collaboratively exploring what supports good delirium care. 3. Emergent findings from the study.

The paper will contribute to the knowledge base of what supports the experience of relationship centred care during an episode of delirium.

Bernard McDonald
Irish Centre for Social Gerontology, NUI Galway, Ireland
bernard@mcdonaldconsult.ie

Living in an age-friendly county in Ireland: does it make a difference?

Developing age-friendly communities is a significant global policy issue. The WHO age-friendly cities initiative led to the establishment of Ireland's Age Friendly Programme in 2009. Research is just beginning on the implementation and impact of such programmes. This paper explores older adults' experience of living in two towns in Fingal, which has been a member of the national age-friendly programme for the past three years, and explores how the locally developed age-friendly strategy addresses the aspirations and needs of older residents.
Using a qualitative case-study design, in-depth interviews were held with older adults over a two-year period. These interviews, which were both sit-down and walking interviews, explored their physical and social environments, their interactions with these environments, and their awareness and experience of the age-friendly programme. Constructivist grounded theory is being used to analyse the data and identify emerging categories and themes which help explain the relationship between participants and their environments.

The research identifies core elements of the day-to-day lived experience of the participants. This experience is rich and diverse, and is related to individual lifecourse factors as well as more general issues such as gender and social class. Some aspects of this experience are amenable to programme intervention. The study begins to critically analyse the impact of the age-friendly programme on the lives of participants.

Phil McEvoy
Six Degrees Social Enterprise
phil.mcevoy@nhs.net

[Sue Bellass, Alicia Mangiafico]

Dementia care: Using Drawings to Reflect upon How we Communicate.

National reports indicate that a significant proportion of sight loss in the older population could have been avoided.

This paper summarises findings of a preliminary study to improve detection and support for older people with sight loss. We carried out a mapping exercise to find out what support and services are available at a local level to enable appropriate referral and to identify gaps in broader provision to identify novel routes to an improved sight care pathway. We explore how new interventions such as 'Eyes Right', a vision screening toolkit, might be used within services, for example Falls Clinics, community centres and/or people's homes to help with earlier detection and referral.

The study is a collaboration between Sheffield Teaching Hospitals NHS Foundation Trust Occupational Therapy Services and the School of Health and Related Research, University of Sheffield and co-production with members of a newly formed public involvement group for visual impairment. Thomas Pocklington Trust (TPT), were involved in developing the 'Eyes Right' Toolkit. Dialogue with TPT about this study was established and TPT were able to contribute to some of the activities. Thomas Pocklington Trust is a national charity dedicated to delivering positive change for people with sight loss.

These findings have implications for those interested in providing practical help and support for older people with sight loss, how we design care pathways, using new interventions in practice, co-production within research and multi-agency working.

Marie McGee
University of East Anglia
m.mcgee@uea.ac.uk

[Bridget Penhale, Susan Campbell]

Older People's experience of urgent and emergency care

Older people are the largest patient user-group of NHS care and yet we know little of their use and experience of urgent and emergency care systems, in particular accident and emergency (A&E) provision[1].

Many older people may have complex needs over and above the cause of their attendance in A&E, yet many will be discharged without holistic assessment of their health and social care needs [2]. Furthermore a number of recent reports highlight major deficiencies in the care of older people in acute hospitals with insufficient accord to dignity and respect [3 4]. Therefore improving older people's experience of urgent and emergency care services should be high on the agenda to meet individual needs and to ensure high quality care.

Interpretative phenomenological analysis is the choice of methodology chosen to gain a deeper understanding of older people's experiences of urgent and emergency care to tell their story in their own words. Capturing the 'voice' of the older person is central to this study to bring new understanding into how services could be built around their individual needs and improve the quality of their care experience. A further aim is to identify person-centred approaches to care that may prevent ageism and promote dignity. Recommendations relating to potential improvements in urgent and emergency care for older people will be proposed.

This presentation will discuss the main themes derived from the literature review, identify gaps in the existing research, the choice of methodology and progress to date of the study.

Paul McGill
Institute of Public Health in Ireland
paul.mcgill@publichealth.ie

Intergenerational fairness is an important topic which has captured the political imagination, but it needs to be balanced by consideration of fairness within each generation, especially those aged 65+

The concept of 'intergenerational fairness' was highlighted in the UK by politician David Willetts (2010) and journalist Frances Beckett (2010), gaining considerable media attention but a lesser degree of academic scrutiny. In January 2016 The House of Commons Select Committee on Work and Pensions launched 'a major new enquiry into intergenerational fairness'. It defined this as 'whether the current generation of people in or approaching retirement will over the course of their lifetimes have enjoyed and accumulated much more housing and financial wealth, public service usage, and welfare and pension entitlements than more recent generations can hope to receive'. Intergenerational fairness is an important concept and may have worsened in recent years (Leach and Hanton, 2015). Another element for the public and academic debate, however, should be the issue of fairness within each generation, and particularly within the older population. Inequalities in income and health are so severe as to demand action to reduce them (Marmot 2010). It is problematic to compare one generation with another, since the diversity within each generation may be greater than differences between one generation and another.

Building on research in inequalities in Ireland, north and south (McGill, 2014), this presentation will examine data from the Pensioners Income Series Bulleting, EU-SILC and Departments of Health on inequalities in incomes and health within the older generation. It will then compare intergenerational and cross-generational differences in England, Northern Ireland and the Republic of Ireland and seek to add to the debate about intergenerational fairness.

Cynthia Meersohn Schmidt
London School of Economics and Political Science
c.meersohn@lse.ac.uk

Financial Dependency and Ageing: Life-course and Generational Transitions in Santiago, Chile

This presentation explores the understandings and strategies surrounding economic vulnerability in later life in Santiago, Chile. The social imaginaries of ageing in Chile present a tension between portrayals of the ageing population as carriers of inherent financial vulnerabilities and other views highlighting the financial contributions of older members to families and communities. Drawing from 32 visual elicitation interviews conducted with individuals ages 40-90 , this presentation explores the envisioned structural causes of financial dependency, the ideal and actual strategies individuals develop to avoid dependency in later life, the benefits and strains stemming from multigenerational cohabitation, and the ongoing transformations in the assessment of ascending and descending intergenerational dependency.

John Miles
Kilburn Older Voices Exchange
johnmiles68@yahoo.co.uk

Life-long learning and the activism of everyday life - beyond the Kilburn Debates

Overwhelmingly, 'activism' has come to be identified with radical modes of protest (eg. Kreisler, 2002) within which age advocacy has had a minor role (Bornat, 1998). More recently, sympathetic observers (Scott, 2013; Stewart et al, 2015) have identified positively the assertive everyday behaviours of some older people, a development I link to the account of activism in the sociology of everyday life (Pink, 2012). Here I explore a recent attempt, some of it undertaken with support from the British Society of Gerontology, to nurture this phenomenon and link it both to life-long learning and to neighbourhood communitarian strategies.

Drawing on many years of community practice Mel Wright and I established the Kilburn Debates alongside his work coordinating Kilburn Older Voices Exchange in north London in 2008. The Debates, which take place in a local authority day centre, offer visiting academics a space to discuss their work with service users, campaigners and members of the older public (Miles, 2010). In the 2015 debate on Kilburn as a 'lifetime neighbourhood' it was evident that a form of enhanced conversation had emerged. I identify the key characteristics of such a conversation and report on our efforts to broaden its scope through the 'Conversation into Action' initiative with colleagues at the Open University and the KOVE 'school for activists' supported by the Lottery. I propose that, even under austerity, an activism of civility defined by the goodwill and positive intent of older citizens, while it may have limitations, is necessary and valid.

John Miles
Kilburn Older Voices Exchange
johnmiles68@yahoo.co.uk

What is reflexive seniority?

Under neoliberalism social relations in late modernity are marked by the condition of 'reflexivity'. With generational tensions, real and imaginary, poised to intensify, the concept of 'generational intelligence' (Biggs and Lowenstein, 2011) – for which a key requirement is to understand one's 'generational position' – has assumed increasing importance. The diversity of age, period and cohort effects, in an era of radical socio-economic and technological change, means that later life has become more complex and less predictable. In the spatialised terrain where all age-groups are now widely observed, assumed - and even encouraged - to assert distinctive interest group agendas this brings a pressing self-consciousness to becoming and being old. But the radical democratisation of age relations proposed as a result is both restrictive and naïve: it often fails to account for what might be distinctive about being, or becoming, old. There is a wilful neglect of the interiority which can place older participants at a conversational disadvantage in public fora. To account for such temporal aspects of the ageing experience I reintroduce the contested and problematic term 'seniority'. Drawing on personal experience and on my recent studies of leadership, participation and intergenerationality in Manchester (Miles, 2014), I propose 'reflexive seniority' now to be a condition – of experience, requirement and responsibility – faced by all older citizens, whether as activists or as ordinary people.

Christine Milligan
Lancaster University
c.milligan@lancaster.ac.uk

[Ant T. Lettinga, Christa S. Nanninga, Louise Meijering]

Embodied experiences of stroke survivors in rural areas: rethinking biographical disruption and flow

The restorative and therapeutic effects of natural and rural environments have been discussed extensively in the geographical literatures. To date, however, the temporal nature of these experiences has been largely ignored. In this paper, we go some way toward redressing this gap by drawing on a study of stroke survivors' experiences of living in rural areas in the Netherlands.

Using the concepts of biographical disruption and flow to foreground temporality within the therapeutic encounter, we draw on participants' stories of their engagement with the rural both pre and post stroke. These stories reveal the complex and often contradictory embodied experiences of the rural that can occur post-stroke and which can vary significantly from pre-stroke experiences. We conclude that whilst the natural and social characteristics of the rural hold potential to function as a therapeutic landscape for stroke survivors, the different physical, social, and natural aspects of healing places can also disrupt stroke survivors' individual biographies and senses of self. The privileging of place in these biographies leads us to suggest that the concepts of biographical flow and disruption, though useful, fail to account for the influence of the wider (spatial) context. We thus suggest that the terms bio-geo-graphical flow and disruption, may more accurately reflect the spatio-temporal disruptions experienced by stroke survivors post-stroke.

Hazel Morbey
Lancaster University
h.morbey@lancaster.ac.uk

[Carol Opdebeeck, Faraz Ahmed, Reena Lasrado, Yingying Wang, Paula Williamson, Caroline Swarbrick, Iracema Leroi, John Keady, Linda Davies, David Challis, Ingrid Hellström, Lars-Christer Hydén, Siobhan Reilly]

What is important to people with dementia? Neighbourhoods and Dementia programme study: Core Outcome Set (COS) for People with Dementia Living at Home

Early findings from Phase One of this study will be presented. This COMET Initiative registered study, has a rigorous 4-phase study design: qualitative stakeholder interviews; a Delphi survey; systematic review; and stated preference survey. The aim of the first 2 phases are to identify which outcomes should be measured from the perspective of people with dementia living at home, care partners, health and social care professionals, researchers, policy makers/ service commissioners.

Evaluations, particularly in trials of interventions, are necessary to establish effectiveness. This is determined by comparing outcomes that measure beneficial or harmful effects. Selection of appropriate outcomes is a crucial part of trial design. Many intervention studies for people with dementia face a high degree of variation in outcome measures and show limited consistency between studies. This leads to marked heterogeneity reporting biases (Sansoni et al., 2007ii ; Reilly et al., 2015iii).

Outcomes included in a COS need to be relevant and important to key stakeholders (Williamson et al., 2012iv), including those who make decisions about health and social care, those who provide dementia care services, and importantly to people with dementia and their care partners. To date, involvement of people with dementia in the selection of outcomes that matter to them has been limited. Outcomes identified by people with dementia and their care partners in interviews and focus groups will be presented. The data collection approach and identified outcomes that inform the next study phase of a Delphi survey and consensus process will be discussed.

Deborah Morgan
Swansea University
debmor123@fsmail.net

[Vanessa Burholt]

Lifecourse influences on loneliness and social isolation in later life.

Loneliness is not a modern phenomenon, for centuries loneliness has been portrayed as part of the human condition. Yet, increasingly it is being suggested that we have "inadvertently become a neglectful society" (Neville, 2014). Wider social changes such as increased geographical mobility, and an increase in single person households, have been identified as factors in the increased prevalence of loneliness and social isolation in later life. Leading politicians and the media to proclaim that loneliness in later life is "our national shame," (DOH/Hunt, 2013). However, loneliness and social isolation in later life are more complex than political and media sound bites suggest.

This paper presents findings from a mixed method PhD study which argues that for some older adults, loneliness and social isolation have their roots earlier in the lifecourse. Adopting a lifecourse approach, and drawing on a pre-release interim data set from the CFAS Wales study, this paper will explore the antecedents and lifecourse influences which increase vulnerability to loneliness and social isolation in later life.

The implications for loneliness prevention will also be explored.

Paul Nash
Swansea University
p.nash@swansea.ac.uk

[Natalie E. Leland, Michael Lepore, Carin Wong, Lynn Freeman, Karen Crum, Heather Gillies, Sun Hwa Chang]

Delivering high quality hip fracture rehabilitation: A practitioner perspective

In the United States, 90% of patients that experience a hip fracture are discharged to a post-acute care (PAC) facility for rehabilitation after an average of 6 days in the hospital. As efforts to improve patient outcomes expand from a focus on acute care hospitals to include PAC settings, there is growing scrutiny of the quality of the rehabilitation services that are provided. As a result, there is an urgent need to identify what constitutes high quality PAC rehabilitation and ensure its delivery.

The purpose of this study is to capture perspectives of rehabilitation practitioners on the hip fracture care processes that constitute high level rehabilitation. In-depth semi-structured focus groups were held with occupational therapists, occupational therapy assistants, physical therapists, and physical therapy assistants working in skilled nursing facilities (SNFs) in southern California. The length of the focus groups ranged between 30 minutes and 75 minutes, a total of 13 focus groups were conducted with an average of 7 (+3) participants per group and 99 participants overall. Thematic analysis was conducted on all transcripts by 3 researchers independently before group comparisons to ensure reliability of coding. From the analysis of the occupational and physical therapy practitioners' perspectives, seven themes emerged regarding best practices in hip fracture rehabilitation. Findings suggest that there is a core set of care processes that practitioners perceive to constitute best practice for hip fracture rehabilitation. Findings further highlight the practitioners' perspective on what constitutes best practices for hip fracture rehabilitation across a diverse sample of SNFs.

Andrew Newman
Newcastle University
andrew.newman@ncl.ac.uk

[Anna Goulding]

The impact of visual arts interventions on the resilience of older people with dementia

This paper explores the impact of visual arts interventions on the resilience of older people with dementia. It draws upon qualitative data collected as part of a research project entitled 'Dementia and Imagination'. Funded by AHRC and ESRC, this explored how visual arts interventions might reconnect older people with dementia to their communities. Interview data was collected over 18 months from older people living in domestic environments, in National Health Service assessment wards and in care homes.

Resilience is understood as being influenced by a combination of 'both environmental and individual factors' and that it is a 'negotiated process, for example, achieving a balance between negative and positive factors rather than a trait that is in existence or not' (Wild et al., 2011, p.144).

The progression of dementia represents an increasing challenge to resilience while the social engagement and creativity associated with visual arts interventions provides a counterbalance, enabling some to live better for longer. This paper also explores the role of 'cultural values and traditions' (Browne et al., 2009 p. 255) in determining the interplay between positive and negative factors.

Sarah Noone
University of the West of Scotland
sarah.noone@uws.ac.uk

Digging for Dementia: Horticultural therapy and well-being in community-dwelling people with dementia

This presentation will reveal the early findings of a study exploring whether participation in a horticultural therapy project can improve well-being for people living with dementia in the community. Enjoyment of, and access to, outdoor spaces has been identified as a crucial factor in creating dementia-friendly communities, and the provision of outdoor activities for people with dementia can help to encourage social interaction, improve physical and psychological well-being, and enable people living with the condition to cultivate a sense of purpose and make a meaningful contribution to their community. However, few opportunities for people with dementia to interact with nature are currently available, and factors such as embarrassment and risk aversion prevent community-dwelling people with dementia from enjoying the benefits of the outdoors.

A small number of studies have demonstrated the benefits of gardening for people with dementia; however, these studies have focused on formal care settings, with no identified research involving people with dementia in the community. Furthermore, the outcomes of such studies have been measured using researcher observations, and may therefore not accurately reflect the lived experiences of people with dementia.

This study will include the voices of people with dementia in the research process, by placing self-reporting at the core of the research design, and encouraging participant collaboration and feedback within an action research methodology. Data will be collected using a mixed methods approach, analysing the input gathered from participants to determine the impact of the research upon people with dementia from their own perspectives.

Katharine Orellana
King's College London
katharine.e.orellana@kcl.ac.uk

[Jill Manthorpe, Anthea Tinker]

Does "hurdle fatigue" contribute to the lack of research about day centres for older people? Reflections on carrying out case study research

Older people attending day centres are neither 'invisible' nor hard-to-reach. This does not mean, however, that they are easy to research.

A review of the literature from 2005-2014 revealed little research about the role and purpose of English day centres for older people without dementia and how such centres are perceived. However, evidence suggests that day centre attendance is beneficial and valued. Furthermore, day centres account for the largest out-of-home service used by older people in receipt of publicly-funded care. Why, then, has so little research been undertaken about them? Are there barriers that deter gerontologists from researching day centres themselves rather than simply using them as an avenue for recruitment?

Barriers, or "hurdles", in carrying out research are commonly linked with sensitive topics or activities such as criminal activities (Wong 2015), unhelpful gatekeeping organisations (Van Dyke, 2013), or accessing hard-to-reach, stigmatised (Tewksbury and Lees, 2007) or 'invisible' populations such as older people with learning or physical disabilities, dementia, depression or other long-term mental health problems or those who are lesbian, gay, bisexual or transgender (Tinker et al., 2014) or economically deprived, very old or living in social housing (Liljas et al 2015).

This presentation considers the many "hurdles" encountered in carrying out multiple-case study research with non-dementia specialist day centres. The study aims to improve understanding of the purpose and role of day centres, their use and perceptions.

Jan Oyebode
University of Bradford
j.oyebode@bradford.ac.uk

[Penny Wright, Simon Pini, Emma Ingelson]

Developing needs-led questionnaire items to assess dementia carers' quality of life: Emerging findings from the first phases of the Dementia Carers' Instrument Development (DECIDE) study

Dementia affects not only the life of the person with the condition but also that of supportive relatives or friends. It is therefore important to be able to assess carers' quality of life (QoL). Yet existing questionnaires can be unreliable, too general or too long. In this presentation, we will report on the first phase of DECIDE, an MRC-NIHR Methodology Research Programme study which aims to develop and evaluate a new QoL questionnaire.

The DECIDE study is taking a needs-led approach, based on the theory that quality of life is dependent on our ability to live a life in which we can satisfy fundamental human needs. A circumstance or condition may restrict the opportunity to fulfill such needs compromising quality of life, and/or may offer new opportunities and so enhance quality of life.

To establish how caring for someone with dementia impacts on fulfilment of needs, we are interviewing 48 carers of people with dementia living in the community, recruited through an NHS Trust and two third sector organisations. A purposive sampling frame is being used to ensure diversity in age, ethnicity, gender, rural or urban living, and relationship to the person cared for. The semi-structured interviews are being analysed using inductive thematic analysis to identify the impact of caring on fundamental human needs. Questionnaire items reflecting each area of impact are being generated using the original words of carers as far as possible.

In this talk we will present the themes and exemplars of needs-led questionnaire items.

Beverley Page-Banks
Alzheimer's Society
Beverley.Page-Banks@alzheimers.org.uk

Live Well with dementia programme: the design, development and value of a programme based on self-management principles for people living with early stage dementia

The Live Well with dementia programme was initiated following research findings in 2013, which found that people with dementia have much less access to the benefits of Self-management programmes, compared to other long term conditions.

A gap was highlighted in Alzheimer's Society's service offer for a structured, peer group programme, based on self-management principles. The development of this programme 2013 - 2016 is funded by Lloyds: Live Well Campaign.

The programme aims : to help people living with early stage dementia develop the understanding, skills and practical tools to empower and support them to take an active role in the management of their health and well-being.

This seven session programme is co-facilitated by trained facilitators. The participants of the programme in development have a vital role as 'pathfinders', and feedback based on their lived experience of dementia is directly informing the model.

Learning outcomes from the delivery of 5 pilot programmes in 2013 led to adaptation to the programme in 2014. Delivery of 20 programmes is currently taking place; findings are subject to internal and external evaluation.

A research team from University of Brighton are conducting the external evaluation: 'It is clear that this programme remains at the cutting edge and at the forefront of a very current and developing area of research and interest'. Researcher 2015 Internal and external evaluation data produced in March 2016 will be available for reporting on at this conference Headline: early evidence indicates the exciting, positive value and future potential of this programme for people living with early stage dementia.

Sinead Palmer
Personal Social Services Research Unit (PSSRU)
s.e.r.palmer@kent.ac.uk

[Ann-Marie Towers, Nick Smith, Grace Collins]

Do staff attitudes towards ageing affect the outcomes of care home residents?

Stereotyping older residents in care homes can lead to a number of problems regarding their quality of life. For example, assumptions of diminished cognitive capacity can lead to residents lacking choice and control in their lives. Dobbs et al. (2008) found staff would not include residents in decisions about care, instead only consulting their family members, regardless of the cognitive ability of the resident. Also observed were other examples of stereotyping such as scheduled activities and other amenities that would not cater to individual preferences, instead were based on stereotypical ideals of what older people would enjoy.

This paper will discuss how the Measuring Outcomes of Care Homes (MOOCH) research project will investigate the link between care home residents' social care related quality of life and staff attitudes regarding ageing. Quality of life data will be collected in 30 homes, using the Adult

Social Care Outcomes Toolkit (ASCOT), and staff data will be collected via self-completion questionnaire. The aim will be to create a model which represents the proportional influences on resident quality of life by a variety of factors including: staff training, motivations, attitude towards their own ageing and stereotyping behaviour towards older adults.

Angharad Parr
College of Human and Health Sciences.
Swansea University
522016@swansea.ac.uk

The lived experiences of individuals within mutual caring relationships where there is a learning disability

The aim of this research is to build upon the current and limited knowledge base regarding the lived experiences of individuals within mutual caring relationships where there is a learning disability (LD). It has previously been argued that there needs to be greater awareness of mutual caring among health and social care professionals and future research needs to identify the issues, needs and support provision for mutual carers. Often, caring roles provided by individuals with LD are unrecognised and unsupported (Foundation for people with learning disabilities, 2010). The ethos of this research is to increase understanding of mutual caring relationships where there is a LD, provide insight into lived experiences, and raise awareness of the support needs of mutual carers. Semi-structured interviews were undertaken with 51 mutual carers and 32 professionals to enable a multi perspective approach in exploring lived experiences.

Successful recruitment of research participants was dependent upon the ability to appropriately communicate, network and build a rapport with key individuals. The three key themes that have emerged from a qualitative data analysis include the following: 'Transitions', 'Identity', and 'Empowerment/Disempowerment'. This research has the potential to impact upon the lives of mutual carers at many levels. This impact includes: increased awareness and recognition for mutual carers, identifying gaps in service provision and exploring additional resources needed to meet the needs of individuals within mutual caring relationships.

Sheila Peace
The Open University
sheila.peace@open.ac.uk

[Jeanne Katz, Caroline Holland, Rebecca Jones]

Vision Friendly Communities: Views of Older People with Vision Impairment

Over the past three decades the launch and development of the global WHO Healthy Cities project (WHO 2015a) followed by the WHO Age-Friendly Cities (AFC) initiative has aimed to promote active ageing and is seen as 'optimizing opportunities for health, participation, and security in order to enhance quality of life as people age' (WHO 2002 p12). There are now over 250 age-friendly cities and communities in 28 countries (WHO 2015b) developing projects under the main themes of: housing; transportation; outdoor spaces and buildings; social participation; respect and social inclusion; civic participation and employment; communication and information.

This paper seeks to explore how issues identified in the WHO initiative are experienced by older people with visual impairment in English cities, towns and villages. A research team at The Open University have undertaken research funded by The Thomas Pocklington Trust to address the needs and aspirations of visually impaired older people. Fifty participants whose vision is limited due to conditions such as age-related macular degeneration, glaucoma or cataracts took part in in-depth interviews. They are people with an average age of 80 years almost three-quarters of whom are women and just over a quarter of participants come from minority ethnic groups. Their views offer a unique perspective on being able to 'get out and about' and engage with their community leading to specific recommendations for change. For example assisted transportation giving aural information can facilitate ways of living.

Lucy Perry-Young
University of Nottingham
lucy.perry-young@nottingham.ac.uk

[Samantha Wilkinson, Justine Schneider, Kristian Pollock]

Mental capacity and participant observation in the homes of people with dementia

People with dementia are increasingly being involved in research about them, as research participants. The Mental Capacity Act underpins the individual's right to autonomy and decision making while research governance prioritises safeguarding potential participants from coercion especially when capacity is impaired. Although the guidance is fairly clear on assessing mental capacity in relation to taking consent to participate in a single research activity, assessing ongoing, or 'process', consent can be more problematic. The aim of this presentation is to discuss some of the difficulties arising when assessing mental capacity on a continual basis while conducting participant observation in the homes of people with dementia. As part of the Broadening Our Understanding of Good Home Care (BOUGH) study, two researchers are conducting ethnographic field work, working as home carers with people with dementia. We draw on field note extracts detailing how the researchers assessed mental capacity throughout the course of the research project, to determine whether participants were still aware of their involvement in the study. This may be useful for other research which seeks to study participants with memory problems over a period of time. Finally we reflect on the tensions that arose between the ethical requirements of the study, and the needs of the service provider within which the study was conducted; how understandings of capacity appeared to differ between researchers and providers, as well as their respective views on when and how consent should be taken. The implications for pragmatic research in an ethically-complex environment will be discussed.

Lucy Perry-Young
University of Nottingham
lucy.perry-young@nottingham.ac.uk

[Christabel Owens, Susan Kelly, Gareth Owen]

Who can talk to whom, and about what? The role of face-work and politeness in in responding to signs of dementia and seeking professional help

Evidence suggests that there is usually a long delay between noticing the first signs of dementia and seeking medical help; studies have reported averages of between 8 and 52 months. Once significant changes have been recognised, the person with dementia and the members of their family and social networks still face difficulty in knowing how and when to communicate their concerns, and who to communicate them to. In this presentation I describe the findings of a qualitative study about the ways in which people come to recognise dementia and decide to seek professional help.

We conducted in-depth qualitative interviews with people with dementia and members of their family networks and used thematic methods of data analysis. We found that people faced specific difficulties in recognising the signs of dementia, and further challenges in communicating about them and actually seeking help. This paper focuses primarily on the factors that affected communication. Participants described several unspoken rules that existed within their networks that governed who they could communicate with, when they could do this, and what specifically they could communicate about. In this paper I draw on Goffman's (1967) 'face-work' and Brown and Levinson's (1987) politeness theory and use participant quotes to demonstrate the communication restrictions that inhibited participants from openly discussing their concerns. Finally I discuss the implications of these findings and potential approaches to overcome these challenges.

Cassandra Phoenix
University of Bath
C.Phoenix@bath.ac.uk

[Noreen Orr]

What (other) factors impact upon later life physical activity?: 'Exceptional' stories seeking consideration.

Alongside an increased policy focus on physical activity levels in older age, why older adults may or may not engage in regular physical activity along with the embodied experiences that such occasions give rise to, have become a key area of research interest. A number of dominant themes have been highlighted by this work including: competing responsibilities, perceptions of physical activity, changes in health status, environmental impact, and so forth.

Focusing on 'dominant' or 'key themes' to offer broad explanations for why older adults may or may not participate in physical activity has many advantages. Not least, it can allow a large body of data to be summarised and is well suited to informing policy development. A disadvantage, however, is that this can come at a cost of 'ironing out' nuances and contradictions within the data.

In this presentation, I draw upon qualitative data generated using biographical interviews with 51 physically active older adults (M = 23; F = 28) about the role of physical activity in shaping their perceptions and experiences of (self-)ageing. I discuss important 'exceptions' to the more common storylines regarding healthy ageing, relationships and bereavement.

In doing so, I demonstrate the value of stories which do not conform to the neat and tidy thematic descriptions of our interpretive conceptualisations. These 'exceptional stories' have the capacity to to reveal new avenues of thinking, extending analyses towards more complex and sophisticated conceptualisations of ageing and physical activity.

This research was funded by the ESRC ('Moving Stories': Understanding the role of physical activity on perceptions and experiences of self-ageing)
RES-061-25-0491

Jitka Pikhartova
University of Southampton
Jitka.pikhartova@brunel.ac.uk

[Ann Bowling]

Life-course association between social interactions and other characteristics and cognition

Interest in changes in cognition among those who approach older age becomes more and more important nowadays and becomes centre of research worldwide. Decline in cognition as person gets older is physiological process and lower cognitive scores were found as predictors of increased mortality and institutionalization.

Using National Child Development Study (NCDS) data from 4,497 men and 4,622 women born in 1958 we have tested life-course association between various socio-demographic and socio-psychological characteristics and cognition at age of 50 using multivariable linear regression analysis on multiply imputed dataset.

Our findings show that cognition in childhood, gender, adulthood participation in civic activities, regular sport activities, low presence of depressive symptoms, and the highest achieved academic qualification are positively and significantly associated with cognitive outcomes at age 50. Specifically participation in every extra civic activity results in 0.13 higher cognitive score compare to none civic activity at all.

Those from lower social class families in childhood and remaining in lower social class in adulthood have significantly lower cognition at age 50 compared to other social class trajectories.

Statistically significant association between social ties and cognition suggests that support of leisure activities across ages and helping to engage people with other members of society should be one of the aims of preventive strategies focusing on reducing cognitive decline among ageing population.

Jitka Pikhartova
Brunel University London
Jitka.pikhartova@brunel.ac.uk

[Christina Victor]

Visual impairment and wellbeing in older adults: analysis of the English Longitudinal Study of Ageing

Wellbeing is a key element of 'ageing well'. Research has explored the link between wellbeing and chronic illness for older adults but less attention has been paid to visual impairment. In this paper we investigate the impact of the onset of visual impairment reported between waves 2 and 5 on wellbeing at wave 6 of English Longitudinal Study of Ageing (ELSA).

Our study is based upon the 4,926 ELSA respondents aged 50+ present in all waves [2 (2004) to wave 6 (2012)]. Onset of visual impairment was based upon self reported diagnosis told by a doctor (of cataracts, macular degeneration, diabetic eye and glaucoma) at any of the waves.
We differentiate two types of wellbeing: hedonic (emphasising quality of life) and eudaimonic (a 'good life'). The CASP-19 measures quality of life (QoL) and is based on four domains ('control', 'autonomy', 'pleasure' and 'self-realization'). We also use a 5-item life satisfaction score (LSS) to characterise a 'good life'. Both measures are evaluative in that participants evaluate or rate both their QoL and LSS.

At baseline our sample did not include any participants with self-reported visual impairment. Across waves 2-5 almost 20% of respondents reported the on-set of a visual impairment. At wave 6 for those with visual impairment the mean CASP score was 39.4 and LSS mean score was 24.8 (compared with 41.4 and 25.4 for the non-impaired). Controlling for confounders negative and significant association between visual impairment and CASP-19 was found but was entirely explained for LSS.

Christopher Poyner
University of Stirling
Christopher.Poyner@stir.ac.uk

[Anthea Innes, Karen Watchman, Samuel Nyman]

An ethnographic study exploring factors that facilitate the implementation of a new model care in a dementia care home.

Objective and rationale

A 2014 report into the state of dementia care in the UK conducted by the Care Quality Commission(CQC) found a significant minority of care home providers do not effectively implement NICE guidelines during care delivery. This indicates a disparity between the care recommended in theory and the care delivered in practice. Identifying factors that aid the implementation of models of care that reflect best practice, is therefore a priority.

This presentation will report findings from an ethnographic study exploring factors that aid the process of implementing a model of care into a newly built dementia specific care home.

Methods
Data collection took place between September 2015 and April 2016. An ethnographic approach was taken to fieldwork. Semi-structured interviews and/or unstructured observations were conducted with 20 formal care staff and 12 people with dementia at a newly built care home in England.

Results
The following factors appeared to aid implementation of this new model of care: Strong leadership ‘on the floor’, a recruitment strategy focused on low staff turnover, dementia-specific training, responsibility for implementing the model of care at senior management level and low agency staff presence.

Conclusion
The findings suggest that strong leadership, advanced dementia care training, and a recruitment strategy focused on achieving low staff turnover are all factors that contribute towards a context providing the opportunities for an effective implementation process for new models of dementia care.

Esther Ramsay-Jones
The Open University
estherwinnejones@yahoo.co.uk

Tell me what it’s like to be here

This paper sets out to think about a group of professional carers and people with dementia, all working or living, in a residential care home for older people in London. Drawing on interview material gathered over a 6-month period, the paper aims to understand how the ‘organisation-in-the-mind’, or ‘home-in-the-mind’, is conceptualised by those who were able to speak to their experiences of being in a care home.

Armstrong’s (2005) organisation-in-the-mind ‘is what the individual perceives in his or her head of how activities and relations are organised, structured and connected internally’. To find a way in to what might also be described as a sort of psychosocial field, the data was collected using the Free Association Narrative Interview method (Hollway & Jefferson, 2000). The FANI method follows an emotional logic and allows for the interview subject to emerge in nuanced, complex ways. As a result, themes of emotional labour, diversity and team dynamics, time and the relational came alive in the interviews. These issues will be considered in detail, as well as some of the interesting paradoxes within participants’ stories and the possible value of introducing reflexive ‘thinking spaces’ for staff teams.

Emma Renehan
Royal District Nursing Service Institute
erenehan@rdns.com.au

[Dianne Goeman, Susan Koch]

“From a mental and emotional point of view that support helps tremendously; it just gives you that bit more strength.” Support Worker Roles for People with Dementia, Carers and Family

A variety of roles to assist people with dementia and carers to access services, information and support have been implemented worldwide. These roles include: key workers; support workers; case/care managers; Admiral Nurses; dementia advisors; and team-based integrated care roles. Currently, there is a lack of evidence of the efficacy of support worker roles for people with dementia, their carers and family within the Australian context.

This two phased project included a systematic review of international and national literature and an extensive qualitative evaluation of Australian “support worker” models in order to determine the effectiveness of the support worker role and how it can best be utilised to assist people with dementia and their carers/family living in the community.

A co-design approach that included consumers, Australian industry partners, academics and researchers in the development, design and evaluation was utilised to inform the study at all stages from inception to completion. The consumer involvement in this study ensured direct perspectives and experiences of those who live with dementia, reflecting the complexity of the dementia journey and difficulty of trying to develop a one size fits all approach to support.

This presentation will describe how this co-designed study led to the development of a dementia support worker model, outline of the role and the attributes, skills and knowledge needed to undertake the role. The developed support worker model was informed and endorsed by people with dementia, carers, Australian industry partners and researchers which is a key novelty and strength of this study.

Jackie Reynolds
Keele University
j.reynolds1@keele.ac.uk

[Miriam Bernard]

‘Making an Impact’: the Growth of the Live Age Festival

Originating in the NDA-funded ‘Ages and Stages’ project (an on-going research collaboration between Keele University and the New Vic Theatre, Newcastle-under-Lyme), and with links to the Creative Age Festival in Edmonton, Canada, the Live Age Festival celebrates the artistic and creative talents of older people. The festival is led by Keele University, working in partnership with a wide range of individuals and organisations. Older people are involved at every level, including planning, leading activities, participating, performing, and evaluation.

Following on from the success of the inaugural event in 2014, the second Live Age Festival took place in community venues in North Staffordshire from 1st-3rd October 2015.

In this presentation, we highlight the growth of the festival during its second year, including the decision to move from a two-day to a three-day event; the development of the programme; and the publicity strategy, including the website and use of social media. We show film and photographs to give a flavour of the event, and share some of the key evaluation findings. We also highlight our approach to developing impact, which includes bringing together practitioners, researchers and community members in innovative ways. The potential for significant impact has received recognition by the University, through an award under its new Impact Acceleration Funding scheme. This will provide funding for a co-ordinator to support the development of the 2016 festival. Our presentation concludes with some reflections on the on-going opportunities and challenges of undertaking engaged research of this nature.

Laura Reynolds
University of Stirling
l.j.reynolds1@stir.ac.uk

[Anthea Innes, Barbara Sharp, Nick Jenkins]

Care Home Bands: Bringing care homes and communities together through music

There is growing evidence that music has the potential to improve quality of life and promote active social interactions for people with dementia. Most research has focused on music as a therapeutic intervention in dementia care, for example to reduce unwanted behavioural symptoms, and may overlook the value of music-making and listening to music in the everyday experience lives of people with dementia. Performance is an important yet seldom explored aspect of music-related activities in the lives of people with dementia.

As the majority of people living in care homes are likely to have dementia (70%+), this project seeks to create and evaluate a music initiative (a Care Home Band) within a care home environment; bringing together care home residents, staff, visitors and members of the local community who will rehearse and perform together.

This research will contribute to an emerging evidence base on the impact of music and performance upon the well-being of people with dementia in care homes, and provide opportunities for care homes and local communities to interact in a creative and sociable way.

An anticipated output will be a practice guide for those wishing to develop their own music initiatives in care settings for people with dementia, staff and the community. This project seeks to increase knowledge about people with dementia's views around musical activities, and challenge negative assumptions about dementia, particularly the preconception that people with dementia cannot learn new things and their contributions to their community diminish as their cognitive capacity reduces.

Victoria Ridgway
University of Chester
v.ridgway@chester.ac.uk

Learning Disability Nursing Students' and Lecturers' perceptions of older people

This paper presents the findings of a social research grant that explored Learning Disabilities (LD) student nurses' and lecturers' perceptions of ageing using visual research methods. The presentation proposes to clarify what attributes the LD field has and why their perceptions to older people were different in a previous study by Ridgway in comparison to others. It could be postulated that LD students are exposed to more diverse client needs, focus on independence rather than disability, experienced a culture that is less judgemental, and that classroom content facilitates a more compassionate approach. Lecturers as role models has been identified to influence perceptions of ageing (Reed, Beall, Baumhover, 1992), as has individualised care, empowerment and autonomy (Doody, Markey, Doody, 2012) and a lack of technological equipment (Kang, Moyle, Venturato, 2010). Student nurses' attitudes towards older people are affected by a number of variables that include; age, gender, clinical experience, contact with older people, educational qualifications, education experience and ethnicity (Lee, 2009; Ryan, et al., 2007) and exploration of nursing branch was recommended (Ryan et al.,2007).

Much is written about ageism towards the older person and the impact this has upon them personally, culturally and structurally, as age is used as a demarcation on a person's ability and position in society and there is a general assumption that later life is a period of physical and mental decline (Doody et al., 2012). To date no known research has specifically explored LD nurses' perceptions of older people.

Lorraine Ritchie
University of Otago
lorrainer@nzno.org.nz

"I am not a pill taker: meaning and medication for older people.

The philosophy of ageing-in-place has seen a greater emphasis on community care for older people.

Most older people living at home in New Zealand manage their own medication. This paper, based on a doctoral study, explores the relationship between older people's beliefs and attitudes towards medication-taking and their medication self-management strategies. The overarching research question is what is the meaning of medication to the older participants in this study?

The study employed a narrative methodology, reflecting the underlying philosophical approach - valuing meaningful stories from the participants' perspective. In total, forty interviews with participants over the age of 65 years' old who were living in their own homes were analysed using the technique of narrative thematic analysis.

Four key findings emerged from the analysis – each of which will be expanded upon in this paper: Firstly, living with chronic illness; secondly, trust and the older patient-doctor relationship; thirdly, everyday routines and strategies; and finally, advice – formal and informal. Health services and professionals need to respect the strategies and coping methods which older people have developed to self-manage medications and other aspects of their daily living. By listening to older people's narratives of how they manage, health professionals can work with older people on their own terms, starting with the voice of the older person as expert self-manager. Health professional education is necessary to raise awareness that meaning for older people is produced through narrative and that this needs to be a key component of assessment.

Lorraine Ritchie
University of Otago
lorrainer@nzno.org.nz

Literature and dementia

A proliferation of research on the treatment and management of dementia exists from a variety of clinical disciplines as the recognition and incidence of it increases worldwide. This paper takes a different approach - viewing dementia from a literary perspective.

Themes and concepts are drawn and analysed from a selection of internationally authored novels, short stories and memoirs, using a combination of content and discourse analysis techniques. The stories are related through the voice and observations of adult children but in two of the texts, from the outlook of the person living with dementia themselves. These opposing viewpoints are compared and discussed, revealing insight into how conflict can arise from the differing lived experience of dementia; one from the outside and one from inside that world.

Health professional and others are caring for people with dementia in a variety of clinical settings and at home on a daily basis. Yet an awareness of appropriate approaches which demonstrate an understanding of the lived experience of older adults with dementia and delirium is often missing in health professionals' education and practice.

Through their depiction of the challenges and complexity of dementia relationships - daily coping and intimate interactions - whether frustration, fear, humour or sadness - these selected literary works have the capacity to inform, enlighten and assist health professionals, and to encourage reflection and new strategies in both their practice and their management of older people with dementia.

Stuart Roberts
Manchester Metropolitan University
stuart.roberts@mmu.ac.uk

The development of a research study around the experiences, attitudes and life circumstances affecting the health needs and behaviours in ageing gay, bisexual and other men who have sex with men.

Public Health England (PHE) (2014) highlight the issues surrounding the health and wellbeing around gay, bisexual and other men who have sex with men. Having established that there was a problem, PHE (2015) went on to publish a further document suggesting how it might be addressed, targeting three areas of the life course; starting well, living well and ageing well. Guasp (2013) does this to a degree on behalf of Stonewall, but further depth is needed to explore the factors which contribute to lifestyle choices which impact upon MSM health. Nagington (2016) identifies some of the issues around the sociologic issues of ageing in the gay community including a lack of social support, a lack of identifiable social structures, prejudice and also stigma towards ageing. Because an individual's social circumstances are linked to their health and well-being it becomes clear that there are links between the aforementioned inequalities and societal communities.

One of the considerations which needs to be investigated is around the views and experiences of MSM towards health. Because there is an ageing population among MSM it is necessary to address the issue of why inequalities exist, but in relation to this specific demographic. This presentation and discussion aims to gather opinion and ideas for the development of the study.

Matthew Roberts
Swansea University
m.s.roberts@swansea.ac.uk

[Vanessa Burholt, Musselwhite]

Content Validity and Factor Structure of the Older People's External Residential Assessment Tool

The Older People's External Residential Assessment Tool (OPERAT) is a statistically validated auditing tool. The aim of OPERAT is to determine the suitability of the external residential environment for older people, who may have a range of cognitive, physical and visual capabilities.

Methods: A weighting questionnaire was distributed to older people in Wales to determine which items to include. Less important items were removed, resulting in a 40 item pilot tool.

The Thurstone scaling approach was used to assign item weights, both in terms of magnitude and direction for each item. This was based on responses to questions about features of the local area: Is/would this be good or bad feature? (positive or negative), and How much would/does each feature affect your satisfaction with the area? (not at all; very little; a little; quite a lot or a great deal). To weight the items the scores were transformed to a 9 point scale which ranged from 'a great deal (unfavourably)' to 'a great deal (favourably)'.

Further to this, data collected using a pilot version of OPERAT (N=405) was analysed through exploratory factor analysis to examine the underlying factor structure.

Results: The EFA suggested a four factor structure was the best fit to the data. The following domain labels were applied; Natural Elements, Incivilities and Nuisance, Navigation and mobility, and Territorial functioning.

Implications: OPERAT is a statistically valid, methodologically robust assessment of the external residential environment. This tool will serve to assess the 'age-friendliness' of an area at the postcode level.

Linda Robertson
Otago Polytechnic (Dunedin) - New Zealand
roylinda@xtra.co.nz

[Beatrice Hale]

Enabling Access to Health Care for Senior Chinese Citizens

Ethnic diversity has become a topic of interest in recent years with large waves of migrants travelling to new countries to look for new prospects. However, there is also a smaller on-going migration occurring in New Zealand and in other countries that involves older people who may have come to a 'foreign land' to support children or more simply for lifestyle changes. This group has many members who do not speak English well and lack familiarity with the health care system. One such community are older Chinese people.

To explore their issues around accessing health care, we used an action research approach. About 20 members of the local Senior Chinese Association partnered with us and identified key issues such as the use of interpreters, communication with doctors, access to other health services, the complexities of website information and dealing with emergencies. Resolution was often found in the group discussions. In addition an 'Information Flier' that provided first access to health services was developed and a 'wallet card' with personal information useful in emergencies. Further action from the research is a network of Chinese speaking support people that is being developed to assist in the task of interpreting and to also provide a link between senior and younger members of the Chinese community.

This presentation will be an overview of the results and a commentary of our observations of working and sharing cultural perspectives within an Action Research framework.

Sara Ronzi
University of Liverpool
ronzis@liverpool.ac.uk

[Daniel Pope, Lois Orton, Nigel Bruce]

How can respect and social inclusion in older people be promoted in an Age Friendly City context? Findings from a qualitative study of stakeholders from the City of Liverpool, UK.

Increasing urbanisation and population ageing have focused attention on cities as important settings for healthy ageing. This paper explores the factors which shape how city stakeholders act to promote respect and social inclusion for older people in Liverpool City. Findings are based on 23 semi-structured interviews with stakeholders from local authority and clinical commissioning groups (n=7), and the third sector (n=16) recruited through purposive and snowball sampling. The interviews formed part of a wider project using photo-voice methods to capture older people's views of respect and social inclusion in an age-friendly city (AFC) context.

Thematic analysis was conducted using NVivo 10 software. Enablers included strengthening partnerships between and with third sector organisations to improve information exchange and avoid service duplication. Despite the city-political commitment to improve respect and social inclusion, reduced services infrastructure, government budgetary cuts, and consequent competition for interests-priorities for funding between organisations, were reported as potential barriers. Further, it was reported that local government was not often financially supportive towards organisations wanting to develop prevention-focused initiatives on respect and social inclusion. The main city-political focus on health and social care provision reflects a well-recognised issue in public health.

Stakeholders suggested more active involvement of older people in project planning within the city, improving collaboration between and with third sector organisations, and strengthening project evaluation as solutions to some of these issues. These findings have important implications for promotion of initiatives to improve respect and social inclusion of older people and the wider AFC agenda.

Lawrence B. Sacco
King's College London
lawrence.sacco@kcl.ac.uk

[Laurie Corna, Debora Price, Karen Glaser]

A life-course approach to the study of paid and unpaid activities in mid to late life in Britain

In light of population ageing, policies aimed at extending working lives are being considered or have been implemented in many industrialised countries. In the UK, the state pension age has been delayed and pathways to early retirement have been restricted (Silcock 2012). However, given older adults' substantial contributions to unpaid activities, such as informal care and volunteering, longer working lives may have repercussions for engagement in these activities. To date, previous research on the relationship between paid and unpaid activities has predominantly focused on single activities (Morrow-Howell et al. 2014; Dury et al. 2015) and taken a short-term perspective.

This paper aims to understand how paid work affects older adults' likelihood of engaging in unpaid activities. Drawing on the life course perspective, which recognises the importance of concurrent and earlier experiences, I use 7 waves of data from the British Household Panel Survey (BHPS) collected between 1996 and 2008, as well as retrospective histories on work and family life, to model patterns of engagement in paid and unpaid activities. I use latent class models to describe patterns of paid and unpaid activities over time and multivariate models to assess how these are related to gender, sociodemographic factors, health, and life course experiences in the labour market and the family (marital status and fertility). I discuss the findings in reference to the implications for the promotion of active ageing and current trends of increasing labour market participation at older ages.

Alexandra Vanta Sardani
Centre for Innovative Ageing,
Swansea University
a.v.sardani@swansea.ac.uk

[Sarah Hillcoat-Nalletamby,
Alexandra Sardani]

Why, when and how to move – the role of a new service in shaping residential decision making processes amongst older adults in Wales

This paper presents findings about residential decision-making as a process, and draws on qualitative data collected in North Wales from clients who have been exposed to a new 'Moving On' service provided by Care & Repair, funded through the Intermediate Care Fund, to assist in residential transitions to extra-care. The overall objectives of the study were to establish client motives for use or non-use of the service, their perceptions about service benefits and disadvantages and social outcomes for those who have moved.

A total of 18 clients were interviewed and transcripts were subject to thematic content analysis. Using Collopy's (1988) concept of autonomy, findings suggest that the decision to move to extra-care was part of a complex process, which took time and continued even after the post-move phase. The inter-connected nature of clients' individual characteristics, the robustness of their informal and formal support networks and societal norms had an impact on their residential decision. At the same time, findings suggest that the 'Moving On' service played a key role in supporting clients' decisional and executional autonomy to move to extra-care through the offer of emotional, practical and financial support. The study provided some valuable insights into the most immediate benefits and challenging outcomes that clients noticed following relocation, and provides some key pointers for service improvement, sustainability and expansion.

Jane Say
University of Hertfordshire
j.say@herts.ac.uk

Visualising Carer Networks: Combining Social Network Analysis, Diaries and Interviews to Elucidate Carer Support

This paper will describe how Social Network Analysis (SNA) has been used to examine the nature of carers' social networks and their utility in the caring role. Although wider SNA research has predominantly been quantitative in nature, in this case study approach data from carer diaries and semi-structured interviews, was combined to generate a detailed picture of the carers' networks.

Using name generator questions to ascertain support networks and data from a two-week diary, detailed socio-grams were initially produced. These were then used during the semi-structured interview as a means of visualising the network and acted as a trigger to explore the construction of the carers' social ties and their significance in the caring role. Triangulation of the data with participant checking aided validity and facilitated the collection of rich detailed data. Carer visualisation of the socio-grams was valuable since it offered an opportunity for carers to reflect on their network and further explore the connections within it.

This interpretive approach can offer insights into social reality. It is valuable in examining the egocentric networks of carers and other defined population groups that may have particular difficulties that limit their involvement with larger, more-complex, quantitative studies. The findings from this approach have uncovered the dynamic interplay between the carer and individuals in their network allowing an understanding of the construction of their personal communities for their caring role.

Jos Schols
Maastricht University
jos.schols@maastrichtuniversity.nl

[Judith Meijers, Esther Meesterberends, Ruud Halfens]

Malnutrition in care home residents with dementia; an unavoidable phenomenon?

Objective: During the last decade a lot of efforts have been put in the prevention and treatment of malnutrition in care home residents in several European countries, including the Netherlands. The aim of this study was to investigate the malnutrition prevalence in Dutch care home residents with dementia over the years.

Methods: This study is a secondary analysis of data of the annual independent Dutch National Prevalence Measurement of Care Problems (LPZ) of Maastricht University, which is also conducted in other European countries. LPZ involves a cross-sectional, multicentre point prevalence measurement in different health care settings, including care homes. The participants involved Dutch care home residents older than 65 years and assessed during the years 2008-2014.

Results: The study showed a significant decline in malnutrition prevalence in the group of non-demented care home residents over the years. However, the prevalence of malnutrition in the demented group showed no significant reduction over the years.

Conclusion: More research should be done to unravel the causes for this finding and to explore whether the relationship between malnutrition and dementia is amendable or not.

Sonya Sharma
Kingston University London
sonya.sharma@kingston.ac.uk

[Sheryl Reimer-Kirkham]

Walking through spaces and practices of prayer in a residential care home

Diversity in the field of gerontology can be learned through the lens of religious expression such as prayer. Prayer, as one expression of religion in public settings, can create connections between individuals or can be a flashpoint for conflict, discrimination, or religious inequalities. Prayer can also be enacted in impositional ways, as with the assumption that prayer is meaningful to everyone or with the unwelcomed power of institutionalized religion. One ‘laboratory’ for the study of religion in the public sphere is that of healthcare. Conducting repeat interviews, including walking interviews, with chaplains who work in residential care homes in British Columbia, we have explored the spaces in which prayer happens in these sites and how prayer moves between different forms by those who administer and receive it. The identities of chaplains—their own spiritual practices, religious beliefs, and positioning within the facility – shaped their dis/comfort with prayer and how they located prayer within public and private spaces. The presence of religious diversity and questions about secularism left chaplains with some ambivalence and uncertainty about the appropriateness and timing of prayer in residential care facilities. We build our paper around the case of one chaplain in a 75-bed care home in order to illustrate these complexities and insights related to research on religious diversity amongst older people.

Barbara Sharp
Alzheimer Scotland
bsharp@alzscot.org

Grief and recovery: what can we learn from the accounts of people with dementia?

Very little is known about the nature of grief experienced by people with dementia in association with the changes perceived in themselves, their lives and their relationships as a result of their diagnosis. This paper draws on findings from an interpretative phenomenological analysis of stress as experienced by people with dementia and subsequent interviews with people with dementia to illuminate a poorly understood aspect of the illness.

A substantial body of literature addresses the grief experienced by families and carers of people with dementia over its often long trajectory but there has been little focus on the experience of people who live with the condition.The perspectives of people with dementia participating in a study about stress found indications that normal grief responses may be misinterpreted as symptoms of dementia and its cognitive changes. As current losses are perceived and future losses anticipated, the responses of those around the person with dementia, especially close friends and family, may play a vital role in the potential for optimal recovery of functional ability, self-esteem, purpose, and hope beyond diagnosis.

This paper presents the accounts of people with dementia from research focus groups. In telling their story, and sharing their perspectives, they provide an insight not only into living with the most stressful aspects of the condition, but of how they have come to understand their experiences, and to some extent, cope and regain control over their own lives.

Aled Singleton
Swansea University
878524@swansea.ac.uk

Is there a home within online place branding for dementia-friendly communities?

The concept of a dementia-friendly community has been investigated in the UK (Crampton & Eley, 2013). As such, it aims to develop both a social acceptance of dementia within places and an outward promotion as being welcoming towards people with dementia and their carers. This paper proposes an investigation of how 'dementia-friendly' would fit with the social construction of place as an online brand.

The study of place branding has grown from tourism or economic studies in the 1990s of towns, cities and regions as destinations to become a much broader discipline (Ashworth & Kavaratzis, 2010). For example, (Sevin, 2011) argues for the ethical considerations such as giving people voice to shape place brands, which could support movements towards being dementia-friendly. Recent contributions seek to measure the place brand (Zenker & Braun, 2015, p. 213) and others find opportunities for a broad range of stakeholders to shape for the online promotion of place brand (Hanna & Rowley, 2015). Place branding continues to develop as a field of the social sciences, in the case of dementia-friendly communities it could be useful to have a conceptual methodology to understand whether expectations of a community correspond with the actual place reality (Kavaratzis, Warnaby, & Ashworth, 2015). As older people redefine the cultural parameters of ageing, for example through their use of the internet and social media, they provide an opportunity to shape how places are branded. Specific research in this field is very limited; this paper therefore opens the debate for future research.

Tania Smellie
Otago Polytechnic
tanz_elizabeth@hotmail.com

[Linda Robertson]

An exploration of the impact of housing modifications on clients' occupations and roles.

Abstract:
Introduction / Rationale: The number of people with functional limitations living in their own home is increasing in New Zealand as disability and impaired mobility rises with an ageing population. There is considerable pressure on public funds for house modifications that will allow disabled people and their families to optimise their independence.

Objectives: The purpose of this study was to explore client's experience of housing modifications. In particular how changing the structure of a house can impact on what people do and how they do it.

Method / Approach: Using an interpretive phenomenological approach, this study was developed to capture the stories of people who received housing modifications funded by ministry of health, through Enable Processing New Zealand. Four clients due to receive modifications were interviewed about their anticipation of receiving housing modifications and were then reinterviewed 1year to 18 months later to enable them to reflect on how the modification had influenced their participation in roles and occupations of daily life.

Results / Practice Implication: Themes that arose include the different perspectives of those who received this service; the influence of the timing of the modification on the person's mental, and/ or physical health; how a successful completion of a housing modification can enable the person to return to completing their activities of daily living to resume 'normality'. And finally, the power the therapist (and Enable New Zealand) holds over the person's ability to participate in occupations.

Conclusion: If we fail to examine the effectiveness or otherwise of housing modifications from the point of view of those who have to live with them, the result may be the provision of services that do not meet occupational needs resulting in frustration for both clients, and providers of services including therapists.

An-Sofie Smetcoren
Vrije Universiteit Brussel
asmetcor@vub.ac.be

[Liesbeth De Donder, Sofie Van Regenmortel, Renfeng Wang, Dorien Brosens, Tine Buffel]

Closing the gap? Roles and tasks of ethnic and migrant self-organisations in healthcare

In Europe ethnic and migrant minorities have organised themselves in self-organisations, designed to promote identity-maintenance and interest-representation. Although originally they were developed as social-cultural organisations, they now perform a wider range of tasks. This research examines the roles and tasks ethnic self-organisations achieve in terms of providing and facilitating care and support. 3 focus groups (N= 16) with representatives of ethnic self-organisations, social care professionals and experts on migration, and 9 individual interviews with key-volunteers of ethnic self-organisations were conducted. All interviews were transcribed ad verbatim and coded using MAXQDA. The findings indicate that ethnic self-organisations have an important, but largely overlooked and unrecognized key role to play in welfare and care for their older community members. They represent an indispensable shackle in the chain; five main roles emerge as key-dimensions.

They are organiser (e.g. organise health info sessions), representative (e.g. represent their community in formal care projects and policy), social assistant and counsellor (e.g. guide community members to formal care), networker (e.g. between other ethnic communities) and 'gate to the community' (e.g. help formal care organisations reaching their community). Although there is much debate on the question how, and if, ethnic self-organizations should be actively supported in their 'care-role', this paper will suggest that the tasks performed by self-organisations cannot be adopted by formal care organisations. Several paths for policy recommendations will be presented: including supporting the needs, vision development and recognition of the value of diversity.

Naomi Smith
University of Brighton
nms4@brighton.ac.uk

[Flis Henwood, Diane Waller]

'Friends you can be honest with' the importance of the peer group experience in self-management programmes for people with early stage dementia.

Peer support is well established in the fields of disability and mental health and was promoted in the National Dementia Strategy 2009 through the creation of 40 demonstrator sites. The evaluation in 2013 of these sites indicated that peer support had 'positive emotional and social impact that was routed in the identification with others, a commonality of experience and reciprocity of support'.

Similarly the role of self-management programmes for people with long term conditions is a well researched and documented area but the study of the use of self-management with people in early stage dementia is more recent. Some studies published in the last few years have explored and reported on the key elements of self-management relevant to people with early stage dementia and developed, piloted and evaluated interventions. A common point discussed in most studies is the level at which it is most beneficial to involve carers and the impact that this has on the 'peer group' experience of the people with dementia participating in such programmes.

Our recent evaluation of a self-management programme being developed for people with early stage dementia made us aware of the potential for their empowerment through the aspect of peer support provided within the programme. Using evidence from that evaluation this paper explores the positive peer group experience of the people with dementia on the programme and considers the relevance and relationship of that experience to the outcomes and learning from the programme.

Debra Street
State University of New York at Buffalo
dastreet@buffalo.edu

[Kriston T. D'Amuro]

Changing Perceptions of Intergenerational Experiences in Singapore

As Singapore's population ages, new challenges for families and other social institutions are emerging. Who will be responsible for meeting the needs of older Singaporeans? What roles will families and the government play?

These are important questions faced by all aging societies, not just Singapore. While these questions have no universal answer, understanding the expectations of middle-aged Singaporeans provides insights into how the working-age generation in an affluent Asian country thinks about such issues. We use data (N=427) from a survey of purposively sampled Singaporeans aged 30-64) in multivariate statistical models to explore several domains of working aged Singaporeans' lives, including their perceptions of opportunity for social mobility, attitudes informed by "Asian values" towards intergenerational obligations to their parents/older generations of Singaporeans, and expectations about intergenerational transfers to their imagined future selves.

Our findings indicate that, for working aged Singaporeans, perceptions of social mobility and Asian values both appear to be in a state of flux, responsive to the rapid social, cultural, and economic changes in which they are embedded. Further, expectations of intergenerational support—and the material expressions of filial piety—are undergoing transformation.

Gemma Stringer
University of Manchester
gemma.stringer@manchester.ac.uk

*[Laura Brown, Iracema Leroi,
Sietske Sikkes]*

Capturing declining daily activity performance in a technologically-advancing older population: UK cultural validation of the Amsterdam IADL Questionnaire

Difficulties in performing instrumental activities of daily living (IADL), such as managing finances, may be an early indication of dementia. However, most IADL questionnaires are out-dated and lack psychometric quality. The Amsterdam IADL Questionnaire provides a modern overview of IADL, including computer-use behaviours. Originally developed in Dutch, the questionnaire has not been translated and validated for use in the UK, thus the contents of the questionnaire do not reflect the cultural norms and behaviours of the UK population.

This study describes the cultural validation process used to develop self and informant versions of the Amsterdam IADL Questionnaire for a UK population. The relevance and clarity of the daily activities described in the questionnaire were reviewed by clinicians including psychiatrists and occupational therapists, older people with early cognitive change, and caregivers of people with dementia. Participants were asked to read through the questionnaire and make comments on each item. Suggested changes were then agreed with the developer of the original questionnaire. An adapted version of the revised items was then administered to 50 adults aged over 65, who rated the frequency with which they carried out each activity. These results were used to determine the most culturally-relevant items to be included in the UK adaptation.

This validation of the Amsterdam IADL Questionnaire improves the current measurement methods of functional decline in the UK, whilst also capturing relevant activities in a technologically-advancing society. The cultural validation protocol used in this study also provides a questionnaire adaption model for other researchers.

Mary Pat Sullivan
Brunel University London
mary.sullivan@brunel.ac.uk

*[Emma Harding, Rachel Woodbridge,
Anne McIntyre, Mary Gilhooly,
Ken Gilhooly, Sebastian Crutch, Keir Yong]*

“I feel trapped here”: Living with Posterior Cortical Atrophy

Posterior Cortical Atrophy (PCA) is a rare form of Alzheimer’s disease and normally earlier in onset. PCA causes decline in visual processing leaving memory and insight relatively intact. Given the paucity of literature on how people live with PCA, this study aimed to investigate the barriers and strategies employed to navigate the physical and social environment, and understand the particular challenges associated with living with dementia at a younger age. We undertook in-depth individual and dyadic interviews with 20 people with PCA and a comparative sample of 17 people with young onset typical Alzheimer’s disease. Using thematic analysis the findings revealed: (1) a variety of creative adaptations made to the physical environment by individuals and family carers to reduce the stress associated with perceptual problems, however, their success time limited given the progressive nature of PCA; (2) stresses in the social environment were equally as challenging but not always recognised or responded to; and (3) the individual’s preserved insight served as both a source of stress and a coping resource.

We conclude that living with PCA and other forms of young onset dementia may be more effectively understood in relation to how the individual and his/her entire family live with dementia, and their collective process of making both physical and social environmental adaptations over time.

Caroline Swarbrick
The University of Manchester
caroline.swarbrick@manchester.ac.uk

[Scottish Dementia Working Group Neighbourhoods Research Group]

Researching together: Involving people living with dementia as co-researchers

Historically, the involvement of people living with dementia in research has predominantly focused on involvement as 'participants'. In the ESRC/NIHR-funded (2014-2019) Neighbourhoods and Dementia Research Study (led by The University of Manchester), people living with dementia are involved as co-researchers across the Study's eight work programmes and are also involved as facilitators in their own research project. We are currently working alongside three groups of people living with dementia: EDUCATE from Stockport, Greater Manchester; Open Doors from Salford, Greater Manchester; and the Scottish Dementia Working Group (SDWG), who are based in Glasgow. This presentation will outline the development of a 'Co-researcher Involvement and Engagement Model', which was co-produced by all three groups. The model illustrates a variety of ways in which people living with dementia within the groups would like to contribute to each of the work programmes for the duration of the Study. Presenting alongside members of the SDWG Neighbourhoods Research Group (established early 2015), we will also share the development of a training programme for dementia care researchers, which was designed and developed by members of the group. The training programme, which the group identified as a research priority, has been designed to equip researchers with the appropriate skills needed to effectively undertake dementia care research and to support people living with dementia throughout the research journey.

Tai Kiat Tan
KK Women's and Children's Hospital
tan.tai.kiat@kkh.com.sg

Engaging a diverse workforce through technology and promoting active ageing at workplace: A Singapore hospital case study

In 2015 about 13% Singapore residents were aged 65 and above. This is expected to increase to around 20% by 2030. Under the Retirement and Re-employment Act, the minimum retirement age is 62 years and employers are to offer reemployment up to age 65. In 2014 a Tripartite Committee recommended that employers be encouraged to voluntarily up the reemployment age to 67. With ageing population, it is inevitable that retirement age will increase. Increased use of technology can supplement workforce shortage and drive productivity.

This case study looks at how an organisation can use technology to engage a diverse workforce and promote active aging at workplace. In 2015, all porters regardless of age and qualifications at Singapore KK Women's and Children's Hospital started using smartphones for portering tasks including patient transfers. With funding received from Ministry of Health, this automated e-portering system replaced the manual phone-and-call system. Senior porters were involved in designing the application to be age and user friendly; and step-by-step training provided before implementation. Productivity achieved through system algorithms by joining the portering tasks applying the logic of next nearest porter available.

Studies have shown there are issues on the use of technology by older population, and reasons underlying adoption and relevance of technology in their lives and work. These issues pose implications for an ageing workforce particularly in a changing work environment. This case study showcases how designing and implementing change management impacts a diverse workforce, and how technology can promote active ageing at workplace.

Josie Tetley
Manchester Metropolitan University
j.tetley@mmu.ac.uk

[Caroline Holland, Emma-Reeta Koivunen, Jenny Fisher, Chris Kubiak, Mark Rounding, Jane Took]

Using volunteers to support the home maintenance needs of people with living with dementia: benefits and challenges

Volunteers play a key role in supporting communities and can add value for money in the context of services provided by third sector organisations (1). However, while volunteering can lead to positive outcomes for all stakeholders, this can also be a 'fragile' workforce (2). Taking account of these issues this presentation will focus on findings from a study that has evaluated the role of volunteers recruited to support the housing needs of people living with dementia. A key focus of the volunteer support was home maintenance: basic DIY and gardening.

A pluralistic approach was adopted and guided the methods used in the evaluation process. While people living with dementia were central to the evaluation, the views of family carers, volunteers and service providers were also sought to gain a wider understanding the impacts and complexities involved with this new service. Methods of data collection have included volunteer diaries, participatory observation of the volunteering role in practice, and interviews with volunteers and service managers.

To date findings from the study indicate that volunteers as part of a community support service can make a positive impact to the wellbeing of people living with dementia and reduce the need of formal support. However, the study findings have also identified challenges related to the recruitment, management and support of a volunteer based service. More specifically the findings have highlighted how local needs, regulatory and bureaucratic restrictions, along with legal regulations, can impact on the goodwill, scope and nature of work that volunteers engage with.

Anthea Tinker
King's College London
anthea.tinker@kcl.ac.uk

*[Imogen Monks, Elodie Haines,
Evelina Russell, Laura Pennells, Laura Molly]*

Older Women and Exercise

It is well known that exercise has beneficial effects on physical and mental health and wellbeing. Most research has taken place in young and middle aged groups. Less is known about older people, whom we define as 50 years and over, and even less about women. In this paper we examine what type of exercise older women take, where it takes place and the effects. We consider particular groups where the risk may be the greatest including those at the menopause, at risk of falls, suffering physically or mentally (including from dementia), from black and minority ethnic groups and those with eating problems, For each of these groups the benefits and barriers are noted.

The location of exercise, including the home, conventional places such as gyms and sports centres, as well as care and nursing homes and hospitals are discussed. Attention is given to the relevant professionals involved such as physiotherapists and occupational therapists. The new role of doctors in prescribing exercise under the Personal Budgets initiative is examined.

The limited evidence about older sports women is highlighted. Finally the policy implications are reviewed.

The paper is based on the literature and the medical student authors own experience as athletes with a concern about their future as they age and that of their patients.

This submission is partly inspired by the attention paid to sport by the University of Stirling, the hosts of the conference

Anthea Tinker
King's College London
anthea.tinker@kcl.ac.uk

*[Andrew Beer, Debbie Faulkner,
Rebecca Bentley, Laurie Buys, Gill Lewin]*

The Social Isolation of Older Australians

It is well known that social isolation has serious effects on physical and mental health. The literature shows that factors that contribute to this include socio demographic factors, significant life events, mobility, subjective factors such as attitudes and expectations and the degree of support received and participation in social activity.

In order to explore this in more detail, and specifically in Australia, the authors obtained a grant from the Australian Research Council to undertake a Randomised Control Trial (RCT) to examine how effective various interventions were. For various reasons (which will be discussed) the RCT was not possible. Instead a sample of 1652 older Australian were interviewed across Australia. Social Isolation scores were based on the Friendship Scale developed by Hawthorne (2006, 2008).

There was no prima facie case that social isolation is a product of regional living nor that lack of transport was a causative factor in the more remote areas of the country. Health, death of a partner and issues with family are the major contributors to social isolation. Moving away from a familiar neighbourhood is also a risk factor.

Results of the survey include one third of the sample feeling alone and friendless over the last four weeks. Based on the friendship score 20% were isolated or very isolated. These results are compared and contrasted with studies in the UK and elsewhere

Michael Toze
University of Lincoln
mtoze@lincoln.ac.uk

Older LGB&T people's experiences and beliefs about general practice care

Public policy on responding to the ageing "crisis" typically involves a focus on preventative interventions in primary care, tackling inequalities and increasing use of informal and voluntary care networks. Yet at present, the experiences of lesbian, gay, bisexual and trans (LGB&T) older people remains under-researched, despite evidence of increased risk of mortality and morbidity in LGBT populations (Williams et al., 2013; Addis et. al, 2009). Voluntary sector surveys (River, 2011; Guasp, undated) highlights fear of discrimination and perceived lack of sensitivity to needs. However, there remains a lack of research into older LGB&T patients as active participants within general practice, and on the diversity of perspectives on general practice care among older LGB&T people.

My research explores older LGB&T people's perspectives and experiences of general practice, covering issues such as disclosing sexuality/gender identity; involvement in decision making; the practitioner-patient relationship and the role of community support. The research is focused around in-depth qualitative interviews, being undertaken throughout the UK, in both urban and rural areas. As at January 2016, 21 out of a planned 40 interviews have been undertaken. The remaining interviews are anticipated to be complete by April 2016, and preliminary analysis data will be available by July 2016.

Exploring older LGB&T people's perspectives on general practice care provides a greater understanding of patient experience and needs, and addresses questions of how health services can practically support older LGB&T service users.

Lisa Trigg
London School of Economics and
Political Science
l.j.trigg@lse.ac.uk

Improving the quality of long-term care for older people over and above minimum standards: a comparative study of government approaches in residential care in England and Australia

While the quality of some social care is excellent, problems with quality persist. There is also an increasing expectation that providers of care should deliver quality which reflects 'best practice' and excellence. Governments have experimented with different policy instruments to influence quality among providers. In many countries there has been a trend towards the marketisation of care and policies to promote choice among providers, with an expectation that this in itself will improve quality. However, the likelihood that older people will behave as true consumers of care – and thereby trigger changes in provider behaviour – remains low, particularly in residential care. Marketisation has therefore been accompanied by a significant increase in regulatory activity to influence quality and efficiency at an arms-length distance. This presentation will report the results of the first phase of a qualitative study comparing the regulatory approaches in place in England and Australia. The sectors in the two countries share many characteristics, for example, the levels of use and provision, the extent of government funding and the scale of the role of the private sector in delivery.

However, there are a number of key differences in the approaches the two governments have taken to regulating the sector. While a main lever for both countries is inspections and standard-setting, each regulatory regime varies on a number of different dimensions.

Michael Tsianikas
Flinders University
michael.tsianikas@flinders.edu.au

Towards an understanding of the end of life spiritual journey for people from Greek background

Over the past few years, relevant literature has underlined the urgency for Australia to focus on ageing amongst the culturally and linguistically diverse (CALD) population. Research and systematic analysis and knowledge of CALD populations are vital to support the ageing process in a compassionate and culturally-informed manner while simultaneously considering the crucial issue of spiritual knowledge and practices. This is important for many people including the individual, their extended family, institutions, carers, doctors, nurses, and priests. Spirituality could include a number of attitudes and practices such as how to approach the subject of death; understanding complicated funeral practices, after-death rituals and commemorations; and managing differences of opinion between and within generations. The ageing Greek population in Australia is one of the most significant ethnic minorities in terms of size. From abundant empirical evidence, we are aware that there is extensive confusion regarding the roles, tasks and timing of activities during these particularly distressing times.

The findings are drawn from a survey conducted with individuals living independently (N=12) and individuals at Ridleyton Greek Home for the Aged (RGHA) (N=12), a major Greek residential aged care service provider in South Australia. The research comprises face-to-face interviews conducted in the

Greek language, regarding the spiritual journey and experiences of elderly Greek individuals. This is a preliminary study focusing on Greek residents that will underpin the extension of the research to other CALD populations nationally. The findings will be important for people from a Greek background as well as the wider community.

Julia Twigg
University of Kent
j.m.twigg@kent.ac.uk

Dress, Gender and the Embodiment of Age

Clothing and dress are one of the ways in which social categories are made concrete and visible, lying as they do on the interface between the body and its cultural expression. This session explores the intersections between the categories of gender and age, and the ways in which these shape the embodied experiences of older people at the level of dress. Drawing on two empirical studies, of older women and of men, it reflects on significant differences and similarities in their cultural constitution.

Cesira Urzi brancati
International Longevity Centre (ILK)
cesiraurzibrancati@ilcuk.org.uk

[Brian Beach, Ben Franklin, Matthew Jones]

Understanding Retirement Journeys: Expectations vs Reality

This study carried out an empirical analysis to investigate the impact of ageing on consumption and on activities in later life. To perform our analyses, we used two main surveys: The Living Cost and Food Survey (2003-2013) and the English Longitudinal Study of Ageing (2012) representative of the UK and English population respectively. Our findings revealed both a common trend and substantial heterogeneity among older consumers.

With respect to the common trend, we found that, as people get older, they spend progressively less on consumption, regardless of their income. Much of the decline in consumption is explained by falls in spending on “non-essential items” such as recreation, eating out and holidays. Time at home alone increases by age, while time spent with family and friends falls. By age 90+, watching television and spending time at home alone are the most common daily activities.

We also uncovered substantial heterogeneity through a cluster analysis, and identified five, non-overlapping groups according to their spending patterns. For instance, one group spent over 45% of its total expenditure on housing and bills, another spent over 40% on recreational goods and activities, and so on.

Our findings can help inform policy as well as the financial industry as to which measures or financial products would better suit the reality of later life.

Annemieke van den Berg
Windesheim University of applied sciences
am.vandenberg@windesheim.nl

*[Carolien Smits, Jan Jukema,
Mieke Veerman]*

Facilitating co-creation with older persons in a living lab.

The development of an innovative intervention in an educational setting

In todays ageing society, an increasing number of older persons as critical consumers asks for tailor made products and services. Professional gerontologists may play a key role as facilitators of co-creation. Based on the conceptual work on co-creation (C.K. Prahalad & Ramaswamy,

2004) and the work of the Association for Gerontology in Higher Education (2014) a working definition of co-creation in the context of professionals and older persons is: ‘Professional interactions between a gerontologist and older persons, groups, organizations, businesses, and governmental agencies in order to enable older consumers to co-create definitions of needs and choices as well as design and implement innovative opportunities, products, resources and services for the growing older adult community’.

Success of co-creation strongly depends on the motivation and competences of professionals to collaborate with older persons. Students have to learn to meet these requirements. Therefore, a powerful learning environment (PLE) in a district of the town Zwolle, the Netherlands is co-created with lecturers, researchers and older citizens of that district. In this PLE methods of Appreciative inquiry (Dewar & Nolan, 2013), Design Thinking (Plattner, Meinel & Leifer, 2015) and Practice Development (McCormack, Manley & Titchen, 2013) are used. Aim of this study is to gain understanding in factors and processes students and older persons experience as supportive in the process op co-creation. We will report on the first experiences of older persons and students. Besides, we report on tanglible outcomes of the process of co-creation.

Tushna Vandrevala
Kingston University
t.vandrevala@kingston.ac.uk

[Esther Ogundipe,Theopisti Chrysanthaki]

“Behind Closed Door”: Care home staff’s dilemmas regarding sexuality in Dementia

This study explores care home staff’s perspectives towards sexual expression involving residents with dementia in nursing homes. Western societies consider sexual self-determination a human right; this right becomes more complex in relation to residents with dementia living in care homes. Evidence focusing on knowledge and attitudes of care home staff towards sexual expression is equivocal (Bouman et al., 2007; Glass et al., 1986; Luketich, 1991; Mahieu et al., 2015); some argue that care home staff demonstrated positive attitudes, while other studies suggest that staff have restrictive attitudes. These studies are limited in scope offering little explanation for these inconsistencies in care home staff’s attitudes towards sexual expression in care homes. Sexuality in dementia remains a topic that has been relatively neglected in research. Face to face, in-depth, semi structured interviews were conducted witheight care home staff working in two nursing homes registered for people with dementia in Greater London. Data was analysed using Thematic Analysis. The findings suggest that representation of sexuality in dementia in nursing home staff included the perception that sexual expression in old age was part of human nature and a basic human right, and therefore the belief that older people and residents with dementia have a right to sexuality and sexual expression. This contrasted with others endorsing the biomedical model that believe that sexuality and intimacy is forgotten in dementia and memory decline and cognitive dysfunction in dementia also encompassed sexuality and intimacy. Based on the representation of sexuality held by nursing home staff (personhood versus biomedical model) they adopted various roles including the role of a facilitator, an informant, a distractor or an empathiser. The findings highlight the ethical and clinical dilemmas relating to sexuality in dementia and provide the basis to develop policies and training, which foster a person-centered approach to sexuality and dementia in care homes.

Paula Vasara
University of Jyväskylä
paula.vasara@jyu.fi

Balancing acts: narratives of reasoning related to relocation in old age

Housing, and particularly the actual place where an individual resides, may be perceived as one of the perimeters that frame the possibilities and choices experienced and available in life. In modern societies, changing the place of residency is considered a natural and acceptable occurrence over the life course. Even if change may entail unintended outcomes, it is commonly assigned with positive meanings. However, later life seems to create an exception, and the mere increase in chronological age appears to indicate only unwelcomed changes. The pursuit of continuity and stability are commonly endorsed, and even the current housing and care policies are harnessed to this purpose. The issue at hand, however, does not lie merely in this perceived discrepancy between wishes and the fact that the world does not stand still in time. Rather, it may be that the shrinking capacity to adjust to the changing environment and expectations lead to experiences of insecurity and being dependent on the will of others.

The majority of older Finns express an explicit wish to manage independently, or in case of need, to rely on public services. However, with the cutbacks in social care and the strong emphasis on ageing in place, trust in these universal public services has been lost. Thus, older people find themselves in a precarious situation with very little say in these matters. Based on the narratives of older people, this study explores this predicament, and how these experiences organise the reasoning concerning moving decisions.

Penny Vera-Sanso
Birkbeck, University of London
p.vera-sanso@bbk.ac.uk

Methodological Issues in Researching Intergenerational Relations, Quality of Life and Well-being

The paper starts from the position that assessments of QoL or Well-being that are rooted in individualised, snap-shot assessments or pronouncements do not capture the well-known vagaries of personal evaluations. Rather, than trying to forge ‘objective’ criteria or some means of eliminating the noise, the paper examines the role of culture and politics in shaping personhoods and the resulting normative criteria of what would make a good life for a specified age, gender etc in order to evaluate the role of these normative criteria in structuring older people’s assessments of their QoL. Drawing on material based on 25 years of research in India the paper considers how the precarious circumstances of the urban and rural poor and the cultural and economic centrality of family relations structure older people’s assessments of their QoL; thereby demonstrating why these assessments may differ from one day to the next.

Lotte Vestjens
Institute of Health Policy and Management,
Erasmus University Rotterdam
vestjens@bmg.eur.nl

[Jane Murray Cramm, Anna Petra Nieboer]

A theory-based evaluation of an integrated primary care approach for frail older people

An important challenge in primary healthcare is the increase of the proportion of frail community-dwelling older patients. To meet the needs of and improve well-being among frail older people, primary healthcare systems are changing. Consequently, many innovative integrated primary care approaches have emerged to improve care delivery. An understanding of the effects of integrated primary care approaches and underlying mechanisms explaining effectiveness is crucial. This underlines the importance of sound theory-based evaluations of these approaches. Therefore, we propose a theory-based evaluation of an integrated primary care approach to improve well-being among frail community-living older adults, which is called "Finding and Follow-up of the Frail" (FFF).

The FFF integrated care approach consists of multiple interrelated elements, such as (1) proactive case finding of frail older people living independently in the community, (2) case management, (3) medication review, (4) self-management support, and (5) working in multidisciplinary care teams.

Our evaluation study has a quasi-experimental design with a pretest and posttest (12 month follow-up). Quantitative and qualitative research methods are used to evaluate effects, processes and costs. In total, 356 frail older persons (75 years and older) of 11 GP practices that implemented the FFF approach are compared with 235 frail older adults of 4 GP practices providing care as usual. Selected outcome measures are based on a theoretical model, which facilitates a sound theory-based evaluation. Both outcome measures of frail adults (e.g. well-being and self-management abilities) and healthcare professionals (e.g. quality of care) will be presented. The evaluation study reveals insights into the effectiveness and underlying mechanisms of this integrated primary care approach.

Christina Victor
Brunel University London
christina.victor@brunel.ac.uk

[Vanessa Burholt]

The health and wellbeing of ageing Indian migrants: a comparative analysis

The countries of the developed world- Europe, North America and Europe- are now experiencing the ageing of the migrant groups who moved to these countries during the decades 1950-1970. This is especially evident in the United Kingdom where the first groups of migrants from the former commonwealth countries in the Caribbean, India, Pakistan and Bangladesh are now ageing.

We know little about the health and wellbeing of these groups of ageing migrants. Many of these groups experience material and social disadvantages across the life course which is evidenced by poorer health and wellbeing in midlife but it is unclear if these continue into old age and if these differentials increase (or decrease) in old age. Furthermore comparisons are drawn only between migrants and host communities with the inference that the differentials reflect the outcome of the disadvantaged status of migrants. There has been little comparison of the health and wellbeing, as defined by quality of life, health status and social relationships, with older people in the country of origin.
We explore the health and wellbeing of Indian migrants aged 50+ using data collected from a large study of older people from 6 minority communities in England and Wales and draw comparisons with the general population using data from the English Longitudinal Study of Ageing and with older people in India using the: Longitudinal Study of Ageing India (LASI). For example, both migrants and those resident in Indian report similar levels of loneliness (10%) which is comparable with the general population

Katie Wade
University of Manchester
Katie.wade@postgrad.manchester.ac.uk

[Fred Wu, Terence O'Neill, David Lee]

Is the association between chronic pain and frailty due to socioeconomic factors?

Background: Chronic pain is associated with the development of frailty in middle age and older men.

Objectives: To determine whether there was any gender difference in the relationship between pain and frailty and whether any of the observed associations could be explained by differences in socioeconomic status.

Methods: Longitudinal analysis within the English Longitudinal Study of Ageing (ELSA) was conducted. A total of 4740 community-dwelling men and women, mean age 64.7 years (standard deviation 8.6) provided data.

Participants were asked whether they were "often troubled with pain" and those who marked yes reported the intensity of their pain. Socioeconomic information included occupation and net wealth. A 'Frailty Index' (FI) was used to measure frailty which was reassessed following a repeat survey undertaken a median of 8 years after baseline. The association between pain at baseline and the new occurrence of frailty was examined using logistic regression while the association between pain and change in FI examined using negative binomial regression. Adjustments were made for putative confounders including lifestyle and psychological factors.

Results: At baseline 360 (16.9%) men and 625 (24.0%) women, reported experiencing moderate or severe pain often. The mean change in FI for all participants was 0.05 (SD 0.07). Compared to those without pain, those with moderate / severe pain were more likely to develop worsening frailty and this persisted despite adjustment for socioeconomic factors.

Conclusions: Pain is associated with an increased risk of frailty in older men and women. Adverse socioeconomic factors contribute to the occurrence of frailty.

Lizzie Ward
University of Brighton
E.Ward@brighton.ac.uk

[Mo Ray, Denise Tanner]

Understanding older people's experiences of self-funded care

The numbers of older people funding their care has increased within the context of transformations in statutory social care, the Care Act 2014 and lack of public funding. Older people's perspectives of self-funding are marginalised within research and in policy and practice which to date are dominated by managerial concerns of resource allocation and service provision.

This paper draws on research that aimed to understand the lived experiences of older people as they navigate the processes of purchasing care services. The study was grounded in the principles of co-production and involved older co-researchers in the design and interpretation of the data.

The findings revealed that they are often faced with finding and managing care services without reliable access to support and advice at times of change and crisis. The implies a number of potential risks to their health and wellbeing, including the risk of their care needs not being adequately met, the risk of poor purchasing decisions with adverse financial implications, and the risk of exploitation or abuse from agencies whose prime concern may be profit and survival.

Lizzie Ward
University of Brighton
E.Ward@brighton.ac.uk

[Laura Banks]

Understanding older people's experiences of living with sight loss in care homes

It is estimated that as many as 50% of the 400,000 older people who live in care homes have some form of sight loss. Sight loss in old age impacts on communication, social activities and emotional well-being and requires emotional, as well as practical support.

There are a number of factors which disproportionately impact on older people with sight loss, such as inequality in accessing sight saving treatments, access barriers to technology and lack of support in using it. This is compounded by pressure from spending cuts on ophthalmology services which particularly impact on older people. Although there is a growing body of research into the issues of sight loss in older age there remains little which focuses explicitly on the perspectives of older people with sight loss who are living in residential care.

This paper reports on a study commissioned by Thomas Pocklington Trust to examine the lived experiences of older people with sight loss and their everyday needs within care homes. The project worked collaboratively with people with sight loss in the design and delivery of the research based on the principles of co-production. It gathered data from residents in care homes, their family members and care home staff. The presentation will consider the implications from the findings for building the awareness necessary to create supportive environments and improve practice and services for people with sight loss living in residential care settings.

Gillian Ward
Centre for Technology Enabled Health Research, Coventry University
g.ward@coventry.ac.uk

[Nikki Holliday, Aimee Walker-Clarke]

Involving health and care professionals, older adults and families in the development of a falls prevention app

Falls can have substantial health, social and economic impacts on older people and families, with many services focused on preventing falls and interventions to reduce future falls in the older population (Gillespie et al 2012). The updated NICE guideline (NICE 2013) supports home-hazard modification as part of a multifactorial intervention. The guidance states home-hazard modification is effective combined with follow-up and intervention and evidence suggests that interventions appear more effective when delivered by an occupational therapist (Pighills et al 2011, Costello and 2010).

However, budget restrictions and staff shortages often result in practice skills and knowledge condensed into a leaflet without follow-up in patients' homes.
Health and wellbeing applications (apps) are beginning to be used by health, social care professionals and service users, revolutionising care and reflecting the digital age we live in. An app to support detection of potential hazards in homes of people at risk of falling has been developed at Coventry University with partners in health and social care across the West Midlands through the 'Innovation in supporting people at risk of falling' project (www.coventry.ac.uk/hdti/falls). Ethical approval for the study was given by Coventry University.

The app enables bespoke advice on modifying home-hazard risks tailored to user's homes and offers a new way for the whole support network (family members, children and grandchildren for example) to become actively involved in falls prevention.

This paper will describe the process of development, usability testing with end users, health and care professionals and its impact on home-hazard modification.

Karen Watchman
University of the West of Scotland
Karen.Watchman@uws.ac.uk

[Irene Tuffrey-Wijne, Sam Quinn]

Jenny's Diary: an evidence-based approach to support conversations about dementia with people who have a learning disability

People with learning disabilities enjoy a longer life expectancy than ever before due to enhanced medical and social interventions and improved quality of life. As a consequence, we know that some people with a learning disability will develop dementia at a younger age, particularly individuals with Down's syndrome with figures suggesting that 1 in 3 people aged over 50 will be affected (Courtenay et al, 2010). Dementia strategies in the UK state that everyone is entitled to know of their diagnosis, not only as a human rights issue but as part of developing appropriate and individualised post-diagnostic support for the individual and their family. Currently, there is limited evidence-informed guidance to explain dementia to an individual with a learning disability, plus a shortage of information for their partner/family. This further marginalises a group already experiencing discrimination due to the perception of others about their learning disability.

Watchman (2014) and Tuffrey-Wijne (2013) have respectively researched the impact of the lack of a shared diagnosis of dementia in people with a learning disability, and integration into practice of a specific model to talk to people with a learning disability about cancer. Jenny's Diary was collaboratively developed from this evidence base to disseminate the research findings. It is a free pictorial booklet funded by the Alzheimer's Society with e-version available, and an accompanying set of postcards. The evidence base for this resource will be presented along with a 4-stepped model to talk to people with a learning disability and their partner/family about dementia.

Julie Watson
University of Edinburgh,
Edinburgh Centre for Research on the Experience of Dementia
Julie.Watson@ed.ac.uk

Face to Face: Seeing the whole person with dementia until the end of life

People with advanced dementia living in care homes can experience social death before their physical death. Social death occurs when a person is no longer recognised as being an active agent within their relationships. A shift is required in how we perceive people with advanced dementia so that the ways they continue to be active in their relationships are not overlooked. This is important because relationships are central to good care, including palliative and end of life care.

Kontos (2004) draws attention to the bodyliness of human beings and that we are in the world through the vehicle of our body. Her research with people with advanced dementia shows how aspects of selfhood are visibly embodied: movements and gestures can be intentional, communicative, informative, interactive, and signs of agency. Kontos suggests paying more attention to embodied selfhood, broadening the scope and opportunities for the development of relationships, and acting as a counter to social death. Zeiler (2013) and Jenkins (2013) develop this theory further, describing the inter-embodied self, springing forth through, and in, interaction, enabling individuals with dementia who struggle to express themselves without support to do so in face to face interactions.

This study examined the role of embodied selfhood and the inter-embodied self within care-giving/care-receiving relationships in a specialist dementia care home. The study focussed on hands-on physical care in view of the high levels of dependency in care homes. Empirical findings and their implications for the development of relationship-centred palliative dementia in care homes will be discussed.

Gemma Wells
Canterbury Christ Church University
gmt6@canterbury.ac.uk

The experience of living alone for 11 women aged 70-80 years

The life expectancy for both men and women continues to increase, however there remains a discrepancy between the genders with women likely to live approximately 3 years longer than men (Office for National Statistics 2014). As a result of this difference in life expectancy it is anticipated that women will spend a period of time in their later life living alone. Statistics in the UK indicate that of those currently aged over 65 years, 3.5 million are living alone with women making up 70% of this figure (Office for National Statistics 2015). However, little is known about the lived experience of living alone for older women.

This presentation will draw upon findings from a PhD study which aimed to explore the experience of living alone for 11 women aged 70-80 years. The women were asked to take photographs of the activities that they completed when they were at home alone with these photographs subsequently used to inform individual unstructured interviews. In addition to exploring the activities that the women completed at home alone, the women also identified a range of benefits and challenges that they associated with living alone in later life.

It is these benefits and challenges which will be presented using the photographs that were taken and the comments that were made by the women themselves.
By understanding the experience of living alone for older women it will be possible to ensure that the most appropriate support is available to them; support which is both proactive and reactive.

Julian West
Royal Academy of Music
julian.west@ram.ac.uk

[Hannah Zeilig]

LivingArts: a new model for working creatively with older people in care homes using the arts

Supported by Spitalfields Music, a multidisciplinary team of artists (comprising musicians, composers, dancers, and visual artists) collaborated alongside care home residents and staff to create an arts festival. In this presentation, the innovative methods used will be discussed. The festival was responsive to the needs of residents, including those living with dementia, and involved their input from its inception. Thus the importance and also the complexities of involving care home residents in projects within their living space will be examined. Above all, this presentation will outline how, within the constraints of time, location and resources, the arts were used to provoke engagement with both the complexities of dementia and the constraints and opportunities of life within a care home. The artists sought to develop the innate creativity of residents and to explore the controversial claim that the condition dementia can release a playfulness that is perhaps best captured by the arts. The ways in which visual arts, music and dance can transform the environment of a care home for both staff and residents will be critically assessed and the importance of enabling individuals to take creative risks at all stages of their lives will be highlighted. The presentation will reflect upon the significance of the processes involved in the genesis of the arts festival rather than focussing simply on the final outcome. Equally, the importance of working with people with dementia for extending and enhancing the practice of individual artists will be considered.

Sue Westwood
University of Oxford
sue.westwood@spi.ox.ac.uk

LGBT ageing in the UK: Spatial inequalities in older age housing/care provision.

Older lesbian, gay, bisexual and trans* (LGBT*) people are extremely concerned about older age housing and social care provision, perceived as ill-equipped to meet their needs. Some want gender/ sexuality specific housing/ housing with care. While such projects exist in Europe, the USA, Australia and Canada, there are none in the United Kingdom. The lack of 'LGBT-friendly' mainstream provision and of alternative specialist services in the UK, produce profound spatial inequalities for LGBT* people in later life. Drawing upon the literature, including my own recent research with older lesbian, gay and bisexual people, I consider the legal and social policy implication. I argue that a 'one size fits all' approach to ageing and ageing services is producing profound later life equalities, including in relation to older LGBT* people.

Michael White
Alzheimer Scotland
mwhite@alzscot.org

Sport as a reminiscence therapy

Background and project aims
There has been a gender imbalance in the participation of people living with dementia in reminiscence therapy, with men typically absent. Football represents a national passion in Scotland, indeed throughout the world. Football Memories has provided the opportunity to re-engage men with dementia.

Participants and methods
The Project uses images and memorabilia to trigger memories and assist recall. It can rekindle enthusiasm, build connections with peers, and allow people to participate autonomously in meaningful activity.

Football Memory "teams", supported by staff and volunteers, meet monthly to share their memories and experiences of football.

Participants are assisted to create their own football memory book, bringing together personal and football reminiscences. Suitable resources are used to stimulate debate and discussion.

Findings
Participants have demonstrated an improvement in communication skills. They have also expressed a boost to self-esteem, self-confidence and sense of dignity. Participants' family members have reported a marked improvement in the person's mood and behaviour. The Project has established a sense of well-being and camaraderie within the peer groups, with friendships established.

Conclusion
This Project has raised awareness of dementia within the world of football. It has received support from every major governing body in Scottish football. It has attracted interest from Europe and the United States and achieved a high media profile.

This Project was the first of its kind to use a specific sporting interest to develop reminiscence therapy and has led to others adopting this approach and similar developments in other sports.

Elenyd Whitfield
Cardiff University
whitfielde@cardiff.ac.uk

Narrative Reflections in Retirement - Biography, Geography, and Social Identity

Drawing on qualitative interviews supplemented with ethnographic data, this presentation will explore the relationship between 'choice-making', life trajectories, life-story narration and class identity, in a purposive sample of retired people who share the same urban landscape.

Very little empirical research has been undertaken on 'the reflexive imperative' (Archer 2003. 2007, 2012), which describes an increased pressure on the individual to reflexively navigate their own life course in contemporary society. Research that has been undertaken rarely includes any participants past the age of retirement, or contextualises their 'choices' in identities that are constructed through intersecting social structures such as age and class.

When interviewing participants, stratified by socio-economic class and recruited through social clubs, it became clear that for some a narrative identity was created through descriptions of space and place (Creswell 2015); they described the enduring presence of established social networks, despite feeling like unwilling observers of the changing nature of their locale. Other participants described a trajectory of both social and geographic mobility, in which a positive identity is created through past professional achievements and self-directed decision-making.

These disparate reflections can be used to contextualise and complicate Archer's theories regarding modes of 'choice-making'; she argues that maintaining continuity requires purposeful effort and contrasts it with a disposition that favours autonomous and agentic change. This study speaks to the heterogeneous nature of individuals' experiences of age and retirement, and reflects on the subjective nature of class identity as expressed through lived experience.

Elaine Wiersma
Lakehead University
ewiersma@lakeheadu.ca

[David Harvey, Philip Caffery]

The Experiences of Women Living with Dementia

The unique experiences of diverse groups of people with dementia have yet to be explored in great detail. Dementia is known to affect women more than men in Canada (Alzheimer Society of Canada, 2015). Building on work mapping the dementia journey, this study sought to explore the experiences of women living with dementia. The specific objectives included conducting a set of semi-structured interviews focused on women living with dementia and incorporating a gendered perspective within a recently developed "dementia journey framework" which incorporated four main themes—the system journey, changing and adapting, relationships and community, and caring for myself.

To date, 9 women with dementia have participated in this study. Two women lived alone, one woman lived with children, and six women were living with partners. The women ranged in age from late 40s to their 80s. Two women were under the age of 65. Key themes arising from the work include the gendered nature of receiving a diagnosis, including attributing signs and symptoms to other factors; maintaining continuity and adapting to change; changes in family relationships; relying on partners and children; maintaining identities; and relinquishing roles.

Josephine Wildman
Newcastle University
j.wildman3@ncl.ac.uk

[Suzanne Moffatt, Mark Pearce]

The extent to which occupational social class in mid-life disguises intra-cohort differences in a 'baby-boomer' birth cohort: a mixed-methods study

Although class-based inequalities persist among people in or approaching retirement, older adults are often excluded from research into social class inequalities. Longitudinal data can explore complex relationships between social class and later-life outcomes but, as most prospective birth cohorts are yet to reach old age, this area remains relatively unexplored. This novel mixed-methods study uses data from the Newcastle Thousand Families cohort, an established early 'baby-boomer' birth cohort comprising infants born May-June 1947 within Newcastle upon Tyne (UK) to examine intra-cohort class-based differences. A unique contribution of the study is that it uses prospective data on three lifecourse stages to investigate associations between socio-economic status and a range of lifecourse outcomes representing deprivation, health, well-being, education, work and retirement. As we found that aggregating outcomes according to social class at age 50 underestimated intra-cohort class-based differences, comparisons were made between individuals who remained 'socially static' in their father's occupational social class across the lifecourse and those who were upwardly socially mobile. In-depth interviews (n=27) explored mechanisms behind the drivers or constraints underpinning social mobility and the impact of class-based dis/advantages on the lives of individual cohort members. We find differences between the upwardly-mobile and socially static persisting from birth through to early old age across a range of outcomes, from childhood health and family and educational disadvantages to objective and subjective health in later life. We conclude that policies to promote 'healthy' or 'successful' ageing must attend, not only to the later life but to the whole of the lifecourse.

Samantha Wilkinson
University of Nottingham
samantha.wilkinson@nottingham.ac.uk

[Lucy Perry-Young, Justine Schneider, Kristian Pollock]

The Lived Experiences of Being a Home Care Worker

This presentation introduces the BOUGH study, a project seeking to broaden our understanding of good home care for people with dementia. This research is timely, since, in the UK, two thirds of people with dementia live in the community (Alzheimer's Society, 2016). The research investigates the interpersonal dynamics, scope and nature of home care for people with dementia, in order to improve the experiences of those receiving care. This project combines several methods of data collection and analysis, including: participant observation with clients with dementia and their family carers; interviews with home care workers; interviews with present clients and family members of past clients; diaries undertaken by home care workers; and telephone interviews with commissioners of home care. This paper focuses on the participant observation element of the study, in which two researchers underwent full training to become home care workers, and became embedded in two home care organisations, working 'hands on' as home care workers for people with dementia in their own homes. After a period of independent fieldwork, both visiting clients individually to provide care, and shadowing calls with existing home care workers, the team collectively categorised the data into topics and themes. This paper presents some preliminary findings which have emerged from this team ethnography, surrounding the themes of: negotiating food and alcohol consumption; managing relationships with family carers; and 'going above and beyond' the call of duty. In doing so, this paper elucidates some of the lived experiences of being a home care worker.

Rosalind Willis
Centre for Research on Ageing,
University of Southampton
r.m.willis@soton.ac.uk

[Andrew Channon, Maria Herica La Valle, Joe Viana]

Exploring Interval of Need in the English Longitudinal Study of Ageing (ELSA): A proof of concept study

It is important to have a clear definition of older people's support needs caused by illness or disability. Such definitions are useful because they allow the measurement of the prevalence of a problem, and also resource planning for support services. A common way to conceptualise need in the literature is Activities of Daily Living (ADL) scales (e.g. Bucks et al., 1996; Katz et al., 1963). These scales tend to measure either the presence or absence of a difficulty, or the degree of difficulty. However, they omit the dimension of time, i.e. how often help is required with a particular ADL. This frequency of help required is vital information for support services.

The 'Interval of Need' concept (Isaacs & Neville, 1976) fulfils the time criterion by indicating the length of time between instances of help required, i.e. a short interval might indicate once a day, but a long interval might indicate once a week. The Interval of Need concept has not been widely used in the academic literature (with only a few exceptions, e.g. Jagger et al., 2011), but we argue that it should be exploited more. In this presentation we test the Interval of Need concept with the English Longitudinal Study of Ageing Wave 6, and compare it to traditional understandings of need. We make recommendations for researchers and practitioners on the measurement of need.

Shona Willock
Keele University
s.s.willock@keele.ac.uk

Life course influences on, and experiences of, ageing without children amongst older Caribbean women

The studies available on women ageing without children tend to be from a white European perspective and research has overwhelmingly neglected the experiences of individuals from diverse cultural backgrounds but more specifically older Caribbean women ageing without children. Older Caribbean women living in the U.K have their own unique experiences, culture and identity thus, their lived experiences are likely to differ from white women without children.

Ageing without children refers to older/ageing women who have not had children and have never been parents.
The pathways to ageing without children can be complex and diverse, encompassing a wide range of states and situations. Taking this into consideration, my study will engage women who have varied experiences, understandings of pathways to ageing without children. It is also identified that each unique reason for childlessness is potentially associated with considerable trauma and distress.

A qualitative feminist inquiry underpins the study as it is a way of enabling the voices of Caribbean women to be heard and to explore their experiences. First generation Caribbean women will be interviewed using a semi-structured, biographical approach to explore how migration experiences and Caribbean culture have influenced subsequent experiences of ageing without children. This presentation will discuss early findings relating to three key areas of the study. First, culture expressed in terms of the participants beliefs, values and attitude. Second, migration experiences and culture and how these have shaped participants subsequent experiences, and third, the kinds of lifestyle choices most likely to be valued by the wider Caribbean community and participants response to those ideas. The aim of the presentation is to provide an insight into Caribbean women who are ageing without children as this is an area that is largely under-researched.

Julia Wood
Kingston University & St George's University of London
j.wood@sgul.kingston.ac.uk

[Fiona Jones, Bernadette Kennedy, Liezl Anderson, Sian Koskela, Michael Hurley]

Active Residents in Care Homes (ARCH) intervention

Background

With 436,000 people living in care homes (95% over 65 years) with multiple and complex needs1, there is a need to develop new models of care to optimise residents' health and wellbeing. Numerous studies have shown activity levels in care homes to be low with detrimental effects on the wellbeing of residents2. This is despite recognition of the importance of meaningful activity for people in care homes in UK policy guidance and the inspection regime3.

Method

A feasibility study in three care homes, 'ARCH' uses a whole systems approach and trains care home staff to create an environment which enables residents to take part in meaningful activities tailored to their individual needs and preferences. Activities are wide ranging, physical, social, cognitive and leisure, potentially offering social, psychological, spiritual and physical benefits3. A mixture of qualitative and quantitative methods (including Dementia Care Mapping4) are being used to evaluate the efficacy, costs and acceptability to residents, families and staff2. There are three data collection points, baseline-before the intervention, Time 2 at the end of the intervention and Time 3, twelve months after the intervention.

Findings so far

The intervention lasts around four months in each home and has been completed in care homes one and two and data collected. A framework has been developed from qualitative data from care home one which will be used to compare findings in care homes 2 and 3. Lessons have been learned about the challenges of implementing a multifaceted, whole systems intervention in the complex environment of a care home and how these can be overcome to empower staff to increase residents' wellbeing.

Rachel Woodbridge
Brunel University London
rachel.woodbridge@brunel.ac.uk

[Mary Pat Sullivan, Mary Gilhooly]

How people with PCA and tAD and their family carers negotiate and understand the self in an everyday context

Chronic illness impacts the self and identity, as Kaufman (1992: 71) suggests the self must be negotiated 'by revising and re-creating the biography so that it makes sense in light of the current changed circumstances'. This is problematic in dementia where everyday difficulties may not be remembered and incorporated into one's self-concept. This paper aims to understand how illness is contextualised in the understanding of 'mealtime experiences' as an everyday activity, among people with dementia and family carers. Qualitative, in-depth dyadic and individual interviews (N=20) were employed with people with typical Alzheimer's (tAD) and Posterior Cortical Atrophy (PCA), a rare dementia which typically affects visual processing skills leaving insight/memory relatively intact, and their family carers. The data suggests that people with PCA are better able to incorporate understanding of mealtime difficulties into narratives and talk about multiple selves, whereas people with tAD have difficulty updating this narrative and the family carer appears to fill in and take on the 'illness' story. People with tAD tended to focus more on past stories of mealtimes and used creative attributions to confirm their understanding of self in an everyday context. This data is related to quantitative measures from these dyads on quality of life and carer burden. Overall, for the person with dementia, being unable to update the illness narrative to incorporate 'illness' experiences in everyday settings may present key threats to self-concept when within that setting (i.e. mealtimes) relating to disengagement and confusion when taking part in the activity.

John Woolham
Kings College London
john.woolham@kcl.ac.uk

[Martin Knapp, Adelina Comas-Herrera, Jacqueline Damant, Bo Hu, Klara Lorenz, Margaret Perkins, Amritpal Rehill, Raphael Wittenberg, Paul Freddolino, Kate Hamblin, James Barlow]

Why isn't telecare working for older people with adult social care needs?

Telecare has become an important type of adult social care provision. Twin pressures of funding cuts and increasing numbers of older people with care needs have encouraged Adult Social Care Departments (ASCDs) to consider telecare as a means of addressing these. It is now used as a 'gateway' service (the first kind of support offered) in many local authorities that have made considerable local investment in such equipment.

Early studies suggested telecare could prolong independent living by managing risk, and save money by delaying or preventing hospitalisation or moves to care homes. These were mostly small scale project evaluations, using designs that limited generalizability, but they contributed indirectly to DH guidance, the Preventive Technology Grant and funding for the largest clinical trial of telecare and telehealth in the world: the 'Whole System Demonstrator' project (WSD) in 2005. The WSD found no evidence that telecare improved outcomes for those who used it.

These more recent findings, from a well designed generalizable study, have not yet led to any re-appraisal of telecare's role by ASCDs, or reduced investment.
This presentation draws on a DH funded study completed in 2015 that, inter alia, explored through interviews with telecare experts – researchers and senior practitioners – their understanding of ways telecare was being used in ASCD and other settings and possible explanations for the WSD findings. It will argue that there may be specific reasons for telecare's failure to fulfil its early promise and therefore new ways to make this more relevant to older people's wellbeing.

Alan Wright
Bradford Institute for Health Research
Alan.Wright@bthft.nhs.uk

[Mary Godfrey, Carolyn McCrorie, Arvin Prashar, Jennifer Airlie, Anne Forster]

"Moving a little bit more; is it possible to increase activity in care homes?"

There are approximately 405,000 older adults living in care homes in the UK (Age UK factsheet; 2015) and a 150% rise in the demand for long term care places has been predicted over the next 50 years.

Recent research reiterates findings over decades, namely that care home residents spend the majority of their time inactive. Encouraging residents to move a little more could deliver benefits in terms of health and well being and based on a systematic review is considered feasible.

As part of the NIHR funded REACH (research exploring physical activity in care homes) programme undertaken by Bradford Institute for Health Research, ethnographic research was employed in four care homes in Northern England to gain an understanding of the factors influencing resident movement. Four further homes were subsequently recruited to try out a range of strategies to increase resident movement in the routines of daily living, aligned with use of accelerometers to measure movement.

Action groups comprising staff, residents and relatives were created to explore opportunities for increasing movement and how these might be implemented to effect practice change. Findings reinforce the challenges of introducing change within an environment characterised by a culture of ‘doing’ for residents, their frailty and the relatively closed nature of the care home setting. From barriers and opportunities identified, an intervention and implementation process was developed and is being tested for feasibility within a cluster randomised controlled trial. This paper explores the process of developing the intervention and implementation process and the barriers and opportunities encountered.

Yu-Tzu Wu
Centre for Research in Ageing and
Cognitive Health, University of Exeter
y.wu3@exeter.ac.uk

[A. Matthew Prina, Andy Jones, Linda E. Barnes, Fiona E. Matthews, Carol Brayne]

Land use mix, co-morbidity and five-year mortality in later life

A wide range of environmental characteristics in local areas have been suggested to be important for active ageing and good health in later life but potential mechanisms have seldom been investigated. This study explores the potential modifying effect of age and mediation effect of co-morbidity on the association between land use mix, a measure of neighbourhood walkability, and five-year mortality in later life using the Cognitive Function and Ageing Study, a longitudinal epidemiological cohort of people aged 65 or above across England and Wales. Postcodes of the 2424 participants in the year-10 follow-up in England were mapped onto Lower-layer Super Output Areas, a small area level geographical unit in the UK, and linked to Generalised Land Use data. Cox regression models were fitted to investigate the association and adjust for individual level factors (age, gender, education, social class) and area deprivation. For the younger older age group (75-79 years), the effect of high land use mix on an elevated risk of mortality was mediated by co-morbidity. For older old age groups (80-84, 85+ years), a higher land use mix was directly associated with a 10% lower risk of five-year mortality (Hazard ratio: 0.88, 95% confidence interval: 0.79, 0.99). The findings suggest differential impacts of land use mix on the health of the younger and older old. Instead of considering older people as one group, policy planning on age-friendly environments should take note of such variation within older populations, and in particular the needs of the middle and oldest old cohorts.

Qian Xiong
University of Southampton
q.xiong@soton.ac.uk

Income sources of older people in China

This paper explores main sources of income of older people (aged 60 and over) in China in relation to their age and residence. Family has been considered as the main source of support to older people, especially in rural areas. However, an increasing number of rural residents who were neglected by pension systems in China are covered by the new program called the New Rural Social Pension (NRSP) since 2008. The differentials in the composition of income between rural and urban residents and the variations by age will be examined. Multinomial models will be used to examine the socioeconomic and demographic determinants of income composition. Secondary data from China Health and Retirement Longitudinal Survey and Chinese Longitudinal Healthy Longevity Survey will be analysed for exploring income composition of older people in rural and urban China.

Qiaowei Yang
School of Architecture, Planning and Landscape
Newcastle University
q.yang9@ncl.ac.uk

Prospects for "Age-friendly Cities" in China

"Population ageing and urbanization are two global trends that together comprise major forces shaping the 21st century" (WHO,2007,p.1). In response, the WHO has proposed a series of strategies or policies since the late 1990s. In 2007 it published its official policy document Global Age-friendly Cities: A Guide. This Guide builds on WHO's active ageing framework (WHO, 2007), setting out the concept of the so called "age-friendly city" as "an inclusive and accessible urban environment that promotes active ageing" (WHO, 2009). In 2010 the WHO launched the "Global Network of Age-friendly Cities". By March 2013, 21 countries with a total of 135 cities and communities had joined (Buffel, et al., 2014). The Guide has been influential in raising awareness about ageing particularly for the planning of urban environments (Buffel, et al., 2012).

However, with regard to the Guide's implementation in China, the lack of both practice and research into "Age-friendly Cities" is prominent. Two gaps can be identified. Firstly, the Guide lacks deeper insight into China. Only one Chinese city, i.e. Shanghai, participated in the process of developing the Guide, however, the single case of Shanghai, a tier one city, can hardly reflect the full landscape of China's 660 cities, and there exists significant regional disparities in terms of social and economic development. Secondly, China as both the largest developing country and the second largest economy has witnessed profound and rapid change not only in its urban environments but also in its supporting and social infrastructure. This paper, based on early stage doctoral research, aims to look at the outlook for the implementation of the Guide in today's China with a focus on outdoor spaces and buildings, transportation and housing.

Olivia Farrer
Flinders University, South Australia
olivia.farrer@flinders.edu.au

*[Alison Yaxley, Karen Walton,
Rachel Milte, Michelle Miller]*

The 'diabetic diet': a web based survey for determining the incidence, rationale, composition and implications in residential aged care facilities

The prevalence of older adults with diabetes in residential aged care is twice that of the general population (1). Historically diabetic diets were prescribed and characterised by restriction of food choices, particularly discretionary items higher in fat and sugar. In Australia and internationally, diabetes management guidelines do not recommend restriction of fat, sugar and salt in aged care due to the risk of adverse outcomes for the resident that may occur as a result of a restricted oral intake (2, 3, 4). This study evaluated the magnitude of Australian residential aged care facilities still offering a diabetic diet, the rationale for providing and composition of this diet and implications this may have for residents with diabetes.

Managers of Australian residential aged care facilities were invited to participate in a web-based survey specifically about meal provision for residents with diabetes. More than half (n=121) of the respondents still provided a form of diabetic diet because either it had historically always been offered or on advice from a dietitian. Respondents were frequently offering a diet more in line with the historical diabetic diet with a strong focus around restricting sugar which is not reflective of current guidelines. Findings from this study demonstrate that there is inconsistency in practice and a need for promotion of evidence based guidelines in the dietary management of diabetes in aged care. Although there may be some resistance to changing long held beliefs around diet and diabetes, dietitians appear to be ideally placed to bring about some of these changes.

Yee Lee
Community Dental Services - CIC,
Bedfordshire
yee.lee@nhs.net

[Sam Davis]

Time to Smile

Time to Smile is a domiciliary dental service, set up specifically in response to demand by residential care homes. Residents and their families expressed their desire to receive dental care on site; to help reduce challenges with mobility and frailty, anxiety associated with travelling, coping with new environments and avoid the need for additional staff or family members to take residents to dental appointments. The care homes cater for residents who are no longer able to live independently, people with dementia, physical and/or medical needs.

Our modern, fully equipped Mobile Dental Units provide comprehensive dental care. There is an integrated lift and ceiling hoist as well as a knee-break chair for patients who may have mobility or weight-bearing issues. Care is provided in a familiar and supported environment for residents, working concurrently and harmoniously with the care home staff, clinical and therapeutic teams. This can help reduce challenges and stresses encountered by residents and reduce barriers associated with accessibility and availability of oral health services. Oral health education and training is provided to staff, to instill a healthy and positive attitude towards prevention and the importance of good oral health as an integral part of general good health and quality of life. Dental care is also made available to all staff.

As life expectancy increases, more people are retaining teeth and require maintenance and care. There is greater prevalence of periodontal disease and pathology. There may also be complications associated with certain procedures such as dental extractions.

Olivia Farrer
Nutrition and Dietetics, Flinders University, South Australia
olivia.farrer@flinders.edu.au

[Louisa Matwiejczyk, Alison Yaxley, Michelle Miller]

The role of dietitians in residential aged care as perceived by chefs – how are we contributing to best practice food service?

It is widely accepted that meals in residential aged care are a key factor of resident satisfaction and have been scrutinized extensively to improve appearance, texture and flavour as well as nutritional content. The Maggie Beer Foundation is committed to ensuring all older adults are able to receive appealing meals full of flavour and nutrients and seek to upskill and empower the staff providing these meals in residential aged care. At the Maggie Beer Foundation pilot program held in June 2015; 30 chefs and cooks from 26 residential aged care facilities came together to share ideas and to learn more about promoting quality food in aged care. Evaluation of the program was conducted qualitatively over 12 focus groups and thematically analysed. Of the 20 major themes that emerged, working relationships with dietitians were discussed in a quarter of them. Frequently cited sub-themes were the lack of access to a dietitian; conflicting views amongst dietitians particularly on use of discretionary foods in aged care or use of therapeutic diets; and the cost of dietitian time and therefore reluctance, in making menu changes. Dietitians working in aged care are ideally positioned to act as advocates for residents and to work collaboratively with food services and share their excellent food and nutrition knowledge towards common goals. Preliminary findings from this evaluation however, suggest that dietitians may not be maximising their potential in this role and further evaluation of what food services want vs receive from dietetics appears to be warranted.

Thaise Marques da Silva
Universidade Federal de Alagoas, Brazil
thaisemarquess@hotmail.com

The Importance of Biopsychosocial Determinants of Health in the Institutionalised Aged

Ageing leads to a range of changes that can effect an individual's life. Aside from the physical aspects of "growing old", social-environment changes can also interfere in the health-disease process. Furthermore, socio-cultural and financial conditions are of as much importance to health as the biological aspects. Therefore, the concept of "growing old healthily" requires a biopsychological analysis. In this instance, the practice report refers to the observation of an older community living in a long-term institution, which is located in a deprived Brazilian city. The process of care was guided by the Nursing Process (based on Wanda Horta's "Theory of Basic Human Needs" and the "International Classification for Nursing Practice"). It was identified that apart from the basic biological needs (Nutrition, Oxygenation, Hydration and Bladder & Bowel Elimination), there was a lack in supply of their psychosocial needs to achieve well-being. As soon as these needs were met, there was a noticeable improvement in the general health state of the individual, fortifying the argument that quality of life in older age implies the adoption of a multi-criteria care plan, embracing biological, psychological and socio-cultural aspects. Whereas several elements could be acknowledged as determinants or indicators of well –being, this study enabled reflections on the influence of the biopsychosocial impact on the health/disease process. It also highlighted how important it is for the Nursing Process to be amended to incorporate various aspects of the Theory of Basic Human Needs, in order to provide holistic and individualized care.

Toby Noton
University of Southampton
tmn1g12@soton.ac.uk

[Toby Noton, Mark Baxter, Cathy Paget, Scott Harris, Sanjay Sharma]

Should elderly patients presenting with facial injuries have a targeted follow-up in place? A service evaluation.

Background: The proportion of elderly patients over 65 years of age is increasing in developed countries. Maxillofacial injuries in over-65s are commonly caused by falls, possibly signifying an increase in frailty. The comprehensive geriatric assessment (CGA) addresses this increase, while reducing subsequent frailty-type admissions. No studies have considered whether to introduce the CGA following presentation with a facial injury.

Aims: To investigate whether facial injury in the elderly is a sign of increased frailty by using secondary healthcare needs as a marker of need. To establish whether there is a difference in the hospital admission time pre- and post-facial injury. To investigate the number of frailty-type admissions post-injury. To look at patients' co-morbidities in order to further target the CGA.

Methods: Patient records were searched in the Emergency Department to identify elderly patients who presented with a facial injury. Records were analysed between October 2008 and October 2013. Standard statistical tests were used to look for differences in admissions pre and post injury.

Results: 107 patients were identified. There was a statistically significant difference between the number of days spent in hospital pre- versus post-injury; 3.34 days:6.33 days (P=0.031). 39% of patients re-admitted following facial injury with a frailty-type admission. There was a significant relationship between haematological co-morbidities and frailty admissions post-injury (P=0.019).

Conclusion: Facial injury may be a suitable proxy marker for frailty. Our findings suggest that implementing the CGA would be worthwhile, as presentation with a facial injury is a marker

Katey Twyford
University of Sheffield
krtwyford1@sheffield.ac.uk

Extra Care housing and it appropriateness for individuals with dementia

Extra care housing, for rent or purchase, is becoming better known amongst older people as an alternative housing choice to residential care. This study explores the aims, expectations and experiences of housing communities relating to the delivery of appropriate support for individuals with dementia who live in extra care.

A central focus will be how those involved in extra care provision cater for people with dementia, the opportunities that are offered and barriers that are faced, and whether there is an affordable model of extra care that is inclusive of individuals with dementia. The research will consider whether attitudes and willingness to support people in extra care alters if the individual's sense of self-identity diminishes, reducing their ability to project their personhood and potential to participate actively in an extra care community.

The research will examine the interplay between three foundations of extra care: nurturing a positive dementia friendly culture within extra care housing schemes; adopting pro-active policies and guidance to allocate extra care apartments to individuals with dementia; and designing and building an affordable dementia friendly environment. Using a mixed-method approach the research will investigate issues important both to individuals with dementia and their carers, and to commissioners, designers, developers, and providers of extra care to better understand the potential of the extra care housing offer for people with dementia.

The research is intended to contribute to the body of knowledge concerning extra care provision and its appropriateness for individuals with dementia, including any emerging best practice guidelines.

Jackie Reynolds
Keele University
j.reynolds1@keele.ac.uk

[Miriam Bernard, Prof. Mo Ray]

The Ageing of British Gerontology: Electronic exhibition of archive images

The Ageing of British Gerontology is a new two-year (2015-17) study exploring the evolution of British gerontology from the founding of the British Society of Gerontology in 1971, up to the present day. Our mixed method study charts the growth and development of gerontological knowledge through an examination of the BSG's archives and by means of in-depth narrative interviews with circa 40 senior British gerontologists.

The first phase of the study has concentrated on exploring materials in the BSG archive, housed at the Centre for Policy on Ageing in London. As well as analysing materials such as conference handbooks (see our linked paper 'The Ageing of British Gerontology: findings from the first phase of archival work'), we have also photographed key documents and compiled a collection of other visual images. These images have been collated into an electronic exhibition which will be on display during the conference. There will be opportunities for delegates to both comment on the exhibition and to submit their own photographs to be included in the on-going development of the resource.

ACKNOWLEDGMENT: This study is funded by the Leverhulme Trust, and supported by the BSG and the CPA.

Lynette Si Jing Teoh
Tan Tock Seng Hospital (Singapore)
lynettesjteoh@gmail.com

Friend versus Foe?': Contemplating the Relationship between the Person with Dementia and the Public Outdoor World

With our rapidly ageing population and rising life expectancy worldwide, the number of people who suffer from dementia will rise exponentially from 46 million now, to 131.5 million in 2050. 80% of people with dementia live in the community and about 30% live alone. They have an important and dynamic relationship with the physical and social structures of the public outdoor world. Partaking of life in the public outdoor world is a universal human need which enhances physical and psychological well-being. In spite of this, life in the public outdoor world is regarded as limiting and daunting for a person with dementia. It is well-recognised that design of the outdoors largely caters for the average healthy adult.

Using Lawton and Nahemow's 'Press-Competence' model as a framework, the case of Madam C, who is an elderly Singaporean community-dwelling lady with mild dementia will be discussed. Her case will be used to illustrate how environmental press in the public outdoors, overwhelms reduced competence in persons with dementia. Issues with regard to way finding, accessing public spaces and maintaining safety as a pedestrian will be described in detail.

Understanding the relationship between the person with dementia and the public outdoor environment will be an increasingly important priority in our social, health and political agenda as we seek to help people with dementia age successfully in place while they live in inclusive, dementia-friendly societies.

* * *

Carole Watkins
Keele University
c.a.watkins@keele.ac.uk

How physiotherapists' experiences with older adults inform clinical practice: an exploratory single case pilot study

Evidence suggests that clinical placements influence the attitudes of physiotherapy students towards older adults, and that clinical educators may be central to the provision of a positive clinical experience. However there is minimal evidence exploring how clinical educator experiences with older adults might in turn influence the attitudes of physiotherapy students. This pilot research adopted a single case study approach, using an in-depth semi-structured interview to explore a highly experienced physiotherapist educator's life course experiences with older adults and how these experiences informed both their practice and their education of physiotherapy students on placement. Thematic analysis identified two overarching themes: early life/career experiences, including encounters with 'inspirational' older adults who exemplified positive ageing and resilience in facing health challenges, influencing the choice of a 'caring' career and a desire to care holistically; professional experiences in diverse healthcare settings leading to a view that acute hospitals were the least suitable care environments for holistic management of older adults, with less value placed on their rehabilitation compared to younger patients. These experiences resulted in the informant's clinical education emphasis on encouraging students to adopt a holistic management approach valuing the individual regardless of age; encouraging them to see the 'person', and 'doing things right the first time'. This case study suggests experiences with older adults influence a clinical educator's career choice, clinical practice and their education of physiotherapy students.

These findings are informing an on-going doctoral study exploring physiotherapists' experiences with older adults and the impact of these on their clinical practice.

* * *

Anthea Innes
University of Stirling
anthea.innes1@stir.ac.uk

[Vanessa Heaslip, Patricia Mc Parland, Natalie Yates-Bolton, Sibylle Kohlmayr, Tiina Vaananen, Marjolein Devugt]

Including the views of people with dementia and their families in the development of European Masters level educational materials

There is a recognised need to improve the educational opportunities to support those who provide care to people living with dementia. There is also a recognition that people with dementia should be included in identifying their support needs and that at times there are gaps in the knowledge of those providing care. This paper will report on a three year, 7 partner, European Union (ERASMUS) funded project where the views of people with dementia and their carers were systematically embedded in the design of European Masters level materials for professionals and others working in the dementia field. We consulted with people with dementia and their carers at three different points in the study. First we asked people with dementia and their carers what they thought an education programme needed to include to ensure their experiences and care needs were addressed. Second we provided people with dementia and their carers with outlines of the materials we were proposing to develop giving them details of the topics and sub topics we planned to include.

Finally we provided people with dementia and their carers with the opportunity to review and comment on the materials we produced. This project has demonstrated that it is possible to consult with people with dementia and their families about University level education for the people who will provide support and care to those diagnosed. We will discuss the challenges we faced and overcame in presenting the education materials in accessible ways to those living with dementia.

Paul Willis
University of Bristol
paul.willis@bristol.ac.uk

[Trish Hafford-Letchfield, Kathy Almack, Paul Simpson]

Developing an inclusive environment for older lesbian, gay, bisexual, trans and intersex (LGBTI) people living in care homes: Findings from a pilot scheme using community advisors in England.

Research on older LGBTI people's experiences indicates that they are an invisible and marginalised population in later life and their life-stories and relationships are frequently overlooked by care providers. Moving into and living in long-term residential care can be an isolating and fearful experience. Having access to external advocates is highly important to wellbeing, dignity and safety in care homes – this can include proactive outreach into the LGBTI community and active engagement with those who can provide advocacy. Through this poster, we share interim findings from a pilot project aimed at enhancing the social inclusion of older LGBTI residents in 6 care homes within one organisation based in London. Eight LGBTI volunteers were recruited, trained and supported to act as Community Advisors to advise the management on developing inclusive environments. Community Advisors spent concentrated periods of time in each home undertaking an 'audit' which involved talking to residents, staff and other relevant stakeholders about the inclusion and recognition of LGBTI residents; viewing internal policies on equality and other key documents; and, speaking to managers and OTs about social and interest-based activities. They identified ways of providing more LGBTI-friendly environments, including the physical environment and interaction with the local community.

This poster reports interim findings from a structured evaluation of the project which will be completed by July 2016. We discuss the value of the pilot in developing a scheme that can be further disseminated and rolled out within participating organisations. The project is funded by Comic Relief.

Paula Devine
ARK, Queen's University Belfast
p.devine@qub.ac.uk

Look closer! Public attitudes and knowledge of dementia in Northern Ireland

Compared to 20 years ago, there is more public awareness of dementia as a health and social care priority which isn't going away. Importantly, people with dementia

– like Terry Pratchett and Prunella Scales – have been talking publicly about their experience. This can help us get past the fear and stigma that are still attached to the condition, and through to the real person, their individuality and their rights. Unfortunately, in Northern Ireland, as elsewhere, a lacklustre implementation of strategic policy has compromised positive outcomes for people with dementia and family carers. This paper explores findings from the 2014 Northern Ireland Life and Times survey in relation to public attitudes of, and knowledge about, dementia.

The data show that while a majority of people know someone with dementia, public understanding of risk factors is still quite shallow. In relation to rights, four out of ten people felt that there is little or no benefit to be gained from telling someone they have dementia. A similar proportion feel that it is better for people with dementia and their families if they are cared for in a residential unit or a nursing home. This paper will set these findings within the local and national policy context, and will highlight how having information about dementia benefits the person with dementia and their family, as well as helping to build more dementia, and carer, friendly communities.

Maria Cheshire-Allen
Swansea University
m.cheshire-allen@swansea.ac.uk

[Daisy Cole]

Centre for Ageing and Dementia Research and Ageing Well in Wales - Reflections on third sector research partnership working

CADR has worked with the Commissioner for Older People in Wales through its Ageing Well in Wales (AWiW) programme since its inception in 2008.

The first programme of its kind in the UK, the Programme is a national collaborative programme to enable people to age well in Wales that is hosted and chaired by the Commissioner. It contributes to and complements the Welsh Government's Strategy for Older People and is a partnership of individuals, community groups, national and local government and major public and third sector agencies in Wales. AWiW is a crucial partner of CADR supporting it to deliver on its aim of developing world class research into ageing and dementia, and crucially helping it to realise the impact of its work through operating closely with third and public sector organisations. Close working relationships with AWiW have resulted in several research projects including:

- Through its specific programme of work dedicated to dementia supportive communities a fully funded ESRC DTC PhD has been awarded to CADR to examine dementia supportive initiatives in Wales.
- CADR has been commissioned by the AWiW to carry out a research evaluation of the dementia supportive communities project.
- Working closely with AWiW partners from Welsh Government, CADR supported a delegation of AWiW lead partners to deliver a workshop to European contacts on ageing research in Wales in Brussels.
- CADR has been commissioned by Welsh Government to work with AWiW to provide an evidence review of employment opportunities for older people and develop a research strategy for Wales.

Gemma Wells
Canterbury Christ Church University
gmt6@canterbury.ac.uk

Engagement in meaningful activities within the home: the experiences of 11 women aged 70-80 years

Occupational Therapy is based upon the premise that engagement in meaningful activity is central to the achievement of health and wellbeing (Law et al 1998), indeed it has been referred to as a 'basic need' (Rudman et al 1997). It is therefore essential to ensure that engagement in meaningful activities continues throughout the life course. It has been suggested that as people age they are more likely to spend increasing amounts of time within their home environment (Mason 1989) which will influence the nature of the activities that people engage in within the latter years of their lives.

This poster draws upon findings from a PhD study which explored the experience of living alone for 11 women aged 70–80 years. The women were asked to take photographs of the activities that they engaged in when they were at home alone, these photographs were used to inform individual unstructured interviews which explored the meanings that they attributed to these activities; a style of interviewing known as photo-elicitation (Harper 2002). This poster presents images that were captured by the women and the comments that they made.

The findings from this study demonstrated that the women engaged in a varied range of activities when they were at home alone. Some of the meanings attributed to the activities were common among the group whilst others were very personal to individuals. Understanding the engagement in meaningful activities in the home by older women could be used to inform future health and social care practice.

Lynn Williamson
Stirling Council
lfw00001@stir.ac.uk

Overcoming barriers to person centred care for people with dementia who identify as LGBTI

With approximately 1.2 million people living in the UK that classify themselves as Lesbian, Gay, Bi-sexual, Transgendered or Intersex (LGBTI), how do we ensure that a shifting culture and legislative framework supports a person centred approach to meet the distinct needs of this non-homogenous group? Barriers to delivering person centred care include the ongoing stigma attached to dementia. Despite an era of shifts in legislation and policy frameworks to offer protection to the rights of these marginalised groups, discriminative and homophobic prejudices currently exist within the UK (National LGBT Partnership, 2014).

There are also no statistics and little UK related research to inform future service provision due to a lack of consultation and inclusivity (Price, 2011). In recent years, consultation with groups attached to LGBTI have identified specific areas for consideration, including: the lack of LGBTI recognised care practices understanding identity; "coming-out"; and transition, especially for individuals who may have" forgotten"; a lack of research regarding the effect of dementia on sexuality, including support for same-sex spouses particularly in circumstances where the dementia progresses to non-recognition of the partner (National LGBT Partnership (2014); Peel & McDaid (2015). These issues also have implications in terms of the recruitment and development of staff to operate under a non-discriminatory, anti-oppressive way and for the scrutiny required by regulatory bodies and commissioners of services (Ward et al, 2010). There is, therefore, a requirement for further research and consultation with LGBTI individuals and groups, to develop effective person centred care.

Rhian Williams
Centre for Ageing and Dementia Research
r.m.williams@swansea.ac.uk

*[Maria Cheshire-Allen, Carol Maddock,
Shauna McGee, Charles Musselwhite,
Matt Roberts]*

The Centre for Ageing and Dementia - Working in Wales

The Centre for Ageing and Dementia Research (CADR) is a world class research Centre, funded by Health and Care Research Wales, addressing internationally important questions in ageing and dementia. The Centre is transformative and brings together leading research centres in biology from the MRC Centre for Neuropsychiatric Genetics and Genomics at Cardiff University, social gerontology from the Centre for Innovative Ageing at Swansea University and Dementia Services Development Centre (DSDC) at Bangor University.
This poster will highlight CADR's work in providing an infrastructure to

- Bring together, support and enable leading researchers to develop research projects in key areas of strength including
    - Environments of Ageing
    - Psychosocial aspects of ageing
    - Social care aspects of ageing
    - Creativity and ageing
    - Resilience, well-being and 'healthy' ageing
    - Further Understanding the Genetics of Alzheimer's disease
    - Translation of Genetic Findings into clinical and social impact
    - CRISPR/Cas9 Genome Editing to Model AD Risk Variants with Isogenic Pluripotent Stem Cells
    - Developing and evaluating interventions in dementia care
- To move from multi-disciplinary to inter- or trans-disciplinary working
- To enhance knowledge exchange between research and policy and practice
- To support early career researcher development and support
- To investigate potential of secondary data sets and exploit big data.

Underpinning the CADR programme is a commitment to ensuring that the voices of older people are heard and reflected in all of its work. CADR is developing its inclusion and equality strategy to help achieve the overall aim of improving the lives of older people through the integration of research, policy and practice.

Catherine Hennessy
Bournemouth University
chhennessy1@gmail.com

[Helen Phillips, Ian Sherriff]

Valuations and Experiences of Community-Based Dementia Services in Plymouth

Community-based services and supports are essential to the well-being of persons with dementia and their carers.This presentation reports findings from a study of the perceived value and benefits of community-based dementia services delivered within the city of Plymouth.

The research was commissioned by Plymouth City Council's Adult Social Care Department to determine service users', carers' and providers' views of the accessability and effectiveness of community-based dementia services, with the aim of identifying appropriate interventions for people with mild to moderate dementia and their carers. The investigation particularly focused on the role of the private and voluntary sectors in providing dementia support services in three areas: domiciliary care, day care, and support and enabling networks. Individual semi-structured qualitative interviews were conducted with primary caregivers of persons aged 65 and over with a diagnosis of dementia currently receiving community-based dementia services (N=23); service users with dementia (N=10); and local service providers, including frontline staff and managers (N=30). Thematic analysis of the interviews identified issues specific to each of the included service modalities as well as a range of overarching issues.

The latter included the types, timeliness and accuracy of information and advice provided to carers/users; the expressed need for improved awareness, training and other forms of support for family carers; the variation in experiences of GP engagement and advice; the impact of short-term funding and contracts on services and staff; and the lack of participation of carers from less affluent localities. The implications of these issues for future service development are addressed.

Claire Garabedian
University of Worcester
c.garabedian@worc.ac.uk

[Emma Broome, Emily Cousins, Karen Gray, Amy Veale]

'TAnDem' - The Arts and Dementia: update on an innovative Doctoral Training Centre collaboration between Nottingham University and the University of Worcester

Awarded a generous grant by the Alzheimer's Society, the Association for Dementia Studies at the University of Worcester and the Centre for Dementia, University of Nottingham created a Doctoral Training Centre (DTC); 'The Arts and Dementia (TAnDem)' in 2015. Four PhD students have begun fully funded studentships focusing on aspects of the creative arts and dementia, with two more to be awarded in autumn 2016.

There is increasing evidence and policy supporting psycho-social interventions for people living with dementia. Although many acknowledge the positive impact that creative arts interventions often have for people living with dementia, the topics addressed in these four TAnDem projects aim to formalise an evidence base and produce a body of work supporting the more widespread commissioning and utilisation of creative arts within this population.

The current four PhD studentships are looking at the following topics:

- Evaluating Arts Interventions in Residential Homes (Imagine)
- An International Taxonomy of Arts Interventions for People Living with Dementia
- Evaluating the Impact of Arts-based Interventions and Activities in Dementia: methodological challenges and solutions
- Tailoring Arts Interventions to Individual Needs in Dementia: delivery of arts activities and individual difference (what works for whom)

This presentation provides background on the development of this innovative DTC partnership, and details of these four specific studentship topics. This presentation also provides profiles for each of the current four TAnDem students.

Mary Duah-Owusu White
Bournemouth University
mduahowusuwhite@bournemouth.ac.uk

[Samuel Nyman, Fiona Kelly, Michael Vassallo]

Improving short term management of patients with dementia admitted to hospital

Background: Approximately 25% of older in-patients on acute hospital wards have dementia. Patients with dementia are known to have poor health outcomes during acute hospital stays.

The purpose of the project is to develop a support bundle to improve outcomes for people with dementia in an acute hospital.

Setting: Three acute wards in a UK hospital.

Methods: This mixed methods study will comprise of three stages. The first stage is to compare health outcomes like nutrition amongst medical, surgical and dementia friendly wards.

This cross-sectional retrospective analysis will utilise approximately 300 patient case notes to identify health outcomes where, patients with dementia are disadvantaged.

The second stage will be a qualitative study using SHEL (Software, Hardware, Environment and Live) as a data collection tool. This will use data from the following: interviews with patients, carers and staff, equipment used in relation to identified poor health outcomes, hospital policies and the environment. The data collected will be written in a narrative format using a systems perspective. The third stage will be the development of a support bundle in consultation with staff on an acute ward in the participating hospital. The bundle will be tested in preparation for a subsequent formal evaluation.

This paper will present initial findings from the first stage including evidence on key patient outcomes, both positive and negative.

The study will have a positive benefit on evidence and practice by improving outcomes that are systematically poorer for patients with dementia on acute hospital wards.

Nadine Gilmour
University of Stirling
nag00021@students.stir.ac.uk

[Ruth Emond]

Exploring the Food Practices of Older People Living in the Community in Scotland

Food practices are becoming increasingly recognized as having an impact on social differentiation and the everyday construction of identity. While the food practices of older people have been relatively well investigated in institutional settings, particularly in relation to nutrition, little is known about the experience of meal preparation and consumption in an individual's home and the effect this has on quality of life.

This small-scale project, combines 7-day food diaries with in-depth interviews to explore the patterns of mealtimes and the meanings attached to these practices held by attendees of a lunch club in South East Scotland. All participants lived alone in their own homes and attended the lunch club for at least one meal per week. By exploring food practices, this data illuminates key issues impacting on identity, control, relationships and belonging in older people living alone.

This poster presentation will shed light on this contradictory relationship between change and quality of life; highlighting that there is no monopoly of how older people cope with changing life course. It also identifies implications for care at home policy, which currently gives rise to regional inequalities in food-related care for older people in the UK.

Neil Chadborn
University of Nottingham
neil.chadborn@nottingham.ac.uk

[Elaine Argyle, Jonathan Coope, Louise Thomson]

Qualitative evaluation of museum resources for care home residents with dementia

A new reminiscence programme for care home residents with dementia consisted of training for staff and a series of museum resource boxes. We evaluated the intervention using Dementia Care Mapping (DCM) of facilitated sessions in five care homes. Here we present qualitative observations of residents and staff. Furthermore we interviewed staff to explore their views and practices.
Here we describe the qualitative observations within DCM. During activity sessions, residents were engaged and interested in the resources. We observed a variety of responses of residents to the objects, which may have been associated with different stages of dementia. During a Royalty themed session, one lady complained that it was 'bad manners' to be passing around and looking into someone's handbag (supposedly belonging to the Queen). Other residents were observed waving flags, wearing a crown and reading books. Residents engaged with each other and with the staff who facilitated the session, for example joining in singing. Observations of staff behaviours were reported within categories of DCM; occupation, inclusion, comfort and identity. Many of these were noted as enhancers of person-centred care, although some actions were noted as detractors. The latter were mainly due to constraints of the space or time available.

Interviews with staff indicated that the intervention was an improvement on previous activities. The historical themes prompted staff to engage with personal history of residents and enabled a closer rapport, which may facilitate person-centred care. The training appeared to support the staff, and gave them confidence and ideas.

Cesira Urzi brancati
ILC-UK
cesiraurzibrancati@ilcuk.org.uk

Sexual desire and sexual activities in later life

Romantic relationships are a fundamental part of people's life, not just at a young age, but throughout the life-course. And yet, sexuality among older people is understudied at best, and neglected at worst.

In this article, we carry out extensive empirical analyses to map the levels of sexual desire and activities in older people (65+), while highlighting any heterogeneity by gender, social status, cultural interest and other factors.

Once we have assessed the level of sexual desire and sexual activities in later life, we will investigate their role in driving remarriages after divorce/widowhood. In other words, we will follow a sample of widow(ers)/divorcées for a few years, and assess whether having a higher sexual drive affects the probability to change status from widow(er)/divorcée to married/civil partnership.

Our empirical analysis will draw from the English longitudinal study of ageing (ELSA), waves 1-6, a large representative sample of the population aged 50+ in the UK.

With this study we aim to shed light on an under researched, but nonetheless essential area of older people's lives.

Michele Board
Bournemouth University
mboard@bournemouth.ac.uk

[Janet Scammell]

Interprofessional dementia education to promote humanised care: the potential of the humanising values framework

A recent report by the Alzheimer's society (2016) stated that only 2% of people affected by dementia felt that hospital staff understood their needs. There is a danger that care can become dehumanised as the needs of those with dementia are complex, requiring input from the interprofessional team.

It is challenging but essential to adopt an approach to ensure the individual, and not their diagnosis always remains the focus of care. This paper will illustrate how humanised care and interprofessional working is prioritised at Bournemouth University. This presentation will describe an innovative interprofessional dementia study day for health and social care students. The underpinning theoretical approach of Todres et al (2009), the Humanising Values Framework, will first be described and linked to the aims of the day. The framework outlines central aspects of what it means to be human, using eight dimensions of humanisation/ dehumanisation. These can be used to identify humanising and dehumanising elements in care systems and professional /patient interaction. The exploration of 'head, hand and heart knowledge' (Galvin and Todres 2013) to enable humanised care for those living with dementia is facilitated through an interprofessional role play, involvement of specialist physicians, technicians and a carer. Details of the student seminar activity where they consider the potential of working together when caring for a person with dementia will be described.

The logistics and challenges of organising this education event for a wide diversity of students and the analysis of student evaluation data will also be shared.

Isaiah Durosaiye
University of Central Lancashire
oluremi.durosaiye@yahoo.com

[Karim Hadjri, Champika Liyanage]

A Qualitative Evaluation of the Nursing Practice Environment within the NHS

Background

To ensure that nurses continue in gainful employment for longer, there is a need for periodic assessment of how the architectural design features of hospital wards support ward nurses in their job role within the National Health Service (NHS) in the UK. However, the complexity and the costs of managing a 'healthy' healthcare system calls for a nuanced approach to evaluating how well the nursing practice environment is performing.

Objectives

This study sought to:

- Identify the typical ward elements in a hospital ward setting within the NHS;
- Establish the design features that have the greatest impact on ward nurses in their job role; and
- Explore the personal domains or constructs of nurses that should be supported by the design features through their embodiment in the ward elements.

Methods

A qualitative research design was employed. An NHS Trust in Northwest England was selected as case study and source of data collection. Semi-structured interviews with 20 ward nurses were undertaken.

Results

The findings of this study:

1) Established a case for the post-occupancy evaluation of the nursing practice environment;

2) Identified the design features most essential for practising nurses in hospital ward setting; and

3) Illuminated the personal constructs of nurses that should be supported by these design features

Conclusions

A nursing practice environment supportive of the nursing staff is essential for the therapeutic healing of patients in contemporary nursing within the NHS.

Isaiah Durosaiye
University of Central Lancashire
oluremi.durosaiye@yahoo.com

[Karim Hadjri, Champika Liyanage]

WEAT: The Post-Occupancy Evaluation of Hospital Wards in the UK

Background

Post-occupancy Evaluation (POE) is a methodical approach which identifies"… ways to improve building design, performance and fitness for purpose, through the systematic evaluation of the buildings in use, from the perspective of the people who use them" (Turpin-Brooks & Viccars, 2006, p.178). However, hitherto, there was a dearth of tools that had been developed to assess the architectural design of hospital ward environment within the National Health Service (NHS), from the perspective of the nursing staff.

Objectives

This study sought to develop a new post-occupancy evaluation tool, specifically for the assessment of the adequacy of the design features of hospital wards for nursing staff.

Methods

- An in-depth review of existing tools used in similar settings was conducted;
- A literature review of standards, design guidelines, best practices and evidence-based research results was undertaken;
- A comprehensive list of design features was constructed in a checklist format;
- The new tool Ward Environment Assessment Tool (WEAT) was presented to Facilities Managers within the NHS, who validated its suitability;
- The new tool was piloted on an NHS hospital ward; and
- Two further NHS wards were evaluated using WEAT.

Results

- A new assessment tool (WEAT) has been developed to evaluate the performance of hospital wards in the UK from the perspective of the nursing staff.

Conclusions

- The development of WEAT has contributed to the effective implementation of post-occupancy evaluation of hospital wards in the UK.

Sue Stuart
Bucks New University
sastuart@globalnet.co.uk

Ageing & Engagement with Exercise

This ethnographic case study explores the lived experience of women in their 60s, 70s and 80s who attend exercise sessions in Exercise to music (ETM), Tai chi or Pilates that are led by the researcher, their instructor. The project is rooted in a personal desire to stay fit and healthy into old age and the belief that this aim might be most effectively achieved when shared with other like-minded people. However national surveys monitoring engagement with exercise suggest that people who avail themselves of opportunities to keep fit are not in the majority (British Heart Foundation, 2015). Yet the advice from the Chief Medical Officer is that 'Everybody [should be] active, every day' (2014). So what is different about the values, beliefs, attitudes and experience of the participants in the exercise groups which I teach? What is their background life course experience of exercise? Has it changed over the life course? What do they seek in an exercise group and what would be unacceptable? And what would need to be done to replicate these conditions for the benefit of others?

Alison Dawson
University of Stirling
a.s.f.dawson@stir.ac.uk

[Teva Hesse, Mary Marshall]

The role of design in the reduction of distressed behaviour

Incorporating dementia friendly design in healthcare environments has multiple benefits: as well as reducing falls, it can give people more independence, confidence and self-esteem. Importantly, there is also evidence that it can reduce distressed behaviour, frequently been referred to in research as 'challenging' and described in pejorative terms, and including aggression and violence, wandering, resistance, shouting and so on.

We synthesise the results of secondary analysis of data on critical incidents gathered from acute hospital, residential care and mental health unit settings and a critical review of systematically gathered research evidence on impact of aspects of design on distressed behaviour by people with dementia. Our analysis demonstrates that some aspects of design have a substantial impact on behaviour. The review sheds light on the extent to which the existing evidence base helps to explain why some designs work better than others at reducing distressed behaviour.

Synthesis of these two sets of results advances knowledge, stimulates interest and debate on how to design such units so that this source of unnecessary disability is as far as possible prevented, and provides guidance that promotes and facilitates the creation of dementia friendly spaces in this context. The paper contributes to greater understanding of how to improve the design of dementia care settings and will inform designers, commissioners and managers alike and will, we hope, encourage more commissioners to insist on dementia friendly design.

Kathleen Lane
University of East Anglia
kathleen.lane@uea.ac.uk

[Dave Alldred, Annie Blyth, Christine Bond, James Desborough, Richard Holland, Carmel Hughes, Vivienne Maskrey, Kate Massey, Anna Millar, Phyo Myint, David Wright, Fiona Poland]

Envisioning pharmacists in care homes for older people: inter-disciplinary research to develop a new role

Providing a designated pharmacist for every care home, with overall continuing responsibility for medicines management, could address noted shortcomings in residents' care (Alldred et al. 2009). An enhanced, more homes-focused model than the current external pharmacy team reviews of care homes medication could improve resident-related outcomes (Alldred et al. 2013; Patterson et al. 2014).

The Care Homes Independent Pharmacist Prescribing Study (CHIPPS) is a 5-year, NIHR-funded research programme. It used inter-disciplinary methods to engage stakeholder groups in envisioning and developing an innovative Pharmacist Independent Prescriber (PIP) role to optimise care homes medicines, contribute to the design of a trial and explore the key components and feasibility of this new model. Stakeholder-specific focus groups (n=13) and interviews (n=13) were held with GPs, pharmacists, care-home managers and staff, residents and relatives to identify expectations of relevant issues, challenges and benefits of a PIP.

Transcripts were framework-analysed and linked to a potential service specification and training for the new role, further reviewed by stakeholder intervention development workgroups.

All stakeholder groups articulated specific shortcomings and challenges in the current and potential management of medicines in care homes, as in ensuring clarity in the PIP role. Distinct concerns also emerged, such as a few relatives fearing commercial conflicts of interest, as well as disagreements between some groups on specific areas where PIPs might prescribe. Areas of agreements and disagreements informed the trial design. Our paper critically examines these groups' perspectives on PIP innovations and their implications for refining and researching these further.

Gillian Smith
Trinity College Dublin
smithgi@tcd.ie

Older Imprisonment in Ireland: 1924 - 2014

Prisons in Ireland increasingly constitute communities for those in later life. The annual number of people aged over fifty committed to prison has more than doubled since 2007, reaching 1,103 in 2014 and is the fastest growing age cohort among committals. The Inspector of Prisons and Irish Prison Chaplains have expressed concerns for a number of older inmates who have dementia, blindness, incontinence and mobility impairments.

However, an examination of historical data suggests older inmates comprised far higher proportions of Irish custodial populations in the past. This paper asks how trends in older imprisonment in Ireland have changed since the establishment of the State. Through analysis of official prison records of older deaths and medical leave, the paper also provides a tentative insight in the characteristics of some of this heretofore hidden community. Prison annual reports from 1924 to 2014 were examined and data for sentenced committals according to age and gender were analysed. Details in relation to older prisoners who died in custody and those who had been released on medical grounds between 1922 to 1967 were available and studied from the prison annual reports. Since 1924, there has been an overall decline in older incarceration, particularly the imprisonment of older females and the 'older old' (over 70 years). From 1922 to 1967, older prisoners constituted just over a quarter of all deaths in custody and medical transfers during the time period under review. The findings emphasise the value of historic perspective when interpreting contemporary shifts in incarceration.

Elizabeth Evans
University of Liverpool
E.A.Evans@liverpool.ac.uk

[Elizabeth Perkins, Pam Clarke, Alina Haines, Ashley Baldwin, Richard Whittington]

How Care Home Managers Negotiate the Conflict Between Safety and Autonomy for Residents with Dementia

The increase in prevalence of people with dementia in care homes has highlighted a need to provide person centred care. Yet there are two dominant, often contradictory, themes in relation to provision of care in this setting. First there is the concern with the safety of residents and minimising risk. Second there are demands not to lose sight of the individual as a free agent and to enable positive risk taking and independence.

This paper aims to determine how care home managers negotiate the conflict between maintaining a safe environment while enabling the autonomy of residents with dementia. Semi-structured interviews were conducted with 18 managers from care homes offering dementia care in the Northwest of England.

Three main areas were identified in which care home staff reported balancing safety and risk against the needs of individual residents. First, the use of the physical environment, which was highly structured with limited access to outdoor areas due to the risk of falls or absconding. Second, care home staff performed a balancing act between enabling autonomy and the need to protect the dignity of individuals. Third, it was evident that there was a continual balancing of the needs of individual residents with those of the general population of a home. Findings show that there was a strong ethos of risk management and keeping people safe. This preoccupation with risk was expressed in an enduring safety discourse that overrides everything else, including implementation of person-centred care.

Kyeung Sung Hwang
Nayoro City University
vianne84@nayoro.ac.jp

[Masaki Chiba, Fumiko Takeda]

Preventative Care and Regional Activation of a Depopulated Area in Japan through the Intervention of a Local College

The revision of care insurance in Japan has increased the burden on older people in a couple of areas, especially the qualification examination for using the system and the insurance fees that older people have to pay. There was remarkable change in the revision of 2014, in which the roles of local government and informal services were increased. In this situation, as professionals, we have successfully supported the organisation and activating of a depopulated area through an intervention with students since 2014.

In the beginning, the activities of the organisation were mainly focused on the support of home caregivers as we reported before, but recently, this was enlarged to thinking about how not only to overcome problems with care, but also to activate this area in which there is an increasing elderly population and depopulation is occurring. In order to tackle this problem, we conducted a focus group and personal interviews with members of the organisation and discovered the severe problems that the area faces. The reason that the area had not been activated is the absence of sharing and relationships between the older people and the younger generation, even though there are plenty of young people. The results show that the key point is how we can provide sharing opportunities between young people and older people, and not only for preventative care.

Angela Dickinson
University of Hertfordshire
a.m.dickinson@herts.ac.uk

[Mark Hanscombe, Amy Godfrey-Smythe, Wendy Wills, Christina Victor]

The current state of meals of wheels services - More than just a meal?

Background

Meals on wheels (MoW) are currently in decline in England. Although there is a drive to support older people to stay in their own homes, local authorities are increasingly driven to prioritise spending following severe austerity measures.

A recent survey found a third of local authorities no longer provided MoW, with a fragmented picture for the others. This paper draws on a study funded by Westminster Council and seeks to explore the potential for an enhanced service.

Methods

The mixed-methods study involved a scoping review, survey to Meals on wheels users and older people using lunch groups. (included questions relating to food acquisition and validated scales (quality of life (QoL), fear of falling and loneliness) and interviews with MoW users and food providers.

Findings
105 older people completed the survey, 48 used the MoW service, the remainder were from community groups.

Respondents receiving MoWs had significantly poorer QoL, were more concerned about falling, and reported greater social isolation that non-users.

Themes from the qualitative data from staff indicated a high job satisfaction. They took pride in the relationships they developed with service-users and their contributions to safeguarding through the 'well-being' check.

Themes emerging from the qualitative data included concern about funding of lunch groups, lack of knowledge of where to get help and indicate a need for better information about MoW.

Conclusions
MoW services are under threat, however, further nationally work is needed to evaluate the impact and cost-effectiveness of MoW services for older people.

Jennifer Harrison
University of Edinburgh
Jenni.Harrison@ed.ac.uk

[A Garcia Garrido, G Logan, SJ Rhynas, AMJ MacLullich, SD Shenkin, E Reynish, J MacArthur]

Involvement in care home decision-making in hospital: time to challenge our practice?

The decision to move into a care home is highly significant for the individual and their family, with major economic implications for them and wider society. Such a decision is often reached while a hospital inpatient, despite UK health policy advocating against transitions from the acute hospital setting.

We undertook a cohort study using structured case-note review methodology to describe the process of care home decision-making in one hundred individuals admitted from the community and discharged to long-term care.

Evidence of patient involvement was poor whereas levels of family engagement were significantly higher. The leading reason for placement was family request, followed by dementia and mobility concerns.

These results suggest a dominance of family and healthcare-led decision-making about a significant life event in a cohort of older adults with complex needs. Such results challenge a prevalent narrative about decision-making in this area being individualised and raise concerns about respect for individual autonomy in the hospital setting. Person-centred care is advocated at the heart of health and social care policy, such findings suggest we have much to do to deliver this approach in the acute sector.

Hilary Farnworth
Ransackers Association
hfarnworth@gmail.com

[Teresa Lefort]

Older students' perspectives on life-long learning: and "Serious study" in later life: reflections from the Ransackers educational adventure

The Ransackers Association (RA) was set up in 2006 with support from UK Better Government for Older People programme.

It was established to support older students without academic qualifications who took part in a scheme offering ten-week residential courses at a number of UK further education colleges. Over 700 students participated between 2004 and 2014, and many completed written dissertations. Recent policy changes and the withdrawal of public funding mean that the courses are no longer in operation, but RA continues to operate as an unstaffed, user-led body promoting the re-continuation of the courses, and the right to enjoy lifelong learning.

This paper reports progress on a small unfunded study drawing on the written work of RA members and former members, plus outlines aspects of a new 2016-17 research project funded by Averil Osborn Fund, which not only explores benefits of serious study to the older learners, but also their subsequent contribution to society as active senior citizens. Dissertation topics held at Ruskin College were listed under broad categories to characterise main themes. Twenty semi-structured interviews were conducted with former RA students. This unfunded research showed trends, and insights on life-long learning and creativity from older students' perspectives which Ransackers members voted autumn 2016 to build on.

In 2016 a research team comprising 6 "older researchers" supported by academically trained researchers will carry out a 12 months project, on "Serious study in later life: what are the implications for quality of life, personal wellbeing, and effective citizenship?"

Paul Henery
University of Stirling
p.m.henery@stir.ac.uk

Health, social care and multimorbidity: The role of social inequality

Inequality is a prominent predictor of poor health (Eibner & Evans 2005) and may have a greater effect on older people. In Scotland, those aged 65 and above comprise 18% of the population with this predicted to increase (Scottish Government 2014) and more than half have more than one chronic condition (multimorbidity). Efforts have been underway to integrate health and social care under one joint authority – the aim of this study is to examine inequality regarding the effect of provision of social care on the health outcomes of older people with multimorbidities.

Following a literature review, it was found that is likely that multimorbidities occur earlier and in greater number (Orueta et al 2014) in deprived areas, in part due to such things as an inability to balance multiple appointments with a hectic personal life (O'Brien et al 2011). The prevalence of individual conditions such as dementia was also assessed (Innes et al 2006). There was a lack of evidence regarding social care in deprived communities.

This study uses a linked dataset (developed by the Scottish Government) of linked health, social care and prescription data. The Scottish Index of Multiple Deprivation (SIMD) will be used to measure inequality. Those whom are 65 or over, resident in Scotland and in receipt of social care will be included.

Analysis consists of logistic regression models using likelihood of emergency admissions as the dependent variable, with explanatory variables such as presence of multimorbidity, deprivation, use of social care and basic demographic variables. We will also examine likelihood of multimorbidity and likelihood of use of social care with inequality as an explanatory variable.

Joan Murphy
Talking Mats Ltd
joan@talkingmats.com

Talking Mats: a tool to help older people express their views

Talking Mats is a social enterprise whose vision is to improve people's lives by increasing their capacity to communicate effectively about things that matter to them. Our innovative, award-winning communication tool is based on extensive research and was designed by Speech and Language Therapists.

It has been used successfully with older people and in particular, with people at different stages of dementia. Research funded by the Joseph Rowntree Foundation showed that Talking Mats can help both people with dementia and their family carers to be more involved in discussions about managing their daily lives.

We have put research into practice in 2 main ways. Firstly, we run training courses for professionals, carers and family members and secondly, we develop resources and symbols which can be used both in a low tech and digital format. We have three resources which are helpful for older people, including those with dementia:

1. Health and Well-being which is based on the WHO-ICF (2001) and cover 13 topics
2. Social Care which includes three topics aimed particularly at people in residential care
3. Eating and Drinking which help people consider their mealtimes and their nutrition
   Talking Mats can be used in many different ways:
   - Getting to know someone
   - Allowing people to reflect on their lives
   - Eliciting issues to be explored in more detail
   - Involving people in planning their support needs
   - Giving feedback to families, carers and professionals
   - Comparing people's views over time

Anthea Tinker
King's College London
anthea.tinker@kcl.ac.uk

[Elodie Haines, Laura Malloy, Imogen Monks, Laura Pennells, Evelina Russell]

Older women and exercise

It is well known that exercise has beneficial effects on physical and mental health and wellbeing. Most research has taken place in young and middle aged groups. Less is known about older people, whom we define as 50 years and over, and even less about women. In this paper we examine what type of exercise older women take, where it takes place and the effects. We consider particular groups where the risk may be the greatest including those at the menopause, at risk of falls, suffering physically or mentally (including from dementia), from black and minority ethnic groups and those with eating problems, For each of these groups the benefits and barriers are noted.

The location of exercise, including the home, conventional places such as gyms and sports centres, as well as care and nursing homes and hospitals are discussed. Attention is given to the relevant professionals involved such as physiotherapists and occupational therapists. The new role of doctors in prescribing exercise under the Personal Budgets initiative is examined.

The limited evidence about older sports women is highlighted. Finally the policy implications are reviewed.

The paper is based on the literature and the medical student authors own experience as athletes who are concerned about their future as they age and that of their patients.

This submission is partly inspired by the attention paid to sport by the University of Stirling, the hosts of the conference.

Iain Scott
University of Edinburgh
iain.scott@ed.ac.uk

Mobility, mood and place co-design workshop

'Co-design' is emerging as an important approach in architectural and urban design (Al-Kodmany, 1999) which diversifies stakeholder participation and representation (Cruickshank et al., 2013). The risks and benefits will vary depending on how different stakeholders engage. 'Mobility, Mood and Place' explores how places can be designed collaboratively to make pedestrian mobility easy, enjoyable and meaningful for older people.

The built environment often excludes marginalised groups such older people, single mothers and others with special needs. Participatory co-design approaches can include such stakeholders so as to address their priorities and ensure that other stakeholders empathise with their perspective (Scott, 2011). This can enhance students' methodological flexibility and empathy (Chivers; 2015).

This workshop will give delegates the opportunity to take part in co-design activities along with students of Architecture which utilise drawing, modelling and digital techniques of making and representing in three dimensions.

Following an introduction to the project delegates will work in small groups with students to imagine, design and make a small building and landscape design suitable for older people and people with dementia. Following a short discussion on the techniques used and their effectiveness, digital techniques of recording and projection will be utilised to help present and critique each group proposition

Kevin Harrison
Artlink Central
kevin@artlinkcentral.org

Creating Conversations workshop with Artlink Central and Associate Artists

Get hands-on and creative as you get to grips with current participatory arts practice with people diagnosed with dementia. Explore the possibilities of social prescription for wellbeing, product design for self-managed creative care, retrofitting dementia care environments to enhance social opportunity, and creating quality artworks with people with dementia for themselves, family and the public.

After an introduction to the breadth of practice within Artlink Central's portfolio of programmes, delegates will have the opportunity to participate themselves, working alongside our associate artists to fabricate an inclusive and safe creative environment, exploring the art of the doodle, exclusively trialling and testing our new Creating Conversations dementia kits and activities, and developing an experiential understanding of how artists and participants can unlock creativity together, to support enhanced communication and social engagement.

Authors' Index

46TH ANNUAL BSG CONFERENCE

SWANSEA 2017

Wednesday 5th - Friday 7th July 2017

Do Not Go Gentle -
Gerontology and a Good Old Age

Hosted by

Centre for Innovative Ageing,

Swansea University

Call for Abstracts

Deadline for submissions:
30th January 2017
BSGconference2017@swansea.ac.uk
http://www.britishgerontology.org/

Venue

Swansea University Bay Campus
Swansea
SA1 8EN

British Society of Gerontology

Swansea University
Prifysgol Abertawe

www.stir.ac.uk/bsg16/

bsgconf16@stir.ac.uk

British Society of Gerontology

UNIVERSITY *of* STIRLING