

BSG 2022

51st Annual Conference

UWE Bristol
06 - 08 July 2022



Better Futures for Older People

Towards Resilient and Inclusive Communities

**UWE
Bristol** | University
of the
West of
England

Conference Programme

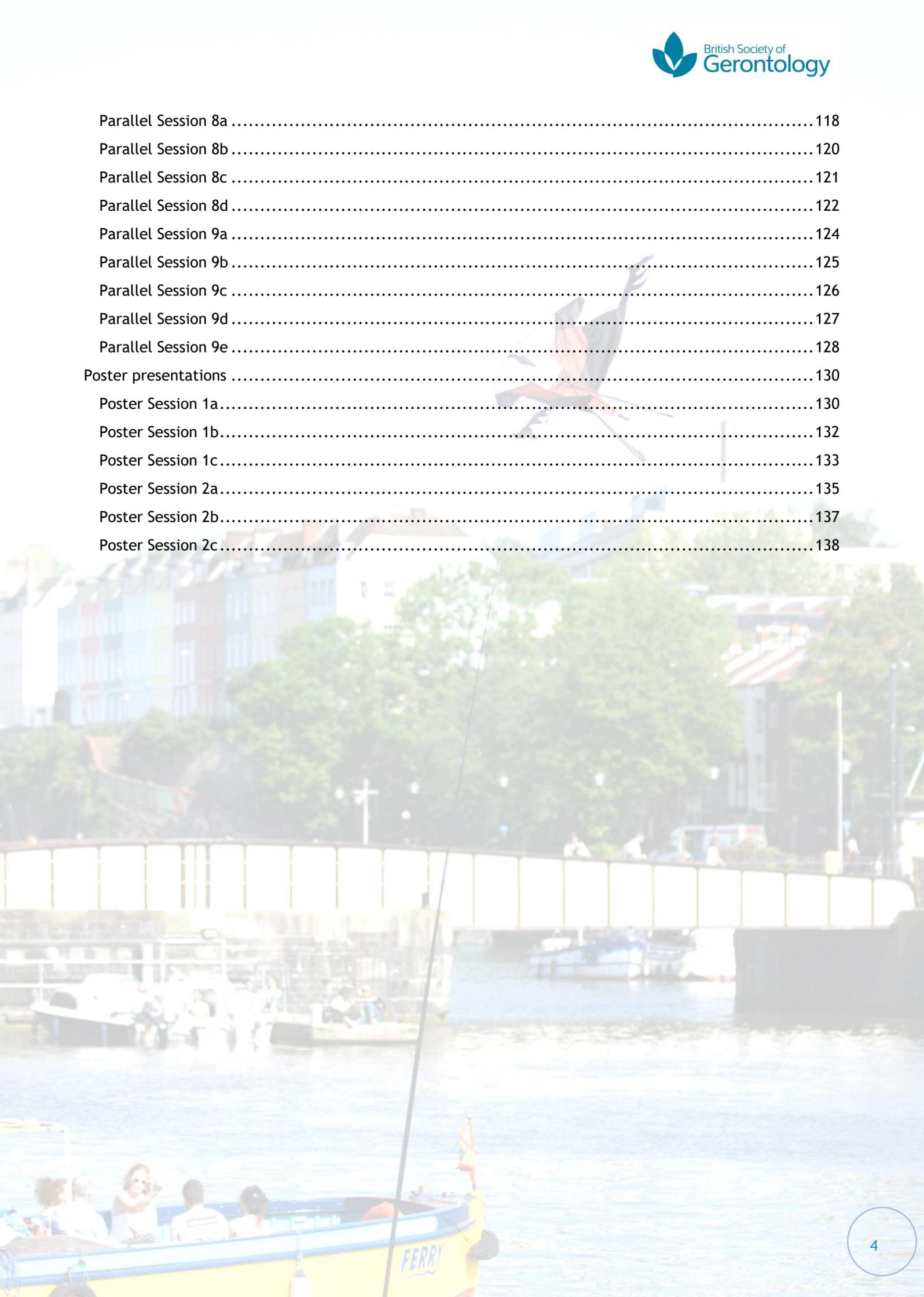
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WELCOME FROM THE BSG PRESIDENT

Dear Colleagues,

On behalf of the British Society of Gerontology, and as one of my first tasks as the new President, I am delighted to extend you a very warm welcome to the 51st Annual Conference of the Society. We've learnt over the last couple of years how to make online events just as special as in person ones and I know this will be no exception, with the University of the West of England team and our conference organisers really pulling out all the stops to make this an excellent and exciting scientific programme, and you all have our thanks as a Society.

The Society's annual conference is well known as a friendly and supportive place to air new work, present a paper for the first or the hundredth time, and also as a great place to meet colleagues and hear new perspectives and approaches to some of the issues we seek to address in our research and other work. We have a programme full to the brim with work all relevant to the overall theme of "Better Futures for Older People - Towards Resilient and Inclusive Communities" and I am always impressed by the range and excellence of the work BSG delegates are doing. The UWE team have also come up with a range of social events that will provide us with an opportunity to interact and have some fun together, and of course I'm delighted to see the return of Gerontopets.

One advantage of the on-line format is that it's easier for people from overseas to join us and there is a great range of different parts of the world represented in the programme; we all continue to be affected by world events, but differentially, and so the work of many gerontologists and the sharing of insights from different perspectives on national and international inequalities in the impact of pandemics, wars, global warming, in addition to pre-existing inequalities in older age, has never been more important.

Likewise as we think about the theme "better futures for older people" we value the coming together of people from different academic disciplines, different sectors and different personal experiences that will be occurring over the course of this conference, as we share a commitment to understand ageing from different viewpoints and ensure this understanding does lead to real change.

I hope that this annual conference will be a memorable one for you, and that you will leave feeling inspired, supported, challenged and motivated to continue to make a contribution and have impact in this important field. I wish you all an excellent conference,

Professor Carol Holland
President, British Society of Gerontology



WELCOME FROM THE CONFERENCE CHAIR

On behalf of the University of the West of England, I welcome you to the 51st Annual Conference of the British Society of Gerontology. This year's theme is **Better Futures for Older People - Towards Resilient and Inclusive Communities**. Bristol prides itself on having a thriving community of researchers in ageing, adopting interdisciplinarity to maximise its impact on the well-being of older adults in our neighbourhoods.



BSG conferences are characteristically diverse in topics and perspectives, bringing together academics, practitioners, commissioners, and the public. This year we have some great plenary speakers for you and stimulating flagship symposia, which are sure to encourage topical debates.

We are excited to once again welcome presenters and delegates from all corners of the globe. We are committed as a society to championing the voice of older adults worldwide. Only by doing so can we hope to build a better future that embraces all sectors of the community and promotes greater resilience to the vicissitudes of life.

The Society's Special Interest Groups (SIGs) - sponsored by Cambridge University Press - are ever-growing. The SIGs combine expertise across the board and are active in involving sectors of the community outside of academia to promote inclusivity within the field of gerontology. These groups are active throughout the year, although the annual conference provides a great way to showcase their work.

When we ran the first online event in 2020, we had hoped that we would see you all in person here at the University of the West of England. However, this was not to be. We are confident that, drawing upon the success of last year's conference hosted by Lancaster University, we offer you a full and varied programme for your enjoyment. We hope you like it.

Dr Gary Christopher
Conference Director

WELCOME FROM THE VICE CHANCELLOR

I am delighted to be welcoming the British Society of Gerontology to the University of the West of England, Bristol for its 51st Annual Conference online. The conference theme 'Better Futures for Older People - Towards Resilient and Inclusive Communities' captures the importance of and need to feel connected to others, a sentiment highlighted so powerfully during the pandemic response. As with many other conferences, that are taking place post pandemic, BSG 2022 will occur virtually. Nevertheless, I am confident that in coming together as a community, you will be able to enjoy a full and engaging event that will bolster longstanding connections within this learned, international society.



The study of ageing is a key research priority at the University of the West of England, Bristol, forming a key component of 'Health and Wellbeing', one of four research beacons comprising our 2030 research strategy. The university is proud to host a number of research institutes, centres and clusters whose research impacts on reshaping society through transformative leadership, building communities for everyone, tackling inequality, supporting active living, preventing the avoidable and embracing the arts. This 51st conference programme looks full, broad and exciting and I wish you a fantastic conference.

Professor Steve West
Vice Chancellor, the University of the West of England, Bristol

WITH THANKS...

Thanks to everyone at the University of the West of England who has been involved in organizing the conference, for all their ideas, contributions, enthusiasm, support, and hard work.

PLANNING COMMITTEE

Gary Christopher, Alison Diaper, Sanda Ismail, Matt Jones, Robin Means, Jane Powell, Kathy Rogers, Ian Shergold, Naomi Woodspring

CONFERENCE MANAGERS

Emma Thomas (UWE Bristol), Megan Readman (BSG)

VOLUNTEERS

Amy Beardmore (UWE), Ilhem Berrou (UWE), Issy Bray (UWE), Rik Cheston (UWE), Caroline Flurey (UWE), Maggie Grady (UWE), Ella Guest (UWE), Elaine Hall (UWE), Abi Hilton (UWE), David Lown (UWE), Carol Maddock (Swansea University), Arlind Reuter (BSG), Natalie Rhys (Swansea), Miles Thompson (UWE), Andrea Tales (Swansea University), Ellis Turner (UWE), Catherine Warner (UWE), Aelwyn Williams (Swansea University)

CONFERENCE COMMITTEE

Gary Christopher is a gerontologist who was the Ageing Well lead at UWE. However, in March 2022, he moved to the Centre for Innovative Ageing at Swansea University as a Senior Lecturer. Gary's research focuses on the therapeutic effects of nostalgia on well-being for older adults, including those with dementia. Gary sits on the Executive Committee of the British Society of Gerontology. He is Co-Director of Dementia Health Integration Team (Dementia HIT), Bristol Health Partners Academic Health Science Centre (BHP AHSC) and Trustee of the charity, BRACE Alzheimer's Research.

Alison Diaper has a PhD in sleep medicine in older adults, and is a Chartered Psychologist and Scientist. She is a Senior Research Fellow in the Centre for Health and Clinical Research at the University of the West of England, Bristol. Alison works as a research facilitator for a variety of health and social care research, through her joint appointment with the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group.

Sanda Ismail is a Senior Lecturer in Public Health at UWE Bristol. His subject area is in Epidemiology and his research interests include examining the risk factors of dementia among the Islamic religious community in the UK, the use of nostalgia to improve the health and wellbeing of people with dementia and evaluation of community food related projects in the UK.

Matt Jones is a professor of public health and community development at UWE Bristol. With background in social anthropology, social and political science he has conducted a wide range of research on community-based programmes intended to promote a more age-friendly society.

Robin Means is Emeritus Professor of Health and Social Care in the Faculty of Health and Life Sciences. He is presently a trustee of the Abbeyfield Research Foundation and was formerly chair of Care & Repair England

Jane Powell is the Director of the Centre for Public Health and Wellbeing and Professor Public Health Economics at the University of the West of England, Bristol. Her research includes the role of home adaptations in improving later life and conceptualising evidence for change in social and physical environments.

Kathy Rogers is a senior nurse lecturer with an interest in end-of-life care and community care. She is co-lead of the UWE Bristol Death and Dying Collective and a PhD student at UWE Bristol.

Ian Shergold is a senior research fellow in the Centre for Transport and Society at UWE. He has researched older people and their transport use for over fifteen years, often in the context of rural communities in the UK. His interests span the wellbeing benefits of out-of-home mobility, and the role that new technologies might play for older people in respect of access to and use of transport - including the use of fully autonomous vehicles.

Naomi Woodspring is a UWE visiting fellow. Her current focus is food justice and mutual aid. She lives in Atlanta, Georgia.

TIMETABLE AT A GLANCE

TUESDAY 05 JULY 2022

09:00 - 17:30 Emerging Researchers in Ageing (ERA)

Access information will be sent directly to all delegates registered for the ERA event.

WEDNESDAY 06 JULY 2022 [DAY 1]

All sessions can be accessed through Oxford Abstracts. Instructions for accessing and using Oxford Abstracts will be sent to registered delegates ahead of the conference.

More information on all sessions can be found throughout this book.

09:00 09:05 Conference opening
09:05 11:00 Special Interest Groups (SIG) symposia
11:00 11:30 Welcome ceremony
11:30 12:30 Meet the sponsors
12:30 13:30 Flagship symposia
13:30 13:45 Break
13:45 14:45 Plenary session 1 (Prof. Sandra Torres)
14:45 15:00 Break
15:00 16:00 Poster Session 1
16:00 16:15 Break
16:15 17:15 Plenary Session 2 (Prof. Merryn Gott)
17:15 18:15 Exhibition Event (Haylo Theatre)

THURSDAY 07 JULY 2022 [DAY 2]

09:00 10:00 Parallel Session 1
10:00 11:00 Plenary Session 3 (Prof. Azrini Wahidin)
11:00 11:15 Break
11:15 12:15 Parallel Session 2
12:15 13:30 Lunchtime Social (Re-Imagining the Future)
13:30 14:30 Parallel Session 3
14:30 14:45 Break
14:45 15:45 Parallel Session 4
15:45 16:45 Poster Session 2
16:45 17:00 Break
17:00 18:00 Parallel Session 5

FRIDAY 08 JULY 2022 [DAY 3]

09:00 10:00 Parallel Session 6
10:00 10:15 Break
10:15 11:15 Parallel Session 7
11:15 11:30 Break
11:30 12:30 Parallel Session 8
12:30 13:45 Lunchtime Social (Dance Re-Ignite; Gerontopets)
13:45 14:45 Parallel Session 9
14:45 15:00 Break
15:00 16:00 Plenary Session 3 (Prof. Richard Cheston, Dr Sahdia Parveen)
16:00 17:00 Closing Ceremony

BSG AWARD 2022

The BSG Outstanding Achievement Award is made annually to an individual who has made a significant and lasting contribution to our gerontological understanding of ageing, or to improving the lives of older people, in any one or more of the following domains:

- Academic thinking
- Policy
- Practice
- Education

The award was founded in 2007 at the British Society of Gerontology Annual Conference in Sheffield, when the Society honoured the lifetime achievements in gerontology of its first recipient, Professor Alan Walker. Previous winners include Baroness Sally Greengross, Tessa Harding, Anthea Tinker, Sara Arber, Chris Phillipson, Tony Warnes, Bill Bytheway, Bleddyn Davies, Malcolm Johnson, Peter Coleman, Julia Twigg, Christina Victor, Clare Wenger, Murna Downs, Sue Adams and Jane Vas.

The Judging Panel in 2022 was chaired by Julia Twigg and included Tomas Scharf (BSG President), Gilly Crosby (Centre for Policy on Ageing), Holly Holder (Centre for Ageing Better) and Judith Phillips (past Award recipient)

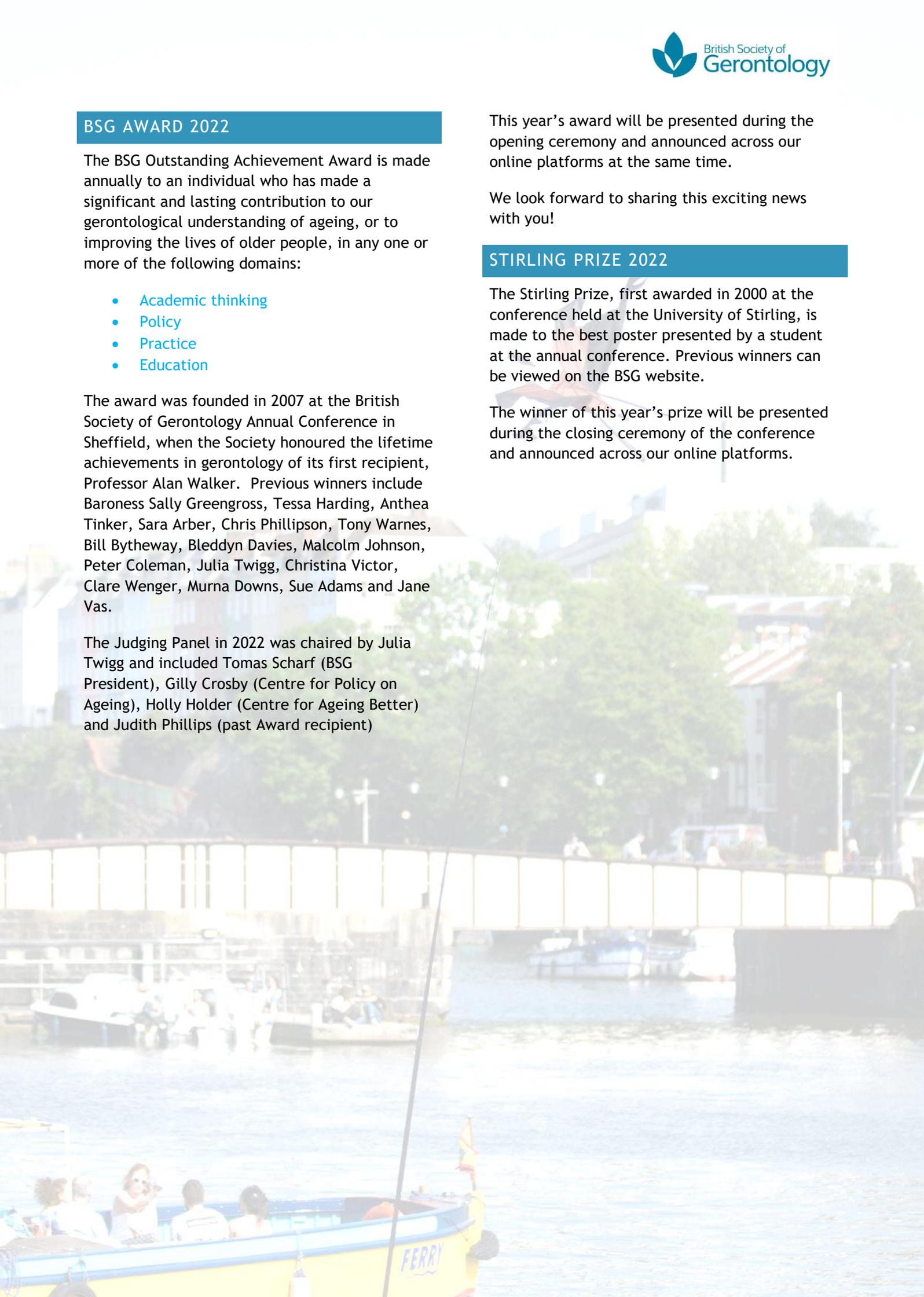
This year's award will be presented during the opening ceremony and announced across our online platforms at the same time.

We look forward to sharing this exciting news with you!

STIRLING PRIZE 2022

The Stirling Prize, first awarded in 2000 at the conference held at the University of Stirling, is made to the best poster presented by a student at the annual conference. Previous winners can be viewed on the BSG website.

The winner of this year's prize will be presented during the closing ceremony of the conference and announced across our online platforms.



SPECIAL INTEREST GROUPS

The British Society of Gerontology is proud of the Special Interest Groups, or SIGs, that have developed within the past year or so. These SIGs are supported by Cambridge University Press. SIGs are designed to bring together BSG members who share a specific interest and to support activities to further knowledge in these areas. The SIGs also provide forums for BSG members to engage with a broader group of academics and other stakeholders in their particular field of interest.



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We currently have nine SIGs, each representing important areas within the field of gerontology.

The **Educational Gerontology SIG** aims to promote lifelong and later-life learning and emphasize the need to teach gerontology within the UK.

The **Technology & Ageing SIG** aims to bring together people working on technological advancements that feed into all aspects of the lives of older adults.

The **Transport & Mobility SIG** promotes activities that help people stay connected to the communities in which they live.

The **Work & Retirement SIG** represent issues around employment older adults face.

The **Creative Ageing SIG** advocates the importance of creativity and the arts in helping to improve the well-being of older adults.

The **Substance Use and Ageing SIG** brings together expertise from a range of disciplines to explore the impact of legal and illicit drugs in older adults.

The **Care Homes Research SIG** aims to strengthen research, policy, and practice in the care home sector.

The **Ageing in Africa, Asia and Latin America SIG** explores the challenges facing older adults in countries where population ageing is happening fastest and where the majority of the world's older people live. This SIG brings focus to cross-cultural studies.

The **Ageing, Business & Society SIG** is our newest addition to the portfolio and is already thriving, forging connections by generating a constructive, outcomes focused dialogue among social gerontologists, business and third sector leaders.

WEDNESDAY 06 JULY 2022

09:05 - 11:00 Special Interest Group Symposia

Each SIG will hold a research symposium based on their special interest area, to highlight the exciting work they are involved in.

If you are interested in finding out more about our Special Interest Groups, or if you would like to propose a new BSG Special Interest Group, please contact **Dr Gary Christopher**, BSG National Executive Committee, by email (gary.christopher@swansea.ac.uk).

PLENARY SPEAKERS

PROFESSOR SANDRA TORRES

The globalization of international migration is dramatically increasing the ethnic and racial diversity that can be found in the older segments of our populations. This is why we need to take stock of where research on ageing and old age that draws attention to ethnicity and race is at, and where it needs to head. This keynote address relies on a scoping review to argue that the current theoretical deficit that characterizes this scholarship needs to be addressed. By drawing attention to the topics that have received attention (and the ones that have yet to be addressed), as well by critically appraising how this scholarship makes sense of ethnicity and race, this presentation will argue that the deficit is prompted by the fact that advancements in scholarship on ethnicity and race, racialization and racism have yet to inform gerontological research. Thus, even though the essentialist perspective has long been abandoned by ethnicity and race scholars, gerontologists continue to make sense of these identification grounds in essentialist ways. By bringing attention to how scholarly interest on the intersection between ethnicity/ race and ageing/ old age was originally generated, and by alluding to what characterises the past two decades of research, this presentation will critically appraise the obstacles that this scholarship faces while urging gerontologists to turn their analytical gaze onto the underlying assumptions that guide enquiries about ethnicity and race. The presentation will argue that a racialization-informed and injustice-aware research agenda is needed if we are to advance the gerontological imagination on these identification grounds.



Plenary Session 1

Wednesday 06 July 2022, 13:45 - 14:45

Ethnicity, race and migrancy: advancing the gerontological imagination in theoretically-astute ways.

As a critical social gerontologist, Sandra Torres' research problematises old age-related constructs and deconstructs some of the taken-for-granted assumptions that inform scholarship, policy and practice - focusing on the older segments of our populations.

Sandra is the President of the Research Committee on Ageing of the International Sociological Association (ISAs RC-11), President of the Social-Behavioural Section of the International Association of Gerontology & Geriatrics - European Region (IAGG-ER) and co-convenes the Gerontological Society of America's Interest Group on International Ageing and Migration. She was elected into the (Swedish) Royal Society of Sciences in 2016, has been a GSA Fellow since 2017 and is Editor-in-Chief for Ageing & Society since 2020. Her latest book 'Ethnicity & Old Age: Expanding our Imagination' (Policy Press, 2019) was awarded the 2021 Richard M. Kalish Innovative Publication Book Award by the Gerontological Society of America. She is co-editor of Critical Gerontology for Social Workers (Policy Press, 2022), and the Handbook of Migration & Ageing (Edward Edgar Publishing, 2022).

PROFESSOR MERRYN GOTT

It seems self-evident that the social conditions of our living - and ageing - impact our dying. However, insufficient attention has been paid to the intersecting social determinants of end-of-life experience in palliative care research, practice and policy. This is despite mounting evidence that palliative care is inequitable in terms of access to care, organization of care, and ultimately end of life experience. Older people remain disadvantaged in all respects, with their deaths continuing to hold less social value than those of middle aged and younger people, and a homogeneity of experience by age assumed.

In this presentation I will draw on research we have been conducting in Aotearoa New Zealand to explore themes of equity, ageing and palliative and end of life care. I will argue that practice and policy change must be underpinned by the diverse voices and lived experiences of older people and will present some of the creative arts-based resources we have developed to amplify these. I will finish by arguing that palliative care would benefit from further attention by gerontologists.



Plenary Session 2

Wednesday 06 July 2022, 16:15 - 17:15

Ageing, equity and the end of life

Professor Merryn Gott, Professor of Health Sciences and co-Associate Head of Research in the School of Nursing, the University of Auckland. Professor Gott studied Geography at the University of Oxford before moving to Sheffield University to do a PhD in Gerontology. Subsequent moves to research posts in palliative care, stemmed from an interest gained from voluntary work as a teenager at Mildmay Mission Hospital, a hospice for people with HIV/AIDS in London. Professor Gott has developed a programme of research exploring the intersection between ageing and dying, with a particular focus on equity. On moving to Aotearoa New Zealand she founded the Te Ārai Palliative Care and End of Life Research Group who undertake a range of projects with the support of the Te Ārai Kahui Kaumātua (Māori elder advisors) to explore palliative and end of life care through an equity lens.

PROFESSOR AZRINI WAHIDIN

The relationship between ageing and crime has been a much-neglected issue, the focus to date being on youth and crime. Until recently the gerontological and criminological imagination regarded age as less important than 'race', class, and gender and where age was discussed, focused on age in relation to crime as an anomaly. The growth of older people in prison is increasingly challenging the prison estate and is gaining interest in the fields of gerontology and criminology.

The crimes committed by older offenders mirror those of young offenders, the older prisoner cohort is different in terms of their health and social care needs, individual adjustment to institutional life, maintenance of kinship networks, resettlement needs, and end of life issues. In consequence, they pose specific challenges to the prison system regarding custody, rehabilitation, and release. Thus, the aim of this paper is to highlight the range of issues facing policy makers in managing the health and social care needs of an ageing prison population.



Plenary Session 3

Thursday 07 July 2022, 10:00 - 11:00

Older offenders: Ageing behind Bars

Professor Wahidin researches on the issues of imprisonment, older offenders in prison in the UK and the USA, transitional justice, war and peace and more recently on former politically motivated prisoners.

Her previous work focused on older women in prison, managing the needs of elders in prison, the meaning of death and dying for prisoners, older LGBT persons, transitions out of custody, the body and dirt. Azrini has a wide interest in the links between criminal justice, ageing and social justice, looking at race, sexuality, gender and social exclusion.

Her current work has led her to conducting the largest studies on former combatants in the Irish Republican Army and the liberation movements in South Africa during the Apartheid regime. This work examines the experiences of female combatants, political protest, prison resistance during the liberation struggle and peace building in South Africa. In 2021, Professor Wahidin and Professor John Brewer published an edited collection entitled: "Ex-combatants' Voices: Transitioning from War to Peace in Northern Ireland, South Africa and Sri Lanka". In 2016, she published: "Ex-Combatants, Gender and Peace in Northern Ireland - Women, Political Protest and the Prison Experience with Palgrave Studies in Compromise after Conflict". This book focused on female former politically motivated prisoners in the Irish Republican Army and the role of transitional justice in post-conflict societies.

PROFESSOR RICHARD CHESTON & DR SAHDIA PARVEEN

The number of people living with dementia from south Asian backgrounds is increasing at a greater rate than their white-British equivalents. Despite this, current evidence suggests that people from south Asian communities remain less likely to access the dementia care pathway or to receive NICE recommended treatments compared to their white-British equivalents. This keynote address will focus on how to culturally adapt the dementia care pathway for south Asian communities to ensure families are supported to live well with dementia. This talk will focus on the ADAPT study which aimed to develop an online toolkit to augment the dementia pathway for people from south Asian communities. The study involved collaboration with key stakeholders including south Asian carers, people living with dementia, third sector community organisations and health care professionals. The first part of the study focused upon collation of evidence-based materials and interventions related to dementia awareness, assessment and diagnosis and post diagnostic support; followed by evaluation of materials with stakeholders through workshops. The second phase of the study explored examples of best practice and innovative methods of overcoming barriers to joint working across organisations. Participants from south Asian voluntary sector organisations in particular highlighted a Caucasian-centric bias within services. The online toolkit will be presented, which contains cultural adapted resources for different parts of the pathway and also addresses structural issues preventing collaboration between small voluntary organisations and larger organisations. Whilst the ADAPT study focused upon south Asian communities in the UK; this keynote address will provide recommendations for adapting dementia care pathways and services for other under-served groups.



Plenary Session 4

Friday 08 July 2022, 15:00 - 16:00

Culturally adapting the dementia care pathway for south Asian families.

Professor Richard Cheston and Dr Sahdia Parveen will jointly deliver this session.

Professor Richard Cheston spent twenty-five years working as a Clinical Psychologist in the NHS, and is now Professor of Dementia research at the University of the West of England. In both roles he has been involved in developing psychological interventions for people affected by dementia and addressing service inequalities.

Dr Sahdia Parveen is currently a senior research fellow at the Centre for Applied Dementia Studies, University of Bradford. Sahdia is a health psychologist by background and joined the Centre in 2013. Previously she was member of the Yorkshire Quality and Safety Research Team at the Bradford Institute for Health Research. Sahdia was awarded a prestigious early career fellowship from the Alzheimer's Society in 2015 and also won the Alzheimer's Society Dementia Research Leaders award for patient and public involvement and engagement. Sahdia had led and has also been a co-investigator on several research projects focusing on improving care and support for people living with dementia and their families. Her research has focused upon diversity and dementia (particularly the experience of minority ethnic communities); family carers; and implementation science.

FLAGSHIP SYMPOSIA

SUPPORTING DIFFERENCE IN HOUSING FOR OLDER PEOPLE: EXPANDING CHOICES, ENHANCING SOCIAL CONNECTIONS

The School for Policy Studies, University of Bristol

Wednesday 06 July 2022, 12:30 - 13:30

Over the last decade in the UK there has been a proliferation of different models of housing schemes for older people that place dual emphasis on the importance of on-site community (or ‘communities of place’) and independent living. What is less explored in social gerontology is the ways in which new forms of housing provision reflect the social identities, connections and values of residents or ‘communities of identity and interest’. In this symposium we bring together perspectives from researchers and providers of housing schemes to explore critically how communities of identity and interest can be reflected in schemes for older people. Firstly, panellists will present current research messages and models of provision: 1) Karen West will present on collaborative forms of housing and what they offer in terms of alleviating social isolation and supporting social care, based on a current study funded by NIHR School for Social Care Research; 2) Housing 21 will present on its pioneering programme of development of cohousing communities in areas of significant deprivation and diversity; 3) Paul Willis will discuss factors that enable social inclusion in housing with care based on findings from the three-year ‘Diversity in Care Environments’ (DICE) study; and, 4) Tonic Housing will outline their achievements in providing LGBT+ affirming retirement communities in England. Secondly, panellists will discuss with members of the audience ways in which communities of identity and interest can flourish across new and current forms of collective housing and the social, cultural and economic challenges in providing such models.

Session chairs

Prof Karen West, School for Policy Studies, University of Bristol (co-chair)

Karen West has a PhD in public policy and management and is Professor of Social Policy and Ageing in the School for Policy Studies, University of Bristol UK. Karen is a Senior Fellow of the NIHR School for Social Care Research (SSCR). She has led on, and participated in, many research projects on ageing and older people’s use of social care services and the intersection of housing and social care. She is currently leading on a project funded by NIHR SSCR on collaborative forms of housing and innovation in social care. Other interests include: ageism and death, dying and bereavement.

Dr Paul Willis, School for Policy Studies, University of Bristol (co-chair)

Dr Paul Willis is Associate Professor in Social Work and Social Gerontology in the School for Policy Studies, University of Bristol. Paul obtained his PhD from the University of Tasmania (Australia) in 2009 after qualifying as a social worker at the same institution. Since working in the UK Paul has led and contributed to over ten years of research and scholarship on the health and social care needs of older lesbian, gay, bisexual and trans people and more broadly on issues of social inclusion, ageing and care services. Other areas of expertise include: loneliness, ageing and masculinities; social inclusion in housing with care for older people; and the wellbeing of older carers.

LOSS AND RESILIENCE-POLICY THEMES AND CHALLENGES WITHIN AGEING, DYING AND BEREAVEMENT

Centre for Death and Society (CDAS), University of Bath

Wednesday 06 July 2022, 12:30 - 13:30

This event is supported by Independent Age

This symposium will be hosted by the Centre for Death and Society (CDAS) at the University of Bath and will focus on the gaps between gerontology and bereavement research. Gerontology has traditionally focussed on how older people may be intimately connected to a gradual process of losing defences to cope and adapt to disruptive circumstances. Bereavement research, by contrast, has focussed on the disruptive nature of bereavement and the significance of resilience in facing the loss of others. Our symposium will explore how themes of loss and resilience are framed within UK policy and how they play out in practice. CDAS members will reflect on their current research. The session will include three brief presentations from Dr Chao Fang on bereavement in later life; Dr Diana Teggi on end-of-life care in care homes and Dr Jeremy Dixon on safeguarding people living with dementia. Our panel discussion will then focus on overlapping themes and challenges for policymakers. Our panel will also include Rachel Burns - Senior Social Worker and Safeguarding Lead at Dorothy House Hospice Care who will highlight the challenges that end-of-life practitioners face.

Session chair

Jeremy Dixon, Centre for Death and Society, University of Bath

Jeremy Dixon is a senior lecturer in social work at the University of Bath. He has several research interests including how professionals and service users understand risk, service user and carer perceptions of mental health services and mental health law. He is currently co-director of the Centre for Death and Society at Bath and is vice-president of the International Sociological Association's Research Committee on the Sociology of Health and Illness.

Participatory research involving older people and practitioners as co-investigators

Averil Osborn Symposium

Wednesday 06 July 2022, 12:30 - 13:30

Session Chair

Tine Buffel, Senior Lecturer, University of Manchester

Tine Buffel is a Senior Lecturer in Sociology at the University of Manchester, where she directs the Manchester Urban Ageing Research (MUARG), an interdisciplinary group of scholars with an interest in understanding the relationship between population ageing and urbanisation. Building on a background of innovative participatory and co-production methodologies with older people, Tine has been particularly interested in studying questions relating to neighbourhood and community life in later life, social inequality and exclusion, urban deprivation and developing 'age-friendly' environments.

The ageing of the population, together with the need for more inclusive and responsive policies, services, and practices, has contributed to a burgeoning interest in collaborative and participatory research approaches with older people. To date, however, there is only limited knowledge about how the full and genuine participation of older persons in research can be practically realised, and the benefits, dilemmas and challenges involved. Commemorating the work of Averil Osborn, this symposium aims to learn from existing projects in which older people had an equal voice to academic researchers and practitioners in shaping the research.

Presentation 1: The Later Life Audio and Radio Co-operative: promoting citizen dialogue in later life

Arlind Reuter, Mervyn Eastman and Steve Whitley will present their experiences of co-developing a participatory research project driven by older adults, i.e., 'the Later Life Audio and Radio Co-Operative' (LLARC), a growing network of older radio show hosts, age-inclusive radio stations, third sector organisations, local authorities and researchers working on ageing issues.

Presentation 2: Expert or expert by experience? Empowering campaigners and disrupting structures by bringing research into communities and communities into policy-making

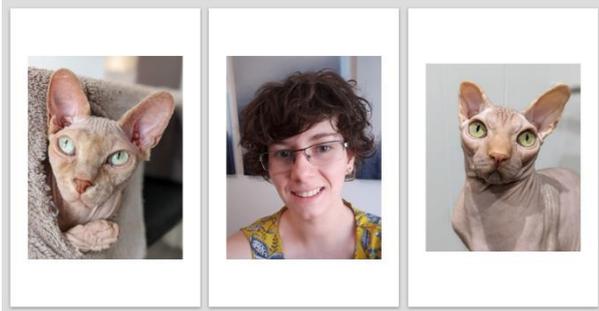
Liz Jones, Emma Koivunen, Elaine Unegbu and Judie Collins will reflect on a participatory research project which was aimed at assessing the extent to which local authorities in Greater Manchester are providing information on housing options for older people, and to co-develop guidance for policymaking in this area.

Presentation 3: Participatory Project to raise Social Care research awareness and capacity amongst community based social care providers

Louise Marsh and Julie Mair will focus on the development of the network 'Research, Learning, Excellence Community' (RELEC) for home care managers and practitioners, a collaborative and participatory forum aimed at developing research awareness and capacity amongst social care providers in the East Midlands.

SOCIAL EVENTS

GERONTOPETS



Back by popular demand, [Gerontopets](#) offers delegates the opportunity to show off their little helpers. This year's event will be hosted by Alun and Hamm - fully paid-up members of the *British Society of Gerontopets* - with the occasional interference of human, Beth Jones.

HAYLO THEATRE

Spice of Life - a performative presentation that encourages conversation and engages audiences in the discussion of the importance of our older generation, breaking down stereotypes and celebrating choice.

This performance challenges some of the approaches we have as a society towards older people. It is thought provoking and humorous that serves to give voice to the marginalised. Haylo theatre reframes the stories of older people into a presentation that provides meaning and confirmation, not just to those whose stories are being told, but also as a prompt for stories of its audience - the older generation, family members, caregivers and health care educators.

Performers: Hayley Lamb, Louise Harris

DANCE RE-IGNITE

Dance Re:Ignite is a programme of dance and storytelling performances and workshops, made and performed by groups of volunteer older adults, for other groups they nominate within their local community, e.g. care homes, hospice, lunch clubs, day centres. The volunteers both perform and take a role in co-leading the workshops. It challenges preconceptions and assumptions about who can take part in dance and promotes the health benefits for everyone involved. In this session you will hear from some of project management team, artists and volunteers about their experiences of the project, the approach and impact of the work.

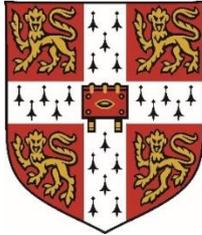
RE-IMAGINING THE FUTURE

Reimagining the Future in Older Age is a film about the ESRC-funded project of the same name at the University of Stirling, which explores the relationship between older age and future time. The film, directed by Ray Bird, shows how theatre company Active Inquiry worked with the project team and a group of older adults to identify systems of age-based oppression and create two pieces of forum theatre. The theatre pieces that they created, *Waiting for Dot* and *Return to Wonderland*, challenge ageist narratives and offer potential alternatives.

The session will start with a 5-minute introduction by the project PI, Dr Melanie Lovatt, and will be followed by a screening of the 40-minute film. There will then be a 15-minute Q&A with the project team.

SPONSORS

Without the support of various sponsors, we would not be able to run a conference with such relevance. This year we are harnessing our online platform to provide delegates with an opportunity to connect with our sponsors. You can do this by visiting the exhibitors' booths within Oxford Abstracts. Here you will find key information and have the opportunity to send a message to their representatives.



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PUBLISHING WITH A PURPOSE

EMERGING RESEARCHERS IN AGEING (ERA)

Better futures for gerontologists!

The annual ERA pre-conference event provides space and opportunity for emerging researcher in ageing to experience meaningful participation and active engagement with their peers, and capacity-building of future leaders of gerontology. The ERA event is your chance to talk with, and listen to your peers, as you practise presenting your research. It is an opportunity for reflection and skills development all within a safe, supportive environment.

Early career researchers have many calls on their time and attention, which means that career planning is often overlooked, with major career decisions made in reactions to circumstances. This year's ERA pre-conference theme is: Better futures for gerontologists and we will focus on proactive career planning.

During the day, we will learn how to shape a career, and help you plan, rather than react to opportunities. We are delighted to welcome career management coach Ruth Winden, who will be hosting this session. We have organised breakout rooms with sector representatives from academia, business and consulting, care, policy and project and data management, and professional services in higher education, which give attendees the opportunity to explore different career paths in gerontology. The focus of these conversations will be to explore the competencies and qualifications necessary, and to understand how your skills and interests can be applied to different industry sectors employing early career gerontologists. The day also includes a session during which early career researchers have a chance to present their own research and information about the ERA mentoring scheme.

WHAT IS ERA?

The BSG's Emerging Researchers in Ageing Network provides students, early career academics, researchers, and practitioners with opportunities for learning, networking and mentor support. We also welcome academics, researchers and practitioners who are making a mid-career change to ageing studies. An ERA Chair and Executive Committee develop programs and events informed by the suggestions and needs of our members.

BECOME A MEMBER

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
- Expand international connections and encourage the sharing of ideas and achievements
- Opportunities to connect with mid to late career professionals through information networks and mentoring programmes
- Apply for member-only bursaries and the Stirling Prize offered by the BSG
- Access to discounted BSG Membership and National Conference registration
- Develop leadership skills.

Join us and help shape your future and the future of gerontology. For more information, please contact era@britishgerontology.org.

JOIN BSG

This is an exciting and dynamic time for the British Society of Gerontology. Established fifty years ago, the BSG is a learned society affiliated to the Academy of Social Sciences and a registered charity.

The Society was created to increase, disseminate, and apply knowledge of the social and behavioural aspects of ageing in human beings by means of research, teaching and education; to support, encourage and raise standards of research, service and teaching in gerontology; and to aid researchers, teachers and practitioners in their professional work.

Joining the BSG means joining a vibrant community of academics, researchers, practitioners, policymakers, students, service users and older people. As research, policy, and practice communities, we exchange intellectual ideas, share our understandings of the world, inform each other of our research, stimulate and test new ideas, and foster collaboration across a wide range of academic disciplines and professional practices.

To this end, the British Society of Gerontology brings together academics, researchers, practitioners, educators, policymakers, the third sector, students, and all those interested in researching ageing and later life, in a unique multi-disciplinary learned society.

Joining the BSG brings you into our growing and active network and confers several benefits.

- Networking events, conferences, and participation in Special Interest Groups
- Member bulletins including news, jobs, events, courses, research opportunities and other items of interest to the gerontological community
- Free online access to leading academic journal *Ageing & Society*
- Reduced rate print subscriptions to: *Ageing & Society*, the *Journal of Population Ageing* and the *Canadian Journal on Aging*
- Reduced registration fee for BSG members at the Canadian Association on Gerontology (CAG) Annual Conference.
- Reduced rates at the Annual Conference of the British Society of Gerontology
- Access to the Society's network of social media channels, including our blog *Ageing Issues*, our YouTube channel *Ageing Bites* and Twitter @britgerontology
- Eligibility for prestigious awards including nomination as a Fellow of the Academy of Social Sciences (FACSS), the annual BSG Outstanding Achievement Award, and for students, the Stirling Prize
- 30% discount on the Policy Press website
- If you are a student, postdoctoral or unwaged member, entitlement to apply for a full conference bursary
- Access to all areas of the BSG website, including 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	£22.00
Retired	£23.00
Unwaged	£21.00
Special membership subscription to <i>Ageing & Society</i>	£33.00
Special membership subscription to <i>Journal of Population Ageing</i>	£40.00
Special membership subscription to the <i>Canadian Journal of Aging</i>	\$25.00

How to Join - simply visit our website today!

BSG 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 the Secretariat at info@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>.

If you already have some film material from a research project or through other work that you think would be suitable, please share it with us.

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 43,517 views from over 156 different countries. There are 1797 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 the Secretariat 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.

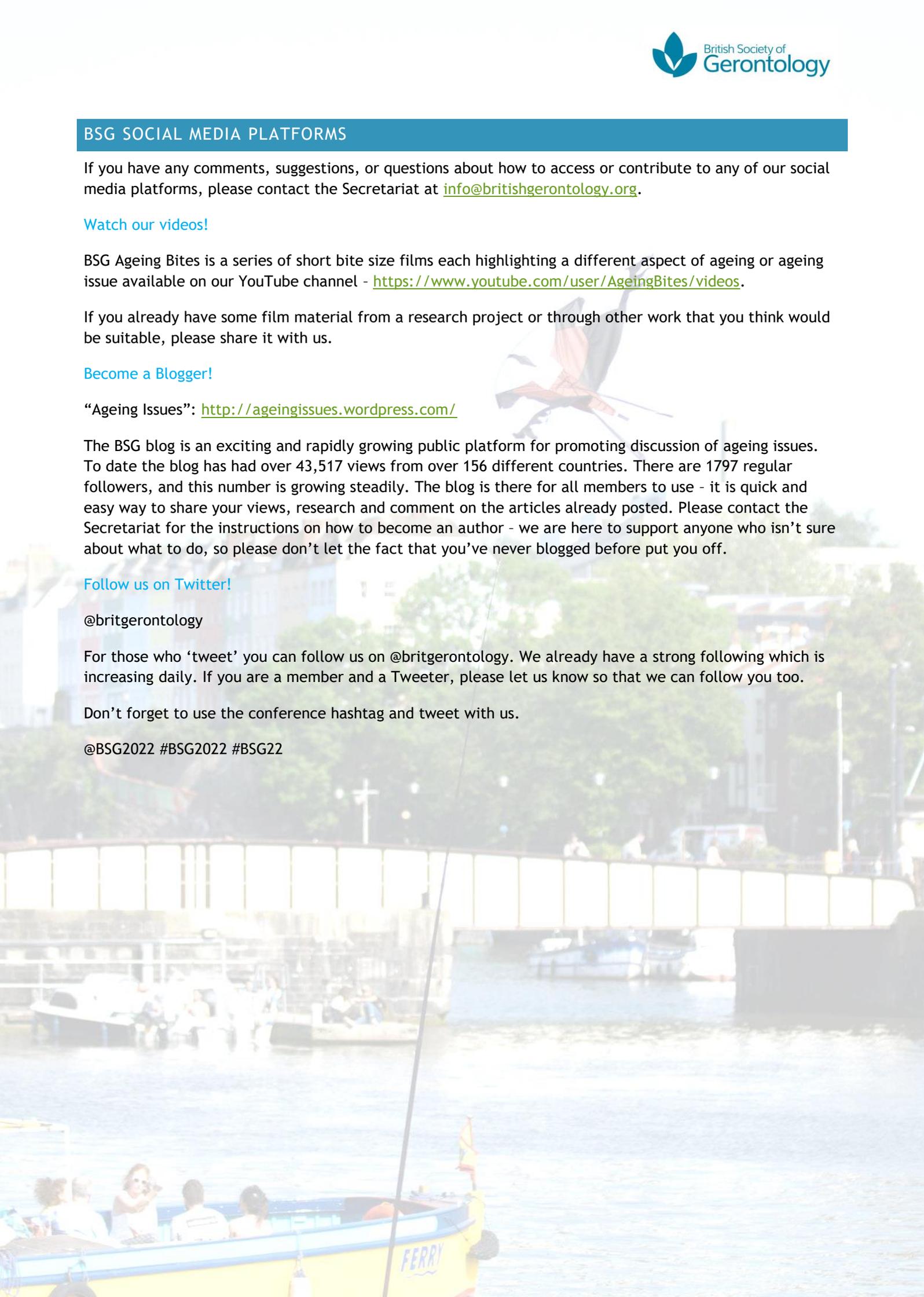
Follow us on Twitter!

@britgerontology

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

Don't forget to use the conference hashtag and tweet with us.

@BSG2022 #BSG2022 #BSG22

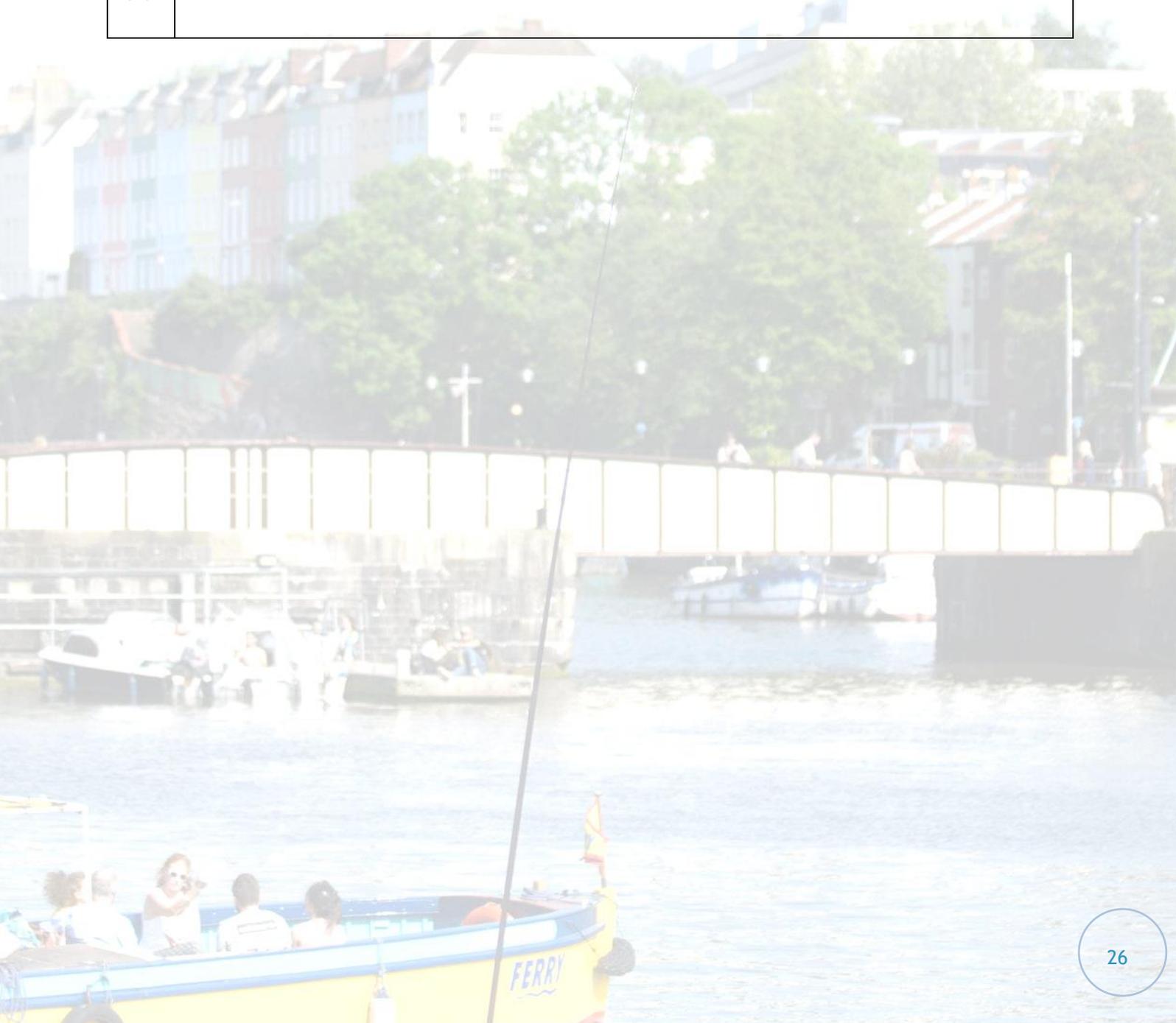


BSG 2022 SCIENTIFIC PROGRAMME BY DAY

WEDNESDAY 06 JULY 2022

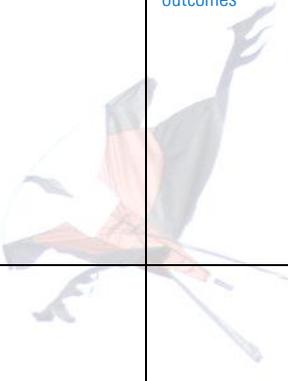
09:00 – 09:05	Conference Opening - Dr Gary Christopher, Conference Director								
09:05 – 11:00	SIG Symposium 1: Transport and Mobility	SIG Symposium 2: Creative Ageing	SIG Symposium 3: Technology and Ageing	SIG Symposium 4: Educational Gerontology	SIG Symposium 5: Ageing, Business and Society				
11:00 – 11:15	BSG 2022 Conference Welcome - UWE Vice-Chancellor, Professor Steve West.								
11:15 – 11:30	Welcome - Dr Gary Christopher, Conference Director								
11:30 – 12:30	Sponsor Events 1. Meet the Editor Sandra Torres with Cambridge University Press and 2. Bristol University Press - Book Launch								
12:30 – 13:30	Flagship Symposium (1) Averil Osborn	Flagship Symposium (2) Centre for Death and Society, University of Bath	Flagship Symposium (3) School for Policy Studies, University of Bristol						
13:30 – 13:45	Break								
13:45 – 14:45	Plenary Session (1) Sandra Torres								
14:45 – 15:00	Break								

<p>15:00 – 16:00</p>	<p>Poster Session 1a</p> <p>[43] [44] [45] [196] [217] [194]</p>	<p>Poster Session 1b</p> <p>[74] [197] [83] [128] [298]</p>	<p>Poster Session 1c.</p> <p>[244] [92] [110] [150] [280]</p>					
<p>16:00 – 16:15</p>	<p>Break</p>							
<p>16:15 – 17:15</p>	<p>Plenary Session (2) - Merryn Gott</p>							
<p>17:15 – 18:15</p>	<p>Exhibition Event - Haylo Theatre</p>							



THURSDAY 07 JULY 2022

09:00 – 10:00	Parallel Oral Session 1a [102] [229] [265] [266] 	Parallel Oral Session 1b [52] [65] [157] [254] 	Parallel Oral Session 1c [8] [215] [267] [301] 	Parallel Oral Session 1d [36] [113] [228] [246] 	Parallel Oral Session 1e [23] [37] [75] [91] 	Parallel Oral Session Symposium 1f What role does day care play and can we reimagine? 	Parallel Oral Session Symposium 1g Ethnicity and ageing: The impact of structural disadvantage and racism over the life course 	Parallel Oral Session Symposium 1h Two Linked Symposia: Care at home behind closed doors: structural and relational issues for older carers (Symposium I) 
10:00 – 11:00	Plenary Session (3) - Azrini Wahidin							
11:00 – 11:15	Break							
11:15 – 12:15	Parallel Oral Session 2a [168] [174] [258] [275] 	Parallel Oral Session 2b [115] [156] [309] [38] 	Parallel Oral Session 2c [112] [241] [306] 	Parallel Oral Session 2d [20] [84] [212] [295] 	Parallel Oral Session 2e [16] [27] [203] [179] 	Parallel Oral Session Symposium 2f Different perspectives of mobility in later life 	Parallel Oral Session Symposium 2g Novel initiatives for addressing harmful alcohol and substance use in older populations 	Parallel Oral Session Symposium 2h Ageing, well-being and inequality in later life in China 
12:15 – 13:30	Lunchtime Social and Exhibition Events 1. Re-imagining the Future							
13:30 – 14:30	Parallel Oral Session 3a [42] [145] [146] [140] 	Parallel Oral Session 3b [41] [60] [208] [297] 	Parallel Oral Session 3c [49] [219] [235] [292] 	Parallel Oral Session 3d [82] [147] [175] [231] 	Parallel Oral Session 3e [22] [78] [182] [249] 	Parallel Oral Session Symposium 3f Two Linked Symposia: Care at home behind closed doors: structural and relational issues for older carers (Symposium II) 	Parallel Oral Session Symposium 3g Critical perspectives on some critical concepts in social gerontology 	Parallel Oral Session Symposium 3h Harnessing knowledge of lifespan biological, health, environmental and psychosocial mechanisms of cognitive frailty for integrated interventions: An interdisciplinary network 
14:30 – 14:45	Break							

14:45 – 15:45	Parallel Oral Session 4a [28] [48] [296] 	Parallel Oral Session 4b [13] [62] [126] [242] 	Parallel Oral Session 4c [26] [59] [276] [284] 	Parallel Oral Session 4d [34] [107] [216] [4] 	Parallel Oral Session 4e [15] [173] [225] 	Parallel Oral Session Symposium 4f Covid-19 and older people: social constructions, biomedical outcomes 	Parallel Oral Session Symposium 4g Developing Connected and Resilient Care Home Communities in Response to the Covid-19 Pandemic: The 2022 Symposium of the BSG Care Homes Research Special Interest Group 	Parallel Oral Session Symposium 4h Toward a Critical Dementia Studies 
15:45 – 16:45	Poster Session 2a [116] [195] [257] [166] [239] [161] 	Poster Session 2b [164] [268] [286] [290] [80] [207] 	Poster Session 2c [281] [211] [300] [6] [238] [245] 					
16:45 – 17:00	Break							
17:00 – 18:00	Parallel Oral Session 5a [101] [270] [273] [279] 	Parallel Oral Session 5b [125] [189] [269] [5] 	Parallel Oral Session 5c [12] [124] [274] 	Parallel Oral Session 5d [17] [171] [240] [260] 	Parallel Oral Session 5e [133] [144] [172] [184] 	Parallel Oral Session Symposium 5f Cross-national perspectives on civic engagement in later life 	Parallel Oral Session Symposium 5g Urban ageing and inequality: new directions for research, policy, and practice 	

FRIDAY 08 JULY 2022

09:00 – 10:00	Parallel Oral Session 6a [89] [104] [134] [143] 	Parallel Oral Session 6b [76] [227] [261] [282] 	Parallel Oral Session 6c [234] [14] [155] 	Parallel Oral Session 6d [100] [165] [204] c 	Parallel Oral Session 6e [66] [210] 	Parallel Oral Session Symposium 6f The Social, Behavioural and Design Research Programme: innovative, inter-disciplinary approaches to research and impact 			
10:00 – 10:15	Break								
10:15 – 11:15	Parallel Oral Session 7a [120] [214] [230] [278] 	Parallel Oral Session 7b [21] [118] [148] [243] 	Parallel Oral Session 7c [18] [178] 	Parallel Oral Session 7d [46] [123] 	Parallel Oral Session 7e [79] [106] [299] 	Parallel Oral Session Symposium 7f The Social Behavioural and Design Research programme: innovative, inter-disciplinary approaches to research and impact (2)	Parallel Oral Session Symposium 7g Care for Older Adults in India: Living Arrangements and Quality of Life	Parallel Oral Session Symposium 7h Ageing well with a lifelong disability	
11:15 – 11:30	Break								
11:30 – 12:30	Parallel Oral Session 8a [51] [226] [237] 	Parallel Oral Session 8b [70] [103] [158] [167] 	Parallel Oral Session 8c [186] [209] [252] [271] 	Parallel Oral Session 8d [137] [138] [233] [247] 	Parallel Oral Session Symposium 8e Linked Lives and Linked Transitions: a life-course perspective on social connectedness and social exclusion				
12:30 – 13:45	Lunchtime Social and Exhibition Events 1. Dance Re-Ignite (12:30 – 13:10), 2. Gerontopets (13:10 – 13:45)								

13:45 – 14:45	Parallel Oral Session 9a [11] [183] [206] [201] 	Parallel Oral Session 9b [25] [117] [285] [289] 	Parallel Oral Session 9c [9] [50] [272] [283] 	Parallel Oral Session 9d [248] [220] 	Parallel Oral Session 9e [153] [250] [259] 	Parallel Oral Session Symposium 9f Lost in translation - Realising the potential of new and emerging technologies for healthy ageing	Parallel Oral Session Symposium 9g More than human approaches to research: creativity and connectivity in everyday lives as we age	
14:45 – 15:00	Break							
15:00 – 16:00	Plenary Session (4) - Richard Cheston and Sahdia Parveen							
16:00 – 16:30	BSG 2022 Closing Ceremony							



SYMPOSIA

SIG GROUP SYMPOSIUM 1: TRANSPORT AND MOBILITY

Wednesday 06 July 2022, 09:15 - 11:00

Under researched areas of mobility in later life

Symposium Abstract

Mobility is important to older people for maintaining health and wellbeing through connections to food, healthcare, family and friends. There has been discussion at global and national levels about transport inequality, transport poverty and access to mobility for all. Older people can face challenges in everyday mobility, yet aspects of older people's mobility remain under researched, and are not well represented in planning and policy. This symposium presents papers from two such areas: (1) Safe and inclusive mobility among older people in Low to Middle Income Countries. Safe and inclusive mobility is crucial for older people in low to middle income countries, however, different needs and circumstances of older people in Africa are not well understood. Living with poor health conditions, level of poverty, lack and poor quality of walking infrastructure, personal safety and gender are main factors affecting older people's mobility in many parts of Africa, but older people's mobility and transport needs require more consideration. (2) Mobilities of care. Journeys made for the purpose of giving and receiving informal care and support are not well documented or understood, yet are likely to be numerous in nature and can be a crucial factor in being able to provide quality of care. Two papers on mobilities of care look at experience of mobility, and the institutional practices that underpin them, looking at private, community and public journeys. Together, these four papers advance understandings of the experience of older people's mobilities in usually overlooked domains of life.

Symposium Chair: Allyson Rogers, Swansea University, United Kingdom

S. Paper 1.1

Age-Friendly Mobilities of Care: Uncovering Institutional Barrier

Dr Léa Ravensbergen, Dr Tim Schwanen

University of Oxford, Oxford, United Kingdom

Abstract. Mobility is a basic human need associated with older adults' independence, health, and wellbeing. This research will explore older adults' mobility by focusing on mobility of care, i.e., all travel needed to fulfil one's basic needs, such as travel to grocery stores, pharmacies, and doctor's appointments. Framed by Institutional Ethnography (IE), the entry point of this study will be the lived experiences of older people struggling to meet their mobility of care needs. We will begin by interviewing older adults living across the urban-rural continuum in Oxfordshire using the IE interview technique which aims to uncover the often taken for granted details about day-to-day processes. We will probe participants on all activities required to meet their mobility of care needs, even ones that typically go unnoticed (waiting, communication efforts, emotional labour). The second phase of this research will focus on how institutions and their ruling relations and texts shape this mobility. We will begin by examining formal institutions such as community transport services. This will involve interviewing older people and service providers on the step-by-step processes that take place when older adults register for or use a service. Then, we will focus on the informal networks that support older people's mobility of care, such as relying on friends and family, by interviewing these informal providers of mobility of care. Taken together, this research will advance understandings of the lived experience of older adults' mobilities of care, as well as the power-laden institutional practices underpinning them.

S. Paper 1.2

Understanding the mobility needs of older people: lessons from Nigeria and Uganda

Dr Chinebuli Uzundu¹, Dr Paul Mukwaya², Mr Patrick Obi³

¹Federal University of Technology Owerri, Owerri, Nigeria; ²Makerere University Uganda, Makerere, Uganda; ³Green4light Initiative, Abuja, Nigeria

Abstract. Access to safe and inclusive mobility is crucial to improving human living conditions and have positive impacts toward achieving the following United Nations Sustainable Development Goals (SDGs): (3) good health & well-being, (8) decent work & economic growth, (10) reduced inequality, and (11) sustainable cities and communities. It enhances access to health care, food and connecting people with activities, recreation, and opportunities for social contact. A sustainable transport system must consider the capabilities, safety and convenience of those using them, and provide transportation options that should be easily accessible to all age groups.

Unfortunately, available evidence suggests that not much has been done regarding the mobility needs of older people in most African countries. This group of road users continue to be largely neglected in terms of relevant policies, planning and provision of infrastructures, which should ordinarily compel urban developers and transport planners to put key and special consideration during designs. This could be attributed to the unavailability of information and studies about the mobility needs, behaviors, and pattern of travel for the older people. Therefore, through stakeholder workshops and key informant interviews, this study will explore the mobility needs of this group of people in Nigeria and Uganda, to understand their travel patterns, needs and barriers to active mobility. This is to identify country specific challenges and present evidenced-based strategies and recommendations to address and improve the condition. Additionally, it will address the issues of transport inequities and exclusions and effects of these on travel behavior of older people.

S. Paper 1.3

Mobility of older people living in African informal settlements: a case study from Kibera, Nairobi

Dr Carlo Luiu¹, Dr Rosie Day¹, Mr Amos Wandera², Ms Prisca Okila², Dr Vera Bukachi²

¹University of Birmingham, Birmingham, United Kingdom;

²Kounkuey Design Initiative, Nairobi, Kenya

Abstract. Mobility is a basic human need associated with older adults' independence, health, and wellbeing. This research will explore older adults' mobility by focusing on mobility of care, i.e., all travel needed to fulfil one's basic needs, such as travel to grocery stores, pharmacies, and doctor's appointments. Framed by Institutional Ethnography (IE), the entry point of this study will be the lived experiences of older people struggling to meet their mobility of care needs. We will begin by interviewing older adults living across the urban-rural continuum in Oxfordshire using the IE interview technique which aims to uncover the often taken for granted details about day-to-day processes. We will probe participants on all activities required to meet their mobility of care needs, even ones that typically go unnoticed (waiting, communication efforts, emotional labour). The second phase of this research will focus on how institutions and their ruling relations and texts shape this mobility. We will begin by examining formal institutions such as community transport services. This will involve interviewing older people and service providers on the step-by-step processes that take place when older adults register for or use a service. Then, we will focus on the informal networks that support older people's mobility of care, such as relying on friends and family, by interviewing these informal providers of mobility of care. Taken together, this research will advance understandings of the lived experience of older adults' mobilities of care, as well as the power-laden institutional practices underpinning them.

SIG GROUP SYMPOSIUM 2: CREATIVE AGEING

Wednesday 06 July 2022, 09:15 - 11:00

Everyday creativity and cultural participation

Symposium Abstract

In recent years there has been growing interest in the role cultural participation plays in supporting the wellbeing and feelings of social connectedness as we age. Many cultural organisations have dedicated programmes for older people, which focus on the role the creative arts can play in empowering older people to tell their stories and be part of the wider cultural narrative. Although there is growth in this area, there has been limited exploration of the inequalities that may be experienced by older people when it comes to having an active cultural life as they age.

This symposium focusses on a collaboration between the Centre for Cultural Value (University of Leeds) and the Connecting Through Culture project (University of Bristol) to explore the value of cultural participation and everyday creativity in the lives of older people. We bring together primary and secondary research to build a picture of the strength of the evidence in this burgeoning field, and implications for research, policy, and practice.

The Centre for Cultural Value is a national research centre who works alongside cultural practitioners and organisations, academics, funders and policymakers to summarise existing evidence to make research more accessible and relevant.

The Connecting through Culture project is a co-produced research project that explores how and why we take part in arts and culture as we get older. Their focus is on how participation in all forms of arts and culture, particularly those accessed digitally, can influence wellbeing and feelings of social connection as we age.

Symposium Chair: Robyn Dowlen, University of Leeds, United Kingdom

S. Paper 2.1

The value of cultural participation for older people's wellbeing and feelings of social connection: a rapid review of the literature

Dr Robyn Dowlen¹, Dr Karen Gray²

¹University of Leeds, Leeds, United Kingdom; ²University of Bristol, Bristol, United Kingdom

Abstract. This paper presents the findings from a rapid review of the literature relating to older people's cultural participation and its relationship to wellbeing and feelings of social connection. This review was a collaboration between the Centre for Cultural Value and Connecting through culture as we age project (University of Bristol) and was shaped in consultation with cultural organisations, practitioners, researchers and other stakeholders through a review shaping event and survey. A systematic approach was used to identify and synthesize peer-reviewed literature relating to older people's cultural participation. We included studies published in English since 2021 with a population of older people (aged 60+) who were living at home, with outcomes relating to social connection or wellbeing. We identified 70 studies which examined the value of cultural participation for older people's wellbeing and feelings of social connection. Overall, a wide range of benefits were observed for older people's sense of wellbeing and social connectivity across different cultural experiences. In particular, cultural participation afforded older people with opportunities for increased social interaction, a sense of belonging and/or inclusion, positive emotional expression, a felt sense of achievement and a strengthening of personal and collective identity. While findings relating to cultural participation were largely positive, there were limitations due to the poor methodological quality of studies (in particular mixed-methods studies), the heterogeneity of study participants (i.e., white older women, aged 65-75), and a lack of consideration to the barriers and inequalities in cultural participation.

S./ Paper 2.2

Connecting through culture as we age: Exploring the impacts of cultural participation on the lives of next generation older people

Dr Alice Willatt, Dr Helen Manchester, Dr Tot Foster

University of Bristol, Bristol, United Kingdom

Abstract. Connecting through Culture as we Age is a co-produced research project that explores how and why we take part in arts and culture as we get older. It aims to address the fundamental issue that arts and cultural participation drops dramatically in older populations, particularly amongst disabled, and racially and socioeconomically minoritized older people (Department for Digital, Culture, Media and Sport, 2019). Over the past year we have worked alongside a diverse group of 'next generation' older people (aged 60-75) who self-identity as belonging to one or more of these three groups. Drawing on a range of creative participatory methods we've

explored what these co-researchers value socially and culturally in their lives.

In this paper we share some of our initial findings on the impacts of everyday cultural participation, including digital forms, on wellbeing. We reflect on what cultural participation offers the diverse group of co-researchers at this juncture in their lives. Drawing on their voices and creative materials from the research process, we discuss how digital cultural engagements create opportunities to forge meaningful social connection, explore identities and sexualities, and resist and re-work societal assumptions of older people. Finally, we touch on some of the inequalities faced by co-researchers relating to their access to and participation in arts and culture.

Department for Digital, Culture, Media and Sport (2019) The Taking Part Survey, available here:

<https://www.gov.uk/government/statistics/taking-part-201920-statistical-release>

SIG GROUP SYMPOSIUM 3: TECHNOLOGY AND AGEING

Wednesday 06 July 2022, 09:15 - 11:00

Creativity, communication and care in the COVID years

Symposium Abstract

As COVID pandemic and control measures have continued, we have seen digital technology continues to influence all our lives; for some technology has become normalised but for others it may have become an object of frustration and possibly exclusion. Residents of care homes and family members, people labelled 'clinically vulnerable' and others just being reasonably cautious, have felt continued isolation. Research of members of Technology and Ageing special interest group has continued in this context. Louise McCabe's research is focused on specifically on people's experience of COVID and how technology has shaped or been shaped by the pandemic. Helen Manchester presents research from a programme exploring digital innovation in the Social, Behavioural and Design Research Programme. Co-researchers are exploring experiences of diverse communities by using immersive projects and engaging with city-wide partners. Grant Gibson's presentation describes a co-production project with residents of retirement supported housing. A range of technologies have been implemented to realise personalised technology enabled care. We welcome discussion of how technology can redefine our creativity, communication and care - and reflect upon how the COVID years has brought this to the fore.

Symposium Chair: Neil Chadborn, University of Nottingham, United Kingdom

Discussants: Louise McCabe & Grant Gibson, University of Stirling, United Kingdom

S. Paper 3.1

How older people use(d) technology to support everyday life during the COVID-19 pandemic and as life moves to a 'new normal'

Dr Louise McCabe, Mr Roy Anderson, Dr Tamara Brown, Ms Liz Chrystall, Mr Dave Curry, Dr Cristina Douglas, Ms Margot

Fairclough, Ms Christine Ritchie, Ms Pat Scrutton, Ms Ann Smith

University of Stirling, Stirling, United Kingdom

Abstract. The Healthy Ageing in Scotland (HAGIS) COVID-19 Impact and Recovery study is a large-scale mixed methods project. The project aims to understand the experiences of people over 50 years of age living in Scotland during the COVID-19 pandemic, exploring experiences during restrictions and as life returns to a 'new normal.' This paper reports findings from qualitative data collection. Online focus groups and interviews were undertaken with people over 50 living across Scotland between October 2021 and March 2022. A purposive sampling approach was adopted to ensure a diverse sample that includes experiences across age, gender, and locality as well as differing experiences of the pandemic including people who were shielding and unpaid carers. Data collection and analysis is ongoing at the time of abstract submission and findings will be available at the time of the conference. Early reflections on data collected to date suggest that technology provides an essential tool for older people to maintain connections with family and friends and to engage with different aspects of their everyday life. During pandemic restrictions, older people used technology in new ways, for example, engaging with health services, taking part in church services and joining exercise classes. Findings revealed broad acceptance and engagement with everyday technologies such as smart phones and tablet computers, however, for some older people, technology presented specific challenges. It is clear that technology will continue to play an important part in the lives of older people and stakeholders need to understand how best to ensure their digital inclusion.

S. Paper 3.2

INVITEing innovation in technology enabled care and support: Co-producing technologies across boundaries with older people in social housing

Dr Grant Gibson, Dr Vikki McCall, Dr Steve Rolfe, Ms Julia Lawrence

University of Stirling, Stirling, United Kingdom

Abstract. Technology enabled care is seeing ever growing interest and deployment across a range of health, social care and housing settings, including social housing. However, the evidence base regarding the effectiveness of such technologies is limited, with concerns from supported housing organisations emerging around practicalities of implementation, deployment and cost of technology commitments. This session reports the findings from the INVITE project (Promoting Inclusive Living via Technology-Enabled support) undertaken by the University of Stirling in partnership with Stonewater Housing Association (funded by the Longleigh Foundation). The project investigate how assistive and everyday technologies are co-produced within retirement living properties to improve residents' quality of life and sustain inclusive communities. The project presents empirical evidence gathered from social housing residents and staff that highlights how effective person-led technology interventions for older residents are co-produced, involving

residents, social housing staff and technologies themselves. Key themes include the importance of co-producing needs-based solutions, which can be diverse and unexpected. Facilitation and support of technological interventions are central to success, especially when perception of technology and its uses are varied. High levels of positive impact on wellbeing and quality of life can often be supported by low-level technological interventions. We conclude by discussing the implications from the project regarding the introduction, implementation and continued support offered for technology related interventions within supported housing schemes. Specifically, we will discuss how person-centred and personalised forms of technology based support, which bring together low and high 'tech' solutions can effectively be implemented within such schemes.



SIG GROUP SYMPOSIUM 4: EDUCATIONAL GERONTOLOGY

Wednesday 06 July 2022, 09:15 - 11:00

Bridging agency and instruction: ways forward in educational gerontology

Symposium Abstract

Since its inception in 2018 the annual symposium of the BSG Special Interest Group for Educational Gerontology has aimed to bring out the breadth of activity in our field. This year is no exception and the programme reflects both the range of interest and the lack of core academic investment in the UK, particularly. Nevertheless all three presenters, directly or indirectly, address the agency of the learner. Dr Natalia Balyasnikova, Assistant Professor at York University, Vancouver will focus on one individual's experience to present a thematic interpretation of the way 'immigrant seniors' use learning opportunities to enact engaged identities and pursue longevity. Dr Anne Jamieson, Emeritus Reader at Birkbeck, University of London, will bring together her own recent experience and that of course members at a local institution to examine the different strategies adopted by older learners since the emergence of the COVID-19 pandemic. Dr Marianne Markowski, Research Fellow in health sciences at Greenwich University, who is currently leading an international review of 'peer learning', and Dr Jitka Vseteckova, Senior Lecturer in Health and Social Care at the Open University, will introduce a typology designed to bring out the different meanings of the term and consider how these are being applied in the organisation of later-life learning.

Symposium Chair: Dr John Miles, Association for Education and Ageing

S. Paper 4.1

Receiving and giving back: Immigrant seniors' narratives of active ageing through learning.

Dr Natalia Balyasnikova

York University, Vancouver

Abstract. Reflecting the trends of global demographics, the proportion of seniors is rapidly growing across Canadian

provinces (Statistics Canada, 2014). However, one peculiarity of the Canadian context is that the increased number of seniors can be in part attributed to immigration patterns. With many immigrant seniors arriving in Canada, learning support becomes a significant issue for research, educational practice, and seniors' wellbeing. This presentation draws on a one-year narrative ethnography of a Vancouver-based learning initiative "Seniors Thrive" which had an objective of increasing "social capital among [immigrant] seniors in the inner city, in addition to improving English language skills, thereby improving their health and well-being" (Balyasnikova & Gillard, 2018, p. 83). Guided by a theoretical construct of agency or "the socioculturally mediated capacity to act" (Ahearn, 2001, p. 112) that unfolds within specific interactional contexts, the presentation examines how immigrant seniors constructed learning opportunities as spaces where they could enact identities of active, responsible, and engaged members of the community, pursuing longevity. Focusing on one learner "Cindy", thematic analysis of data suggests immigrant seniors actively seek out learning opportunities and thrive in those programs that recognize and celebrate their agentive choices and determination. The presentation will outline Cindy's learning journey as she sought to be seen as a contributing member of society and argue that her active engagement in the community was being driven by a need to give back to Canadian society.

S. Paper 4.2

Learning and coping with a Covid pandemic

Dr Anne Jamieson

Birkbeck, University of London

Abstract. This presentation aims to link lessons from previous research to more recent practical experience. My previous research has highlighted the meaning of education in later life and over the life course. In the light of recent trends, I will discuss how far these findings can help us understand the significance of formal learning involvement for older people since the emergence of the Covid pandemic. My involvement in organising classes for a local institution as well as my personal experience has yielded some illuminating insights into the different strategies employed by older people, and the variety of attitudes to risk, and the significance of face-to-face education compared with virtual learning. The presentation will highlight issues around social exclusion and the existence of virtual involvement for older people. It will consider both psychological and social perspectives as ways of explaining the different strategies employed by older learners.

S. Paper 4.3

What role can 'peer learning' play in adopting healthy life choices?

Dr Marianne Markowski¹, Dr Jitka Vseteckova²

¹Greenwich University; ²Open University

Abstract. We have an increasing number of older adults, yet learning provisions in adult education and later life learning has been historically underfunded in the UK due to a combination of reasons. One dominant and potentially disputable reason is the governments' longstanding emphasis on skills development for work rather than looking at the larger picture of the benefits of learning, which supports a person's well-being and therefore the perceived quality of life. Evidence shows that learning in older age has many benefits ranging from improved health outcomes (mental and physical health), improved confidence and self-esteem around the learned or applied skills, a sense of social connectedness and intergenerational engagement, which can lead to greater community well-being and societal cohesion (Krzeczkowska et al., 2021; Merriam & Kee, 2014; Poscia et al., 2018; Ronzi et al., 2018). In the UK it is rare for HEIs to offer learning content and formats with an older adult learner in mind, hence the popularity of the Universities of the Third Age (U3As) in the UK, which is independent from HEIs and utilises a peer and collaborative learning approach. The latter implies that learners and educators are at the same level, and they solve 'problems' or work through content collaboratively. There are no exams or assessments. Our presentation will outline our current research project which is a systematic review on the uses of peer learning and older learners in the context of at least three different modalities: 1) formal, where learning is planned and structured as it is for an assessed program, 2) informal where learning takes places in everyday contexts and 3) non-formal, which typically refers to vocational and skills based observational learning. Preliminary searches suggest that forms of peer learning are centred around certain topic areas such as:

- Peer learning in form of peer teaching or peer tutoring (e.g. language learning)
- Peer learning in form of peer assisted learning, which may use some form of help such as checklists, or structured activities (e.g. health support when managing dementia or diabetes)
- Peer learning in form of peer coaching (e.g. physical activities)
- Learning through peer support and interaction (e.g. carers support)
- Learning through peer mentoring, championing (e.g. gaining IT skills)

We plan to present early findings of our literature review and our analysis.

SIG GROUP SYMPOSIUM 5: CARE HOMES RESEARCH

PLEASE NOTE THIS SYMPOSIUM TAKES PLACE ON A DIFFERENT DAY

Thursday 07 July 2022, 14:45 - 15:45

Developing connected and resilient care home communities in response to the COVID-19 pandemic

Symposium Abstract

The BSG Care Homes Research Special Interest Group (SIG) aims to strengthen research, policy, and practice relating to care homes. In this symposium, we consider some of the distinct challenges that care home staff, residents, and their families faced during the Covid-19 pandemic, and how they have responded to these in order to build more connected and resilient communities. In our first paper, Dr Krystal Warmoth looks at the use of video consultancy technology as a way of keeping care homes connected to external services. Using evidence from a scoping review, and interviews with health and social care staff during the pandemic, this work identifies key barriers and enablers to sustainable engagement with this technology. In our second paper, Dr Olivia Luijnenburg focusses on the often overlooked roles of ancillary staff, such as cooks, cleaners and housekeepers, in supporting residents' wellbeing. Drawing on interview data from staff, residents, and their families, this work explores the meaningful connections that ancillary staff have with care home residents, and how these were navigated during the pandemic. Finally, Dr Diane Bunn talks about the difficulties faced by nursing home nurses during the pandemic. Drawing on initial interview data, she describes a series of workshops that aimed to identify practice recommendations that could better support nurses' mental wellbeing and resilience to future challenges. A key focus of this symposium will be to consider how the findings of each paper can enable care home communities to stay connected and resilient to future adversity.

Symposium Chair: Laura Brown, University of Manchester, United Kingdom

S. Paper 5.1

Using video consultation technology between care homes and health and social care professionals: a scoping review and interview study during COVID-19 pandemic

Dr Krystal Warmoth^{1,2}, Dr Jennifer Lynch¹, Ms Nicole Darlington^{1,2}, Prof Claire Goodman^{1,2}

¹University of Herfordshire, Hatfield, United Kingdom; ²NIHR Applied Research Collaboration East of England, Cambridge, United Kingdom

Abstract. The COVID-19 pandemic disproportionately affected care home residents' and staffs' access to health care and advice. UK health and social care professionals adapted rapidly to using video consultation (videoconferencing) technology without guidance. We sought to identify enablers and barriers to their use in supporting care home residents and staff. A scoping review of the evidence on remote consultations between healthcare services and care homes. Interviews with English health and social care professionals about their experiences during the pandemic. Findings were synthesised using the Non-adoption, Abandonment, Scale-up, Spread, Sustainability framework. Eighteen papers were included in the review. Twelve interviews were completed. Documented enablers and barriers affecting the uptake and use of technology (e.g., reliable internet; reduced travelling) resonated with participants. Interviews demonstrated rapid, widespread technology adoption overcame barriers anticipated from the literature, often strengthening working relationships with care homes. Novel implementation issues included using multiple platforms and how resident data were managed. Healthcare professionals had access to more bespoke digital platforms than their social care counterparts. Participants alternated between platforms depending on individual context or what their organisation supported. All participants supported ongoing use of technologies to supplement in-person consultations. The evidence on what needs to be in place for video consultations to work with care homes were partly confirmed. The pandemic context demolished many documented barriers to engagement and provided reassurance that residents' assessments were possible. It exposed the need to study further differing resident requirements and investment in digital infrastructure for adequate information management between organisations.

S. Paper 5.2

Supporting nursing-home nurses' mental wellbeing during and after the COVID-19 pandemic (The THRIVE study)

Dr Kathleen Lane, Dr Linda Birt, Ms Ellice Parkinson, Dr Jason Corner, Professor Kristy Sanderson, Dr Diane Bunn

University of East Anglia, Norwich, United Kingdom

Abstract. Nurses in nursing-homes sometimes feel undervalued compared with their counterparts in the acute sector (1). The

THRIVE study therefore explored NMC-registered nurses' experiences of working in nursing-homes during the pandemic in order to understand distinct challenges they faced in these settings and how best to support their resilience and mental well-being. In Phase 1 we conducted 18 qualitative interviews with nursing-home nurses. In Phase 2 we held four sets of paired workshops, delivered virtually and involving 12 nurses. Here we report on Phase 2. The first workshops aimed to validate and extend interview data on the experiences of nursing-home nurses during COVID-19, identify any positive outcomes from working during the pandemic and explore how they had "kept going". Nurses were asked to suggest practices or actions which might help them manage the stresses of the pandemic. These ideas were developed during the second of the paired workshops, with nurses discussing what practices or actions were acceptable in their nursing homes, what needed to be in place locally and nationally to progress actions and what might challenge implementing or sustaining them in the future. Our paper discusses findings that nursing-home nurses were challenged to maintain resilience during the pandemic, many feeling left behind compared with the acute sector. However, constructive practices and actions could be implemented, including emotional support networks, mental-health provision and better planning and communication, which could improve nurses' and, by extension, the nursing-home workforce's well-being in future.

S. Paper 5.3

Interactions and relationships between ancillary staff and care home residents and their relatives

Dr Olivia Luijnenburg, Dr Kritika Samsi, Caroline Norrie, Professor Jill Manthorpe, Professor Ian Kessler, Stephen Martineau

King's College London, London, United Kingdom

Abstract. Ancillary or domestic staff (cooks, cleaners, housekeepers) working in care homes can have meaningful interactions and relationships with care home residents, which may often be undervalued and overlooked in research. In an NIHR-funded 10-month qualitative study set in England, domestic staff in care homes (N=38), care home managers, (N=8) and care home residents (N=5) and their relatives or friends (N=7) were interviewed virtually between February and October 2021 to ask about experiences during the pandemic. The data was analysed thematically. Domestic staff participants described salient interactions and valuable relationships established between themselves and residents; residents and relatives described these as contributing to the wellbeing of residents. Domestic staff expressed intrinsic motivators such as personal experiences with older people, or the need to have a connection to residents as an important part of their job; many felt meaningful interactions with residents increased their wellbeing. Some participating managers offered support in developing good bonds between domestic staff and residents. All participants described how the COVID-19 pandemic changed some of the interactions; for example, kitchen staff had restricted interaction with residents, masks disrupted some of the communication, and participants recognised the impact of social distancing on valued social interactions. Some domestic staff received new and increased tasks. Supporting domestic staff to have meaningful engagement with residents and be an integral part

of the care workforce is a key principle of a "good practice guide" we developed from this study. We will present this guide and discuss policy recommendations deriving from this study.

PARALLEL SESSION 1F: WHAT ROLE DOES DAY CARE PLAY AND CAN WE REIMAGINE?

Thursday 07 July 2022, 09:00 - 10:00

Symposium Abstract

Four papers will be presented, each exploring the place of day care provision for older people in the current landscape of social care policy and practice. First, Lauren Parker and Joseph Gaugler (John Hopkins Bloomberg School of Public Health & University of Minnesota) will demonstrate the value of day centres, sharing findings from a study exploring how their temporary closure during the COVID-19 pandemic impacted negatively on users and carers across the United States. Demi Patsios (University of Bristol) will present findings from a secondary analysis of existing data sets to explore trends in provision and uptake of day care services in England. Katharine Orellana (King's College London) will offer insights into managers' and local authority employees' perspectives of services' relevance to policy, the need for change followed by day centre related priority support needs identified in a 2021 survey. Finally, Laura Bennett (University of Bristol) will present initial findings from case studies exploring experiences of day care from the perspective of older people, their carers and those who work in or manage services. The paper will highlight innovations in practice that may support a 'reimagining of day care'.

Symposium Chair: Ailsa Cameron, School for Policy Studies, University of Bristol, United Kingdom

S. Paper 4.1

Stakeholders' perspectives on day centres' policy relevance and priorities in changing contexts of ageing

Dr Katharine Orellana, Dr Kritika Samsi, Professor Jill Manthorpe, Dr Caroline Green, Professor Anthea Tinker

King's College London, London, United Kingdom

Abstract. Day centres' relevance to care policy in England has been questioned and funding cuts have resulted in closures across England. Yet day centres support the wellbeing of people with social care needs who want to remain at home and their carers. Temporary closure during the Covid-19 pandemic further highlighted their importance, both in England and beyond, with the Social Care White Paper

committing to further funding. Lack of regulation and varied typology of day centres mean that they are often 'invisible' to planners, funders, and practitioners, and to many gerontologists. This presentation offers insights into the views and practices of older people's day centre managers and local authority (LA) employees who see them as part of individual networks of support or as local community assets. Data derive from two studies: 1) interviews with LA employees who referred to or commissioned day centre places (n=13) and day centre managers/providers (n=6), in 2014-17 and 2) a 2021 stakeholder engagement exercise that discerned day centre related priority support needs as identified in a 2021 survey of day centre stakeholders in England. Data for both studies were analysed thematically. In the first, three themes were identified: 1) Perceptions and actions: policy and practice, 2) Change, and 3) The present and the future. Related to these themes, the survey found priority support areas covered sustainability or quality. Findings are synthesised and reported within the context of current practice and social care policy reform.

S. Paper 4.2

Implications of the COVID-19 Pandemic on Adult Day Services in the United States

Dr Lauren Parker¹, Dr Joseph Gaugler², Dr Katherine Marx³, Dr Laura Gitlin⁴

¹Johns Hopkins Bloomberg School of Public Health, Baltimore, USA; ²University of Minnesota, Twin Cities, USA; ³Johns Hopkins School of Nursing, Baltimore, USA; ⁴Drexel University, Philadelphia, USA

Abstract. The COVID-19 pandemic forced many adult day service (ADS) programs in the United States (US) to close rapidly either by choice or due to state mandates and thus in-person services to clients abruptly ended. The closure of ADS left clients particularly vulnerable, and their families were left without access to critical services to manage day-to-day care (i.e. health monitoring, and socialization). To understand the effect of the pandemic on ADS sites, caregivers, and clients living with dementia, data from 22 sites participating in the Adult Day Service Plus, a US national randomized trial, will be utilized. Despite in-person activities being closed, ADS sites continued to reach out to caregivers and clients (n=22, 100%). Many ADS continued to provide telephonic/remote services to clients, despite limited reimbursement from federal and state-level sources for these services. Caregivers felt both their own and persons living with dementia's physical and mental health got worse over the time the ADS sites were closed. The forced closure of sites due to the COVID-19 pandemic provided further evidence on the reliance family caregivers have on ADS to assist with providing care for persons living with dementia. ADS have considerable potential as a platform for service innovation in community-based services. However, for these programs to reach their full potential for families and older clients, ADS should be considered an "essential" long-term service and support.

S. Paper 4.3

Reimagining day care for older people - innovations in practice

Miss Laura Bennett¹, Prof Ailsa Cameron¹, Dr Demi Patsios¹, Dr Joanna Thorn¹, Dr Paul Willis¹, Prof Karen West¹, Dr Simon D. Hankins², Ms Ruth Green², Ms Sonia Davies²

¹University of Bristol, Bristol, United Kingdom; ²Bristol, United Kingdom

Abstract. Despite a widespread view amongst policy makers and senior managers that day care for older people is outdated and out of kilter with wider policy ambitions, there is a growing understanding that many older people appreciate such opportunities. There is also growing interest amongst providers of services and older people themselves about the need to transform provision. Using data from case studies visited as part of an NIHR SSCR study exploring the role of day services the presentation will consider experiences of collective day care from the perspective of older people, their carers and those who work in or manage services, including experiences of day care through the COVID-19 pandemic and its impact on older people and their carers. Highlighting the importance of local and personal connections, space and place the paper will discuss innovations in practice that may support a 'reimagining of day care', ensuring it meets the aspirations of older people and their carers whilst also addressing wider policy ambitions, such as addressing wellbeing, loneliness and social isolation. For the purposes of this research our definition of day care refers to community building-based services that provide care and/or health related services and/or clubs and activities specifically for older people (65+) with care and support needs.

PARALLEL SESSION 1G: ETHNICITY AND AGEING: THE IMPACT OF STRUCTURAL DISADVANTAGE AND RACISM OVER THE LIFE COURSE

Thursday 07 July 2022, 09:00 - 10:00

Symposium Abstract

Older people from minoritised ethnic groups are one of the most disadvantaged and marginalised groups in society. People from minoritised ethnic groups experience greater socio-economic disadvantage compared with people from ethnic majority groups and additionally experience racism and discrimination across the life course. The accumulation of multiple disadvantages and discrimination leads to adverse health and social outcomes in later life. However, in the UK, there are large data and evidence gaps around ethnic inequalities in health, wellbeing, and socio-economic circumstances for older people. It is critical to investigate the underlying causes of ethnic inequalities to inform local and national policy development and interventions. This symposium addresses the marginalisation of older ethnic minority people in UK research, and the interrelated and cumulative effects of socio-economic disadvantage and racism over the life course and between generations. The symposium draws together papers from colleagues at the Universities of Manchester and Sussex to examine ethnic inequalities in a range of outcomes for older people relating to health and social relationships. In particular, the papers examine the effects of racism on health both directly and indirectly via socio-economic inequality (Dr Laia Bécares), the role of disadvantage in health inequalities over time (Dr Sarah Stopforth), the impact of racism on family relationships (Dr Dharmi Kapadia), and the benefits of adopting an intersectionality approach to addressing social isolation and loneliness for older people (Dr Brenda Hayanga).

Symposium Chair: Sandra Torres, Uppsala University, Sweden

S. Paper 5.1

Understanding and addressing social isolation and loneliness in older people from minoritised ethnic groups through an intersectionality-informed lens

Dr Brenda Hayanga

University of Sussex, Brighton, United Kingdom

Abstract. The impact of social isolation and loneliness on health and wellbeing is well documented. In the UK, both are high on the policy agenda and there is a plethora of research on social isolation and loneliness in older people and the interventions adopted to address these issues. However, older people are a diverse group, and we know little about older people from minoritised ethnic groups and their experiences of social isolation and loneliness. They are vulnerable to social isolation and loneliness when their minoritised ethnic group identities and ageing related processes intersect with adverse outcomes (e.g. poor health and socio-economic inequalities, racism, and discrimination) that many experience throughout their life course. Furthermore, we know much less about the effectiveness and suitability of existing interventions in reducing social isolation and loneliness in this population. This paper reports on the findings of a mixed-methods study conducted (pre-COVID-19) to address this gap. It illustrates the benefits of adopting an intersectionality-informed stance to generate key principles for future interventions for social isolation and loneliness that are based on what older minoritised people consider to be their needs. In doing so, this study responds to calls for researchers exploring ageing and ethnicity to move beyond the identification of the needs of older minoritised ethnic group people, towards providing findings which can enable policymakers, practitioners, and interventionists to design and implement effective future interventions for social isolation and loneliness for older minoritised people.

S. Paper 5.2

Racism over the life course and its impacts on family relationships for ethnic minority older people in the UK

Dr Dharmi Kapadia

The University of Manchester, Manchester, United Kingdom

Abstract. The impact of racism on ethnic minority older people is a neglected research agenda (Bécares et al., 2020), with relatively little research that contextualises findings against the framework of structural, institutional and interpersonal racism (Nazroo et al., 2020), which permeate ethnic minority older people's lives. Similarly, studies on the detrimental effects of vicarious racism are concentrated in the health and education fields (Heard-Garris et al., 2018) and tend to be focused at younger ages of the life course (Bécares, 2015). This paper sits at the nexus of these two areas of race and ethnicity research, to consider how ethnic minority older people's familial relationships and family members have been affected by their own experiences of racism over the life course. Using data from biographical narrative interviews (January to May 2021) and focus groups

(June to July 2016) in the UK, we demonstrate how ethnic minority older people's experiences of racism, for example, during the migration process, in obtaining childcare and in the workplace have detrimentally affected the quality of family relationships. We also consider how these experiences of racism contribute to the intergenerational transmission of inequalities, and how they have shaped, and continue to shape, older ethnic minority older people's attitudes towards educating younger family members in 'racial socialisation' (Rosenblatt & Collins Sims, 2016).

S. Paper 5.3

Ethnic inequalities in health in later life: The persistence of health disadvantage over more than two decades

Dr Sarah Stopforth¹, Dr Dharmi Kapadia², Professor James Nazroo², Dr Laia Bécares¹

¹University of Sussex, Brighton, United Kingdom; ²University of Manchester, Manchester, United Kingdom

Abstract. Ethnic inequalities in health are well-established in the early and mid-life course. Research has documented that people from minoritised ethnic groups tend to have poorer health outcomes compared with the white majority group, and that the main reason for ethnic inequalities in health is exposure to social and economic disadvantage (e.g. racism, discrimination, and socio-economic inequalities). What is less known is the prevalence and persistence of ethnic inequalities in later life, and the persistence of these inequalities over chronological time. In this paper we address this large empirical gap. We take a novel approach to examining ethnic health inequalities over time, by harmonising six nationally-representative health and social survey datasets with appropriate ethnic minority boost samples spanning more than 20 years (the Fourth National Survey of Ethnic Minorities 1993/94, the Health Survey for England 1999, the Health Survey for England 2004, the Citizenship Survey 2007, Understanding Society wave 1 2009/10 and wave 7 2015/17). We investigate ethnic inequalities in health in later life, and we examine the effects of socio-economic position and racial discrimination in explaining health inequalities. The central empirical finding is the clear persistence of ethnic inequalities in limiting long-term illness and self-rated health over more than two decades. We further reflect on the need for future data collection to better represent older ethnic minority people, and to enable more detailed analyses of the accumulation of socio-economic disadvantage and exposure to racism over the life course.

S. Paper 5.4

The enduring effects of racism on health: Understanding direct and indirect effects over time

Dr Laia Bécares¹, Dr Sarah Stopforth¹, Dr Dharmi Kapadia², Professor James Nazroo²

¹University of Sussex, Falmer, United Kingdom; ²University of Manchester, Manchester, United Kingdom

Abstract. Racism and racial discrimination is strongly associated with poorer mental and physical health outcomes for minoritised ethnic groups, leading to poor health directly, via physiological and psychological impacts, and indirectly, via reduced socio-economic position. Although the role of socio-economic disadvantage in leading to ethnic inequalities in health is well established, academic and policy discourses rarely make clear that the underlying cause of socio-economic disadvantage is structural racism and discrimination. The central aims of this paper are to better understand the workings of racism on health over time and by age by understanding how racism impacts on health directly, and indirectly via socio-economic inequalities. We undertake novel analyses of large-scale, nationally-representative, repeated contacts data from Understanding Society, the UK Household Longitudinal Study. Findings from longitudinal structural equation models indicate that exposure to racism severely and negatively impacts the health of people from minoritised ethnic groups both directly and indirectly via socio-economic inequalities. These findings make an important contribution to the existing evidence base, demonstrating the enduring effects of racism on health over time and across age groups.

PARALLEL SESSION 1H: CARE AT HOME BEHIND CLOSED DOORS: STRUCTURAL AND RELATIONAL ISSUES FOR OLDER CARER, SYMPOSIUM I

Thursday 07 July 2022, 09:00 - 10:00

Symposium Abstract

After a decade of cuts to social care provision amidst rising need, and homecare services under extreme pressures, the structural issues in social care do not have any apparent foreseeable resolution. This has led to increasing recognition that understanding what happens behind the closed doors of the home is a matter of profound sociological, psychological and policy importance, and finding models that support unpaid and paid carers is an urgent and crucial endeavour. Nevertheless, in social gerontology, home care research is neglected at the expense of residential care, and even where carried out, the situation of older carers is often represented through proxies such as agencies, lobby groups or support services.

In these two linked symposia we bring together papers from six different research projects each seeking to understand experiences and outcomes for carers looking after a family member at home. The first symposium explores relational aspects of care, and the second focuses on experiences of older carers during the pandemic. Each symposium comprises three papers leaving ample time for discussion.

In this first of the two symposia, we explore relational aspects of caregiving in later life. Astbury et al examine older people's strategies caring for a spouse living with dementia at home during the pandemic; Pollock et al undertake an in-depth study of the complex relationship between a couple and the home care worker on whom they depend; and Samsi and Orellana examine the experiences of residential respite among people living with dementia and their carers.

Symposium Chair: Debora Price, University of Manchester, United Kingdom

S. Paper 6.1

Older carers and their spouses living with dementia: a relational approach to understanding responses to service retrenchment during the pandemic

Dr Jayne Astbury, Professor Debora Price, Dr Philip Drake, Neil Allen

University of Manchester, Manchester, United Kingdom

Abstract. Older carers supporting partners living with dementia at home have faced extreme challenges under Covid-19, with withdrawal of services, restrictions on movement, and high risks of illness and death. Some of those living with dementia cannot retain information about what is happening, and became agitated or distressed. Yet this group of carers is often invisible, and has received very little attention in the pandemic. We interviewed 48 carers aged 70+ about their experiences of caring for a spouse at home during the pandemic. Drawing on theories of relational sociology, in this paper we explore the relational aspects of the care given and strategies employed to keep going in the pandemic, asking particularly, what difference the spousal relationship makes. Older couples were faced with stark choices during the pandemic, especially in the first year before vaccines were available. By age alone they were at high risk of death from any infection, exacerbated if both or either lived with multiple health conditions. Any visit from an outsider carried a risk of infection, especially since care workers seldom had PPE and were often visiting multiple homes in a day, potentially carrying the virus from house to house. Declining outside help became a matter of life and death. We explore what the spousal relationship means for the thresholds at which decisions about risks of care, and quality of care, lead to decisions not to seek or to reject help, and the risks for spouses of asking for outside help during the pandemic.

S. Paper 6.2

Home Care Workers and Medicines Management

Professor Kristian Pollock, Dr Eleanor Wilson, Dr Glenys Caswell

University of Nottingham, Nottingham, United Kingdom

Abstract. The UK provision of social care is widely described as being 'in crisis'. Within a context of increasing scarcity of staff and funding the current and future contribution of paid home care workers (HCWs) in supporting clients to manage their medicines is an important and under-researched topic. Home as a site of care for severely and terminally ill patients involves management of complex medication regimens, including controlled drugs, and other treatment technologies, including PEG tubes. These increase the demands and responsibilities of care for patients, family caregivers and the paid HCWs who support them. They also highlight the need for continuity of care and time specific visits, as well as adequate training for HCWs. However, there are grave concerns about shortage of staff with high turnover of HCWs operating under intense pressure which prevents accurate time scheduling and visits of sufficient length. Care agencies vary widely in their

willingness to train staff to support medicines management and the range of tasks they are permitted to undertake. High staff turnover can fracture established relationships between clients and HCWs, as can the award and withdrawal of agency contracts through bureaucratic decisions made without awareness of the experience and preferences of clients, which are subordinated to the need to save money. This paper explores these issues through an in-depth case study of the relationship between a couple who were both affected by severe health problems and the HCW who enabled them to maintain their independence and ability to continue living at home.

S. Paper 6.3

Five things carers of people living with dementia say they learned about residential respite

Dr Kritika Samsi^{1,2}, Dr Katharine Orellana¹, Dr Laura Cole³, Professor Jill Manthorpe¹

¹King's College London, London, United Kingdom; ²NIHR Applied Research Collaboration, London, United Kingdom; ³University of West London, London, United Kingdom

Abstract. Residential respite care, or a short stay in a care home, can benefit some older people living with dementia and their carers. It offers both a break and is seen as a way of supporting people living with dementia to stay at home for longer, potentially delaying a long-term move to a care home. However, little is known about residential respite services, especially their availability, access, components and cost. As part of a 2-year study funded by Alzheimer's Society, we conducted qualitative interviews over telephone and video-call with family carers of people living with dementia in different parts of England, between March 2020 - January 2021. After relevant ethical approvals had been received, we asked 15 carers about their views, experiences, and expectations of residential respite. Through a rigorous transparent process of thematic data analysis, five themes relating to things learnt about residential respite were identified, covering what carers who had experienced residential respite reflected on retrospectively. These included: (1) the spectrum of emotional and intellectual reactions to decision experienced, (2) determining how a person living with dementia experiences respite from the carer's point of view, (3) differing expectations of a break, (4) processes of 'trial and error' in finding respite that 'fits' and (5) variable outcomes of respite including impact on longer-term care decisions. Findings will be discussed in the context of practice and policy implications.

PARALLEL SESSION 2F: DIFFERENT
PERSPECTIVES OF MOBILITY IN LATER LIFE

Thursday 07 July 2022, 11:15 - 12:15

Symposium Abstract

Mobility in later life is important as access to physical and social environments are key determinants of health and well-being. The World Health Organisation concept of Age Friendly Cities and Communities provides a framework to support and enable older people. Through the concept of age friendliness, or by finding innovative interpretations of transport and mobility, this symposium features different perspectives of mobility in later life. With a view to the recent mobility restrictions incurred during the COVID-19 pandemic, age friendliness is discussed in relation to autonomy, quality of life with the potential for technology as a moderator of loneliness. Age friendly cycling is discussed as a concept in a study promoting active mobility as vital for older people, with benefits felt beyond the transport domain. Shared mobility could enhance transport equity and lead to benefits in physical activity and wellbeing. The longitudinal study and early results of a shared mobility project prompts discussion of developing shared mobility schemes to maximise benefits for older people. Finally, the concept of being pedestrian is considered by applying Bourdieu's theory of capital to walking. Many facets of individual mobility are explored with a need to improve aspects of the environment beyond safety and accessibility of space highlighted. These four papers provide different perspectives on mobility in later life, and the ways it can be conceptualised to enable and enhance older people's mobility.

Symposium Chair: Allyson Rogers, Swansea University, United Kingdom

S. Paper 7.1

Using mobility capital to re-design public space to encourage walking in later life

Professor Charles Musselwhite

Aberystwyth University, Aberystwyth, United Kingdom

Abstract: There is plenty of research out there to suggest how important walking is to health and wellbeing. Yet being a pedestrian is poorly conceptualised, often overlooked and misunderstood. The term "to be pedestrian" has negative consequences being seen as slow and cumbersome in a fast-ever-changing world. We must remember that every single journey begins as a pedestrian. In this presentation, I will explore how we can do more walking as we age, and build on a model of mobility capital, borrowing Bourdieu's theory of capital and applying it to getting out and about. Barriers and enablers of walking can be seen in terms of infrastructure capital (the provision of walkways, of pavements, crossings that are of good quality and meet older people's needs), social capital (people, neighbourhoods, and communities), cultural capital (the norms of walking, and the governance and rules), and individual capital (people's own abilities and skills and their experience with walking). Balancing these out shows a need to improve not just the safety and accessibility of the space (keeping vehicle speeds down, having dedicated and continuous, well-maintained pavements), but also the legibility (readable streetscape for pedestrians, with maps and signage) and attractiveness of that space (including use of shelter, vegetation, water, colours and creating mystery and intrigue). Finally, we should explore more local ownership over streets, giving people control over the look and feel of their local walkways and pavements.

S. Paper 7.2

Age-friendly cycling mobility: what is it and how can it benefit cities?

Wilbert den Hoed

Rovira i Virgili University, Vila-seca, Spain

Abstract: The Age-friendly City concept has been gradually established in urban planning and policy to address what it takes for people to age in place and develop communities that respond to their needs and preferences. Although transportation is among its key domains, studies on urban mobility at older age do not always engage with recent transformations towards healthier and environmentally friendlier urban spaces. In particular, active travel modes such as cycling receive limited attention in relation to age-friendliness and extending mobility opportunities in later life. This underrepresentation can be explained by current patterns of cycling uptake across age groups, and is reproduced in the study and promotion of new urban mobility innovations. In response, this paper develops the notion of age-friendly cycling and applies this concept to cities with large tourism economies. These cities face intense concentrations of visitor mobilities in space and time that may interfere with residents' mobility and liveability. Based on document analysis and expert interviews in three European

tourist cities, the paper explores to what extent the qualities of active mobility at older age resonate beyond the transport domain. At the same time, it argues that urban mobility and tourism strategies do not often take notice of population ageing and could even hinder improving living conditions and mobility opportunities for all. Finally, this explorative study sets the scene for new research on urban ageing and mobility transformations to engage with the lived experiences and mobile biographies of older people.

S. Paper 7.3

Does shared mobility enhance transport equity among older adults?

Dr Angela Curl¹, Dr Helen Fitt², Ms Cushla Dares¹, Ms Els Russel¹, Dr Christina Mc Kerchar¹, Professor Simon Kingham³, Dr Karen Banwell³

¹University of Otago, Christchurch, New Zealand; ²Lincoln University, Lincoln, New Zealand; ³University of Canterbury, Christchurch, New Zealand

Abstract. Shared mobility has potential to enhance transport equity. It can lower per-trip costs, increase options, and promote active modes. Research suggests this should lead to benefits in physical activity, access, and wellbeing which are important among an ageing population. The ACTIVATION research project studies the outcomes of shared mobility among residents in a retirement village who have access to a growing fleet of shared electric and hybrid vehicles. We are also studying the impacts of shared mobility in a social housing complex. This longitudinal study explores the impacts of participants' access to shared mobility. This presentation introduces the study and some early results. It prompts discussion on how we can best develop shared mobility schemes to maximise their benefits for older adults' wellbeing.

PARALLEL SESSION 2G: NOVEL INITIATIVES FOR ADDRESSING HARMFUL ALCOHOL AND SUBSTANCE USE IN OLDER POPULATIONS

Thursday 07 July 2022, 11:15 - 12:15

Symposium Abstract

Substance Use Disorders (SUDs), particularly hazardous alcohol use, are increasingly common in older populations. Both are associated with poor mental and physical wellbeing. Older people are more likely to experience harm from alcohol use than any other age group, as conditions and medications that are negatively affected by alcohol are common in old age. One in three older people (aged 50+) has increased their alcohol intake during COVID-19. Without intervention, alcohol-related harm and harmful substance use amongst older people will continue to rise. This symposium will consider novel initiatives for addressing harmful substance use, particularly alcohol use, in older populations. The symposium begins with a presentation on a student project to explore attitudes to alcohol use amongst older people; including demographic predictors of heavier drinking. Findings can inform future initiatives and message framing to promote healthier decisions about alcohol. Our second presentation examines ageism in existing support for substance addiction. The latter presentations discuss novel initiatives for addressing harmful alcohol use in older populations. First, we discuss an age-tailored alcohol brief intervention delivered to older people in public settings. Next, we consider older adults' views regarding effective approaches by allied health practitioners to addressing harmful alcohol use. The final presentation considers the lived experiences of older people with co-occurring alcohol and mental health problems and their support needs; considering directions for age-tailored, holistic and integrated initiatives in primary care and community alcohol and mental health services.

Symposium Chair: Beth Bareham, Newcastle University, United Kingdom

S. Paper 8.1

Understanding the lived experiences and support needs of older people with co-occurring alcohol and mental health problems: a qualitative study.

Dr Beth Bareham¹, Professor Eileen Kaner¹, Professor Barbara Hanratty¹, Dr Amy O'Donnell¹, Dr Jenny Liddle¹, Ms Lisa Pidd², Ms Sarah Hulse³

¹Newcastle University, Newcastle upon Tyne, United Kingdom;

²With You, Sheffield, United Kingdom; ³North East North Cumbria Integrated Care, Newcastle upon Tyne, United Kingdom

Abstract. Most older people using alcohol at harmful levels have mental health problems; where common stresses in old age such as retirement, widowhood, and ill health can trigger anxiety and depression, and drinking to cope. Tailored support to meet the specific needs of older people with co-occurring alcohol and mental health problems is needed, as these patients fall between primary care, alcohol and mental health services, which are ill-equipped to meet their complex support needs. To inform new initiatives, we need to understand the support needs of this patient group. This qualitative study aims to understand the lived experiences of older people with co-occurring alcohol and mental health problems, their experiences of support, and unmet support needs. Data collection will begin March 2022. Semi-structured interviews will be conducted with ~20 older people (aged 55+) with co-occurring alcohol and mental health problems, purposively sampled for maximum variation in characteristics that may impact alcohol use, mental health, and engagement with support services. Data will be analysed thematically, applying principles of constant comparison. Findings will explore challenges of addressing co-occurring alcohol and mental health problems, and age-specific support needs relating to risk factors for alcohol and mental health problems in old age, and barriers to engaging with services, such as mobility and hearing problems. Implications of findings for how older people with co-occurring alcohol and mental health problems could be better supported in age-tailored, holistic and integrated initiatives in primary care and community alcohol and mental health services will be discussed.

S. Paper 8.2

Does it matter if you're older? Ageism and the neglect of substance addiction in later life from a medical ethics perspective

Dr Selma Kadi¹, Prof Hans-Jörg Ehni²

¹European Centre for Social Welfare Policy and Research, Vienna, Austria; ²Tübingen University, Tübingen, Germany

Abstract. For a long time, older people's addictions received little attention. Gerontology and related fields did not pay much attention to addiction, and addiction research did not focus much on older people. Concurrently it is to be assumed, that based on rising life expectancy and the previous experiences of future older generations, more people in Germany will be affected by addiction in later life in the future. The article reviews literature discussing the possible

consequences of ageism on the treatment of addiction in later life. The lack of attention to addiction in later life is explained with ageism, the discrimination of older people in society. We review existing research and identify four different areas, in which older people's substance abuse is neglected: health reporting, research, primary care and therapy offers. To date, this has not been examined from a medical ethics perspective. The impact of ageism on the treatment of addiction in these four areas is evaluated following the four principles of medical ethics by Beauchamp and Childress. All four principles following Beauchamp and Childress are neglected through ageism in the context of treatment of addiction. Awareness raising about ageism and further research on the extent to which ageism impacts the neglect of addiction in later life are two approaches which can contribute to promoting health in later life.

S. Paper 8.3

Alcohol consumption and attitudes to alcohol in UK adults aged 50+ and the relationships between these variables with attitudes to ageing, sense of coherence and belief in a just world.

Miss Bobbie Webster, Miss Madeleine Thelu, Professor Martin Orrell, Dr Katy Jones

University of Nottingham, Nottingham, United Kingdom

Abstract. Alcohol consumption in people aged 50+ in the UK has significantly increased over time. This study aimed to identify if demographic factors, attitudes to ageing, and two positive psychology theories were predictors for alcohol consumption and attitudes to alcohol in this age group. A total of 2,675 (mean age=66) UK residents aged 50+ were recruited through the Join Dementia Research platform. Demographic data, alcohol consumption (AUDIT-C), attitudes to alcohol (developed for the study) and ageing (Attitudes to Ageing Questionnaire) and scores on two positive psychology scales (Belief in a Just World; Sense of Coherence) were collected. Two linear and hierarchical regression models were produced. AUDIT-C screening showed 34.8% were classed as 'at-risk' drinkers. The majority (63.5%) stated they knew the Government guidelines for alcohol intake in the UK, and most agreed drinking over this limit would affect their physical (82.7%) and mental health (74.5%). Those with lower mean age, with higher levels of education, who were in better overall health, and had higher BJW (self) had higher AUDIT-C scores, with age the only significant block in the hierarchical regression model. People with more positive attitudes to ageing, with a stronger sense of coherence, and who were in better overall health had a less risky attitude to alcohol. Health and age influence alcohol intake and attitudes to alcohol use. However, a sense of coherence, or how just and fair a person believes the world to be, also plays a role. This may influence message framing about alcohol intake for this group.

S. Paper 8.4

Alcohol screening and brief intervention for older adults delivered in public spaces in the UK

Dr Jennifer Seddon¹, Dr Beth Bareham², Dr Sarah Wadd³

¹Oxford Brookes University, Oxford, United Kingdom; ²Newcastle University, Newcastle, United Kingdom; ³The University of Bedfordshire, Luton, United Kingdom

Abstract. Increasing numbers of older adults are drinking at hazardous levels. In the UK, older adults aged 55-64 are now more likely to exceed the recommended unit guidelines for alcohol use than any other age group. This study aimed to test the feasibility and acceptability of conducting alcohol screening and brief intervention (ABIs) with older adults in public settings. ABIs were conducted in public spaces in five areas across the UK as part of the Drink Wise Age Well programme. The Alcohol Use Disorders Identification Test (AUDIT-C) was used to screen for hazardous use of alcohol; feedback was delivered using a FRAMES approach. Sixteen ABI recipients took part in a qualitative interview, along with 12 alcohol practitioners involved in ABI delivery. 3,999 people received an ABI. Over half the sample were female (58%), the largest age group was aged 50-54 years (28%). 80% of ABI recipients were drinking at hazardous levels. Of these, 58% had not been asked about their drinking in the last year; 40% reported intentions to change their drinking. Participants felt it was appropriate to receive an ABI in a public setting, with few concerns about privacy. However, some participants felt a public setting may not be appropriate for people drinking at dependent levels. This study highlights it is feasible to engage high number of people in ABI screening in public spaces. The implementation of ABIs in public spaces represents an opportunity to engage older adults who may not have been asked about their use of alcohol before.

S. Paper 8.5

What influences allied health practitioners' decision-making when asking older adults about alcohol use? Exploring older adults' views to improve understanding and practice.

Mr Lee Henley

Massey University, Palmerston North, New Zealand

Abstract. Older adults do not receive screening assessments for alcohol use at similar rates to younger cohorts. This is despite evidence indicating older adults' use of alcohol is frequent and increasingly to excess. Allied health professionals find it difficult to undertake conversations with older adults regarding use, resulting in service access issues. The purpose of this online doctoral research is to explore what older adults see as effective approaches regarding alcohol and what influences allied health professionals' decision-making regarding whether to ask older adults about alcohol. An Advisory Group of older adults co-designed this study. A series of focus groups with older adults who had accessed alcohol support services (4 participants) and those who had accessed health supports (8 participants), gathered older adult views on effective approaches regarding alcohol.

Findings include; alcohol-based questions should be blunt and part of general health assessments, healthcare practitioners (those not in AOD services) do not routinely ask about alcohol, guilt, and shame play a significant role in older adults not seeking support. Peer support based on engagement, not age is important, significant others should be consulted, follow-up is critical to success and the performance of healthcare staff is critical. Knowledge regarding the increased risks of alcohol use when ageing should be effectively disseminated. Working in partnership with older adults is a successful approach for this research, ensuring voices are heard. Later phases will include a co-designed approach to work directly with allied health professionals to improve practice based on the views of older adults.

PARALLEL SESSION 2H: AGEING, WELL-BEING AND INEQUALITY IN LATER LIFE IN CHINA

Thursday 07 July 2022, 11:15 - 12:15

Symposium Abstract

This symposium showcases the ongoing work of the core team at University of Manchester from Global Network for Ageing Research on China (GNARC)—the first international research network focused on the ageing of Chinese populations that brings together scholars, public sector and NGOs and has attracted over 200 members from all over the world. We present four papers that concern cross-cutting themes on ageing, gender, care, well-being and inequality in later life in China.

The first presentation, by Nan Zhang, drawing on a qualitative methodology, uncovers the experiences of a marginalised and invisible group of older migrant grandparents in relation to urban migration and provision of child care in post-one child policy China. The second paper, by Jiyao Sun, using a unique longitudinal dataset with an innovative measure of subjective well-being, has found a J-shaped relationship between subjective well-being and age over the life course in China, challenging the U-shaped pattern observed in Western societies. The last two presentations make use of a nationally representative ageing survey: The third presentation, by Jingwen Zhang, adopting a life course perspective and sophisticated mediation analysis, unpacks how gender shapes migration processes in China and associated depressive symptoms in later life. The last presentation, by Shunqi Zhang, drawing on an active and healthy ageing framework, highlights the role of social participation in reducing social isolation and enhancing well-being in later life in China

Symposium Chair: James Nazroo, University of Manchester, United Kingdom

S. Paper 9.1

Grandparents on the move: urban migration and grandparenting in post-one-child policy China

Dr Nan Zhang

University of Manchester, Manchester, United Kingdom

Abstract: China's rapid rural-urban migration and population ageing are posing significant challenges to traditional patterns of intergenerational familial support. To tackle population ageing, China's one-child policy has been replaced with a two-child policy and subsequently a three-child policy. With limited institutional childcare facilities in place, ageing grandparents from rural areas often move to the cities where their adult migrant children settle, to provide care for grandchildren. This group of older, rural people are largely marginalized and are invisible on the current research and policy agenda. This ongoing study, conducted in Yangtze River delta urban area—one of the most developed, crowded, and the largest migrant-receiving urban regions in China, aims to uncover their experiences during the process of migration and adaptation, and establish the way in which this arrangement of grandparenting has impacted their everyday lives and well-being. Three compelling themes emerged at this stage: 1) intensified caring responsibilities imposed on older women largely owing to patriarchy; 2) intersection of old age, being women and exclusion of social welfare due to having a rural origin contribute to poor well-being; 3) the feeling of lack of equilibrium in terms of family exchange over the life course is not uncommon. This project is still evolving and will form an important evidence base to tackle issues such as social exclusion and marginalisation of disadvantaged communities in China under the backdrop of rapid population ageing and urbanisation.

S. Paper 9.2

Gender differences in rural-urban migration and its impact on mental health in later life

Ms Jingwen Zhang, Professor James Nazroo, Dr Nan Zhang

University of Manchester, Manchester, United Kingdom

Abstract. Although rural-to-urban migration has been well researched, how gender shapes processes and outcomes, including longer term health outcomes, has not been thoroughly investigated. Guided by a life course perspective, this study explores gender differences in rural-urban migration patterns and its association with mental health in later life among Chinese older adults. Exploiting rich life history data from the China Health and Retirement Longitudinal Study, we employ sequence analysis to identify the major migration trajectory patterns of Chinese older adults. Moderated mediation analysis is then used to examine gender-specific health pathways linking migration trajectories and mental health in later life. The results indicate that: rural migrants who settled in urban regions have better mental health in later life than return migrants or rural non-migrants; migrating to urban areas at an early age is especially beneficial for women's long-term mental health; and household income in later life have stronger mediation effects

for migrant men than for migrant women. The study therefore highlights the importance of considering the role of gender when designing policies aiming to improve the health and wellbeing of migrants in later life in China.

S. Paper 9.3

Ageing and Subjective Wellbeing in Rural China: A J-Shaped Relationship between Life Satisfaction and Age

Mr Jiyao Sun

Social Statistics, Manchester Institute for Collaborative Research on Ageing (MICRA), The University of Manchester, Manchester, United Kingdom. Cathie Marsh Institute for Social Research (CMI), The University of Manchester, Manchester, United Kingdom. Center for Health Management and Policy Research, School of Public Health, Cheeloo College of Medicine, Shandong University, Jinan, China. NHC Key Lab of Health Economics and Policy Research (Shandong University), Jinan, China

Abstract. The relationship between age and subjective wellbeing (SWB) has been well documented in Western countries and urban China, but there is a paucity of evidence from rural China. Using a longitudinal dataset (2006, 2009 and 2014 waves) comprising of 1959 Chinese rural residents, we examined the cohort differences and individual ageing effects on affective SWB (individual net affect) and evaluative SWB (life satisfaction) by multilevel mixed-effect models. For cohort differences, affective SWB showed a U-shaped pattern across the life course with nadirs in mid-life (age 44 and 39). However, a J-curved pattern for evaluative SWB was observed with the nadir in early adulthood (age 24 and 22). For individual ageing effects, affective SWB showed gradually accelerated increase over survey waves across the cohort age. For evaluative SWB, cohorts aged between 18 and 24 at baseline experienced decelerated decrease in life satisfaction, whereas those aged above 24 at baseline experienced an accelerated increase over time. After full adjustment, there was a gradual decelerated deterioration in life satisfaction across all cohort ages over survey waves. The results suggested that although affective SWB exhibited a consistent U shape with age with nadir in mid-life, evaluative SWB showed a J-shaped pattern across the life course with the nadir at a much earlier age compared to urban Chinese and Western contexts. Additionally, the oldest cohorts tend to have better SWB than the youngest cohorts, and they also experienced the greatest increase (or the least decline) in SWB over time.

S. Paper 9.4

Longitudinal associations between social participation and mental health

Miss Shunqi Zhang

University of Manchester, Manchester, United Kingdom

Abstract. The existing research investigating the effect of social participation is limited among the population in developing countries. The present study examines the

association between different forms of social participation and mental health over time among older adults in China. Using participants aged 60 years old and older and four waves of data from the China Health and Retirement Longitudinal Study (CHARLS), I simultaneously modelled the longitudinal associations between participating in three forms of social participation (individual participation, group participation and informal volunteer work) and changes in the status of mental health using multilevel models. After controlling for relevant demographic and socioeconomic factors, we found that social group participation was associated with reduced risk of suffering depression over time. The association was more significant for men than that for their female peers. And those of a better socio-economic status and those with a partner benefit more from engaging in social participations than their counterparts. The findings from the current study demonstrates that collective social participation is beneficial to mental health among the older population in China, especially for men and those with social and economic advantage.

PARALLEL SESSION 3F: CARE AT HOME
 BEHIND CLOSED DOORS: STRUCTURAL AND
 RELATIONAL ISSUES FOR OLDER CARERS:
 SYMPOSIUM II

Thursday 07 July 2022, 13:30 - 14:30

Symposium Abstract

After a decade of cuts to social care provision amidst rising need, and homecare services under extreme pressures, the structural issues in social care do not have any apparent foreseeable resolution. This has led to increasing recognition that understanding what happens behind the closed doors of the home is a matter of profound sociological, psychological and policy importance, and finding models that support unpaid and paid carers is an urgent and crucial endeavour. Nevertheless, in social gerontology, home care research is neglected at the expense of residential care, and even where carried out, the situation of older carers is often represented through proxies such as agencies, lobby groups or support services.

In these two linked symposia we bring together papers from six different research projects each seeking to understand experiences and outcomes for carers looking after a family member at home. The first symposium explores relational aspects of care, and the second focuses on experiences of older carers during the pandemic. Each symposium comprises three papers leaving ample time for discussion.

In this second of the two symposia, we examine caregiving during the pandemic. Di Gessa and Price analyse the experiences of older carers using the Covid -waves of the English Longitudinal Study of Ageing; Allen and Darby examine the complex interactions between volunteers and carers after the call to arms for volunteers in the early stage of the pandemic; and Herron et al explore unpaid carers' experiences of planning for the future during Covid-19.

Symposium Chair: Debora Price, University of Manchester, United Kingdom

S. Paper 10.1

Mental Health and Wellbeing of Older Carers during the Covid-19 pandemic: an examination of the Covid Waves of the English Longitudinal Study of Ageing

Professor Debora Price^{1,2}, Dr Giorgio Di Gessa³

¹University of Manchester, Manchester, United Kingdom; ²Manchester Institute for Collaborative Research on Ageing, Manchester, United Kingdom; ³University College London, London, United Kingdom

Abstract. Much has been written about the mental health and wellbeing of the population under pandemic conditions and lockdowns but that of carers specifically has received little research attention. During the Covid-19 pandemic, older people providing care to family members and friends might have been even at higher risk of poorer mental health, having to manage their own high levels of health and care needs as well as that of their care recipients in times of shielding and lockdowns. Such carers typically have their own high levels of health and care needs but are invisible in research and policy. In this paper, therefore, we examine two waves of the English Longitudinal Study of Ageing (ELSA) undertaken in the first year of the pandemic to understand trajectories of mental health and wellbeing for older carers. We first present data about the social, health and demographic characteristics of older carers, by changes in patterns of care during the pandemic. Then, we analyse how these changes (and in particular how those who kept on caring for their family and friends during the pandemic) are associated with changes in mental health and wellbeing while accounting for pre-pandemic health. Overall, results will shed light on how carers have fared during the pandemic. Implications for policy and practice as we move away from the current pandemic are then discussed.

S. Paper 10.2

Dementia Care Planning during Covid-19

Dr Daniel Herron, Dr Jessica Runacres, Dr Edward Tolhurst

Staffordshire University, Stoke-on-Trent, United Kingdom

Abstract. This study aimed to explore unpaid carers' experiences of planning for the future during Covid-19. Secondary analysis was performed on data that were collected through 26 digitally recorded, semi-structured interviews conducted during the COVID-19 pandemic. Thirteen carers of individuals with dementia undertook two interviews each, approximately eight weeks apart, to capture any COVID-19 related changes. Data were analysed using Reflexive Thematic Analysis. Themes were developed from the data which overall highlighted that carers were concerned about the person living with dementia catching COVID-19 and based decisions on reducing this risk, which sometimes had negative implications for their own wellbeing. For example, stopping paid carers from entering the home and taking over the caring responsibilities themselves. Or, delaying the decision to move the individual with dementia into residential care; this was also the result of the ongoing restrictions for visitors at care

homes and fears related to a lack of contact with the individual. Carers described having to adapt their care quickly, and with limited professional support, due to the sudden implementation of restrictions which led to the temporary closure of many dementia supports and delays in healthcare services. They also described a lack of ability to plan for the future due to uncertainty related Covid-19, and the potential progression of dementia. There is a need to ensure unpaid carers can still access support during any future lockdowns or similar events, to support their own wellbeing and their ability to continue to provide care for the person living with dementia.

PARALLEL SESSION 3G: CRITICAL PERSPECTIVES ON SOME CRITICAL CONCEPTS IN SOCIAL GERONTOLOGY

Thursday 07 July 2022, 13:30 - 14:30

Symposium Abstract

This symposium develops a critique of some key concepts in social gerontology. Two papers examine (a) the 'social construction' of old age and (b) the idea of ageism-as-oppression. Both these papers will briefly outline the issues, before focusing upon the conflation of the 'objective' status of old age within society with age's representation, imagery, and discourses. We will discuss the 'taken-for-granted' aspects of social gerontology, especially as they have been framed by 'critical' gerontology. Gilleard will discuss the key issue posed by the shift from policy approaches focussing upon the 'objective' analysis of later life and its disadvantages as well as social marginality to ones that focus upon the 'symbolic' representation of age and the contestations arising over its representational space. Higgs will address the question of whether ageism can be seen as a source of oppression for older people or whether this approach runs the danger of providing an ultimately unsatisfactory conceptual tool that avoids the nuances implicit in growing older. We intend this symposium to act as a catalyst for further debate about key concepts in social gerontology.

Symposium Chair: Paul Higgs, UCL, United Kingdom

S. Paper 11.1

Is ageism an oppression?

Prof Paul Higgs

UCL, London, United Kingdom

Abstract. The concept of ageism as oppression has become an important point of reference in contemporary gerontology. Apart from its giving substance to the negative experiences impacting on older people, the idea of ageism as oppression is used in many different contexts, with different meanings. This presentation argues that the positioning of ageism as oppression, rather than constituting a deepening of gerontological focus, seems to serve as a way of connecting those using it with other social movements for whom oppression and its overcoming have been critical to their historical development. In and of itself, it will be argued, ageism as oppression has little instrumental value in effecting change over and above that associated with the identification of discrimination experienced by older people in various settings. Furthermore, it risks reinforcing a homogenised perspective of later life that masks the complex and contradictory position that later life occupies in most ageing societies.

S. Paper 11.2

Re-visiting the social construction of old age

Dr Chris Gilleard

UCL Division of Psychiatry, London, United Kingdom

Abstract. Critical to the evolution of social gerontology has been the notion that old age 'is a social rather than a biologically constructed status' (Phillipson, 1991: 404). The notion of social constructionism encompasses a variety of differing approaches, diverging in the degree to which they privilege the construction of the social world arising either from highly structured social processes, compared with those privileging the dominant role of narratives and practices in actualising social reality. Old age, in the former case, is built upon the introduction of such age based institutions as 'retirement', 'day centres for the elderly' and 'old people's homes', typically realised by national or local government. In the latter case, later life is constructed by discourses emerging from local, national and supra-national policy documents, media reports, films literature and TV, the advertising industry and the marketing of various goods and services. The former view dominated the earlier 20th century literature while the latter has increasingly taken over in the twenty first century.

PARALLEL SESSION 3H: HARNESSING KNOWLEDGE OF LIFESPAN BIOLOGICAL HEALTH, ENVIRONMENTAL AND PSYCHOSOCIAL MECHANISMS OF COGNITIVE FRAILITY FOR INTEGRATED INTERVENTIONS: AN INTERDISCIPLINARY NETWORK

Thursday 07 July 2022, 13:30 - 14:30

Symposium Abstract

This symposium will introduce one of a group of "Interdisciplinary Ageing Across the Life Course" networks funded by the BBSRC and MRC. The network will address the issue of Cognitive Frailty, bringing together expertise ranging from biogerontology and psychology to health inequalities, social engagement and policy. When we consider ageing health issues, what is striking is that physical frailty and cognitive impairment often co-exist and seem to be related in ways other than just a common relationship with chronological age or impacts of illnesses. We do not yet fully understand how one might cause the other or what drives this coincidence. The symposium will start with an overview of the concept of cognitive frailty, defined as a heterogeneous manifestation characterised by simultaneous presence of both physical frailty and cognitive impairment and the exclusion of concurrent dementia, followed by the view from researchers examining underlying biological mechanisms of ageing, explaining how their work informs research on human ageing processes. This will be followed by an examination of underlying processes linking some micronutrients to cognitive change. We will then summarise some of the known links between behavioural and environmental influences and cognitive frailty, linking to underlying biological mechanisms, and examine how we can target potential pathways, bringing in social and economic determinants of health that may influence cognitive resilience and health outcomes. Finally, we will examine the role of citizen engagement in this important endeavour.

Symposium Chair: Carol Holland, Lancaster University, United Kingdom

Discussants: Nicola Wilson; Liverpool Health Partners, NHS, United Kingdom; Susan Broughton; Lancaster University, United Kingdom

S. Paper 12.1

Lipid soluble micronutrients and neuronal function

Dr Irundika Dias

Aston University, Birmingham, United Kingdom

Abstract. Emerging evidence in nutritional cognitive neuroscience indicates that specific nutrients may preserve cognitive function and slow the progression of cognitive impairment. The major risk factor for cognitive decline is age. The results from vascular- and nutrient-related preventive strategies are promising, but the interactions between lipid soluble micronutrients and cognitive impairment have not been clearly identified. Our previous work shows circulating antioxidant levels are lower in patients with Alzheimer's disease. In parallel, the higher the concentration of modified lipids, the lower the cognitive function. We hypothesised that during ageing and cognitive decline, lower concentrations of micronutrients in a person's general system are reflected by lower brain micronutrient status, greater lipid oxidation and that this contributes to neurodegeneration via oxidative and metabolic stress. We tested our hypothesis in vitro neuronal cell culture systems. Our results show that physiological concentrations of modified lipids induced neuronal oxidative stress, but that this can be mitigated by the micronutrients in a dose dependent manner. However, delivery of micronutrients in vitro did not protect neuronal cells from elevated lipid changes probably due to excessive cellular stress. In light of the growing interest on the influence of nutrition on cognition, it is important that we perform appropriate intervention studies to measure desired cognitive and cellular outcomes.

S. Paper 12.2

Social and economic determinants; integrated planning for improved access to cognitive support and services

Dr Sally Fowler Davis

Sheffield Hallam University, Sheffield, United Kingdom

Abstract. Social context by virtue of household, neighbourhood, community and environment can impact on both the likelihood of cognitive wellbeing and the individual's access to social and healthcare support. The indices of multiple deprivation [1] is a tool most often used in population health management to identify and target those with economic deprivation and segmenting communities into the least and worst deprived. Taking a risk based approach it is important to ask; how do people in more deprived households experience cognitive frailty and what are the environmental factors i.e. physical and social, that indicate a risk of poor outcomes? This question can be used to make the links between the causes of physical frailty and those of cognitive frailty and conversely, how environmental factors (and sustainable improvements) can be targeted to individual circumstances and enable new ways of working across health and care. Contemporary public health research has made significant strides in identifying the causal pathways for

health inequalities [2] and potentially provide 'upstream' interventions that are based on personalised care. This paper will examine how we can target potential groups and how policy can inform improvements in population outcomes associated with cognitive frailty

1. English indices of deprivation 2019 - GOV.UK (www.gov.uk)
2. Whitehead, M., & Dahlgren, G. (1991). Policies and strategies to promote social equity in health. Background document to WHO-Strategy paper for Europe 2007, 14.

S. Paper 12.3

Exploring multivariate approaches to healthy brain ageing

Professor Alan Gow

Heriot-Watt University, Edinburgh, United Kingdom

Abstract. As we age, we are likely to experience changes in our reasoning and memory skills. For some, those changes may be related to the development of dementia or related conditions with significant impacts on health and quality of life; for others, the changes may be more subtle and have a minimal impact of daily life. While the range of possible changes in age-related cognitive changes are relatively well mapped, identifying robust behavioural and environmental predictors of those changes has proved more challenging. That partly reflects the 'single' variable' approach that is often taken: though many individual factors may be relevant, on their own they are likely to make small contributions to cognitive ageing. In exploring behavioural and environmental factors that potentially protect or harm the ageing brain, more attention is now being focused on their combined impact. This presentation will therefore explore some of the behavioural and environmental factors that might be relevant to cognitive ageing, including education level and physical activity, before considering how such individual factors might fit into the bigger (multivariate) picture. In identifying predictors making either independent or shared contributions to cognitive ageing, consideration can then turn to the possible independent and shared mechanisms. While some of the potential predictors, such as physical activity, have mechanistic explanations that have been explored in detail, others remain at the earlier stages of understanding how they might benefit brain health.

S. Paper 12.4

Investigating mechanistic links between environment-gene interactions and cognitive frailty in model organisms.

Dr Susan Broughton, Dr Alex Benedetto

Lancaster University, Lancaster, United Kingdom

Abstract. Ageing is a pervasive yet pleiotropic process that affects animals from nematodes and flies to humans. While molecular, cellular, and genetic drivers of ageing have been evidenced and characterised primarily thanks to research on model organisms, research into human ageing has also highlighted the influence of lifestyle and the environment on

the ageing process, notably by studying their impact on frailty and cognitive decline. Environmental influences are complex and engage second order interactions between genetics and environmental factors that are hard to decipher without the right conceptual framework and appropriate experimental paradigms. The notion of gut-brain axis (GBA) highlights two main organs that co-regulate metabolic and ageing processes: the gut and the brain. This concept gained traction recently with the realisation that not only diet and exercise are key pathways to intervene into ageing and cognitive health, but the gut microbiome as well. Model meta-organisms (worms, flies and mice in combination with their associated microbes), are thus being leveraged to understand how the GBA integrates multifactorial influences with impact on ageing and cognitive frailty. Such models enable fast-paced higher-throughput research with accessible quantitative health and cognitive outputs. By studying cohorts of ageing worms, flies and mice with defined diets and gut microbial compositions, and measuring metabolic outputs, pathologies, stress susceptibility, behaviours and cognitive performance with age, we thus aim to elucidate mechanistic links between environment-gene interactions and cognitive frailty and identify pathways for interventions into healthy ageing.

PARALLEL SESSION 4F: COVID AND OLDER PEOPLE: SOCIAL CONSTRUCTIONS, BIOMEDICAL OUTCOMES

Thursday 07 July 2022, 14:45 - 15:45

Symposium Abstract

By January 2022, the World Health Organization had recorded over 5.5 million deaths from COVID-19 - the majority people over 60. The response to COVID-19 has focused on biomedical interventions and the role of vaccinations. But the 'social' dimension of the pandemic has also been distinctive. Older people have been presented as 'victims' of COVID, in respect of premature deaths, loss of social contacts, and portrayal as a dependent group. But a significant casualty has been an understanding of the social forces behind the pandemic. Older people are viewed through the lens of COVID-19 rather than the conditions which influence their relationship to the disease. The Symposium explores the ways in which the social dimension has operated during the pandemic. Chris Phillipson examines different types of inequalities associated with COVID-19, together with its impact on solidarity between different groups. Stephen Katz examines the ways in which problems of loneliness and isolation are decontextualized in policy and gerontological discourse and personalized in COVID-based and technological interventions, with the sources and conditions of isolation-making social environments obscured. Grenier and colleagues explore the impact of the pandemic on care relations, with the abandonment of women and carers who provide and receive care, and the resulting increase in risk and insecurity. Megan Graham explores the use of ageist representations of older adults in COVID-19 memes on social media, focusing on how "instrumental ageism" is being used to construct everyday morality around public health security measures, the intergenerational impacts of which may last beyond the pandemic.

Symposium Chair: Chris Phillipson, The University of Manchester, United Kingdom

S. Paper 13.1

'Living with the virus': the social determinants of managing Covid-19

Professor Chris Phillipson

The University of Manchester, Manchester, United Kingdom

Abstract. A feature of COVID-19 has been its unequal impact on societies across both the Global North and South. In the case of the former, there is now substantial evidence of inequalities based on intersections based around age, social class, neighbourhood deprivation, and ethnicity. But COVID-19 is also occurring against a backdrop of social and economic inequalities, as well as inequalities in the determinants of health. Thus, the severity of COVID-19 has for many groups been significantly increased because of its links with existing chronic health and social conditions. The interaction of COVID-19 with pre-existing health and social inequalities complicates strategies for managing the pandemic over the longer-term. Much is being made of 'having to live with the virus.' But, as Honigsbaum argues, the way pandemics end is 'never quick and never neat' and the groups for whom pandemics end will certainly vary - for those in residential care, the homeless, and those with compromised immune systems, COVID-19 will continue to be a threat long after overall levels of the virus are low. Indeed, 'coming out' of the pandemic may be a period of maximum danger for many, with precisely those who are most vulnerable becoming 'invisible' in the rush to return to normal living. This paper will review some of the dilemmas associated with strategies for managing the virus, highlighting the potential for new forms of discrimination and inequality. The paper will explore the social determinants for managing the virus and the implications for different groups of older people.

S. Paper 13.2 Critical questions about loneliness and isolation as dominant problems for older adults

Dr Stephen Katz

Trent University, Peterborough, Canada

Abstract. The problems of isolation and loneliness and their physical, cognitive and emotional consequences have become particularly salient in care residences for older adults as public health measures require varying restrictions on visiting, activities, communal dining, and social engagement. Technical interventions such as digital communication technologies (DCTs), tele-health meetings, online game playing, robotic pet companions, and Simulated Presence Therapy have been promoted as attractive solutions, supported by a growing gerontological literature regarding their benefits. However, such technologies, even where generally available, tend to personalize and universalize loneliness and isolation, while de-contextualizing their structural relations and social environments. This critique explores this reductionist scripting of loneliness and isolation in the gero-technological field as well as how it represents the wider problems of an ongoing isolating and lonely-making ageist culture, whose disregard of affordable housing options, caregiver burden, labor inequalities, age-friendly planning,

and inclusive senior policies have deprived older people of their rights to age in socially connective ways. Conclusions ponder how a critical focus on loneliness and isolation as relational to conditions of social care might envision more collective and less marginalizing interventions.

S. Paper 13.3 Precarity and Aging: COVID-19 and Care in Crisis

Professor Amanda Grenier^{1,2}, Abiraa Karalasingam¹, Grace Martin¹

¹University of Toronto, Toronto, Canada; ²Baycrest Hospital, Toronto, Canada

Abstract. Recent years have witnessed attention to understanding the concept of precarity, and how risks, insecurities, and disadvantage can unfold across the life course and into late life. One of the key suggestions made about precarity in relation to aging and late life, is that precarity can be heightened by the need for care in a context where it is unavailable (Grenier, Lloyd, Phillipson, 2017). The last two years of the COVID-19 pandemic have unfortunately provided researchers with precisely this illustration of unavailable care in action. It has laid bare how crisis events such as COVID-19 expose and exacerbate existing disadvantages that are entangled with care, and how systemic and political decisions 'not to care' can heighten precarity for older people, and in particular, older people who are already at increased risk of disadvantage or exclusion. This paper considers COVID-19 as a case study at the intersections of aging, precarity, and care, illustrating how state failures to provide care across all levels comes to impact older people through the isolation and abandonment of older people, most notably women, and renders those who provide and receive care silent by means of the compounded effects of filling gaps of unavailable state care. It revisits earlier work on political economy and feminist analysis of care, combining this with growing scholarship on precarity, to demonstrate how decisions made about care can tip older people and their carers into risk, insecurity, and unjust social relations.

S. Paper 13.4 Constructing morality: Instrumental ageism in COVID-19 memes on social media

Dr Megan Graham

Carleton University, Ottawa, Canada

Abstract. As the COVID-19 pandemic continues, a parallel pandemic of ageism is spreading through social media. This paper argues that the combination of COVID-19 health securitisation logic and the urgent need to disseminate public health information has allowed nuanced forms of ageism to be reproduced in online forums. The presence of ageism is evident in political COVID-19 memes which continue to inform and shape the pandemic's moral discourse. This paper uses critical discourse analysis to examine the visual and textual content of COVID-19 memes that pair a moralizing written message with a visual representation of older adults. From this analysis, I have defined key categories of ageist representation COVID-19 memes. Drawing upon literature from moral anthropology, I propose that the memes employ a strategy I am defining as "instrumental ageism," a nuanced

and ambiguous form of ageism involving the deliberate use of ageist representations of older adults as a means to forward a moral agenda. The paper highlights how during a time of global uncertainty and searching for moral direction, this form of ageism may be particularly insidious, rapidly circulating ageist messages with negative implications despite their protective intentions. This work serves as a call for attention to emergent forms of ageism in our online and offline social worlds, the effects of which may last beyond the pandemic.

**PARALLEL SESSION 4G: DEVELOPING
CONNECTED AND RESILIENT CARE HOME
COMMUNITIES IN RESPONSE TO THE COVID-
19 PANDEMIC: THE 2022 SYMPOSIUM OF THE
BSG CARE HOMES RESEARCH SPECIAL
INTEREST GROUP**

Thursday 07 July 2022, 14:45 - 15:45

Symposium Abstract

The BSG Care Homes Research Special Interest Group (SIG) aims to strengthen research, policy, and practice relating to care homes. In this symposium, we consider some of the distinct challenges that care home staff, residents, and their families faced during the Covid-19 pandemic, and how they have responded to these in order to build more connected and resilient communities. In our first paper, Dr Krystal Warmoth looks at the use of video consultancy technology as a way of keeping care homes connected to external services. Using evidence from a scoping review, and interviews with health and social care staff during the pandemic, this work identifies key barriers and enablers to sustainable engagement with this technology. In our second paper, Dr Olivia Luijnenburg focusses on the often overlooked roles of ancillary staff, such as cooks, cleaners and housekeepers, in supporting residents' wellbeing. Drawing on interview data from staff, residents, and their families, this work explores the meaningful connections that ancillary staff have with care home residents, and how these were navigated during the pandemic. Finally, Dr Diane Bunn talks about the difficulties faced by nursing home nurses during the pandemic. Drawing on initial interview data, she describes a series of workshops that aimed to identify practice recommendations that could better support nurses' mental wellbeing and resilience to future challenges. A key focus of this symposium will be to consider how the findings of each paper can enable care home communities to stay connected and resilient to future adversity.

Chair: Laura Brown, University of Manchester, United Kingdom

39 Using video consultation technology between care homes and health and social care professionals: a scoping review and interview study during COVID-19 pandemic

Dr Krystal Warmoth^{1,2}, Dr Jennifer Lynch¹, Ms Nicole Darlington^{1,2}, Prof Claire Goodman^{1,2}

¹University of Herfordshire, Hatfield, United Kingdom; ²NIHR Applied Research Collaboration East of England, Cambridge, United Kingdom

Abstract. The COVID-19 pandemic disproportionately affected care home residents' and staffs' access to health care and advice. UK health and social care professionals adapted rapidly to using video consultation (videoconferencing) technology without guidance. We sought to identify enablers and barriers to their use in supporting care home residents and staff. A scoping review of the evidence on remote consultations between healthcare services and care homes. Interviews with English health and social care professionals about their experiences during the pandemic. Findings were synthesised using the Non-adoption, Abandonment, Scale-up, Spread, Sustainability framework. Eighteen papers were included in the review. Twelve interviews were completed. Documented enablers and barriers affecting the uptake and use of technology (e.g., reliable internet; reduced travelling) resonated with participants. Interviews demonstrated rapid, widespread technology adoption overcame barriers anticipated from the literature, often strengthening working relationships with care homes. Novel implementation issues included using multiple platforms and how resident data were managed. Healthcare professionals had access to more bespoke digital platforms than their social care counterparts. Participants alternated between platforms depending on individual context or what their organisation supported. All participants supported ongoing use of technologies to supplement in-person consultations. The evidence on what needs to be in place for video consultations to work with care homes were partly confirmed. The pandemic context demolished many documented barriers to engagement and provided reassurance that residents' assessments were possible. It exposed the need to study further differing resident requirements and investment in digital infrastructure for adequate information management between organisations.

47 Supporting nursing-home nurses' mental well-being during and after the COVID-19 pandemic (The THRIVE study)

Dr Kathleen Lane, Dr Linda Birt, Ms Ellice Parkinson, Dr Jason Corner, Professor Kristy Sanderson, Dr Diane Bunn

University of East Anglia, Norwich, United Kingdom

Abstract. Nurses in nursing-homes sometimes feel undervalued compared with their counterparts in the acute sector (1). The THRIVE study therefore explored NMC-registered nurses' experiences of working in nursing-homes during the pandemic in order to understand distinct challenges they faced in these settings and how best to support their resilience and mental well-being. In Phase 1 we conducted 18 qualitative interviews with nursing-home nurses. In Phase 2 we held four sets of paired workshops, delivered virtually and involving 12 nurses.

Here we report on Phase 2. The first workshops aimed to validate and extend interview data on the experiences of nursing-home nurses during COVID-19, identify any positive outcomes from working during the pandemic and explore how they had "kept going". Nurses were asked to suggest practices or actions which might help them manage the stresses of the pandemic. These ideas were developed during the second of the paired workshops, with nurses discussing what practices or actions were acceptable in their nursing homes, what needed to be in place locally and nationally to progress actions and what might challenge implementing or sustaining them in the future. Our paper discusses findings that nursing-home nurses were challenged to maintain resilience during the pandemic, many feeling left behind compared with the acute sector. However, constructive practices and actions could be implemented, including emotional support networks, mental-health provision and better planning and communication, which could improve nurses' and, by extension, the nursing-home workforce's well-being in future.

35 Interactions and relationships between ancillary staff and care home residents and their relatives

Dr Olivia Luijnenburg, Dr Kritika Samsi, Caroline Norrie, Professor Jill Manthorpe, Professor Ian Kessler, Stephen Martineau

King's College London, London, United Kingdom

Abstract. Ancillary or domestic staff (cooks, cleaners, housekeepers) working in care homes can have meaningful interactions and relationships with care home residents, which may often be undervalued and overlooked in research. In an NIHR-funded 10-month qualitative study set in England, domestic staff in care homes (N=38), care home managers, (N=8) and care home residents (N=5) and their relatives or friends (N=7) were interviewed virtually between February and October 2021 to ask about experiences during the pandemic. The data was analysed thematically. Domestic staff participants described salient interactions and valuable relationships established between themselves and residents; residents and relatives described these as contributing to the wellbeing of residents. Domestic staff expressed intrinsic motivators such as personal experiences with older people, or the need to have a connection to residents as an important part of their job; many felt meaningful interactions with residents increased their wellbeing. Some participating managers offered support in developing good bonds between domestic staff and residents. All participants described how the COVID-19 pandemic changed some of the interactions; for example, kitchen staff had restricted interaction with residents, masks disrupted some of the communication, and participants recognised the impact of social distancing on valued social interactions. Some domestic staff received new and increased tasks. Supporting domestic staff to have meaningful engagement with residents and be an integral part of the care workforce is a key principle of a "good practice guide" we developed from this study. We will present this guide and discuss policy recommendations deriving from this study.

PARALLEL SESSION 4H: TOWARD A CRITICAL
DEMENTIA STUDIES

Thursday 07 July 2022, 14:45 - 15:45

Symposium Abstract

Dementia sits at the intersection of ageing, disability and mental health but dementia studies has been slow to embrace or benefit from the ideas and political resources developed within these related fields. In part, this reflects the way in which dementia has historically been ring-fenced as a ‘health responsibility’ and consequently left out of broader analyses of disability and ageing. This symposium sets out the case for Critical Dementia Studies as a distinctive ‘turn’ - a point where we become collectively aware of a series of gaps, or critical silences, in the field of dementia studies. Through this collection of papers, we consider the potential for a fundamental questioning of the very bones of dementia studies. We build here on a series of symposia and workshops led by the Critical Dementia Network

(<https://memoryfriendly.org.uk/programmes/critical-dementia-network/>), which have explored the potential for dialogue with a broader set of critical movements including feminism, queer, cripp and post-colonial scholarship. We take our lead from emerging arguments in favour of identifying ‘collective affinities’ and building ‘flexible coalitions’ as a route to achieving ‘accessible futures’ (Kafer 2013). Thinking dementia differently means moving beyond a narrow inward-looking focus on the condition itself to consider how research with people with dementia might offer a critical standpoint to unpick the broader ableist interests embedded but unseen in our day-to-day lives. Ultimately, a move toward critical dementia studies is a chance to ask afresh what dementia means, what it does and the outcomes it has for people.

Chair: Richard Ward University of Stirling, United Kingdom

119 Destigmatising Normality: Appeals to Normal Ageing in Dementia Awareness

Dr James Fletcher

University of Manchester, Manchester, United Kingdom

Abstract. This presentation will explore claims regarding “normal ageing” in dementia awareness and anti-stigma initiatives. Among the key traditional components of dementia awareness are efforts to challenge beliefs that dementia is a normal or natural part of ageing. A substantial body of social scientific work critiques claims regarding (ab)normality in health. Such critiques are especially pertinent to dementia, because ageing is a driver of heterogeneity, making assertions of normality even more suspect. Indeed, one of gerontology’s key insights is the need for scepticism toward normative claims relating ageing. Awareness campaigns often challenge the normalisation of dementia as part of ageing with arguments that dementias are caused by discrete neuropathologies. This move away from the normalisation, and toward the pathologisation, of dementia is in line with many other mental health campaigns that emphasise biogenesis. Proponents argue that pathologisation removes personal blame by attributing symptoms to molecular phenomena beyond the person’s control. Critics claim that this exacerbates fear and derision because the diseased brain is beyond human control, begetting perceptions of those affected as doomed and dangerous. In the case of dementia, this leads proponents to equate normalisation with stigmatisation. Counterintuitively, normality becomes more derogatory than pathology. Combining critical psychiatry and critical gerontology, I suggest this uneasy normal-abnormal binary may impede well-intentioned awareness and anti-stigma campaigns, and that more pluralistic initiatives might be preferable. Stakeholders could benefit from moving beyond uncritical appeals to normal ageing, and instead engaging with composite understandings of dementia.

127 Getting lost with dementia

Dr Richard Ward

University of Stirling, Stirling, United Kingdom

Abstract. Far from a process of steady decline, people describe their experience of dementia as situated and temporally framed. Dementia configures in time and place, shaped by social and material conditions as exemplified in experiences of getting lost. This means the lived experience of dementia is inherently political (Kafer 2013) but also emergent, so that living with dementia intensifies ongoing conditions of uncertainty, unpredictability and a degree of future unknowing. In this paper I explore the broader political implications of getting lost, with a focus on the relationship of researcher to researched and the potential contribution of critical social science. Drawing on Lather’s (2007) arguments for getting lost as methodology, where losing our place can lead to finding our way, I want to consider the potential for dementia research of letting go of certainty, and the familiar. What if the usual points of reference were to melt away? Could this, as Lather argues, lead to new ways of knowing and new kinds of knowledge? For instance, Schillmeier (2014) suggests that ‘dementing moments’ enact alternative ways of existing that are of collective concern. My argument is that

getting lost has the potential to disrupt existing relations of power within research, challenging the liberal-humanist script of redemption and emancipation which has too readily glossed over the controlling hand of the researcher. This requires more than criticality within dementia studies, but rather calls for a Critical Dementia Studies.

64 Dementia, social amnesia and the (de)historicized life

Dr Andrea Capstick

University of Bradford, Bradford, United Kingdom

Abstract. Advocates of the deficit-focused medical model of dementia are keen to emphasize memory loss as its central 'symptom'. Altered or lost memories are thereby pathologized at the individual level, whilst left unexamined at a societal level. Within the field of critical psychology, 'social amnesia' is a term coined by Jacoby (1996) in support of his view that society at large has 'lost its memory' and is therefore unable to come to terms with national histories characterised by violence, exploitation and abuse. In dementia, recall for emotionally-charged events which took place between approximately 5 and 30 years of age often remains intact when short-term memory becomes compromised. Events society has collusively 'forgotten' are, therefore, precisely those most likely to be remembered by people living with dementia, yet conventional life story work carried out with those with dementia frequently elides traumatic social and national events and forms of abuse or persecution that were common in their youth. Whilst happy marriages and devoted children abound in such accounts, there is little evidence of the domestic violence, corporal punishment, grinding poverty, enforced military service, racism, misogyny and homophobia which saturated the world in which people who now have dementia grew up and came of age. This presentation will use extracts from narrative biographical sources to challenge mainstream thinking on the value of biographical data in conceptualising dementia at a societal level. This requires us to problematize notions of individual therapy, whilst paying greater attention to people with dementia as witnesses to history.

122 Feminist dementia studies - the potentials of feminist standpoint theory and situated imagination

Dr Linn Sandberg

Södertörn University, Stockholm, Sweden

Abstract. Women are more often diagnosed with dementia and perform the majority of care of people with dementia. Still dementia studies rarely go beyond discussions of sex differences and address gender as a fundamental power asymmetry structuring life with dementia, including care relations (Bartlett et al 2018, Sandberg 2018). In this paper I make the case for feminist dementia studies as part of a more critical research agenda in dementia studies. I argue that feminist scholarship is not only useful to analyse the marginalization and oppression of women living with dementia, but may also provide tools to challenge dominant conceptualizations of dementia and to provide ways of

thinking and researching dementia differently. More specifically I explore the potential uses of feminist standpoint theory in dementia studies and the need to further prioritise the perspectives of women, queers and others on the margins living with dementia. I propose the epistemological concept of situated imagination (Stoezler & Yuval-Davis 2002) to further emphasise the role of imagining as collective radical acts in knowledge production.

PARALLEL SESSION 5F: CROSS-NATIONAL
 PERSPECTIVES ON CIVIC ENGAGEMENT IN
 LATER LIFE

Thursday 07 July 2022, 17:00 - 18:00

Symposium Abstract

Older people's civic engagement represents a key topic for gerontology and public policy, with international organisations increasingly prioritising civic engagement as a means to promote active and successful ways of ageing. Drawing on a conceptual framework that distinguishes between social and political forms of engagement at the individual and collective level, papers in this symposium present novel insights that respond to recognised gaps in knowledge about forms of civic engagement in increasingly diverse ageing societies. In paper one, Vercauteren et al. address the influence micro-, meso- and macro-level factors on the civic engagement of older people with different social locations. Building on a dynamic biographical-institutional-societal model, analysis of representative survey data highlights factors that help or hinder older persons' participation in civic activities. In paper two, Serrat et al. use comparable survey data to examine civic engagement among foreign-born and native-born older adults living in Europe. Multivariable logistic regression analysis highlights inequalities in civic engagement between these groups, emphasising the need for interventions to increase migrants' opportunities for civic inclusion. In paper three, Häkkinen and Ågård consider exclusion from civic engagement among older migrants. Drawing on interview data collected in Finland and Sweden, they reveal specific ways in which migratory life courses either facilitate or hinder older adults' civic participation. In paper four, Dikmans et al. explore multi-level exclusion in civic engagement in a socio-economically disadvantaged neighbourhood in Brussels. Thematic analysis of in-depth interviews with older people shows how life-course events and experiences influence civic engagement in later life.

Chair: Thomas Scharf, Newcastle University, United Kingdom

54 Multi-level Exclusion in Civic Engagement in a
 Socio-economically Disadvantaged Neighbourhood
 in Brussels, Belgium: Taking a Life Course
 Perspective

Bas Dikmans¹, Prof Liesbeth De Donder¹, Prof Sarah Dury¹,
 Toon Vercauteren¹, Prof Lector Rodrigo Serrat²

¹Vrije Universiteit Brussel, Brussels, Belgium; ²Universitat de Barcelona, Barcelona, Spain

Abstract. Social exclusion in civic engagement as a dynamic and multidimensional phenomenon, which is shaped throughout the life course, has often been disregarded in social gerontological debate. Therefore, this research focuses on older individuals' life courses in a socio-economically disadvantaged neighbourhood in Brussels, Belgium, to 1) give voice to the research interlocutors and 2) to understand multi-level (being the micro-, meso- and macrolevel) in- and exclusion in civic engagement, such as volunteering, informal help, membership of an association, or political and digital engagement. The life courses of 15 older adults, aged 65 years and over, are qualitatively examined through employing semi structured interviews and life diagrams. Collection of the data will take place from March to June 2022 and will be thematically analysed afterwards. Hence, this study explores, in the context of a socio-economically disadvantaged neighbourhood, 1) how civic engagement is manifested on multiple levels, and 2) how life events at a younger age affect civic engagement nowadays. Furthermore, the study will critically discuss the importance of including a life course perspective in understanding older people's experiences of in- and exclusion in civic engagement. The outcomes can afterwards be utilised for policy recommendations to promote civic engagement among older individuals who live in disadvantaged neighbourhoods. This study is part of an international consortium called CIVEX, consisting of Belgian, Finnish, British, Swedish, and Spanish researchers who aim to investigate features of exclusion from multidimensional civic engagement in later life.

55 Civic engagement among foreign-born and
 native-born older adults living in Europe: A
 SHARE-based analysis

Dr Rodrigo Serrat¹, Dr Fredrica Nyqvist², Professor Sandra
 Torres³, Dr Sarah Dury⁴, Dr Marina Näsman²

¹University of Barcelona, Barcelona, Spain; ²Åbo Akademi
 University, Vaasa, Finland; ³Uppsala University, Uppsala,
 Sweden; ⁴Vrije Universiteit Brussel, Brussel, Belgium

Abstract. Social gerontologists have long been concerned with what the globalization of international migration means to gerontological research, policy, and practice. Considering that European societies have been preoccupied with migrants' integration for quite some time, it seems interesting to note that civic engagement has received so little attention. To close this gap, the aim of this study is to explore and compare variables associated with civic engagement, in terms of volunteering and political participation, among foreign-born and native-born older adults living in Europe, using data from wave 7 of the Survey of Health, Ageing and Retirement in Europe (SHARE) [n= 74,292; 5752 of them are foreign-born].

Multivariable logistic regression analysis was conducted to analyse sociostructural and social capital variables associated with civic engagement. Interactions for the association between the foreign-born variable and all other variables were tested for volunteering and political participation. Results show that higher socio-structural resources and social capital are positively associated with civic engagement, and that being foreign-born is associated with lower participation both in volunteering and political participation. These - and other - results highlight inequalities in civic engagement between native-born and foreign-born older people in Europe and call for interventions to increase migrants' opportunities for civic inclusion. They also contribute to a multifaceted perspective on civic engagement in later life.

56 Civic engagement among a diverse older population: To what extent do micro-, meso- and macro-levels play a role?

Toon Vercauteren¹, Dr Marina Näsman², Prof Fredrica Nyqvist², Dr Dorien Brosens^{3,4}, Prof Sarah Dury¹

¹Vrije Universiteit Brussel, Brussels, Belgium; ²Åbo Akademi University, Vaasa, Finland; ³Vrije Universiteit Brussel, Brussels, Finland; ⁴Research Foundation Flanders, Brussels, Belgium

Abstract. In recent decades, several organisations, such as the WHO and the UN, have put healthy ageing to keep older people active and involved high on the political agenda as a result of the ageing population. Unlike prior research, which mostly prioritised individual and/or contextual variables, this study focuses on micro-, meso-, and macrocontexts of older people with different gender, socio-economic and ethnocultural backgrounds. Building on Silverstein and Giarusso's dynamic biographical-institutional-societal model, this study aims to investigate factors that help or hinder older persons' participation in civic activities, such as volunteering, informal help, associational membership, political, and digital engagement. It identifies micro- (e.g., individual), meso- (e.g., organisations, municipalities), and macro-level factors (e.g., country). The analysis is done with data from the SHARE and ELSA databases (waves 7 and 8, respectively), which was gathered between 2016 and 2017 and thus covers European countries and the United Kingdom. To account for nested data multilevel analysis is performed. The findings will shed light on the micro-, meso-, and macro-level factors that obstruct civic engagement of a diverse older population. The findings will build upon and further develop the existing conceptualisations of the term civic engagement in the context of a diverse older population.

57 Exclusion from civic engagement among older migrants in Sweden and Finland - A life-course perspective

Emilia Häkkinen¹, Pernilla Ågård²

¹Åbo Akademi University, Vaasa, Finland; ²Uppsala Universitet, Uppsala, Sweden

Abstract. Research on older migrants tend to focus on the challenges they face and the resources they require. The societal contributions that older migrants make are seldom discussed, and neither has their civic engagement received

the attention it deserves. Simultaneously, civic engagement of older migrants is of particular importance, since involvement of older adults in productive social activity and active citizenship is linked to healthy and socially included ageing processes. A recently launched cross-national study including five European countries with dissimilar welfare and migration regimes (CIVEX) brings attention to older people's civic engagement, and focuses, among other groups, on older migrants born outside of Europe who have settle here in their adulthood. Based on preliminary analysis of two qualitative datasets stemming from similar welfare regimes but dissimilar migration regimes (i.e. Sweden and Finland) this presentation brings attention to the different informal and formal types of civic engagement that older migrants have engaged on through their life course, and the ways in which they contribute to societies today. The presentation will argue that the study of older migrants' civic engagement could advance scholarly debates on civic participation and exclusion in later life since these debates have yet to bring attention to this population, and neither have they considered the specific ways in which the migratory life course could facilitate or hinder civic participation in later life.

PARALLEL SESSION 5G: URBAN AGEING AND
 INEQUALITY: NEW DIRECTIONS FOR
 RESEARCH, POLICY, AND PRACTICE

Thursday 07 July 2022, 17:00 - 18:00

Symposium Abstract

This symposium brings together four presentations from members of the Manchester Urban Ageing Research Group (MUARG), an interdisciplinary group of scholars, policy stakeholders and practitioners who work together to identify new ways of responding to the challenges associated with population ageing in urban environments. The papers included in this symposium reflect the joint interests and aims of the group, i.e. to contribute a critical lens to the study of urban ageing; to study and address equity and justice issues; to develop innovative co-production methodologies for doing so; and to assist with the development of evidence-based policies to improve the experience of ageing in cities. The first presentation, by Camilla Lewis and colleagues, presents empirical findings from a qualitative longitudinal study which explored the impact of the COVID-19 pandemic on diverse groups of older people living in low-income urban neighbourhoods across Greater Manchester. Amy Barron, in the second presentation, discusses the value of a creative, participatory approach to researching the lived experiences and place-making practices of older people. A third paper by Mark Hammond, Nicola Waterworth and Paul McGarry addresses the issue of regional inequality in the quality and quantity of housing provision for older people, and discusses the challenges for developing a research-engaged policy strategy around urban ageing. Finally, Millie Brown and Chris Dayson present findings from an evaluation of the Leeds Neighbourhood Networks, and examine the impact of community-based schemes that offer activities and services at a neighbourhood level with the aim of supporting healthy ageing.

Chair: Tine Buffel, University of Manchester, United Kingdom

129 The unequal impact of the COVID-19 on the older population: a qualitative longitudinal study

Dr Camilla Lewis¹, Dr Sophie Yarker², Dr Luciana Lang², Prof Christopher Phillipson²

¹Newcastle University, Newcastle, United Kingdom; ²University of Manchester, Manchester, United Kingdom

Abstract. Older people have borne the majority of deaths from COVID-19, in care homes and across the community. However, there has been limited research concerning the unequal impact of the pandemic on the older population. This paper provides an overview of an emerging body of research that suggests that the pandemic has disproportionately affected LGBT+, Black, Asian and minority ethnic (BAME) communities, as well as those living in neighbourhoods already damaged by austerity and the loss of social infrastructure. This research indicates that COVID-19 has exacerbated existing inequalities within and between social groups and created new types of social exclusion amongst the older population, for example, those living alone and those suffering from long-term conditions. The paper draws upon findings from a qualitative longitudinal study, exploring the impact of the pandemic on older people who were already at risk of social exclusion. Just over 100 people took part in the research, with the majority interviewed on three occasions over the period of twelve months from Spring 2020. The sample comprised four ethnic/identity groups: African Caribbean, South Asian, White, and White LGBTQ+. The paper highlights the effect of the pandemic on social relationships, health and well-being, as well as strategies adopted to manage the impact of COVID-19 on everyday life. The findings demonstrate variations in experiences of the pandemic, and argues for a renewed focus on the intersection of ageing and other forms of inequality. The paper will assess the implications for this for future research and policy in social gerontology.

130 Researching-with older people: the value of a creative, participatory approach

Dr Amy Barron

The University of Manchester, Manchester, United Kingdom

Abstract. This paper makes the case for more creative, participatory approaches when researching-with older people. Drawing on rich ethnographic material collected using a flexible combination of qualitative methods with 32 older people from Prestwich, Greater Manchester, I argue that creative, participatory approaches are particularly useful for researching the lived experiences and place-making practices of older people. In doing so, I advance a growing body of geographical and gerontological work calling for more co-productive research-with (rather than on) older people by supplementing a creative approach informed by more-than-representational theories. Such an approach promotes a reactive and iterative methodology, wherein research possibilities are explored with participants on the fly thereby better attending to their needs and the unfolding of life as it is lived. Adopting these approaches can i) decentre older people as the empirical 'object'; ii) foreground the messy, more-than-representational aspects of experience which are often tidied away in favour of neat narratives; iii) provide a

more inclusive mode of engaging with those who are difficult to reach. Geographers researching older age must continue to better represent the lives of older people and creative, participatory approaches are useful to this end.

136 A Design for Life: Reflections on developing research-engaged housing policies for an ageing population

Dr Mark Hammond¹, Ms Nicola Waterworth², Mr Paul McGarry^{3,4}

¹Manchester Metropolitan University, Manchester, United Kingdom; ²Centre for Ageing Better, London, United Kingdom; ³Greater Manchester Combined Authority, Manchester, United Kingdom; ⁴University of Manchester, Manchester, United Kingdom

Abstract.

There is currently no overarching national strategy in the UK for addressing the housing needs of older people, with the government's adoption of a laissez faire approach resulting in significant regional inequality in the quantity, affordability and quality of housing. While many local authorities reference older people in their housing strategies, this is often limited to targets for new extra-care dwellings rather than broader measures to tackle the diverse and changing needs of older people. Charities like Centre for Ageing Better, part of the government's What Works Network, are using partnerships with local areas to support sectoral change through research, policy and practice aimed at improving later life, particularly for groups at risk of marginalisation. This paper explores the experiences of the three authors: an architectural researcher, a third sector partnership manager and a local government strategist, who worked together on the development a new age -friendly housing programme for the Greater Manchester Combined Authority. This collaboration led to a theoretical, practical and ethical framework that highlights the needs for practitioners and policy-makers to engage strategically in addressing inequality and social exclusion. The paper will examine the challenges in developing research-engaged strategy around urban ageing, with a focus on the qualities that academics need to develop to effectively contribute to these processes. In particular, we will reflect on the difficulties in bringing together the divergent motivations and incentives of urban design stakeholders (developers, architects, planners, public health officials, citizens) around a shared agenda for a just, inclusive city.

PARALLEL SESSION 6F: THE SOCIAL, BEHAVIOURAL AND DESIGN RESEARCH PROGRAMME: INNOVATIVE, INTERDISCIPLINARY APPROACHES TO RESEARCH AND IMPACT

Friday 08 July 2022, 09:00 - 10:00

Symposium Abstract

The Healthy Ageing Social, Behavioural and Design Research Programme (SBDRP) is part of the ISCF Healthy Ageing Challenge portfolio of activities. The symposium introduces the 7 projects in the research programme which will help inform innovators and critically engage with business to support innovation for healthy ageing markets. Each project is interdisciplinary and engages in co-production with a range of stakeholders. One year into this three-year programme of research each project will provide an overview of the research, preliminary findings and highlight the challenges faced in working in the context of a pandemic. The symposium will consist of 4 papers: Following an overview of the Healthy Ageing Challenge the symposium will address environmental aspects of ageing seeking to achieve a better future for all older people through developing resilient and inclusive communities. Themes include designing housing for healthy cognitive ageing, innovations in the outdoor visitor economy and supporting outdoor environments for healthy ageing and cognition.

Paper 1: 'Innovation with Impact - UKRI's Healthy Ageing Challenge' George MacGinnis

Paper 2: Designing homes for healthy cognitive ageing (DeshCA) Alison Bowes

Paper 3: Innovation in the outdoor visitor economy: towards inclusivity for older people living with cognitive impairment (ENLIVEN) Linda Clare

Paper 4: Supporting environments for physical and social activity, healthy ageing and cognitive health (SPACE) Ruth Hunter

A brief commentary will be provided by the Chair at the end of the presentation addressing the main theme of the conference.

Chair: Judith Phillips, University of Stirling, United Kingdom

61 Designing homes for healthy cognitive ageing (DesHCA)

Professor Alison Bowes

University of Stirling, Stirling, United Kingdom

Abstract. The aim of DesHCA is to produce scalable, research-informed designs for both new-build and retro-fitted homes that can support cognitive ageing in place. The project foregrounds the perspectives of older people living with cognitive change, examining their own views about the housing they have and the housing they want, and partners with housing designers, providers and builders to test proposed designs across a wide stakeholder group. Existing research in this area has not systematically addressed older people's own preferences, nor the constraints and facilitators for the housing sector, and the many proposals for addressing older people's housing needs have not proven scalable. This paper considers findings from the early stages of research, focusing on older people's assessments of their current accommodation, the improvements they would like to make and the implications of these for developing design proposals. DesHCA takes a critical ecological approach (Keating and Phillips 2008), focusing on the interplay between individuals and their environment in the broadest sense, and understanding the impact of these wider influences. We know that homes mediate older people's cognitive ageing and their opportunity to enjoy healthy ageing. Our research with older people demonstrates in how this mediation occurs at the micro level, and we place our findings in wider analysis of housing markets and social provision.

40 SPACE: Supporting environments for physical and social activity, healthy ageing and cognitive health

Prof Ruth Hunter¹, Dr Claire Cleland¹, Dr Ione Avila-Palencia¹, Ms Hannah Grove¹, Mr Cavan Hagan¹, Mr Owen McCluskey¹, Dr Leandro Garcia¹, Prof Jennifer McKinley¹, Prof Amy-Jayne McKnight¹, Dr Joanna McHugh-Power², Prof Dermot O'Reilly¹, Prof Geraint Ellis¹, Prof Trung Duong¹, Prof Frank Kee¹, Prof Bernadette McGuinness¹

¹Queen's University Belfast, Belfast, United Kingdom;

²Maynooth University, Dublin, Ireland

Abstract. The number of people worldwide living with dementia and cognitive impairment is increasing, mainly due to people living longer, so we want to figure out how where we live affects dementia and brain health as we get older. Some research suggests that where we live might influence our brain health. As more of us now live in towns and cities, it is important that the environment where we live is scientifically designed and improved to maximise our brain health. The complex social and physical environments where we live make some people more vulnerable than others to developing cognitive impairment. In other words, the factors that account for who is most likely to develop cognitive ill-health due to the environment has less to do with 'how' we live and more to do with 'where' we live. We do not know how these factors interact to make urban environments a problem for brain health, nor which are the best policies and interventions for promoting healthy ageing and brain health

for our poorest communities. However, this needs a strong evidence base with expert community advocates who can articulate how supportive urban environments can improve brain health. SPACE aims to provide evidence for policies and practices that provide supportive urban environments to promote healthy ageing, including promoting brain health. This presentation will provide an overview of the SPACE project, methods involved, progress and key findings to date.

142 Innovation with Impact - UKRI's Healthy Ageing Challenge

George MacGinnis

UKRI - Innovate UK, London, United Kingdom

Abstract.

UKRI's Healthy Ageing Challenge is investing up to £98 million in research and innovation, aiming to ensure that everyone can remain active, productive, independent and socially connected across generations for as long as possible. The Challenge is catalysing a pipeline of innovations from spin-out to scale-up, informed by research and facilitated by a community of practice. It covers a wide range of themes from the built environment through to enabling people to manage declining physical and cognitive abilities, and involving businesses, including social enterprises, from many different sectors. Challenge Director, George MacGinnis, will share how the challenge is translating into impact, covering areas such as:

- Supporting investments across the whole innovation journey from concept to scale up.
- How market research and user centric design aim is built in to maximise potential for innovation adoption.
- Building in an impact dimension and the unique involvement of charities and social enterprises.
- The inclusion of creative talent in design to rethink innovative solutions.
- How innovations from the Arts, Humanities and Social Science are making a difference.

As part of this journey, the Challenge is supporting the new BSG Ageing, Business and Society Special Interest Group with its role in bringing business from a wider range of sectors and gerontology communities closer together to achieve greater impact on ageing. We are proposing that this oral presentation is delivered as the introductory part of a symposium planned for the Social, Behavioural and Design Research Programme, to be chaired by Professor Judith Philips, University of Stirling.

181 Innovation in the outdoor visitor economy: towards inclusivity for older people living with cognitive impairment (ENLIVEN)

Professor Jo Connell on behalf of the ENLIVEN project team

University of Exeter, Exeter, United Kingdom

Abstract. Getting out and about in nature is good for us. It helps us stay healthy and active, stimulates our brains, keeps

us in contact with other people, and brings pleasure and joy to our lives. While the benefits of spending time in nature are well documented, people living with dementia say there are things that get in the way and stop them enjoying nature as much as they would like. There also remains little evidence surrounding which nature activities generate the greatest types of benefits and under what conditions. In this presentation, we present initial findings from ENLIVEN - an interdisciplinary project working with people with dementia, businesses and activity providers to co-create new services, experiences and innovations to increase accessibility and connectedness to nature. The project is funded under the UK Research and Innovation's Healthy Ageing Challenge. We discuss insights from our initial scoping of key issues and perspectives, highlighting the value of bringing together multiple stakeholders with people living with dementia to co-develop innovations to help create meaningful experiences and encounters with nature-based outdoor spaces at a national level.

PARALLEL SESSION 7F: THE SOCIAL BEHAVIOURAL AND DESIGN RESEARCH PROGRAMME: INNOVATIVE, INTERDISCIPLINARY APPROACHES TO RESEARCH AND IMPACT (2)

Friday 08 July 2022, 10:15 - 11:15

Symposium Abstract

The Healthy Ageing Social, Behavioural and Design Research Programme (SBDRP) is part of the ISCF Healthy Ageing Challenge portfolio of activities. The symposium introduces the 7 projects in the research programme which will help inform innovators and critically engage with business to support innovation for healthy ageing markets. Each project is interdisciplinary and engages in co-production with a range of stakeholders. One year into a three-year programme of research each project will provide an overview of the research, preliminary findings and highlight the challenges faced in working in the context of a pandemic. The second symposium will consist of 4 papers which will highlight the research projects addressing workforce and workplace issues, intergenerational health and wellbeing with a focus on place and connections through culture as we age. Paper 1: Co-designing Healthier Working Lives and ageing with and for residential care workers (HWL) Linda McKie. Paper 2: Supporting healthy ageing at work: managing less visible aspects of healthy ageing at work (SHAW) Wendy Loretto. Paper 3: Intergenerational connectivity for promoting health and well-being across ages, places and spaces (GOALD) Catherine Hennessy. Paper 4: Connecting through culture as we age Tot Foster A brief commentary will be provided by the Chair at the end of the presentation linking the SBD research programme to the main theme of the conference- a better future for all older people through developing resilient and inclusive communities.

Chair: Judith Phillips, University of Stirling, United Kingdom

63 Researching Healthier Working Lives (HWL) for the Over Fifties Working in Residential Care

Ms Caroline Deane¹, Professor Sarah Kettley², Dr Sue Lewis², Professor Linda McKie³

¹Scottish Care, Glasgow, United Kingdom; ²University of Edinburgh, Edinburgh, United Kingdom; ³King's College London, London, United Kingdom

Abstract. The adult social care sector is at a tipping point. A recurring set of issues have been rendered more intense by COVID, Brexit and immigration regulations, and ongoing budgetary constraints for local authorities, businesses, and families. Demoralised experienced professionals are leaving in growing numbers with many employees expressing their experiences of chronic underpayment, shortage of staff and increased risks and regulations. The multidisciplinary HWL team aims to work with care workers in residential care who are over 50 to:

- Identify ways to promote healthier working lives and ageing for older care workers - developing their careers, enhancing user continuity, and promoting everyone's wellbeing.
- Transform aspects of the care sector workforce experience and culture - making their services more agile, innovative, and accessible.
- Attract and encourage professional, respected, and confident workers and improve workforce planning and support.

How will we achieve this? In this presentation we will share how one year into a three year project we are gaining access to care homes, care workers and ensuring we listen to and work with care workers to develop their ideas for improving recruitment and working lives. We will discuss how we have tackled some of the difficulties of working collaboratively with care workers and care home managers in a sector in crisis and how we are beginning to conceptualise the complex social processes involved.

77 Supporting Healthy Ageing at Work: Managing less visible aspects of health at work

Professor Wendy Loretto, Dr Laura Airey, Dr Belinda Steffan, Dr Jakov Jandric

University of Edinburgh, Edinburgh, United Kingdom

Abstract. One in three workers in the UK are aged 50+, a figure that is set to rise in coming decades. Almost half of those aged 50-64 have at least one long-term health condition. For 1 in 5 older workers who stop working before State Pension Age, health problems are the main reason why they left their job. However, with the right workplace supports in place, health need not be the main barrier for older people to be able to remain in work. The Supporting Healthy Ageing at Work (SHAW) study adopts a co-design approach to involve older workers in the development and testing of a range of innovative workplace health interventions to support the health and well-being of workers over 50. The SHAW study is working with three case study partner organisations in finance, manufacturing and social care sectors, and a group of self-employed individuals. This

presentation offers an overview of emergent findings from Stage 1 of the research, a qualitative dataset collected via 132 in-depth, semi-structured interviews with workers over 50. Interviews focused particularly on 'hidden health' issues that are often overlooked in workplace health interventions, addressing issues including: menopause; cognitive ageing; mental health and well-being; financial well-being; and health implications of juggling paid work and informal care. Findings extend to transversal themes of line manager efficacy, psychological safety, internalised ageism, participants' neo-liberal view of health and variability of organisational support. We also consider the impact of Covid on how healthy ageing at work is, and can be, supported.

95 Connecting through Culture as we Age

Dr Tot Foster, Dr Alice Willatt, Dr Helen Manchester

University of Bristol, Bristol, United Kingdom.

Abstract. Connecting through Culture as we Age is a co-produced research project that explores how and why we take part in arts and culture as we get older. We are interested in how participation in all forms of arts and culture, particularly those accessed digitally, can influence our wellbeing and feelings of social connection as we age. Over the past year we have brought together a group of co-researchers comprised of older people (aged 60-75) who identify as disabled, and/or socioeconomically and racially minoritized. We worked with co-researchers individually and through a series of workshops to understand more about their daily lives, social connections, experiences of digital participation, and what they value socially and culturally. The knowledge generated will shape the next stages of the project when coresearchers work alongside community partners, artists and creative technologists to co-design digital cultural experiences that support social connections. In this paper we give an overview of our research to date, discussing the development of a tool kit of creative digital methods that have helped us understand more about co-researchers lives and build relationships across the cohort. We reflect on the relational and place-based dimensions of the research and the challenges we have encountered working with some co-researchers and anchor organisations online in geographically distributed contexts. Finally, we touch on some of our findings around what creative digital engagements offer co-researchers at this juncture in their lives, and reflect on how this will inform the next stages of the research and co-design process.

97 Intergenerational connectivity for promoting health and well-being across ages, places and spaces

Professor Catherine Hennessy¹, Dr Hannah Bradwell², Dr Simone Tomaz¹, Professor Ray Jones², Professor Richard Haynes¹, Professor Anna Whittaker¹, Dr Katie Edwards², Dr John Ritchie

¹University of Stirling, Stirling, United Kingdom; ²University of Plymouth, Plymouth, United Kingdom

Abstract. The GOALD project (Generating Older Active Lives Digitally) is an interdisciplinary collaboration employing intergenerational co-production methods to develop and test

digital applications for physical activity and sport in later life to promote social connectivity. GOALD brings together researchers from the University of Stirling and the University of Plymouth's Centre for Health Technology in partnership with non-academic organisations and SMEs around this development process in both intergenerational physical activity and sports-based intergenerational reminiscence. In consultation with an Older Persons Advisory Group, around 12 intergenerational co-production groups of young people and older adults are being constituted from diverse sociodemographic populations, and in the case of older participants, varying functional abilities and settings (community-dwelling/care home residents). Developments in Year 1 have included, for example, 3D scanning of heritage sites and natural attractions for use in creating virtual reality applications for health promotion. These will be incorporated into platforms such as a seated cycling system that would allow older people to take a virtual walk through the countryside or visit a sports venue through cycling. Other progress has been the co-production of measures to be used in pre/post assessments of the feasibility and impact of intergenerational physical activity and sports reminiscence. Pandemic-related challenges have included reluctance by some schools and care homes to engage with the project due to uncertainties around changing government guidelines, and competing resource demands. Mitigating measures by GOALD which have included successful participant recruitment efforts from a wider range of community organisations and providers will be discussed.

PARALLEL SESSION 7G: CARE FOR OLDER ADULTS IN INDIA: LIVING ARRANGEMENTS AND QUALITY OF LIFE

Friday 08 July 2022, 10:15 - 11:15

Symposium Abstract

India has one of the most rapidly ageing populations on the planet. There is concern that this rate of population ageing coupled with the decline of extended families, will have a negative impact on the availability of (family-based) care for older adults in India. However, India is a complex and diverse country and rates of population ageing are not uniform across the different Indian states. This symposium brings together 4 papers which explore the diverse and complex caring landscape in India. In paper 1 Prof Bailey explores how patterns of both internal and international migration impact on how families establish, maintain and retain transnational and transregional care relations. In paper 2 Dr Ugargol presents findings from qualitative interviews with 22 older adults living in Goa and their primary caregivers to examine the evolving nature of intergenerational care frameworks for older adults in the context of internal and international migration. In paper 3 Dr Pazhoothundathil explores how older adults reconfigure their sense and meaning of home after they move into a retirement home and what motivates older adults to retain their (previous) home while residing in retirement homes. Finally, in paper 4 Prof Burholt and Dr Maddock draw on data from 30 in-depth interviews with older residents in care homes in Tamil Nadu to explore the decision-making routes leading to entry into care homes and the ways in which families, communities, and legal systems (fail to) support older people prior to entry.

Chair: Martin Hyde, Swansea University, United Kingdom

263 Theorizing care and relationships in the age of migration

Professor Ajay Bailey¹, Dr Martin Hyde²

¹Utrecht University, Utrecht, Netherlands; ²Swansea University, Swansea, United Kingdom

Abstract. Living arrangements and the provision of care for older people in India have been affected by migration. This is particularly salient given that the Indian diaspora is the largest in the world. Hence, one can expect that the trends in transnational migration to have a particular impact in the Indian context. However, and perhaps more importantly, the presentation will explore the patterns of internal migration within India. This is an important corrective to the focus on transnational migration as levels of internal migration far outweigh the extent of international migration. Hence, we examine both internal and international migration to understand how families establish, maintain and retain transnational and transregional care relations. In so doing, we draw on i) theories of migration, ii) global chains of care, and iii) lifecourse theories, to frame how migration decisions are related to lifecourse transitions and care provision. The lifecourse approach focuses on life events and transitions of individuals and the ways in which these events define their life trajectories. In particular we will draw on the concept of 'linked-lives', to show how older people's life course transitions, e.g. into care, are linked to the migration decisions of their offspring. With increasing urbanisation and migration we will see emerging trends of global and transregional chains of care to supplant and complement care deficits for vulnerable populations left-behind, especially older adults.

198 Care Arrangements for Older Adults: Exploring the Intergenerational Contract in Emigrant Households of Goa, India

Dr Allen Ugargol¹, Prof Ajay Bailey², Prof Inge Hutter³, Prof KS James⁴

¹Indian Institute of Management Bangalore, Bengaluru, India; ²Utrecht University, Utrecht, Netherlands; ³International Institute of Social Studies, Hague, Netherlands; ⁴International Institute for Population Studies, Mumbai, India

Abstract. Insufficient social security systems make families primarily responsible for providing care and support to older adults in India. Increased mobility of adult children, fewer siblings and increased longevity of older adults are some of the demographic changes influencing care arrangements within the Indian household. This study applies a qualitative research approach to examine the evolving nature of care frameworks for older adults in the Indian context. This is done through examining the changing household living arrangements and complexities that exist in identifying caregiving motives and primary caregivers to older adults, especially in an emigration context where older adults are left behind. This presentation serves to initiate dialogue on the negotiated intergenerational contract that seems to have evolved in the background of changing family situations and modernization, and, however, serves to still make possible reciprocal support exchanges between older adults and their

adult children. Findings from this study indicate that adult children from emigrant households are responsive to parental needs of support and find ways to effect supportive exchanges and care arrangements. The intergenerational care arrangements reflect the emigration event led adaptation of family and household structure to retain traditional familial ties and enable mutually supportive exchanges between adult children and their parents.

253 "I feel that it (home) is orphaned": Role of cultural meaning system and place attachment in retaining home ownership while residing in retirement homes in Kerala, India

Dr Nikhil Pazhoothundathi^{1,2,3}, Prof Ajay Bailey^{4,3}, Prof Inge Hutter⁵

¹Population Research Centre, Faculty of Spatial Sciences, University of Groningen, Groningen, Netherlands; ²Institute for Social and Economic Change, Bengaluru, India; ³Transdisciplinary Center for Qualitative Methods, Prasanna School of Public Health, Manipal Academy for Higher Education, Manipal, India; ⁴International Development Studies, Department of Human Geography and Spatial Planning, Utrecht University, Utrecht, Netherlands; ⁵International Institute of Social Studies, The Hague, Netherlands

Abstract. Home is a place marked by many life course events. Home is also embedded with memories, self-identity, sense of security, cherished possessions and family relations. When an older adult leaves their home and starts to live in a retirement home they have to reconfigure their sense and meaning of home. This presentation examines home ownership and residential changes and the meanings homes have for older adults in Kerala. The presentation addresses three questions: i) What motivates older adults to retain their (previous) home while currently residing in retirement homes? ii) How do older adults maintain their previous homes? and, iii) how does motivation help to maintain place attachment? Using a unique set of qualitative interviews with residents of care home the authors show that health issues, a need for assistance, a lack of security, migration of children, loneliness due to loss of a spouse and a wish to live independently, are the major reasons for older adults to seek an alternative source of residence in the form of a retirement home. Cultural schemas of care and obligations towards next generation motivate older adults in retaining and maintaining homes.

190 Decision-making and choice or sine qua non? Care home entry in Tamil Nadu

Professor Vanessa Burholt^{1,2}, Dr R Maruthakutti³, Dr Carol Maddock²

¹The University of Auckland, Auckland, New Zealand; ²Swansea University, Swansea, United Kingdom; ³Manonmanian Sundaranar University, Tirunelveli, India

Abstract. In the face of population ageing Governments and international non-governmental organisations (INGOs) are concerned about the level of social protection for ageing populations. In India, there is a considerable reliance on

informal social protection. The Maintenance and Welfare of Parents and Senior Citizens Act states that parents, grandparent and 'childless' older people who are unable to maintain themselves are entitled to demand and receive income, care and support from children, grandchildren and other relatives who have sufficient resources. However, changes in family structures and family values can put increasing strain on families to provide support. Traditional forms of solidarity and collectivism are eroded by market economies: increasing monetisation impacts on forms of reciprocity, and requirement for a responsive mobile labour force impacts on availability. Moreover, little is known about the choices that are available to older people around care, support and/or housing in later and the decisions that are made based on these choices. Relocating to care homes may be for personal care, but also due to the failure of legal systems to protect from harm and to avoid abuse or family conflict. This presentation draws on data from 30 in-depth interviews with older male and female residents in nine care homes in three districts of Tamil Nadu and addresses the following questions: 1) What are the decision-making routes leading to entry into care homes? and, 2) In which ways do families, communities, and legal systems (fail to) support older people prior to entry into a care home?

PARALLEL SESSION 7H: AGEING WELL WITH A LIFELONG DISABILITY

Friday 08 July 2022, 10:15 - 11:15

Symposium Abstract

As life expectancy across the world continues to rise, ensuring that older adults live long and healthy lives is a global priority. However, to achieve this we need to make sure that we meet the needs of all ageing adults. Lifelong disabilities have their onset in childhood and include cerebral palsy, intellectual disability, autism, visual impairment and hearing impairment. People with lifelong disabilities are now living longer than even before, and represent an important but often forgotten ageing population. They have been under-represented in research and policies on healthy ageing. Most research and policy on healthy ageing emphasises that we need to avoid ageing into disability, whereas there is significantly less research about ageing well with a disability. In this symposium Dr Kimberley Smith will discuss how current literature frames ageing well with a lifelong disability, Professor Karen Lowton will discuss how gerontology and disability studies can help us understand activism within a new ageing population of people with cystic fibrosis and Dr Eilish Burke will discuss how IDS-TILDA, one of the worlds longest standing longitudinal studies of people ageing with intellectual disability, has helped us understand the ageing experience of people with intellectual disability. Finally, our discussant Emma Livingstone from the Adult CP Hub will discuss the implications of this research for those charities that advocate for people ageing with lifelong disabilities. The symposium is organised by the ESRC/IRC-funded UK-Irish consortium for ageing well with a lifelong disability.

Chair: Christina Victor, Brunel University London, United Kingdom

Discussant: Emma Livingstone, Adult CP Hub, United Kingdom

193 Ageing well with intellectual disability - Lessons from the Intellectual Disability Supplement to the Irish Longitudinal Study on Ageing (IDSTILDA).

Dr Eilish Burke¹, Prof Philip McCallion², Prof Mary McCarron¹

¹Trinity College Dublin, Dublin, Ireland; ²Temple University, Philadelphia, USA

Abstract. Background: There is a sizeable growing population of older persons with intellectual disability (ID). Concerns exist that mortality is higher, health problems are greater, and health promotion is poorer. The IDS-TILDA study has accrued over 12 years of data examining health and wellbeing of adults over the age of 40 years as they age. Aim: The aim of this paper is to illuminate the lessons learned on the ageing of individuals with ID. Methods: A longitudinal design exploring approximately 10% of adults over the age of 40 years across all levels of intellectual disability, living in all settings from residential to independent, randomly selected from the National Intellectual Disability Database in Ireland. Data is collected every 3 years via pre interview questionnaire and an in-person interview. Informed consent is obtained at every data collection contact. Ethical approval granted. Findings: Health disparities are noted despite high levels of healthcare utilization. Higher prevalence of conditions such as dementia, osteoporosis, epilepsy and sensory impairment are evident, patterns of disease overall are different than those in the general population. There are evidence of poorer behavioural lifestyle and recent evidence points to more health and social challenges during the current pandemic. However, despite this people hold positive outlooks on later life and present resilience in the face of adversity. Conclusion: IDS-TILDA offers an opportunity to monitor over time the impact of our changing health landscape. Findings suggest that people are at a particular disadvantaged however despite this the evidence of positivity and resilience is strong.

205 Ageing well with a lifelong disability - A scoping review

Dr Kimberley Smith¹, Mr Saahil Gupta¹, Dr Jennifer Fortune², Mr Paul Shanahan¹, Professor Karen Lowton³, Dr Eilish Burke⁴, Dr Mark Carew⁵, Ms Emma Livingstone⁶, Ms Miriam Creeger⁶, Dr Ann Leahy⁷, Professor Christina Victor⁸, Mr Michael Walsh⁹, Dr Jennifer Ryan²

¹University of Surrey, Guildford, United Kingdom; ²RCSI, Dublin, Ireland; ³University of Sussex, Brighton, United Kingdom; ⁴Trinity College Dublin, Dublin, Ireland; ⁵Leonard Cheshire, London, United Kingdom; ⁶Adult CP Hub, London, United Kingdom; ⁷Maynooth University, Maynooth, Ireland; ⁸Brunel University London, Uxbridge, United Kingdom; ⁹HSE, Dublin, Ireland

Abstract. Lifelong disability is an umbrella term used to capture any disability that has onset earlier in the lifecourse which can be congenital or acquired in childhood. Within existing literature there are a range of theories of ageing, and ageing well. Positive theories of ageing focus around facets such as the gains associated with older age, how people adapt to change, re-prioritising different goals and activities to maintain quality of life and maintenance in terms of health,

roles, participation, functioning or wellbeing. However, for many theories of lifecourse development and ageing an important component of health is avoidance or absence of disability. For instance, the successful ageing theory of Rowe and Khan (1997) emphasises lack of disease and disease-related disability as being key to ageing successfully. Lifecourse approaches to healthy ageing refer to the idea of maximising functional potential in early adulthood in order to avoid disability as we age (WHO, 2000). This leads to a narrative that frames disability as something to try and avoid in older age, however we are interested in understanding how ageing well is framed in people ageing with a lifelong disability. The objective of our scoping review is to map existing literature to determine how 'ageing well with a lifelong disability' is conceptualised. Over 3,000 papers have been screened for inclusion and we will discuss the main themes that emerge from the existing evidence base, and outline where the gaps in the evidence base lay. Implications for future research will be discussed.

224 What could gerontology and disability studies contribute to our understanding of the activism of a 'new' ageing population?

Professor Karen Lowton

University of Sussex, Brighton, United Kingdom

Abstract. In 1987 the 'cystic fibrosis gene' was the first to be identified by the Human Genome Project, enabling biomedical innovations to rapidly and significantly alter the CF trajectory from a fatal childhood disease to an often 'invisible' condition experienced by adults now living into mid- and late-life. This 'new' ageing trajectory enabled a fundamental reformation of core aspects of personal and social life; what might be considered a 'biographical reconstruction'. For example, adults now anticipate entering paid employment and possible parenthood, albeit needing continuing medical support. In 2012, the first precision medicines offered further life extension and health improvement for those in the UK, with hopes continuing for a complete cure. However, gerontologists tend to treat these seismic shifts in life extension and ways of living as being at the margins of their research. Similarly, disability studies scholars have generally not encompassed CF, perhaps due to historically short survival ages and the fluctuating nature of impairment. Yet with the advent of personalised medicine and anticipation of further life extension, activism of those with CF and their families, specifically around access to personalised medicine, has come to the fore. This presentation seeks to critically situate this activism in gerontology and disability literatures. In doing so, it argues for a more nuanced understanding of the meaning of ageing and disability for those living with rare genetic conditions to inform a more critical understanding of health over the lifecourse for this 'new' ageing population, predominantly growing older in Western neoliberal/capitalist societies.

PARALLEL SESSION 8E: LINKED LIVES AND
LINKED TRANSITIONS: A LIFE-COURSE
PERSPECTIVE ON SOCIAL CONNECTEDNESS
AND SOCIAL EXCLUSION

Friday 08 July 2022, 11:30 - 12:30

Symposium Abstract

In this symposium, we want to take a closer look at life course transitions that impact social connectedness through the life course and might lead to exclusion from social relations in older age. The first paper from Anna Urbaniak and Anna Wanka presents social embeddedness and transitional risk in later life in the context of (un)linked lives and linked transitions. The second paper from Celia Sheridan shifts the focus to gender considerations. It explores the differential impact of transitions on social connectivity across older men and women's lives. The third paper from Luisa Bischoff focuses on non-institutionalised relationship transitions diachronically and normatively over individual life courses. Consequently, this symposium: (1) focuses on the linkages between transitions and between life courses; (2) showcases projects across different jurisdictions (Austria, Germany and Ireland) that analyse life course transitions in later life; (3) advances scientific insights into relational life course perspectives in ageing research.

Chair: Anna Urbaniak, University of Vienna, Austria

169 Linking non-institutionalised relationship transitions diachronically and normatively over individual life courses

Luisa Bischoff

Goethe University, Frankfurt/Main, Germany

Abstract. In this contribution an analysis of diachronic and normative linkages of non-institutionalised relationship transitions in later life is being presented. Life course transitions are framed as alternating “participational changes” (Krüger & Levy 2001) and the focussed question is, how relationship transitions are being linked to each other narratively. Using Grounded Theory Methodology practices of meaning-making are being analysed on the basis of in-depth interviews with never-married individuals over the age of 50 years, which were conducted in the PhD project “Becoming Single in Older Age”. In the results a differentiation between diachronic linkages of relationship transitions and normative linkages relating to life course regimes emerges. Diachronic linkages describe how the same transitions - like entering a new relationship or leaving another one - are being linked to one another within individual life courses. When one is e.g. valuing one ex-partner as ‘the one’ and thereby de-valuing the following relationships, the same recurring transitions are linked with the ascription of various meanings and emphases. Normative linkages arise between life courses, when individual non-institutionalised transitions are being compared to (chrono-)normative life courses enclosing the milestone of marriage. With normatively linking transitions, it shows, how not reaching this milestone, can result in either aimlessness or alternative life course transitions. With this contribution relationship transitions become theoretically apparent in their temporal normativity as well as relational reciprocity. At the same time, it methodically illustrates how processes of meaning making in non-normative living arrangements in older age can be grasped by analysing narrative practices of meaning making.

170 Understanding (un)linkages in life course transitions: social embeddedness and transitional risk in later life

Anna Urbaniak¹, Anna Wanka²

¹University of Vienna, Vienna, Austria; ²Research Training Group ‘Doing Transitions’, Goethe University, Frankfurt am Main, Germany

Abstract. This contribution applies relational perspective in exploring life course transitions. We shift the focus from the individual to the ‘transitional assemblages’ that comprise different people, discourses, materialities (bodies, things, and spaces), and the relationships between. We explore how transitional experiences link and unlink older adults’ lives, and how they might contribute to social inclusion and exclusion in later life. The contribution draws on the Austrian qualitative part of a larger international mixed-methods study “Genpath”. We conducted 30 qualitative interviews containing semi-structured part and graphical reconstruction of the social convoy model with adults aged 66 to 88 years. Interviews were collected from July until November 2020, then fully transcribed and coded. The analysis was based on

the constructivist approach in grounded theory and case study approach. In the results, we highlight linkages between transitions (one transition seldomly happens alone) and individuals (transitions nearly always affects more than one person). We focus on predominant transitions in the Austrian sample: relocation, bereavement, divorce, retirement, as well as the onset of ill health. We highlight that transitions might temporally coincide (e.g. relocation after the divorce) or be causally linked (e.g. relocation to the caregiver after the onset of ill-health) and that they link and unlink different people's lives contributing to inclusion and exclusion in older age. We conclude with a systematic framework of those un/linkages between transitions and older adults' social embeddedness and discuss implications for future relational transition research.

177 Gendered impact of life course transitions on the lives of others and the implications for social relations in later life.

Miss Celia Sheridan

National University of Galway, Galway, Ireland

Abstract. While there is a recognition of the need to investigate the intersection of life course transitions and gender in the construction of exclusion from social relations, the impact these transitions have on the lives of others and on their social connectivity is not sufficiently explored in the literature. The aim of this paper is to explore the gendered impact of life course transitions on the lives of others and the implications for social relations in later life. The analysis will draw on thirty in-depth semi-structured interviews with men and women aged sixty-five and over, as part of a wider GENPATH study into exclusion from social relations in later life. The transitions identified within the data include migration, relational disruption, bereavement, and ill-health. Typically, these transitions are linked to the lives of others and can disrupt their social connectivity or lead them to experience an unexpected transition. For example, women's experience of relocation was often linked to their husband's economic opportunities and the impact of this transition tended to be shaped by gender power relations. Findings from the study suggest that these life course transitions can impact on the social connectivity of people over their life course, which can put them at greater risk of exclusion from social relations in later life. Evidence also points to the impact on the lives of others. This paper will discuss the intersection of linked lives and gender in the construction of exclusion from social relations, from a life course perspective.

PARALLEL SESSION 9F: LOST IN TRANSLATION - REALISING THE POTENTIAL OF NEW AND EMERGING TECHNOLOGIES FOR HEALTHY AGEING

Friday 08 July 2022, 13:45 - 14:45

Symposium Abstract

AgeTech refers to the use of emerging technologies, such as digital media, information and communication technologies, big data and AI, mobile technologies, wearables, and smart home systems, that help keep older adults connected and support the delivery of health and community services. AgeTech can support people in making conscious, positive lifestyle choices that promote and sustain physical, cognitive and mental health, including sleep, diet, activity and exercise, and self-management of health issues. The potential benefits to older people, society and the economy of AgeTech are enormous, but real-world impact has yet to fully materialize. We believe that in part, this is due to failure to realise and exploit research findings into the development of new products and services. Networks such as the Academic Health Science Networks in the UK (www.ahsnnetwork.com) and AGE-WELL in Canada (www.agewell-nce.ca) have a key role in supporting and promoting innovation by:

- Ensuring stakeholders have meaningful participation in all aspects of projects
- Supporting translation of research into practise and the commercialization of new technologies
- Informing new policies to facilitate healthy aging in diverse populations
- Training and capacity building of students and early career researchers.

The symposium will bring together researchers from the UK and Canada to explore the opportunities and barriers for AgeTech to support healthy aging in an increasingly digital 21st Century.

Chair: Andrew Sixsmith, Simon Fraser University, Canada

109 The AGE-WELL approach to AgeTech innovation

Dr Andrew Sixsmith

Simon Fraser University, Vancouver, Canada

Abstract. AGE-WELL is Canada's AgeTech network (www.agewell-nce.ca). The mission is to develop a community of researchers, older adults, caregivers, partners and future leaders that accelerates the delivery of technology-based products and services that make a meaningful difference in the lives of older people. Despite the potential, AgeTech research has often failed to deliver in terms of real-world products, services and impact, and Canada has been characterized as "...a country of perpetual pilot projects". This presentation will explore the principles and practical steps that AGE-WELL has implemented to encourage and support innovation and real-world impact:

- Challenge-oriented: A challenge is a complex or "wicked" problem that demands innovation and deployment of real-world solutions that will make a positive impact on the lives of individuals, societies and economies
- Co-production: Older adults and stakeholders are involved at all stages to ensure new products and services are relevant to everyday needs and situations.
- Transdisciplinary collaboration: Going beyond siloed, disciplinary perspectives and developing perspectives and approaches that recognise the complexity of real-world challenges
- Integrated knowledge mobilization (iKM): Research teams should have an entrepreneurial approach from the start.
- Capacity-building: A key to innovation is the training and support of new generation of highly qualified personnel and early career researchers.

111 Developing capacity and capability for innovation in healthy ageing

Professor Nigel Harris

West of England Academic Health Science Network, Bristol, United Kingdom

Abstract. One in 12 people in the UK are over 75, but on average only 50% of those over 65 live without disability. In response to this government has a strategy to support innovation in technologies and services that help people remain independent and active in older age. The Academic Health Science Networks (AHSNs) have a key supporting role, as they are commissioned by NHS England to spread innovation at pace and scale - improving health and generating economic growth. Each one of the 15 regional AHSNs works across a distinct geography serving a different population and drawing on local strengths. The West of England AHSN has a strong focus on supporting early-stage innovators from across commercial, clinical, or academic backgrounds. We have developed a range of resources and networks for innovators, from our 'Introduction to Innovation in Healthcare' online course, to an intensive workshop style Health Innovation Programme. There are significant opportunities for innovators to develop products that support

independent living and healthy ageing. Our South West, Assisted Living Action Network and

International AHSN-AGEWELL Innovation Exchange provide valuable opportunities for networking and collaboration. Through this work, we have identified a number of key barriers that researchers or innovators need to overcome to realise their innovation: building the right team, understanding their value proposition, developing a minimum viable product and evidencing impact. This session will explore opportunities and challenges around each of these, in relation to innovation in healthy ageing.

154 Into the valley of death: Real-world challenges that prevent AgeTech from making a meaningful impact

Dr Charlene Chu

Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada

Abstract. While there is increasing realization of the potential benefits and impacts of AgeTech to older people, translating technologies from the lab-to-practice, or bench-to bedside, requires innovations to overcome what's known as the "valley of death" (Canadian Institutes of Health Research, 2011) where emerging innovations often meet their demise. This talk will focus on the design and implementation challenges in AgeTech in an increasingly digital 21st century. Using case examples, I will explore some of the real-world challenges that prevent AgeTech from moving from a research study into the hands of older adults. I will discuss the implications of the COVID-19 pandemic, fair and equitable inclusion of older adults (with and without dementia) and their family caregivers, the opacity of the healthcare system, and the lack of cohesive interdisciplinary teams. Exemplars of AgeTech in long-term care, the community, and mobile technology will be highlighted in this talk.

192 Creating Collaborative Healthy Ageing Ecosystems

Dr Mandy Dixon¹, Professor Nicola Wilson²

¹Northern Health Science Alliance (NHS), Manchester, United Kingdom; ²Liverpool Health Partners, Liverpool, United Kingdom

Abstract.

"No one can whistle a symphony; it takes an orchestra to play it." [1] The NHS's Healthy Ageing Network (est. 2016) brings together expertise and talent from world-recognised institutions and organisations across the North of England for the purpose of research, interdisciplinary, and interorganisational collaboration. In this paper we demonstrate how successful large scale research and innovation ecosystems can be established and maintained, using the experience of the Healthy Ageing Network to illustrate key principles underlying successful collaboration at this scale. In particular, we will explore:

- The origins of the ecosystem, and where the story began.

- The ‘tools’ that make up the ‘toolkit’ of multi-centre/institution/organisation collaboration, including balance of diversity, alignment, and energy.
- Lessons learned, and the value of emotional intelligence when building lasting professional relationships and collaborations, and
- The various roles within collaboration, and how ‘the convenor’ and ‘the lead’ are not necessarily synonymous.

213 Putting Citizen Insight at the heart of Innovation on Healthy Ageing

Professor Lynne Corner

National Innovation Centre for Ageing, Newcastle Upon Tyne, United Kingdom

Abstract. VOICE (Valuing Our Intellectual Capital and Experience) is an international network of citizens embedded in the UK National Innovation Centre for Ageing (NICA). Our mission - to add intelligence to healthy longevity and innovation, and harnessing the immense wisdom, insights, ideas and experience of citizens, cross generations, as a thriving community of “research and innovation active citizens”, collaborating with researchers and businesses to co-design and co-deliver products and services which help people live happier, healthier longer lives. This presentation will explore the methodologies and approaches to foster cross generational exchange, debate and dialogue on what is needed and possible for healthy ageing, and real-world examples of collaboration with a range of businesses to deliver “Longevity as A Service” - meaningfully involving citizens in multi disciplinary collaboration, knowledge exchange and mobilisation, and helping to accelerate products and social innovations to market and adapt and scale for wellbeing and impact.

PARALLEL SESSION 9G: MORE THAN HUMAN APPROACHES TO RESEARCH: CREATIVITY AND CONNECTIVITY IN EVERYDAY LIVES AS WE AGE

Friday 08 July 2022, 13:45 - 14:45

Symposium Abstract

Non representational or ‘more than human’ approaches are not easily defined but they share an understanding of human life as made through a ‘riot’ of non-human forces. They have a focus on the diverse webs of non-human life that play a part in everyday practices and performances in and of spaces and lifeworlds. Adoption of such approaches follows the call for a cultural and material turn in gerontological research and involves attending to the relational, material and affective interdependencies or the textures of the everyday lives of older adults. This interdisciplinary symposium brings together arts and humanities and social science researchers. Our papers will focus on in depth empirical work that explored the ‘more than human’ creativity and connectivity present in the everyday lives of older adults in their own homes and in care settings. The papers will present rich data collected through creative research methods that seek to animate and evoke the more than human, the embodied, material and multisensual worlds of older adults. Our papers will also reflect on the role of the researcher ‘in relation’ with older adults, dwelling on the positionality of researchers and of ‘researching with’ older adults and others as an important factor in our methodological approaches. We are joined by Dr Amy Barron, University of Manchester, as discussant for the papers who will reflect on the insights gained and challenges of adopting a non representational lens in research with older adults.

Chair: Helen Manchester, University of Bristol, United Kingdom

Discussant: Amy Barron, University of Manchester, United Kingdom

180 Textures of everyday space: more than human encounter in the lives of minoritised older adults

Dr Helen Manchester, Dr Alice Willatt

University of Bristol, Bristol, United Kingdom

Abstract. Non representational approaches suggest attending to the relational, material and affective interdependencies in everyday life, including exploration of the textures of space. This paper uses this lens to explore data collected with 18 60-75 year old co-researchers who are disabled, and/or racially and socioeconomically minoritised, as part of the ESRC Connecting through Culture project. We draw on our ethnographic research which aimed to establish relationships and build connections with our co-researchers through finding out more about their everyday lives, with a focus on arts and culture and social connectivity. We asked co-researchers to complete a 'My Album' activity (taking however long they wanted) and to produce a diary over a two week period. We met with our co-researchers numerous times during this ethnographic work, often in their own homes but also online, on the phone and in community spaces and local cafes. We recorded conversations with them about their chosen images, texts and diary activities. Through initial analysis of the data collected this paper will explore what we have learnt about the shape and textures of the lives of our co-researchers. We will attempt to make our ethnographic research 'dance a little' (Vannini, 2015) through the words, including poetry and stories, and images created by our co-researchers. Our research suggests how non-representational theories can help us to acknowledge the complex interdependencies between embodied, sensory, affective and material practices and performances of minoritised 'next generation' older people, the textures of time, space, creativity and connectivity in their everyday lives.

185 Embracing opportunities for connection and engagement: Illuminating everyday creative practices within dementia care settings

Dr Rebecka Fleetwood-Smith¹, Prof Victoria Tischler², Dr Deirdre Robson³

¹University of Bristol, Bristol, United Kingdom; ²University of Exeter, Exeter, United Kingdom; ³University of West London, London, United Kingdom

Abstract. This paper draws upon research carried out to explore the significance of clothing and textiles to people with dementia living in a care home. Increasingly researchers demonstrate the importance of everyday items within health and social care settings, examining the ways in which personal and functional items 'shape' and 'make' care practices and inform how settings feel through the atmospheres they promote. Research was carried out using a series of creative, sensory, and embodied research methods working with people with dementia and care home staff. Findings demonstrate the ways in which people with dementia and care home staff alike use items within their immediate environment to enable moments of respite, privacy, and joy, and co-create moments of togetherness and connection. Everyday items of clothing and accessories were used by care home staff as tools for

communication to support understandings. People with dementia enacted everyday creative practices verbally and nonverbally through embodied expressions. Certain items of clothing and textiles were found to promote intrigue and facilitated imaginative responses from people with dementia and care home staff, such encounters existed outside the realm of task-orientated conversations making room for moments of togetherness. Findings illustrate varying forms of everyday creative practice within dementia care settings and in turn contribute to burgeoning literature that highlights the importance of everyday creativity in the lives of people with dementia. Findings contribute to notions of creative care and support the ways in which creative approaches can enhance dementia care practice.

200 Bringing the body into focus: Exploring embodied processes of knowledge production in gerontological research

Dr Alice Willatt, Dr Helen Manchester, Dr Rebecka Fleetwood-Smith

University of Bristol, Bristol, United Kingdom

Abstract. In this paper we draw on theories of embodiment to reflect on our research relationships with co-researchers across several projects, including 'Connecting Through Culture' and 'Sensing Spaces of Healthcare'. This paper frames research relationships as constituted through embodied interactions in time and place. We trace our relational encounters with co-researchers in virtual and in-person environments, from the intimate spaces in their homes, to shared car journeys, cafes, community centres, and health and social care settings. We discuss our sensory experiences of working with co-researchers, using creative methods to explore the affective and emotional qualities of creativity and social connectivity in their everyday lives. We reflect on the physical proximity and intimacy engendered through creative methods, how creative processes have helped forge powerful moments of shared connection but also attuned us to difference. We consider how the 'visible markers of difference' inscribed on our bodies (gender, age, race, ethnicity, ability) shape our relationships with co-researchers (Gilliat-Ray, 2010). We share reflexive practices and argue that an openness to interrogate the embodied dimensions of knowledge production in gerontological research is crucial for navigating the asymmetrical power relations that underlie research relationships.

PAPER PRESENTATIONS

PARALLEL SESSION 1A

Thursday 07 July 2022, 09:00 - 10:00

102 Managing twin crises: English local authorities and market shaping during a pandemic

Ms Ruth McDonald

Newcastle University, Newcastle, United Kingdom

Abstract. English local authorities have a duty to ensure that there is a wide variety of good quality social care services available for people who need them. Yet, it is increasingly difficult to fulfil this duty, particularly in relation to home care aimed at supporting older adults to remain in their own homes. In addition to a workforce shortage widely seen as reaching crisis proportions, commissioners and providers of care have faced challenges created by a global pandemic. This paper presents findings from empirical research addressing the ways in which English local authorities have engaged in 'market-shaping' activities to secure home care in the context of these crises. Interviews undertaken during 2020-21 with a range of stakeholders (n=65) suggest a variety of approaches to market shaping. Thematic analysis of stakeholder accounts indicates that these crises have made it more difficult to secure care for people who are assessed as needing it. However, the crises have also led to several benefits. These include the development of more collaborative relationships between commissioners and providers of care, as well local authority engagement in innovative initiatives intended to increase the supply of care. The findings raise questions about the variations in approach between local authorities and the reasons for these. In addition, the research sheds light on the likely impact of crisis responses, as well as the sustainability of initiatives over the medium and longer term. The paper concludes with lessons for commissioners of care as well as local and national policy makers.

229 "It was hell... [but] I'll be more prepared in future": care-home staff's journeys from hell to some hopefulness during COVID-19

Dr Kathleen Lane¹, Dr Anne Killett¹, Dr Julii Brainard¹, Ms Julie Houghton², Ms Suzanne Mumford³, Professor Sarah O'Brien⁴, Ms Laura Watts¹, Dr Diane Bunn¹

¹University of East Anglia, Norwich, United Kingdom.

²Norwich, United Kingdom. ³London, United

Kingdom. ⁴Newcastle University, Newcastle, United Kingdom

Abstract. UCAIRE is a mixed-methods study exploring the experiences of care-home staff, residents and residents' families and friends of infection risk and transmission during COVID-19 to inform learning for future infectious disease outbreaks. This paper reports on the perspectives of care-home staff. Data were obtained from semi-structured qualitative interviews (N=17) conducted October-December 2021 and responses to an online survey (N=115), open August-November 2021. Participants (F=76%) came from across Great Britain, the majority from England. Staff roles reflected

administration, management, estates and caring roles of junior care-workers, team-leaders and managers. Emerging evidence suggests that, regardless of the sample's job-role diversity, more similarities than differences were expressed on experiencing infection-control measures (ICMs) and what staff considered important lessons for future outbreaks of highly infectious diseases. Similarities were pronounced regarding challenges of the supply and use of personal protective equipment (PPE) and ever-changing advice and regulations on ICMs. Some staff were fearful and anxious about catching COVID-19, despite following ICMs diligently. One participant described feeling the virus "is chasing you ...and one day it's going to catch up with you". Differences within the sample, such as contrasting attitudes on re-opening care homes and the risk to controlling infection transmission, tended to reflect the focus of staff job-roles though this was not wholly consistent. Our paper discusses the range of staff journeys in the context of infection-control and transmission during the pandemic. This includes prioritising effective communication on ICMs across the workforce, tailored appropriately for the needs of specific groups of staff.

265 Living through a pandemic with Parkinson's - what have we learnt?

Dr Fiona Eccles, Dr Craig Murray, Dr Ian Garner, Professor Jane Simpson

Lancaster University, Lancaster, United Kingdom

Abstract. While the covid-19 pandemic has been challenging for everyone, it has been particularly difficult for older people with chronic health conditions. In addition to the social isolation and limitations faced by all, they have had to manage their condition with much reduced help from health or social care or the usual support structures on which they normally rely. Parkinson's is a neurodegenerative condition affecting approximately 1% of the population over 60 and with prevalence increasing with age. It affects around 137,000 people in the UK and causes a variety of physical symptoms including problems with movement, eating, drinking, temperature control, pain and fatigue. Mental health difficulties are also common, including anxiety and depression and in later stages people can experience hallucinations and delusions and dementia. We have been collecting data throughout the pandemic from people with Parkinson's and their carers living in the UK using both quantitative and qualitative approaches to understand better the impacts on their wellbeing. In this presentation we will highlight the challenges for this group of people including how such challenges evolved during the two years of data collection. Drawing on these findings we will discuss possible support needs for this group to lessen the impact of such crises in the future.

266 Living restricted lives: understanding the experiences of care home residents and their families in England during the COVID-19 pandemic

Dr Amit Desai, Dr Joanne Fitzpatrick

King's College London, London, United Kingdom

Abstract. Residents of care homes for older people were subject to specific measures and restrictions during the COVID-19 pandemic. For many people, care home life changed dramatically. For long periods of time, residents were unable to leave their homes and friends and family were not permitted to visit them. Socialising among residents was also curtailed. In this presentation, we explore the experiences of residents and their loved ones of these restrictions, and the impact they reported on their health and relationships. As part of a NIHR-funded study, we conducted 34 semi structured interviews with care home residents, and friends and family of residents across six English care homes between February and November 2021. We examine their notions of safety and associated trust in care home staff, transformations in sociality, friendship and kinship, and their reflections on the broader idea of living a restricted life as one ages and approaches death in the context of a global pandemic. We conclude by outlining the implications of our findings for care home operators and managers, and social care commissioners and policy makers.

PARALLEL SESSION 1B

Thursday 07 July 2022, 09:00 - 10:00

52 Ageism, Loneliness, Depression and Health-protective Behaviours in the Face of COVID-19: An Examination of the Outcomes & the Key Protective/Predictive Factors for Older and Younger Adults

Dr Lesley Jessiman

University of the Fraser Valley, Abbotsford, Canada

Abstract.

The COVID-19 pandemic clearly unearthed the existence of global ageism; exposed first by the initial inertia to respond to the virus on the grounds that "COVID-19 only affected old people". Further revealed by the triaging of hospital care based on "years left" in life, and the malignant discourse in social media, specifically, #BoomerRemover. We know that as societal ageism increases, so can self-ageism i.e., where older adults internalise negative stereotypes about their age (Levy, 2018). The principal aim of our study was to examine how self-ageism might affect social/emotional loneliness, depression, and COVID-19 specific health protective behaviours e.g., social distancing and wearing masks. We found that older adults who were more self-ageist were less likely to engage in health protective behaviours. We did not find significant relationships between the older adults' health protective behaviours and depression, or loneliness. We also found older adults were less socially and emotionally lonely, less depressed, and less likely to engage in health-protective

behaviours compared to younger adults. These findings suggest self-ageism was more of a threat to the older adults overall well being than loneliness and depression during the pandemic. We therefore argue that if self-ageism manifested from older adults measuring their value within the age-hostile milieu - created or worsened by the pandemic - then they would be less inclined to engage in behaviours that would protect them from COVID-19. These findings also have implications for older adults seeking other preventive health services during the pandemic.

65 El Loro viejo sí aprende a hablar. Old dogs can learn new tricks.

Elfriede Derrer-Merk¹, Dr Maria-Fernanda Reyes-Rodriguez², Prof. Richard Bentall³, Prof Kate Bennett⁴

¹University of Liverpool, Liverpool, United Kingdom;

²Universidad el Bosque, Bogota, Colombia; ³University of Sheffield, Sheffield, United Kingdom; ⁴University of Liverpool, Liverpool, United Kingdom

Abstract. Older adults had been impacted most by the COVID-19 pandemic worldwide. We will identify how older adults adapt and cope during the COVID-19 pandemic in the UK and Colombia. One year after the pandemic we investigated, in a cross-cultural study, between the UK and Colombia, using qualitative constructive grounded theory methodology for the analysis, how people age 65 UK/60 Colombia adapted. We interviewed n= 29 participants in the UK and n=33 participants in Colombia. COVID-19 highlighted the ability of older adults to learn new skills when faced with challenges and adversities. The result of the cross-cultural study suggests that some participants found new goals, some found pleasure in optimising existing skills and tasks. Other participants compensated for the lack of social connectivity by intensifying hobbies they already enjoy. However, not all participants adapted well, instead struggling to adapt. Many participants, in both countries, held the tension and were waiting for the pandemic to end. Adaptation under adverse circumstances such as the COVID-19 pandemic is possible for older adults. However, many participants experienced the tension of not being able to live the life they were used to.

157 Responses to Population Ageing in the New Normal: Sustainable Ways to Improve the Quality of Life of Mauritian Older Adults

Naila Maherally

University of Mauritius, Reduit, Mauritius

Abstract. Population ageing is the 21st century's dominant demographic phenomenon. The world's population is ageing, due to increased fertility and declined fertility and leading us into undiscovered demographic waters. Ensuring healthy lives and promoting well-being at all ages are part of the Sustainable Development Goals. The current health crisis ignited by the COVID-19 pandemic and its toll on older people, the healthcare systems and societal resources makes it compulsory to implement a more sustainable approach to ageing. This article presents some sustainable ways to improve the quality of life of Mauritian older adults, given that we are walking on the population bomb which may

explode at any time. 40 participants were recruited using the convenience sampling strategy and were interviewed for an hour. Overall, the main findings indicate that older adults often suffer from more than one health condition at the same time and these problems can be ongoing, yet our health services have been designed to detect and treat individual disease and condition. As a matter of fact, our system manage older adults' health issues in fragmented ways which have negative consequences. This fragmentation implies that we miss opportunities to manage chronic conditions and prevent people from becoming care dependent. Therefore, this research advocates for the design of an integrated care framework for population ageing in Mauritius. A system that will ensure universal access, offer quality services, and make better use of existing health care resources.

254 Hard numbers, tricky words and grey areas: a content and critical discourse analysis of how age-related risks and measures were communicated through Facebook by Portuguese municipalities during the COVID-19 pandemic.

Dr Linda Naughton¹, Dr Miguel Padeiro¹, Dr Beatriz Beatriz Bueno-Larraz²

¹University of Coimbra, Coimbra, Portugal; ² Independent Consultant, Madrid, Spain

Abstract. At the start of the COVID-19 pandemic, the Portuguese government identified the over-70's as a risk group and a special duty of protection was placed on them in terms of sheltering-at-home. The Directorate for Health's advice stated those over 65 were at higher risk from the disease. This paper asks how Portuguese municipalities, using Facebook posts, communicated the risk to older adults and to what extent ageist stereotypes were found in the language and narratives employed. We analysed 3700 Facebook posts made by Portuguese local authorities, concerning older adults and COVID-19, published between March and July 2020. Language counts were used in a first round of content analysis, then critical discourse analysis was used to draw out the narratives through a process of open coding. Findings indicate that the language used to address Portuguese older adults could be understood as ageist in terms of homogenizing older people as a fixed group. The identification and communication of risk was often conflated with the vulnerability/decline narrative already observed in the extant literature. However, context-specific narratives of solidarity, inter-relatedness, duty of care and the support of those living in isolation were also found. Beyond the specifics of the Portuguese case, the paper provides insight into the role context and culture play in understanding vulnerability and (inter)dependence, as well as the potential for alternative frames to challenge the way we think about age as a cultural construct.

PARALLEL SESSION 1C

Thursday 07 July 2022, 09:00 - 10:00

8 Changes in Grandparenting During the Pandemic and Effects on Mental Health: Evidence From England

Dr Giorgio Di Gessa¹, Dr Valeria Bordone², Dr Bruno Arpino³

¹University College London, London, United Kingdom.

²University of Vienna, Vienna, Austria. ³University of Florence, Florence, Italy

Abstract. Policies aiming at reducing rates of hospitalisation and death from Covid-19 encouraged older people to reduce physical interactions. For grandparents in England, this meant that provision of care for grandchildren was allowed only under very limited circumstances. To date, evidence on changes in grandparenting during the pandemic is scarce and little is known about whether and to what extent changes in grandchild care provision impacted grandparents' mental health and well-being. Using pre-pandemic data from Wave 9 (2018/19) and the second Covid19 sub-study (November/December 2020) of the English Longitudinal Study of Ageing, we first describe changes in grandparenting since the start of the pandemic to then investigate, using regression models, associations between changes in grandparenting and mental health (depression, quality of life, life satisfaction) during the pandemic, while controlling for pre-pandemic levels of the outcome variables. About 10% of grandparents stopped altogether to look after grandchildren during the pandemic, with 23% also reporting an overall decrease in the amount of grandchild care provided. Those who reported an increase or similar levels (18%), mostly provided grandchild care to help parents while working. Compared to grandparents who mostly maintained unchanged their grandchild care provision, those who stopped altogether were more likely to report poorer mental health and well-being, even taking into account pre-pandemic health. While measures to limit physical contact and shield older people were necessary to reduce the spread of the virus, policymakers should acknowledge potential adverse consequences for mental health and well-being among grandparents who stopped looking after their grandchildren.

215 Declining mental capacity and personal finances: a qualitative exploration of experiences of care professionals, older adults and families

Dr Alex Hall, Dr Christina Straub, Professor Debora Price, Professor Nicola Glover-Thomas

University of Manchester, Manchester, United Kingdom

Abstract. 'Financial capacity' is the ability to manage personal finances, and is one of the most important skills a person needs to be an independent member of society. It is particularly important for older adults, who in addition to managing day-to-day finances, are required to make major financial decisions associated with later life. However, financial capacity is highly sensitive to changes in cognitive abilities, which are stigmatised and often hidden by families.

People with diminished financial capacity are vulnerable to financial abuse. In England and Wales, the dominant legal framework to guide financial capacity assessment is the Mental Capacity Act (MCA) 2005. The MCA has been a welcome development, but its principles are poorly understood, and implementation inconsistent. It is not clear how appropriate it is for assessments of financial capacity, how financial capacity is assessed, or how professionals support someone with diminished financial capacity. Very little is known about how older adults and their families discuss personal finances and attempt to mitigate the challenges of declining financial capacity.

This presentation reports findings from a qualitative case study involving interviews with 30 social care practitioners and 20 older adults and family members, and document analysis. We explore:

1. Professionals' experiences, including approaches and perceived boundaries of responsibility in assessing and supporting older adults with diminishing financial capacity
2. Experiences of older adults and families in navigating the issue of declining financial capacity
3. Conceptualisations of 'capacity' and 'vulnerability' in the domain of personal finances
4. Suggestions to improve practice and support

267 CONNECT Supporting person-centred care for people with dementia in hospital settings. Mapping the practices and processes of constant observation for people with dementia in three hospitals across England.

Ms Danaï Theodosopoulou¹, Dr Melanie Handley², Dr Nicky Taylor³, Professor Rowan Harwood¹, Professor Claire Surr³, Ms Rosemary Phillips², Professor Claire Goodman²

¹University of Nottingham, Nottingham, United Kingdom;

²University of Hertfordshire, Hertfordshire, United Kingdom;

³Leeds Beckett University, Leeds, United Kingdom

Abstract. People with dementia who are admitted to hospital are more likely than people without dementia to experience an adverse event, such as a fall, during their hospital stay. Patient safety is a major priority for hospital staff. A common strategy to manage people's risk of harm is constant observation; a care activity where a member of staff is allocated to provide constant care to one patient, or a small group of patients in one bay. Constant observation practices are known to be applied inconsistently, leading to differences in patients' experiences. To understand how variation in practices, processes and staffing of constant observation impact patient outcomes, we conducted an exploratory study of the activity in three hospitals across England (September 2021 to February 2022). Ethics and research governance were obtained.

Across the sites, we completed: 100 hours of observations covering 7am to 10pm in nine wards; 24 interviews; one month of ward surveys. Analysis is ongoing, but early findings suggest differences in how sites allocated staff to constant observation, staff knowledge of dementia and dementia care, and their understanding of their responsibilities during

constant observation. In sites that used structured processes for the assessment and review of constant observation, allocation more closely aligned with a person's needs rather than their behaviours. Formal sharing of meaningful information about the person was more likely to lead to person-centred approaches during staff/patient interactions. These findings will inform the co-design of an intervention that can support a more consistent, person-centred approach to constant observation.

301 Conceptualization of Anticipatory and Sudden Widowhood based on Griefwork, Life Course Theory and Convoy Model of Relationships

Samantha Teichman

Simon Fraser University, Vancouver, Canada

Abstract. Widowhood is a difficult adjustment process that impacts our identities, social relations, and wellbeing. This paper explores anticipatory widowhood and sudden widowhood as social processes and as a significant transition along an individual's trajectory through the development of a conceptual framework. The conceptual framework developed is centered on five key objectives. First, is not to organize the process of how individuals grieve their spouse, but rather to offer insight into the components and variables that are a part of this transition and how they develop over time. Next, based on the literature on widowhood and the conceptualization of "quasi-widowhood" (Rosenthal & Dawson, 1991), the second objective is to create a key distinction between anticipatory and sudden widowhood. The third objective, is to include the ways in which individuals engage in "griefwork" (D. Davidson, 2008), within both lay and professional settings and at the individual and collective levels. Fourth, is to include the process of identity reconstruction, both as a caretaker in quasi-widowhood and as a widow following the event of the death. Last, is to acknowledge the ways in which widowhood changes the convoy composition of the bereaved in terms of quantity and quality within the levels of closeness. To demonstrate these objectives, I illustrate below two experiences using my conceptual framework: sudden widowhood and anticipatory widowhood, each includes four components that are key processes within the transition of widowhood: emotions of the grieving process, griefwork, identity reconstruction and convoy composition.

PARALLEL SESSION 1D

Thursday 07 July 2022, 09:00 - 10:00

36 Dignity and factors that negatively affect it among older hospitalized men

Helena Kisvetrová, Renata Vaverková

Palacky University Olomouc, Faculty of Health Sciences, Olomouc, Czech Republic

Abstract. The increase in human life expectancy in contemporary society brings with it new challenges related to old age in the context of gender differences. Dignity is a multidimensional construct involving knowledge, perception

and emotion related to competence or respect. Dignity perception is highly individual, and reflects a hierarchy of value priorities that can be differently modified throughout one's life in men and women by different factors. While women's perception of dignity has already been explored in several studies in recent years, studies specifically on the perception of personal dignity and the factors that may threaten it among older men are still lacking. The aim of the study was to determine the influence of selected factors on the perception of dignity among older hospitalized men. The set of questionnaires included the Czech versions of Patient Dignity Inventory, Geriatric Depression Scale, Attitudes to Ageing Questionnaire, Barthel Index, Mini-Mental State Examination (MMSE), and basic social demographic characteristics. The set of respondents consisted of 286 men hospitalized in geriatric and internal medicine departments (average age 74.2±7.7 years; MMSE = 28.0±2.3; average length of hospitalization 9.1±6.9 days). Multivariable linear regression showed that men with less depression (standard beta = 0.436; p<0.001), more positive attitudes towards aging (standard beta = -0.197; p=0.001), and more self-sufficient (standard beta = -0.138; p=0.005) perceived their dignity more positively. Identifying factors influencing the perception of personal dignity can help develop interventions to prevent threats to the dignity of older men during hospitalization.

113 Digital competences as a barrier to get vaccination appointments. The case of older people in Magdeburg, Germany

Helene von Stülpnagel (M. Sc.), Dr Astrid Eich-Krohne

Institute of Social Medicine and Health Systems Research (ISMHSR), Magdeburg, Germany

Abstract. Background: In Magdeburg, mobile vaccination teams in the neighborhood at service centres for older citizens became symbolic of an elaborate, albeit low-threshold option for Covid-19 vaccination for old people. Beyond this possibility, vaccination appointments could only be made by an online appointment system. This paper addresses the barriers to vaccination appointment allocation and implications for a social and digital inequality debate in the context of old age. Methods: I assisted with vaccination appointments in the neighborhood and conducted telephone interviews with eleven older people aged 80+ and six relatives. The possibility of online appointments was explicitly requested. In addition, I assisted with two vaccination rounds in the neighborhood and conducted participant observations. The interview and observation protocols were evaluated by content analysis. Results: A barrier to booking vaccination appointments was the fact that they could only be made online. Many older people lack the necessary digital infrastructure and the skills to use it. Although making appointments online saves time and money, many of those who received vaccinations through the mobile vaccination team were overwhelmed by the online booking process. Discussion: It must be critically questioned whether all people have actually been given the same opportunities and possibilities in accessing health care such as the preventive offer of vaccinations against Covid-19. It is possible that existing inequalities were reinforced and (re)produced as a result and might have caused a lower vaccination rate among the old. Consideration should be given to develop tailored

interventions and access to vaccination for different target groups.

228 Developing a Core Outcome Set for hospital deprescribing trials with older people under the care of a geriatrician

Dr Jackie Martin-Kerry¹, Dr Jo Taylor¹, Dr Sion Scott², Dr Martyn Patel³, Professor David Wright^{2,4}, Dr Allan Clark⁵, Dr David Turner⁵, Professor David Alldred⁶, Ms Katherine Murphy², Dr Victoria Keevil⁷, Professor Miles Witham^{8,9}, Dr Ian Kellar⁶, Professor Debi Bhattacharya²

¹University of York, York, United Kingdom; ²University of Leicester, Leicester, United Kingdom; ³Norfolk and Norwich University Hospital, Norwich, United Kingdom; ⁴University of Bergen, Bergen, Norway; ⁵University of East Anglia, Norwich, United Kingdom; ⁶University of Leeds, Leeds, United Kingdom; ⁷Cambridge University Hospitals NHS Foundation Trust, Cambridge, United Kingdom; ⁸Newcastle University, Newcastle upon Tyne, United Kingdom; ⁹Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, United Kingdom

Abstract.

Half of older people are prescribed unnecessary or harmful medication and the opportunity to deprescribe these medicines is not routinely realised in hospital. There is therefore a need for hospital deprescribing trials and for these to adopt consistent measurement and reporting of outcomes, hence we aimed to develop a Core Outcome Set (COS). We developed a list of potentially relevant outcomes from the literature. Using a two-round Delphi survey of stakeholder groups representing older people and carers, hospital clinicians, hospital managers, and ageing/deprescribing researchers, each outcome was scored according to Grading of Recommendations Assessment, Development and Evaluation, followed by two consensus workshops to finalise the COS. Two hundred people participated in Round 1 and 114 in Round 2. Representing all stakeholder groups, 10 people participated in workshop 1 and 10 in workshop 2. Six outcomes were identified as most important, feasible and acceptable to collect in a trial: number of prescribed medicines stopped; number of prescribed medicines with dosage reduced; quality of life; mortality; adverse drug events and number of hospital stays. Three other outcomes were identified as important, but currently too burdensome to collect: number of potentially inappropriate medicines prescribed; burden from medication routine; and medication-related admissions to hospital. The COS developed represents the minimum outcomes that should be collected and reported. Whilst uncommon practice for COS development, the value of considering outcome collection feasibility is demonstrated by the removal of three potential outcomes that, if included may have compromised COS uptake due to challenges with data collection.

246 Interventions to reduce loneliness among Chinese older adults: A network meta-analysis of randomized controlled trials (RCTs) and quasiexperimental studies

Dr Jia Li¹, Dr Xiaochen Zhou², Dr Qi Wang²

¹The Chinese University of Hong Kong, Hong Kong, Hong Kong;

²The University of Hong Kong, Hong Kong, Hong Kong

Abstract. This meta-analytic study investigates the effectiveness of different interventions on alleviating loneliness in Chinese older adults aged 50 years and above. We searched eight English databases, four Chinese databases, and grey literature. Thirty-four studies, including four randomized controlled trials (RCTs) and 30 quasi-experimental studies, were eventually included in the meta-analysis (N = 3,843). Quality appraisal indicated risks of bias in the included studies. The pooled effect size was large and significant (Hedge's $g = 0.84$, 95% CI [0.54, 1.15]), indicating the effectiveness in reducing loneliness. However, the effect size may be overestimated due to the presence of publication bias. Moderation analyses showed significant differences in effect sizes by study designs and regions of studies. Network meta-analysis (NMA) indicated that hybrid and psychological interventions appeared to be advantageous over others. In addition, group-based delivery modes can add extra benefits to the interventions. This study adds to the knowledge the effectiveness of current interventions in reducing Chinese older people's loneliness. However, the findings need to be interpreted with caution due to the relatively low study quality, considerable heterogeneity, and publication bias. Despite the limitations, this study offers useful insights for future research, practice, and policymaking in reducing older people's loneliness.

PARALLEL SESSION 1E

Thursday 07 July 2022, 09:00 - 10:00

23 Technology Risk and Ethical Implications of Using Robots in LongTerm Care

Dr Lillian Hung^{1,2}, Dr Jim Mann¹, Jennifer Perry³

¹University of British Columbia, Vancouver, Canada;

²Vancouver Coastal Health Research Institute, Vancouver, Canada; ³Alzheimer Society of British Columbia, Vancouver, Canada

Abstract. Background: The pandemic provides a unique opportunity to examine new directions such as innovative technological approaches in long-term care (LTC) homes. While robotics could enhance the staff's capacity to provide care, there are potential technology risks and ethical concerns involved in technology use among older people residing in communal aged care homes. Objective: This qualitative descriptive study explores the technological risks and ethical issues associated with the adoption of robots in the specific context of LTC homes. Method: We employed purposive and snowballing method to recruit 30 participants: interdisciplinary staff, operational leaders, researchers, and ethicists. Semi-structured interviews were conducted by Zoom

Virtual meetings. Thematic analysis was performed to identify themes. Results: Technology risks include safety, more work, privacy, and cost. Participants emphasize ethical considerations should focus on five principles (ETHICS): Engagement of stakeholders, Technology benefit and risk assessment, Harm mitigation, Individual autonomy, Cultural safety and justice, Support of privacy. Conclusion: There are a growing interest and fear about using robotics in LTC. Practice leaders should apply ethical principles and frameworks to support stakeholders make technology decisions for everyday care.

37 Influence of selected factors on the quality of life of home-dwelling older adults with atherosclerosis

Renáta Váverková, Helena Kisvetrová

Palacky University Olomouc, Faculty of Health Sciences, Olomouc, Czech Republic

Abstract. With the increasing length of human life, the number of home-dwelling older adults with chronic modern civilization diseases (e.g. atherosclerosis and cognitive impairment) increases in the population. Examining the quality of life (QoL) can help identify the factors that affect the QoL of these individuals. The aim of the study was to determine the influence of selected factors on QoL home-dwelling older adults with atherosclerosis. The questionnaire battery included: WHOQOL-BREF (quality of life), JADS-CZ (dignity), GDS (depression), MMSE (cognition), and Barthel Index (self-sufficiency). Pearson correlation analysis, Point Biserial Correlation, and multi-variable linear regression were used for statistical processing.

The group consisted of 319 respondents (average 75.3±6.6 years; 285 [89.6%] with carotid stenosis <50%; 245 [76.8%] with hypertension; 199 [62.4%]; 149 [46.7%] with mild dementia). Multi-variable linear regression showed that higher depression was associated with worse QoL across all domains. On the contrary, higher attributed dignity was associated with better QoL in the domains of Experience, Social Relations and Environment. Better self-sufficiency and physical activity positively affected QoL in the domain of Physical Health. Furthermore, it was shown that women rated QoL better in the Social Relationships domain, and impaired cognitive functions negatively affected QoL in the Experience domain.

The study showed that the greatest influence on QoL had two psychological factors (depression, dignity), which significantly affected most areas of QoL. It is therefore necessary to focus more research on them among the elderly population. Supported by Palacky University Olomouc, grant No. JG_2019_004.

75 Saving staff time while enhancing quality of care: a mixed methods evaluation of implementing a digital information system in an Australian nursing home

Dr Kasia Bail¹, Prof Diane Gibson¹, Dr Eamon Merrick², Dr Bernice Redley³

¹University of Canberra, Canberra, Australia; ²Auckland University of Technology, Auckland, New Zealand; ³Deakin University, Melbourne, Australia

Abstract. Health information systems offer an opportunity to contemporaneously record care delivery, streamline documentation, and provide clinicians with access to point-of-care evidence-informed decision-making. However, many systems have not been evaluated. This two-year study evaluated the implementation and co-design of the 'ACE' documentation and decision-support technology system into an Australian nursing home. This participatory action research project employed concurrent mixed methods to collect data at three time-points on efficiency and quality of care. Data were collected from 65 residents/visitors, 90 staff, 7 managers/consultants and administrative databases. These included 130 pedometer readings; 59 surveys; 47 hallway interviews; 133 hours of time and motion observations; 65 documentation diaries; 27 focus group participants; 38 documentation audits on 19 resident records and 739 incident reports. Acceptability of the ACE system was demonstrated by high usability and satisfaction scores from staff and residents. Improved work efficiency post-ACE implementation was demonstrated by time saved on searching for information, with a mean 20% of nurse time saved following implementation of ACE. Qualitative data indicated staff felt able to spend more time with residents; more able to respond to resident needs; and better equipped to manage the 'delicacies of resident dignity' when using the ACE system, despite challenges presented by COVID 19. Quality of documentation improved, with completed resident assessments increasing from 68% to 96%. New technologies are integral to aged care and contribute to the provision of quality care. Implementation of ACE was associated with high user acceptability, improved work efficiencies and enhanced quality of resident care.

91 Exploring older adults' attitudes towards immersive virtual reality (VR) technology - A thematic analysis

Ms Sangeetha Manoharan^{1,2}, Professor Carol Holland^{1,2}, Professor Emmanuel Tseklevs^{3,2}

¹Centre for Ageing Research(C4AR), Lancaster, United Kingdom; ²Lancaster University, Lancaster, United Kingdom;³Imagination Lancaster, Lancaster, United Kingdom

Abstract. The challenges older adults may face in adopting new innovative technologies could influence their attitudes and likewise, their attitudes could influence any difficulties they may have. Therefore, understanding older adults' attitudes towards accepting Immersive VR is fundamental for maximising the potential that this emerging technology could offer, in delivering improved quality of life and wellbeing outcomes for older adults. Thirteen participants aged 60 years

and above were recruited from online older adults' forums (in and around Lancaster, UK) using a nesting sampling technique, which allows for multiple forms of data to be collected from the same sample group. Telephone interviews were conducted with participants after they watched a demo video on VR. Interview questions and analysis were informed by the person(P)-environment(E) paradigm of environmental gerontology. Thematic analysis identified four themes: VR as an alternative mode of travel, Perceived usefulness of VR as a tool for engagement; provides interest and lifts mood; VR as a tool for reminiscence; and Variety in VR content, which contributed to older adults' positive attitudes towards immersive VR. Findings emphasised the potential, that VR could have as an alternative way to experience travel and engagement for older adults particularly in these uncertain times of Covid-19 and for those with definitive ageing challenges. Moreover, VR could serve as a vehicle of reminiscence for older adults to relive their memories. Furthermore, providing a rich variety of VR content could essentially influence the older adults' attitude to continue using VR for improving their wellbeing and quality of life.

PARALLEL SESSION 2A

Thursday 07 July 2022, 11:15 - 12:15

168 Inclusive dementia care for an ethnically diverse population: a new conceptual lens.

Dr Saloua Berdai Chaouni

Erasmus University College Brussels, Brussels, Belgium; Vrije Universiteit Brussel, Brussels, Belgium

Abstract. Europe knows an increasing share of older migrants with dementia. Various attempts are made to provide more accessible and suitable care for them. Culturally sensitive and person-centered care are often put forward as approaches to achieve this goal. However, our studies indicate that we need to rethink the dominant care approaches for this sub-group. The reasons are threefold. These current dominant care approaches 1) underline that dementia care for older migrants and ethnic minorities is determined by their ethnic-cultural background, 2) do not meet the complexity of factors defining their care needs, and 3) fail to recognize the hidden structural and systemic exclusion mechanisms at the organizational and societal level shaping inequity in dementia care. With this paper, we suggest a new conceptual lens for dementia care provision for a diverse population. This conceptual lens centralizes the needs of the older person with dementia without being oblivious to the needs of informal caregivers and professional caregivers shaping the care relationship. The care provision is therefore driven by complex, dynamic, situational needs, shaped by the intersectional individual societal position while reflecting gaps at the institutional and societal level. Inspired by decolonial frameworks, this lens points to the different aspects that should be considered in order to move toward more equitable care. To conclude, the lens broadens the scope in the search for inclusive dementia care, suggesting that building blocks for this goal should be searched at the different levels: micro, meso, and macro.

174 They all speak English anyway - examining the inequalities faced by older Welsh speakers living in care

Mrs Angharad Higgins, Mr Gideon Calder, Mrs Deborah Morgan
 Swansea University, Swansea, United Kingdom

Abstract. In Wales, Welsh speakers have a statutory right to have their health and social care needs assessed and met through the medium of Welsh, through an 'Active Offer' of services (Welsh Government, 2012). Despite this, older Welsh speakers in care homes often have to fit into English language provision, with opportunities to communicate their needs in their mother tongue limited or non-existent. In order to understand how the ability, or inability to use their first language affects older Welsh speakers, this presentation will share the findings from a systematic review of international studies of older minority language speakers living in care and reflect on how these issues might apply in a Welsh setting. Alongside the review findings, the outcome of a quantitative survey of 44 Welsh care homes will be presented, looking at what provision is in place to identify and address Welsh speakers' needs and how the workforce is supported in meeting these. The presentation will set out the impact of language on individuals' experience of care and how areas including communication, trust in care givers and relationships with others are affected. If language is a bridge between a person's previous life and feeling at home in care, I will describe the impact when this connection is severed and explore the benefits and routes to care that is culturally competent (Roberts et al, 2007) and recognises the individual and their identity.

258 Frailty among older adults and its distribution in England

Dr David Sinclair¹, Dr Asri Maharani², Prof Tarani Chandola³, Prof Peter Bower², Prof Barbara Hanratty¹, Prof James Nazroo², Prof Terence O'Neill², Dr Gindo Tampubolon², Prof Chris Todd², Mr Raphael Wittenberg⁴, Prof Fiona Matthews¹, Prof Neil Pendleton²

¹Newcastle University, Newcastle upon Tyne, United Kingdom; ²University of Manchester, Manchester, United Kingdom; ³University of Hong Kong, Hong Kong, Hong Kong; ⁴London School of Economics and Political Science, London, United Kingdom

Abstract. Frailty is not homogeneously spread geographically. Understanding where frailty prevalence is greater is vital for targeting health and social care for both the prevention and management of frail people. We developed a method to estimate the prevalence of small-area frailty using survey data. With this technique, we evaluated differences in frailty prevalence between urban, rural, coastal and inland areas of England. The probability of frailty, according to a person's age, gender and area deprivation (English Index of Multiple Deprivation) was calculated using data derived from the English Longitudinal Study of Ageing (ELSA) and using ordinal logistic regression. Probabilities were applied to demographic data in 2020 population projections to estimate the area-level prevalence of frailty. The overall prevalence of frailty in adults aged 50+ (2020) in England was estimated to be 8.1

[95% CI 7.3 -8.8]%. We found substantial geographic variation, with the prevalence of frailty varying by a factor of 4.0 [3.5-4.4] between the most and least frail areas. A higher prevalence of frailty was found for urban than rural areas, and coastal than inland areas. Our results suggest policies and resources aimed at reducing inequalities in healthy ageing should be targeted at urban and coastal areas, as this is where the greatest benefit may be achieved.

275 Tackling inequality: how do collaborative research partnerships matter?

Dr Manik Gopinath¹, Mr Bashir Uddin², Ms Leena Khan², Dr Caroline Holland¹, Professor Sheila Peace¹, Mr Jeremy Porteus²

¹The Open University, Milton Keynes, United Kingdom; ²London, United Kingdom

Abstract. 'How' knowledge is produced and 'who' is involved in its production matters as much if not more than 'what' knowledge is produced through research. This paper discusses a newly formed collaborative research partnership between university and community partners including from the long-established Bangladeshi community in the UK. This partnership has come together to research diversity and inclusion in later life living environments and communities focusing on Bangladeshi elders ('probin' in Bangla) in East London - who remain amongst the most housing deprived yet whose voices and perspectives are missing when housing and health needs of older adults are discussed. Adopting a co-produced approach to research that is grounded in participatory and community-based traditions and collaborative ways of working, a shared common interest and purpose around producing 'knowledge' for social change informs our collaboration. In this paper we reflect critically on the process of doing collaborative research so far paying attention to motivations, assumptions, aspirations, knowledge, and expertise of the project team members. This to enable harnessing of diverse sets of knowledges and expertise with a view to creating equitable relationships and legacies that influence both research and practice.

PARALLEL SESSION 2B

Thursday 07 July 2022, 11:15 - 12:15

115 Mauritian Older Adults' Experiences and Adaptation Strategies during the COVID-19 Pandemic: A Sociological Study

Miss Naila Maherally

University of Mauritius, Reduit, Mauritius

Abstract. This article describes Mauritian older adults' experiences and adapting strategies during the COVID-19 pandemic. It also seeks to understand how the crisis has affected the activities of daily living of older adults'. Twenty-five older participants were selected based on the snowball sampling technique and an in-depth video call interviews of 60 minutes were conducted with them, in adherence with the restrictions against the COVID-19. The interviews were transcribed verbatim and the same were analysed using a phenomenological holistic description. Five main themes,

Older adults' experiences, relationships with family members, the availability of resources, changes in activities of daily living, and emerged in response to the perceived threat from the crisis to explain the different experiences of coping with COVID-19. Overall, the findings indicated that older people had developed resilience, resulting in adaptation, and coping behaviours with the situation. Results also revealed that the time required to complete the activities of daily living increased during the pandemic together with the need to find more leisure activities at home.

Nevertheless, older adults' reported suffering from emotional stress and difficulties. The recommendations emerged from this article will help policymakers in devising sustainable and innovative policy for older people in responses to the Covid-19 pandemic.

156 Using telepresence robots to support virtual family visits during the lockdown in Long-Term Care

Dr Lillian Hung

University of British Columbia, Vancouver, Canada

Abstract. The COVID-19 pandemic has disproportionately impacted older adults living with dementia in LTC. Social isolation and loss of connections with families among residents have been detrimental and severely impacted quality of life. Method: This project aims to enhance LTC homes' capacity to support family virtual visits by using a telepresence robot. Research question: Is it feasible to implement robotic-assisted virtual care in LTC homes? We applied a Collaborative Action Research (CAR) approach to work with stakeholders (frontline leaders, staff and families) to explore the experiences of family virtual visits. Our analysis identified three themes: (a) Easy to visit, (b) Mobile movement and video features matter, (c) Cultural safety for robot adoption Conclusion: Our preliminary results suggest families appreciated the robot for easy connection. Future research should apply inclusive methods to bring relevant stakeholders together to fully explore user experiences - who is affected in what ways, and what are the benefits, risks, burdens of emerging technologies.

309 Creating a geodemographic classification for older people in England: the Aging in Place Classification

Andrea Nasuto

Liverpool, United Kingdom

Abstract. The English population is rapidly aging. A granular understanding of the key characteristics and spatial distribution of this population is required to tackle its emerging needs. To better understand the social and spatial heterogeneity within the older population and thereby support effective policy development and targeted service provision, this study develops an open access, multidimensional classification of the older population in England at a small area level. The 'Aging in Place Classification' (AiPC) geodemographic classification has been designed to investigate the conditions of ageing population

across 9 key domains. It pertains to population aged 50+ and employs cross-sectional data including Census and other novel data sources capturing housing, health, digital engagement, mobility and consumer behaviour characteristics. The classification is built using multiple machine learning techniques and it has been validated through a ground-truthing process. A top-down k-means clustering model grouped areas at the LSOA level into two tiers: 5 main clusters (Supergroups) and 13 nested sub-clusters (Groups). By creating the so-called 'Pen Portraits', we capture key characteristics of each cluster and sub-cluster. Currently, we aim to demonstrate how AiPC can be applied to better understand the issue of loneliness and to inform more targeted interventions to improving and readapting housing stock and how new service provisions for older people can be better integrated at a neighbourhood level. The bespoke geodemographic classification, our analysis and data products provide invaluable insights enabling more effective planning and policy intervention that address the needs and opportunities arising from an older population.

38 Exploring the benefits of online concerts for older adults during COVID-19

Kate Dupuis^{1,2}, Debra Chandler³

¹Sheridan College, Oakville, Canada; ²Schlegel-UW Research Institute for Aging, Waterloo, Canada; ³Concerts in Care Ontario, Toronto, Canada

Abstract. Providing community access to arts-based recreation opportunities during COVID-19 has required organizations to pivot swiftly to online delivery of programming. One such organization, Concerts in Care Ontario (CiCO), offers live and interactive concert performances by professional musicians via Zoom to older adults. Conversations between artists and listeners are encouraged, with a goal of combining passion for music and compassion for others to connect with and educate older adults. In Summer 2021, a formal evaluation of the virtual concert-going experience was conducted, with data collected: 1) through observation of performances (n=13), 2) a questionnaire (n=59 older adult participants and n=3 staff), and 3) interviews and standardized evaluation forms from staff (n=6). Satisfaction with the performances was very high, with 100% of participants reporting benefits for their well-being. Participants indicated feeling more relaxed and connected, and appreciated the educational aspect of the performance structure. Participants were observed to react in positive ways to the performances, including outward displays of appreciation for and curiosity with the music, performers, and instruments. Staff indicated that the performances were extremely positive for the older adults in their care and had a secondary benefit for the well-being of staff within the congregate care settings. Virtual delivery of CiCO programming was very successful, with both the older adults and the staff who attended the Zoom concerts responding positively to the experience. The results speak to the importance of using creative and innovative ways to help older adults embrace the arts, with subsequent benefits for their well-being.

PARALLEL SESSION 2C

Thursday 07 July 2022, 11:15 - 12:15

112 The metropolitan neighborhood as a caring community for older people? Critical perspectives from Germany

Helene von Stülpnagel, Dr Astrid Eich-Krohm, Julia Weigt

Institute of Social Medicine & Health Systems Research, Magdeburg, Germany

Abstract. Background: The participatory research project STARK takes place in the Kannenstieg community part of the capital of SaxonyAnhalt, Magdeburg. The aim of STARK is to enable older people living in isolation to access and actively participate in the design of local help and support services. In securing care structures, caring communities (CCs) can offer a potentially solution-oriented approach. The presentation focuses on the extent to which Kannenstieg can be considered a CC and the role of older people in it. Methods: Three data sets were compared: the research diary of the STARK project was systematically analyzed to identify local actors and networks. Furthermore, an interview with an expert for old people in the community was selected for secondary analysis. In addition, a document analysis of three digital and publicly available information about the neighborhood was evaluated based on a qualitative content analysis. Results: Ideally, older people should be included in a network and as part of a CC. They live in an interdependence between caring and receiving care. It is a challenge to involve all older people in the community. Building trust and becoming a CC is a long-term process. Rather, it must be led bottom-up but with professional support. Discussion: It is important to recognize to what extent older people (in need of care) can and want to be participants and co-creators of CC. In particular, older people might regard neighborly help as assistance or as control. A balance between closeness and distance is important in a CC.

241 Unravelling the Infrastructures of care for and by older people in Sub-Saharan Africa

Dr Chiko Ncube¹, Dr Deljana Iossifova², Dr Tanja Bastia², Dr Nan Zhang²

¹Oxford Brookes University, Oxford, United Kingdom; ²The University of Manchester, Manchester, United Kingdom

Abstract. As the prospect of functional, post-colonial welfare states is fading away in Sub-Saharan Africa (SSA), the nuances of care for and by older Africans remain overlooked. The pace of increase in SSA's older population by 2050 is expected to outstrip growth rates of any other world region, thereby demanding urgent attention to understand the infrastructures that exist and are being developed to support older persons living in SSA. The recent infrastructural turn in the humanities and social sciences has challenged the notion of infrastructure as purely technical systems and particular attention has been paid to relational infrastructural configurations in the Global South. Infrastructures are now recognised as part of broader political, economic, social and spatial processes, both formal and informal, affected by factors within and beyond national

borders. This project is funded by Manchester Institute for Collaborative Research on Ageing (MICRA) and aims to investigate how infrastructures of care for and by older people in SSA are entangled with diverse layers of support, vulnerability, control and sometimes coercion. The research adopts a systemic and interdisciplinary approach to account for the entanglement of physical, human, legal, humanitarian, and other infrastructures of care created for and by older persons in SSA. Findings from the project will be presented to better understand the infrastructures of care for older people across scales and spatial forms. The project serves as a starting point and platform for future research on the infrastructures of care for and by older persons in urban SSA.

251 Emerging living arrangements of older adults in India: Patterns and Welfare Implications

Mr KS James

International Institute for Population Sciences, Mumbai, India

Abstract. In India, the living arrangements of older adults are incredibly important as the family is often the major source of care and support. Hence any loss of family could have important, negative, consequences for the long-term care, economic, physical, social and psychological wellbeing of older people. Two forces in particular are impacting on the living arrangements of older people in India (i) demographic and epidemiological transitions, such as reduction in fertility and increase in life-expectancy of adults, and (ii) migration, both domestic and international. This presentation examines the various living arrangements of older adults in India, the factors associated with living arrangements and the welfare implication of living arrangement patterns on the older adults. To do so we have combined datasets from the UNFPA, India sponsored research project on 'Building Knowledge Base on Population Ageing in India' (BKPAI), the National Family Health Surveys and the Longitudinal Ageing Study of India (LASI). These data reveal that 1) there is an increasing incidence of older people living independently, that is not co-residing with their adult children or grandchildren, in India. 2) older adults who live alone have lower standard of living compared to older adults who live with children, spouses or with others, and 3) living arrangement pattern has no bearing on the subjective well-being of the older persons. This indicates that living alone is not necessarily seen as a burden by older people. Such analysis is new and problematizes the cultural norm of co-residence as a pathway to wellbeing.

306 Values-based recruitment in homecare - Developing Situational Judgement Tests

Dr Mark Wilberforce, Dr Paul Tiffin

University of York, York, United Kingdom

Abstract. How can homecare organisations be satisfied that applicants to care jobs have the right values and attitudes for the role? Traditional interviews help to test a candidate's suitability, but 'values' can be difficult to gauge, and subjective judgements can be biased. 'Situational Judgement Tests' (SJTs) can support recruitment by offering objective data. They work by presenting job-applicants with a 'critical incident', in which a care value is being tested, and asking

what appropriate responses may (and may not) be. This study developed a suite of SJTs for care workers in England. Eleven critical incidents were sourced from interviews with care workers, by identifying real-world examples where values were being stretched, and abstracting them into a testable format. Using Likert-type categories, a quantitative sample of online test-takers were invited to grade the appropriateness of possible 63 responses to these 11 critical incidents. A scoring key was developed by older people with lived experience. Analysis of n=251 responses found good psychometric properties. The test was unidimensional [CFI/TLI for a one factor model=0.91], with good test-retest reliability (T1 and T2 r=0.77). Rasch analysis was broadly consistent with the SJT providing interval-level measurement. In line with a priori expectations, moderate positive correlations were found with key personality traits (empathy, r=0.239; openness, r=0.173). The study also found that test-takers had a higher opinion of care work's social standing after taking the SJTs. The SJTs were highly regarded by employers, but more research into implementation is required.

PARALLEL SESSION 2D

Thursday 07 July 2022, 11:15 - 12:15

20 Falls in Older Ambulatory Care Patients with Cancer in Iran

Dr Ali Darvishpoor Kakhki¹, MS Najmeh Saberi¹, Dr Mahnaz Ilkhani¹, Prof Hafiz T.A. Khan²

¹Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of; ²University of West London, London, United Kingdom

Abstract. Falls can have severe consequences particularly for older patients with cancer undergoing ambulatory care. The aim of the study is to identify the predictors of falls in older patients receiving cancer ambulatory care in Tehran, Iran. A retrospective study was conducted on 300 older patients aged 60 years and above that were referred for ambulatory care in three oncology clinics based at hospitals in Tehran. Participants completed a questionnaire comprising demographic, history of falls, and cancer-related factors. Logistic regression was used to determine risk factors associated with falls. 35.3% of the older patients with cancer had experienced a fall in the six months following the start of their ambulatory care. The most important predictors of falls include the fourth stage of cancer (odds ratio (OR): 6.47, 95% confidence interval (CI): 3.20-13.08, P <0.001), fear of falling (OR: 5.64, 95%CI: 2.58-12.33, P<0.001), use of hearing (OR: 2.38, 95%CI: 1.07-5.29, P = 0.033) and visual aids (OR: 2.36, 95%CI: 1.12-5.01, P = 0.025), and the number of visits to the doctor (OR: 1.10, 95%CI: 1.01-1.21, P = 0.035). The results indicate that a reduction in falls is possible by introducing strategies to improving care for older patients in advanced stage of cancer, eliminating the causes of fear of falling, examining and improving vision and hearing, and identifying and addressing the underlying causes of visits to the doctor.

84 Decision Support-Tools for early detection of infection in older people (aged > 65 years): A scoping review

Dr Nicola Carey¹, Dr Olga Masot^{2,3}, Dr Anna Cox⁴, Dr Freda Molt⁴, Dr Märtha Sund-Levander⁵, Dr Pia Tingström⁵, Mrs Geertien Christelle Boersema⁶, Dr Teresa Botigüé^{2,3}, Mrs Julie Daltrey⁷, Mrs Karen Hughes⁴, Dr Chris Mayhorn⁸, Mrs Amy Montgomery⁹, Dr Judy Mullan¹⁰

¹Head of Department of Nursing and Midwifery, University of the Highlands and Islands, Inverness, United Kingdom; ²Department of Nursing and Physiotherapy, University of Lleida, Lleida, Spain; ³Health Care Research Group(GRECS), [Lleida Institute for Biomedical Research Dr Pifarré Foundation], IRBLleida, Lleida, Spain; ⁴ School of Health Sciences, University of Surrey, Guildford, United Kingdom; ⁵Department of Medical and Health Sciences, Linköping University, Linköping, Sweden; ⁶Department of Health Studies: University of South Africa, Johannesburg, South Africa; ⁷School of Nursing, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand; ⁸Department of Psychology, North Carolina State University, Raleigh, USA; ⁹School of Nursing, University of Wollongong, Wollongong, Australia; ¹⁰School of Medicine, University of Wollongong, Wollongong, Australia

Abstract. Background: Infection is more frequent, and serious in people aged >65 as they experience non-specific signs and symptoms delaying diagnosis and prompt treatment. Monitoring signs and symptoms using decision support tools (DST) is one approach that could help improve early detection ensuring timely treatment and effective care. Objective: To identify and analyse decision support tools available to support detection of infection in older people (>65 years). Methods: A scoping review of the literature 2010-2021 following Arksey and O'Malley (2005) framework and PRISMA-ScR guidelines. A search of MEDLINE, Cochrane, EMBASE, PubMed, CINAHL, Scopus and PsycINFO using terms to identify decision support tools for detection of infection in people >65 years was conducted, supplemented with manual searches. Results: Seventeen papers, reporting varying stages of development of different DSTs were analysed. DSTs largely focussed on specific types of infection i.e. urine, respiratory, sepsis and were frequently hospital based (n=9) for use by physicians. Four DSTs had been developed in nursing homes and one a care home, two of which explored detection of non-specific infection. Conclusions: DSTs provide an opportunity to ensure a consistent approach to early detection of infection supporting prompt action and treatment, thus avoiding emergency hospital admissions. A lack of consideration regarding their implementation in practice means that any attempt to create an optimal validated and tested DST for infection detection will be impeded. This absence may ultimately affect the ability of the workforce to provide more effective and timely care, particularly during the current covid-19 pandemic.

212 The moderated mediation effect of spirituality/faith and polypharmacy on loneliness and Alzheimer's disease among older adults in Europe: A longitudinal analysis

Dr Ben Chi Pun Liu^{1,2}, Dr Dion Sik Yee Leung³

¹Department of Social Work, Hong Kong Shue Yan University, Hong Kong, Hong Kong; ² School of Health and Social Work, University of Hertfordshire, Hatfield, Hertfordshire, United

Kingdom; ³School of Health Sciences, Caritas Institute of Higher Education, Hong Kong, Hong Kong

Abstract. The study is to explore how the frequency of prayer (spirituality/faith) moderates the relationship between

polypharmacy and loneliness and their impact on Alzheimer's disease among older adults from 13 European countries. The study is based on the Survey of Health, Ageing, Retirement, in Europe (SHARE) conducted in 2006-2007 (Wave 2) (26,228 males; 29,067 females; \bar{x} age=64.61) and 2019-2020 (Wave 8) (43,544 males; 51,767 females; \bar{x} age=70.28). The conditional process analysis using the PROCESS macro (model 14), which can perform the same functions as structural equation modelling, was applied (Hayes, Montoya & Rockwood, 2017). Loneliness ($\beta=.1381$, $p<.01$) was found to have a direct impact on Alzheimer's disease. Its influence on Alzheimer's disease was increased via the indirect effect of polypharmacy ($\beta=.9087$, $p<.001$). However, the longitudinal effect of spirituality/faith ($\beta=.5059$, $p<.05$) moderated the impact of polypharmacy on loneliness and Alzheimer's disease. The index of moderated mediation of spirituality/faith is $-.0218$ (95%CI: $-.0471--.0020$). Studies have shown that loneliness and polypharmacy positively link to the development of dementia, respectively, and spirituality/faith may slow cognitive decline. However, the literature does not report how the three variables interact and generate an accumulative effect on Alzheimer's disease. The current study found a moderated mediation effect of polypharmacy and spirituality/faith on loneliness and Alzheimer's disease. The mechanisms of how spirituality/faith moderates the negative effect of polypharmacy and loneliness on Alzheimer's disease and strategies for addressing the spiritual needs of people with dementia will be discussed.

295 Improving resident's care through digital care home records and partnership with GPs

Dr Neil Chadborn¹, Ms Anita Astle², Ms Sarah Ruaux¹, Professor Adam Gordon³

¹University of Nottingham, Nottingham, United Kingdom; ²Wren Hall Nursing Home, Nottingham, United Kingdom; ³NIHR Applied Research East Midlands, Nottingham, United Kingdom

Abstract. Teaching and Research in Care Homes (ToRCH) is a Living Lab which aims to support care home managers to codesign research and improvement initiatives with direct benefits for residents. As researchers we have conducted literature reviews about quality improvement in care homes and particularly about how GPs support improvement projects. Managers in our living lab have identified characteristics of a resident which can be flags for deteriorating health. Staff can capture these 'soft signs' using digital care records and this may facilitate communication with the GP and other practitioners. An interview study with trainee GPs and supervisors identified challenges in care home training for GPs. Due to variability in the link between GP and care home, it is difficult to standardise training. However, it is important that trainees learn about negotiating their role in delivering care as part of the multidisciplinary team. Within ToRCH project we are scoping the benefits and challenges of placements for trainee GPs, either directly within nursing homes, or with home-visiting teams.

PARALLEL SESSION 2E

Thursday 07 July 2022, 11:15 - 12:15

16 Migration, Cumulative Advantage and Disadvantage in Family Support over the Life course: A Case Study from West Bengal, India

Mr Kinkar Mandal

Institute for Social and Economic Change (ISEC), Bangalore, India

Abstract. Cumulative disadvantage or advantage over the life course and the role of resources that people have has been little studied in the context of ageing in India. The aim of this study is to explore how cumulative disadvantage or advantage leads to vulnerability/strength in support and familial bonds over the life span of the elderly. The principle of cumulative disadvantage/advantage in the life course perspective has been used to understand how heterogeneity and inequality in disadvantage/advantage influence the level of support and the strength of familial bonds over time. The study is based on 25 in-depth interviews of older persons in rural and urban areas in North 24 Parganas district of West Bengal, India. Ten older men and 15 older women, of ages ranged between 60 to 89 years, were interviewed to understand the support that they can count on from family members when in need. The cumulative advantage/disadvantage produces growing differences between individuals over time. The analysis demonstrated that migration cumulatively advantage/disadvantage for older person is multiple and it leads to vulnerability (strength) in support in the old ages. This migration has shaped the relationship between parent and children, one and siblings, relatives and neighbours over the life course.

27 Establishing a core set of key safety performance indicators for use in older adult residential care in the UK: Delphi Survey

Dr Nicola Carey¹, Dr Carin Magnusson², Ms Suzanne Van Even³

¹University of the Highlands and Islands, Inverness, United Kingdom; ²University of Surrey, Guildford, United Kingdom; ³University of Surrey, Guildford, United Kingdom

Abstract. Background: The complexity of UK social care (SC), comprising 18.5K social care providers and 1.45 million care-workers, has resulted in diverse ideas, organisational approaches and lack of consensus regarding quality or how best to measure it. Two-phase study undertaken in 2021 to develop a core set of safety key performance indicators (KPI) for use in UK older adult residential care Methods: i) Evidence mapping key international literature and policy documents (2010-2021) used to identify categories as basis to measure KPI's related to physical safety ii) E-Delphi: three survey rounds. R1 SC experts (n=33) rated 21 categories of physical safety: R2 and R3 (n=13), borderline categories reappraised, and finally ranked according to perceived level of importance. Results: i) Evidence mapping: Informed by Rand et al (2021) systematic review, 5 influential reports and 3 key articles: 21 categories identified. ii) E-Delphi: R1 consensus, defined as

>80% rating as highly important, achieved in 7 categories. Five borderline categories (70-79% rated as highly important) were identified with the remaining 9 achieving <70% agreement discarded. After R2, one additional category achieved consensus. R3: final ranking confirmed 8 remaining categories (falls; pressure ulcers; medication errors; malnutrition; dehydration, wandering, and violations involving actual physical harm, use of physical restraints) were viewed equally as important, Kendall's W coefficient = 0.089, with no consensus achieved regarding particular levels of importance. This is an important first step in supporting the collection of high-quality data to drive improved performance management in older adult residential care.

203 Understanding and supporting older people's moves into and between social care settings: a scoping review

Dr Wenjing Zhang¹, Ms Julia Greig², Dr Robin Darton¹, Dr Eirini Saloniki^{3,4}, Ann-Marie Towers¹, Philip Blurton⁵

¹University of Kent, Canterbury, United Kingdom; ²East Sussex County Council, East Sussex, United Kingdom; ³UCL, London, United Kingdom; ⁴NIHR Applied Research Collaboration (ARC) North Thames, London, United Kingdom; ⁵Sussex Partnership NHS Foundation Trust, Worthing, United Kingdom

Abstract. Moves between care settings in later life are challenging for older people but are also sometimes unavoidable. Social care practitioners have a significant role in supporting older people moving into and between social care settings, but may lack understanding of the needs of older people and their carers as well as the confidence, guidance or knowledge of resources. The 'Better Care Moves' project seeks to provide practitioners and other stakeholders with coherent evidence and a practical toolbox that will be used to inform and support older people's moves into and between social care settings. As part of this project, we are undertaking a scoping review to identify and synthesise what is already known about key (unmet) move-related needs of older people and the approaches used by social care practitioners in supporting moves. We searched on seven electronic databases and grey literature including guidance, practice-related materials and reports from 26 websites. Inclusion criteria were: relates to moves of older people from home to a social care setting or between social care settings or from hospitals to social care settings, and relates to social care support or needs, with limits of dates (2010 onwards), language (English) and country (UK only). We screened 8535 records but found limited and fragmentary evidence about social care services around care moves. Our emerging themes include: experience and challenges during the move process (including planning, decision-making, moving-in and post-move), barriers and knowledge gaps in move-related social care practice and lessons from good practice schemes.

179 Menopausal transition and change in employment: Evidence from the National Child Development Study

Professor Maria Evandrou¹, Professor Jane Falkingham², Dr Min Qin², Professor Athina Vlachantoni¹

¹Centre for Research on Ageing, University of Southampton, Southampton, United Kingdom; ²Centre for Population Change, University of Southampton, Southampton, United Kingdom

Abstract. This study aims to investigate the impact of the menopausal transition and severe symptoms on changes in employment. This longitudinal prospective study analysed data from a population-based cohort study, the UK National Child Development Study Wave 8 and Wave 9, when the cohort was aged 50 and 55 respectively. The analytical sample comprised 3109 employed women at age 50. The outcome variable was the employment change from age 50 to age 55, with three categories: i) continued employed without reduced working time; ii) continued employed with reduced working hours; and iii) exit employment. The employment dynamics of women were compared using multinomial logistic regression modelling. Key independent variables included menopausal transition status and severe menopausal symptoms experienced. 53.5% of employed women at age 50 reported at least one severe menopausal symptom. Women experiencing severe menopausal symptoms had a higher chance of employment exit or reducing their working hours. The odds ratios contrasting severely symptomatic women with those with no severe symptoms were 1.43 between exiting employment vs continued employment without reducing working hours, and 1.23 between reducing working hours vs continued employment without reducing working hours. The strength of the association between women's severe menopausal symptoms and the risk of employment exit or reducing working hours varied according to their HRT usage and their partner's economic activity. Menopausal symptoms can pose obstacles to some middle-aged women in terms of remaining in employment or maintaining their number of working hours.

PARALLEL SESSION 3A

Thursday 07 July 2022, 13:30 - 14:30

42 Older people and online information consumption: the impact of the COVID-19 pandemic

Dr Ariadne Beatrice Kapetanaki, Dr Snehasish Banerjee, Dr Laurie Dempsey

University of York, York, United Kingdom

Abstract. This study investigates how the COVID-19 pandemic has transformed information consumption for older people and how responses to crisis, such as the pandemic, can become embodied routines. Internet use is socially and culturally embedded and constructed; however, the pandemic has forced many older people to either start using the internet or change their online consumption practices. This

means that older people, who before the pandemic may have been less familiar with the use of the internet, had to adapt quickly. While there are diversities within chronological generations and some older people could be avid internet users, they generally have lower digital competence and use the internet less often or differently than younger generations. Therefore, pandemic-related adaptation could have been more difficult for them. Turner's concept of liminality helps us understand this period of uncertainty and adaptation to new forms of information consumption. Twenty-eight older people, 65 years of age and above, participated in this study. In-depth qualitative interviews and screen recordings of their online information consumption practices were used for data collection. Through a thematic analysis, we identified older people's online information consumption challenges and their coping mechanisms. The ways in which the online-offline information consumption interacts, shapes and is shaped by the participants' identity as well as the impact of and on social network relationships is explored. The study adds to the theoretical understanding of ageing-technology relations and provides practical avenues to support older people's post-pandemic relationship with technology for the development of inclusive communities.

145 Older adults' experiences of restrictive measures during the early stages of the COVID-19 pandemic in southern Switzerland: evidence from the Corona Immunitas Ticino Study

Asst David Maciariello¹, Prof Laurie Corna¹, Dr Rebecca Amati², Prof Emiliano Albanese², Prof Stefano Cavalli¹

¹Competence Centre on Ageing, University of Applied Sciences & Arts of Southern Switzerland (SUPSI), Manno, Switzerland; ² Institute of Public Health, Università della Svizzera italiana (USI), Lugano, Switzerland

Abstract. Age is an important risk factor for health complications and mortality in individuals infected with SARS-CoV-2. From the outset of the pandemic, federal authorities in Switzerland implemented numerous public health measures to contain the spread of the virus, while allowing individual cantons to implement even stricter policies. In southern Switzerland, which borders the hard-hit Lombardy region of Italy, the Canton Ticino legislated additional measures, some of which specifically targeted people aged 65 and over (e.g., a ban on grocery shopping). To date, we know relatively little about how older adults perceived and experienced the introduction of these measures and we explore this issue in a large, representative sample of community-dwelling older adults resident in Ticino. We use data from Corona Immunitas Ticino, a prospective cohort study launched in September 2020. Participants (n=818, mean age=73) responded to closed and open-ended questions online or by telephone interview between October 2020 and February 2021. We analyzed responses to open-ended questions about the introduction of the measures using an inductive approach. Participants' responses encompassed evaluations of their experience of the measures, reactions to them, and associated emotions and opinions. At the individual level, 45% had a mostly positive experience, 29% had a mostly negative experience, while 10% identified positive and negative aspects and 16% reported neither. We then ascertained if particular social groups were more or less likely to have experienced the measures

favorably or negatively, with a view to identify specific subgroups at risk of negative sequelae following the implementation of age - based policies.

146 The Barriers and Facilitators to Social Engagement within an Elderly Care Setting Post-Covid-19: A Systematic Review

Miss Alessia Evans, Miss Holly Driscoll, Mr Dan Bowers, Mr Philip Tyson, Mrs Alexis Jones, Mrs Klara Price

University of South Wales, Treforest, United Kingdom

Abstract. The psychological effects of Covid-19 have been detrimental to the elderly population - particularly those in residential care (Kaelen et al 2021). Recent studies demonstrate the behavioural and emotional barriers to social engagement in relation to the virus due to social distancing restrictions, anxiety about catching the virus, and bereavement within care homes (Welsh Government, 2021.). As a result, there is increased loneliness, stress, anxiety, depression, cognitive decline, and behavioural disturbance in this population (Manca et al. 2020). It has been identified that there is considerable research exploring the barriers residential care tenants face in returning to social activities post-Covid which will present a systematic review of this literature. This is being conducted as the first stage in a larger research collaboration between Linc Cymru Housing Association and the University of South Wales with the aim to guide and enhance future research in this area.

140 "That's half my soul in there": The impact of care home visitation restrictions on family carers during the first year of the COVID-19 pandemic

Dr Heather Cooke, Dr Sarah Wu, Dr Jennifer Baumbusch

University of British Columbia, Vancouver, Canada

Abstract. In Canada's westernmost province of British Columbia, public health orders closed all care homes to visitors in March 2020. In July 2020, restrictions were amended to allow for one designated social visitor, permitted one visit per week for 30 minutes. The revised orders also offered an essential visitor designation by which family carers (theoretically) could visit more frequently and for longer durations. However, such policies failed to recognize the critical contributions of family carers and the impact of their exclusion on their and residents' physical and mental well-being. Using interpretive description, we examined the impact of the visitation restrictions on family carers' experiences of caring for a relative in care over the course of the first year of the pandemic. Between May and July 2021, in-depth interviews were conducted with 14 family carers (13 women, 1 man), five of whom were spouses, and nine of whom were adult daughters. Two key themes summarized their experiences: "Seeking to maintain relational continuity" and "A profound sense of loss". The first theme illustrates the work in which family carers engaged to sustain the connection, positionality, and identity of the residents within their family network. The second highlights the traumatic effects of carers' severed relational connections with their relatives including on-going feelings of loss, anger, guilt, and failure. Findings call for a trauma-informed approach that

recognizes the pervasiveness of trauma for family carers and the avoidance of their re-traumatization through the implementation of policies and organizational cultures that facilitate safety, collaboration, trust, and empowerment.

PARALLEL SESSION 3B

Thursday 07 July 2022, 13:30 - 14:30

41 What the Post-war Period of Urban Renewal Means for Ageing and Society Today

Dr Aled Singleton

Swansea University, Swansea, United Kingdom

Abstract. This paper discusses the post-war desire to renew Britain's urban fabric alongside contemporary housing issues for older people and wider society. In this argument I navigate a space between politics, geography, and gerontology, backed up with findings from my own research. The 'baby boomer' birth cohort grew up during a twenty-year period of interventions to replace unfit housing and counter unemployment in urban Britain. To illustrate, between the mid-1950s and mid-1970s annual housing completions often exceeded 250,000, local authorities re-housed 3.1 million people from older dwellings, and 28 new towns were established. Relationships with everyday space changed as: "the improvement of road communications in particular has led to the greater exercise of choice in residential location" (Hamnett & Randolph, 1982).

I research a suburban Welsh settlement of 8,000 people with a significant rising median age. Using a methodology combining publicly-available statistics with one-to-one biographical walking interviews and public group walks, I assemble over 50 years' experience living on housing estates. Whilst participants developed strong emotional attachments to place over their life-courses (Barron, 2019), many are now challenged by limited local services, few meeting places and minimal social housing designed for older people. By taking this longer view I find evidence to support Lauren Berlant's claim (2011) that the 'good life' optimism which propelled the post-war era was not sustained by neoliberal economics; a situation which influences whether to age in place or not (Peace, Holland, & Kellaheer, 2011) and now contributes to housing inequalities for younger generations (Hoolachan & McKee, 2019).

60 Rehousing schemes for social housing tenants as a means to work towards better futures for older people

Dr Stefanie Buckner¹, Dr Calum Mattocks¹, Dr Hannah Scott¹, Dr Lindsay Blank²

¹University of Cambridge, Cambridge, United Kingdom;

²University of Sheffield, Sheffield, United Kingdom

Abstract. Efforts to build resilient and inclusive communities and ensure better futures for older people must incorporate a focus on housing as a key influence on individual and community health and wellbeing. Rehousing schemes run by social housing providers are an important means to support

older (aged 55+) social housing tenants to move to appropriate homes where they can become embedded in strong and cohesive communities. There is a need to better understand how these schemes can be optimised, and how any benefits they bring can be maximised. This paper is based on a study of four local authority-supported rehousing schemes (Downsizing; Regeneration; Housing Moves; Seaside & Country Homes) in Hackney/London. The study examined how well these schemes work and what they have achieved. Its mixed methods design included interviews with practice-based stakeholders (n=17), a survey with older tenants who moved through the four schemes (n=75), and in-depth Photovoice with some survey respondents (n=10). Key findings from the study are presented. These include the critical importance of personalised support in the process of moving, the health-enhancing effects of the tenants' new homes and environments (e.g. a home with a garden; supportive neighbours), but also challenging outcomes for some (e.g. loneliness and social isolation). The presentation will include a focus on the end-of-project exhibition where the Photovoice participants' photographs were displayed at a community event in Hackney. It will also integrate a short video that was produced to support the engagement of practice-based stakeholders and social housing tenants with the study findings.

208 'Writing to each other' - an old but renewed approach to build communities and understanding

Dr Arja Markowski, Dr Erika Kalocsányiová, Dr Ryan Essex

University of Greenwich, London, United Kingdom

Abstract. The COVID pandemic has sparked renewed interest in intergenerational and letter writing. For example, the student Union (SU) at the university of Greenwich set up an intergenerational pen pal scheme between students and residents of local care homes. Informally reported reasons for participating was the interest in learning about each others' life stories. This SU initiative prompted a group of researchers at the University of Greenwich to survey SUs' offer for intergenerational activities across the UK and to conduct a scoping review on intergenerational letter and email writing. We will present the early survey findings and the results of our scoping review. Letter writing, which also carried out using email, is a specific form of communication, which allows a potentially deeply personal communication and where issues might be revealed that would not be shared when interacting face-to-face (Stamper 2020). Our scoping review found a range of benefits for intergenerational pen pals, from more positive perceptions between age groups, improved writing skills and subject knowledge, to forming intergenerational memories and bonds (e.g. Binnie 2019). The scoping review also brought out some of the limitations in the current international research. The SU survey is currently still on-going, but we hope to illuminate the barriers and drivers for intergenerational engagement by SUs.

297 Understanding and Supporting Isolated Older Adults' Virtual Social Participation

Sandra Smele¹, Dr Ginette Aubin²

¹Centre for Research and Expertise in Social Gerontology, Côte St-Luc, Québec, Canada; ²Université du Québec à Trois-Rivières, Trois-Rivières, Québec, Canada

Abstract. Social isolation among older adults was a problem prior to the pandemic and efforts to prevent and address it have multiplied over the past two years, as public health measures have significantly reduced the possibility of social interactions for many older adults. A major component of these efforts to support older adults' connections with others has been through technological means (e.g. the provision of tablets in long-term care homes, the creation of online groups, adaptations of in-person to online interactions, trainings on how to use videoconferencing, etc.). In this presentation, we address the question of what it means to support older adults' virtual social participation, particularly that of older adults who were experiencing significant social isolation prior to the pandemic. Building on a review of the literature on older adults' virtual social participation, and on our experience adapting an in-person program (Count Me In!) that supports the social participation of older adults experiencing significant isolation to an online format, we identify several challenges that must be identified and addressed when seeking to meet the social participation needs of this group of older adults. Appropriate and well-resourced support for their virtual social participation is imperative as we continue to navigate living with the coronavirus, and as more and more of our interactions are taking place online. The creation of better futures and resilient and inclusive communities for older adults must include adequately understanding and addressing the virtual social participation needs of those experiencing significant isolation.

PARALLEL SESSION 3C

Thursday 07 July 2022, 13:30 - 14:30

49 Developing resilience through support: Family carers' experiences of a specialist Lewy body dementia Admiral Nurse service

Dr Laura Brown¹, Zena Aldridge^{2,3}, Amy Pepper², Prof Iracema Leroi^{4,5}, Dr Karen Harrison Denning^{2,3}

¹Manchester Centre for Health Psychology, Division of Psychology and Mental Health, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Manchester Academic Health Sciences Centre, Manchester, United Kingdom; ²Dementia UK, London, United Kingdom; ³Faculty of Health & Life Sciences, De Montfort University, Leicester, United Kingdom; ⁴Department of Psychiatry, School of Medicine, Trinity College Dublin, Dublin, Ireland; ⁵Global Brain Health Institute, Trinity College Dublin, Dublin, Ireland

Abstract. Lewy body dementia (LBD) is an umbrella term referring to the neurodegenerative conditions of dementia with Lewy bodies and Parkinson disease dementia. Providing

care for people with LBD can be challenging, and is associated with high levels of carer stress, depression, and anxiety. Admiral Nursing services support people with dementia and their families by providing tailored information, advice, and therapeutic support. The aim of this study was to explore family carers' experiences of a new Admiral Nurse service that is specialised for LBD. Fourteen family carers of people with LBD, who had been receiving support from a specialist LBD Admiral Nurse, were interviewed about their experiences of the service. The interview transcripts were analysed using thematic analysis. Four themes were identified: Theme 1 described how participants valued the LBD Admiral Nurse's specialist expertise, which contrasted with the lack of knowledge they encountered in other services. In theme 2, participants described how the practical, tailored support provided by the LBD Admiral Nurse enabled them to better manage a variety of caring-related challenges. In theme 3, participants described the emotional benefits gained from being able to talk to someone who understood their situation. Theme 4 captured how the reliable nature of the LBD Admiral Nurse's support helped carers feel more supported in their role. The specialist knowledge and expertise of the LBD Admiral Nurse enabled family carers to better understand and support the people that they cared for, and to be more resilient to the demands of being a carer.

219 What is it Like to Live With Dementia? A Glimpse for Nurses and Nursing Students Using a 360 Degree Video to Simulate the Experience of Living with Dementia

Dr Kristine Newman, Halyna Yurkiv

Ryerson University, Toronto, Canada

Abstract. Background: Caring for an aging population is a challenge that is further complicated by chronic conditions like dementia. Behavioural and psychological symptoms of dementia (BPSD) can cause suffering for people with dementia and stress on caregivers. Aims: This project assessed the effectiveness of the arts-based knowledge translation (ABKT) approach to raise awareness of dementia among nurses and nursing students via 360-degree video. Methods: A mixed methods approach was used to investigate nurses' and nursing students' empathy and attitudes towards persons living with dementia via a pre-and-post-video survey (using the Jefferson Scale of Empathy-Health Professions Version [JSE-HP]; O'Connor and McFadden's [2010] Dementia Attitudes Scale [DAS]; modified System Usability Scale; and open-ended questions) and follow-up interview. Results: Most participants reported high levels of empathy and positive attitudes towards persons living with dementia pre-video. They found the 360-degree video helpful in making them think about dementia from a new perspective. The video content was reported to be interesting and thought-provoking however our intentional distortion of audio and video quality to simulate the experience was found to be distracting. Most found the 360-degree video to be immersive and engaging while some found it difficult to use (i.e., non-mobile-laptop/desktop). Many participants, especially students, found the video novel, but wished there was more tips, commentary, or lessons. Conclusions: Our findings reflect the usefulness of 360-degree video as an ABKT strategy and increased nurses and nursing students' understanding and perceptions of dementia. Finding

a balance between learning and immersive content is important for nurses.

235 “We Declared the Pandemic in March, my Mom Fell in April:” A Story From a Longitudinal Study on Young Caregivers and Their Families in Ontario, Canada During COVID-19

Dr Kristine Newman¹, Dr Heather Chalmers²

¹Ryerson University, Toronto, Canada; ²Brock University, Toronto, Canada

Abstract. Background: Restrictions to combat COVID-19 have made caregivers experience compounding and unique challenges. Young caregivers and their families face additional challenges including changes to school and social relationships due to public health policies and fear of getting a loved one sick. One of many key considerations for this study is that many young caregivers and their families care for older adults who are more vulnerable to COVID-19. Aim: Explore the changes caused by COVID-19/restrictions on young caregivers and their families and how they navigated these changes over time in Ontario, Canada. Results: While most families who joined our study care for a sibling or parent who is not an older adult, this presentation focuses on the baseline findings of one family (young caregiver [13-year old boy], single mother, and elderly grandmother) living in a small town where a month after lockdowns began, the grandmother fell and broke both her fibia and tibia. She was discharged earlier than usual despite services like physiotherapy not yet being in place. This presentation will describe this family’s experience and what strategies/supports would have made their lives easier. Conclusion: Due to changes in our healthcare system, like this family, many families have had to take on roles they did not have prior to the pandemic. It is critical that provincial and national levels of policy making and regulation ensure expanded supports/resources and widened eligibility criteria for access are in place to adequately supporting young caregivers and their families.

292 Understanding vulnerability and resilience in the care networks of older Indonesians

Dr Elisabeth Schroeder-Butterfill, Dr Nathan Porath

University of Southampton, Southampton, United Kingdom

Abstract. The care for older people in Indonesia who need assistance is overwhelmingly a family responsibility: an instance of ‘familism by default’ in the absence of long-term care provision by the state. Yet families differ greatly in their size, composition, geographic distribution and cohesiveness, and they occupy different positions within local socioeconomic hierarchies. Oftentimes competing demands on family members’ time and resources, ill health, migration, and family conflict put pressure on families’ capacity to meet older members’ need for care. As a result, there is considerable variation in the nature of older people’s care arrangements, with implications both for quality of care and strain on family carers. This paper presents preliminary analysis of ethnographic data from an ESRC project on older Indonesians’ care networks in five disparate sites across Indonesia. We seek to understand what factors shape the

division of labour within families, the negotiation of responsibilities, and the decisions around resource allocation. By drawing on detailed histories of family lifecourses and how these are embedded in local economic and policy contexts, we identify sources of vulnerability and resilience in older people’s care. Our evidence supports the urgent call to develop a more sustainable and equitable collaboration between families, communities and the state in the provision of long-term care in the Global South.

PARALLEL SESSION 3D

Thursday 07 July 2022, 13:30 - 14:30

82 A systematic review to determine whether older adults who live in long-term care settings are more likely to be dehydrated than those living in the community

Ellice Parkinson¹, Lee Hooper¹, Judith Fynn¹, Stephanie Howard Wilsher¹, Titilopemi Oladosu¹, Fiona Poland¹, Simone Roberts², Elien Van Hout¹, Diane Bunn¹

¹University of East Anglia, Norwich, United Kingdom;

²University of Hertfordshire, Hatfield, United Kingdom

Abstract. Low-intake dehydration (due to drinking too little) is frequently reported among older adults and associated with multiple health conditions, hospitalisations, and mortality. It remains unknown if long-term care residents are more dehydrated. Our systematic review (PROSPERO CRD42021241252) aims to establish robust prevalence rates of low-intake dehydration amongst older adults living in the community and long-term care. Guidance from Cochrane and the Joanna Briggs Institute for prevalence studies informed our methodology. We searched six electronic databases from inception-October 2021, unrestricted by publication status or language. Inclusion criteria: studies reporting hydration status for ≥ 5 participants aged ≥ 65 years, measured by directly measured serum/plasma osmolality (Osm), calculated serum/plasma osmolality (CalcOsm) or 24-hour oral fluid intake. We sought further information from authors and checked review reference lists. Two reviewers independently completed title and abstract screening, full-text screening, data extraction, and risk of bias assessment. From 10,244 studies, we included 57 from 18 countries. Statistical analysis was feasible for 37. Provisional findings show that low-intake dehydration prevalence (measured by $\text{Osm} \geq 295 \text{mOsm/kg}$) ranged from 0-75% for community dwellers and 14-100% for long-term care residents. High levels of low-intake dehydration among older adults living in the community and those in long-term care were also suggested by CalcOsm ($\geq 295 \text{mOsm/kg}$) and low fluid intake ($< 1.5 \text{L/d}$) ranges. Random-effects meta-analysis using Meta-XL, sub grouping by diabetic, cognitive and renal status, with sensitivity analyses and narrative synthesis to follow. Many older adults, irrespective of setting, drink too little. Evidence-based interventions which support drinking and prevent dehydration, amongst older adults, are urgently required.

147 Improving Detection of Malnutrition in the Community: Tools used by Meals on Wheels and the Emergency Medical Services: a systematic review.

Miss Simone Roberts¹, Dr Angela Dickinson¹, Dr Vince Clarke¹, Ms Ellice Parkinson²

¹University of Hertfordshire, Hatfield, United Kingdom;

²University of East Anglia, Norwich, United Kingdom

Abstract. Malnutrition is a growing public health concern, with prevalence and costs to healthcare rising in line with the growing populations of older adults. Malnutrition is identified via a series of validated screening tools, with no current gold standard. It remains unknown whether Meals on Wheels (MoW) services or Emergency Medical Services (EMS) could play a role in increasing malnutrition screening, amongst older adults in the community. Our systematic review aims to establish where, and with which tools, malnutrition screening is taking place amongst these professional groups. We searched four electronic databases and secondary sources from inception to December 2021. Inclusion criteria: Studies in English, community-dwelling adults aged ≥ 65 years, malnutrition screening measured by EMS or MoW staff. From 453 papers, 11 papers were included for MoW (10 USA, 1 UK). From 135 papers, one study in Finland was identified for EMS. Study participants were more often female (74.98% MoW, 62.1% EMS). Of the 5 tools used, the NSI-Determine was most used (9/11 MoW studies) with 67.71% of participants screened found to be at high risk of malnutrition. The NRS-2002 (adjusted to exclude Body Mass Index (BMI)) was used by EMS (16.6% high risk). The NSI excludes BMI and includes access to food measures. Other tools include the Mini Nutritional Assessment and short form and Malnutrition Universal Screening Tool, which all assess BMI. Increasing awareness amongst health and social professionals and incorporation of malnutrition screening tools into their practice may support earlier identification and subsequently earlier treatment of malnutrition.

175 Developing behavioural strategies to support pharmacist-led deprescribing in care homes

Dr Linda Birt^{1,2}, Professor David Wright¹, Jeanette Blacklock¹, Professor David Alldred³, Professor Christine Bond⁴, Professor Richard Holland¹, Professor Carmel Hughes⁵, Dr Sion Scott¹

¹University of Leicester, Leicester, United Kingdom;

²University of East Anglia, Norwich, United Kingdom;

³University of Leeds, Leeds, United Kingdom; ⁴University of Aberdeen, Aberdeen, United Kingdom; ⁵Queen's University Belfast, Belfast, United Kingdom

Abstract. Older people in care homes often take five or more concurrent medicines; some of which may be unnecessary or harmful. The NIHR-funded Care Homes Independent Prescribing Pharmacist Study (CHIPPS) aimed to investigate efficacy of pharmacist-led medicine management with a focus on deprescribing. Proactive deprescribing is stopping unnecessary or potentially harmful medicines. The CHIPPS study found there was significant variation in deprescribing activity between pharmacists. This led to a NIHR Translating Research into Practice project that aimed to characterise the

determinants of pharmacists' deprescribing and develop policy guidance to facilitate adoption and implementation of pharmacist deprescribing in UK care homes. General Practitioners (GPs), pharmacists and care home managers who had participated in CHIPPS were interviewed approximately 18 months after the study finished. Sixteen pharmacists, six GPs and seven care home managers were recruited. Semi-structured interviews explored personal, social, and contextual factors that shaped deprescribing activity. Data from verbatim transcripts were inductively analysed, then explored through the Theoretical Domains Framework, a framework of behaviour change theories. Two main enablers of deprescribing were identified: it is a core aspect of the pharmacist's role; and deprescribing confers benefits to residents. Three main barriers were identified: deprescribing is riskier than continuing to prescribe a medicine; residents or their families would not want a medicine stopped; and care home staff would not want a medicine stopped. With stakeholders we reached consensus on behavioural change strategies to take forward to policy. Strategies should recognise and demonstrate deprescribing activity and support mentorship and best practice multidisciplinary networks.

231 Increased risk for elder mistreatment: the unintended consequences of isolation during COVID-19

Kelly A. Marnfeldt, Lilly H. Estenson, Julia M. Martinez, Zachary D. Gassoumis, Kate H. Wilber

University of Southern California, Los Angeles, USA

Abstract. Family caregivers (CGs) of community-dwelling older adults faced unprecedented psychosocial challenges in the face of the COVID-19 pandemic. Social isolation, lack of social support, truncated care networks, financial hardship and other factors put many older adults at risk for elder mistreatment (EM). Even in normal times, incidents of EM are only identified and formally reported in about one out of every 24 cases. Social distancing restrictions in the caregiving context, including decreased access to healthcare providers, rendered older adults with higher dependency needs inordinately vulnerable to abuse and neglect.

We collected qualitative data on the experiences of 24 CGs receiving telephonic support sessions between March 2020 and February 2021. Data from 100 distinct post-session case notes were analyzed using thematic analysis to generate codes and themes. Preliminary analysis indicates that serious risk factors for EM were present across all 13 months of the study, and those risk factors continued or worsened over time. One of the biggest risks was the rapid deterioration of care receiver's (CRs) physical health, resulting in higher levels of dependency. Declines in mental health and cognitive impairment, including behavioral issues, were an indicator of increased stress for both CR and CG. CG burden due to overwhelming barriers to lack of services and social supports, along with fractured care networks increased throughout the pandemic. Findings highlight how the unintended consequences of the public health response to COVID-19 amplified the risk for EM in vulnerable community-dwelling older adults.

PARALLEL SESSION 3E

Thursday 07 July 2022, 13:30 - 14:30

22 Ontological Break and Living a Long Life: The Use of Object-Led Interviews to Reveal Hidden Aspects of Old Age.

Mr Angel Leira Pernas

Queen's University Belfast, Belfast, United Kingdom

Abstract. Older adults are often excluded from the process of definition of their own group identity, which is dominated by narratives that do not constitute a reliable account of how old age is experienced by them. In recent decades, many social gerontologists have shown the potential of interdisciplinary methods and sources of evidence, which promote creativity in old age, to provide more accurate narratives of ageing. This paper is part of a PhD project that aims to discover the meaning of living a long life in the research participants' narratives through grounded theory research methods, and using material culture to collect and analyse data. The purpose of the paper is to present preliminary theoretical outcomes of 18 object-led interviews conducted in Northern Ireland between September and December, 2021. In particular, the theory of the 'ontological break', which has emerged as an initial theme in the analysis, will be presented. This theory suggests that participants' self-identities are often dominated by a central element that gives holistic meaning to their biography and provides purpose to their daily activities. Failure to maintain continuity with the perceived self by losing the central element of a person's biography often appears to cause a traumatic point of no return -an 'ontological break'. This emerging concept shows rich explanatory potential for better understanding common experiences in ageing societies -such as bereavement or social isolation due to loss of mobility-, which could be of use for social scientists and policy makers charged with understanding the needs of older people.

78 Experiences of carers and people living with dementia from ethnic minority groups managing eating and drinking at home

 Dr Pushpa Nair¹, Dr Yolanda Barrado-Martin¹, Dr Kanthee Anantapong^{2,3}, Associate Professor Kirsten Moore^{2,4}, Dr Christina Smith⁵, Professor Elizabeth Sampson⁶, Professor Jill Manthorpe⁷, Professor Kate Walters¹, Associate Professor Nathan Davies¹
¹Department of Primary Care and Population Health, University College London, London, United Kingdom;

²MarieCurie Palliative Care Research Department, Division of Psychiatry, London, United Kingdom; ³Department of Psychiatry, Faculty of Medicine, Prince of Songkla University, Hat Yai, Thailand;

⁴Melbourne Ageing Research Collaboration, National Ageing Research Institute, Melbourne, Australia;

⁵Language and Cognition, Division of Psychology and Language Sciences, University College London, London, United Kingdom;

⁶Department of Psychological Medicine, Royal London Hospital, East London NHS Foundation Trust, London, United Kingdom; ⁷NIHR Health and Social Care Workforce Research

Unit and NIHR Applied Research Collaborative (ARC) South London, King's College London, London, United Kingdom

Abstract. There is a higher prevalence of dementia in ethnic minority groups in countries like the UK, and most care is undertaken at home. Eating and drinking difficulties are common in dementia but little is known about the experiences and views related to these difficulties amongst people from ethnic minority backgrounds living at home. We undertook qualitative semi-structured interviews in 2019/2020 exploring: the meaning and cultural importance of food and drink, the impact of dementia on eating and drinking, caregivers' experiences of support and unmet needs. Interviews were audio-recorded and transcribed verbatim. There were 17 participants (carers and people living with dementia) from various ethnic minority backgrounds. Data was analysed using thematic analysis. We found that food and drink have strong links to personal identity, cultural heritage and emotions. Offering cultural foods, celebrating festivals and supporting previous food-related roles promoted reminiscence, which encouraged people with dementia to eat and drink, as did social interactions. However, these strategies sometimes led to distress in those with more advanced dementia, which increased carer burden. Food choices were influenced by diverse factors, including carer strain, generational differences and the impact of health conditions. Despite a generally strong sense of cultural duty to care for relatives with dementia at home, there was low awareness of community support services. Carers expressed a need for culturally-tailored support to help manage dementia-related eating and drinking difficulties. Health and care professionals must be mindful of how cultural beliefs can affect food choices and be able to offer relevant, practical advice.

182 The evolution of Universities of the Third Age around the world: A historical review

 Giuliana Casanova^{1,2}, Dr Joyce Weil³, Dr Margarida Cerqueira²
¹University of Porto, Porto, Portugal; ²University of Aveiro, Aveiro, Portugal; ³New York, USA

Abstract. Universities of the Third Age (U3A), lifelong institutes, and senior universities are among some of the names used to describe a movement that was created to provide education to older adults; usually to those already retired or in the "third age" of life. The movement of Universities of the Third Age has expanded throughout the world. Its roots began in Europe and the models that emerged have been assimilated and adjusted to fit different countries and cultures. This article draws on several research studies and journal articles to understand the evolution of this movement. It focuses on understanding its origins and its historical development. First, the article focuses on the main two models, the French and British model, second, it presents an overall discussion of its expansion through several countries while discussing their structural organization. Finally, its conclusion looks into the future and predicts, how the movement can improve and continue to remain relevant to the ever-changing profile of older adult learners for years to come.

249 Letters from home - an interpretive exploration of the experiences of people who were children during World War Two

Mrs Julie Longson

Keele University, Stoke-on-Trent, United Kingdom

Abstract. World War Two (WWII) brought about upheaval for children on a global scale, as fathers were conscripted, mothers supported the war effort and millions of children were evacuated away from harm. People turning 80 in the 2010's were the first generation to become octogenarians having experienced WWII as children. This presentation describes an innovative approach, using written accounts as a method of data collection, to hear stories from the "silent generation". People whose voices were again stifled by a global pandemic, the challenges of engagement with technology and the requirements for many to shield away from potential harm. A resulting set of wonderful letters outline how children lived their lives during the last period of global conflict for over 80 years. These stories tell of gas masks and air raid shelters, of missing fathers and hard-working mothers of course, but initial analysis using Interpretive Phenomenological Analysis (IPA) is revealing a much deeper meaning for these wartime experiences. A key theme is "remembering" and the way in which older people are engaging with their memories of a wartime childhood may shed light on how those early experiences are shaping their relationships, expectations, hopes and fears as they move forward in to older, older age. Come with me on a journey from a childhood characterised by a spirit of resilience as we overcome hurdles to relive and retell those stories.

PARALLEL SESSION 4A

Thursday 07 July 2022, 14:45 - 15:45

28 Living, Working and Ageing in the right place: An Exploration of Livework Housing for Older People in Bangkok, Thailand

Dr Isaiah Durosaiye, Professor Karim Hadjri

University of Sheffield, Sheffield, United Kingdom

Abstract. The Coronavirus pandemic has meant that many people have been working from home for the first time in their lives for the past two years or so. However, working and building your livelihood at home is not unusual around the world. 'Live-work housing' is a dwelling type that accommodates both living and livelihood activities, and is particularly vital to older people. Much more than a physical space, live-work housing can offer financial independence in later life, but also support older people's physical, cognitive and emotional health and provide a sense of identity and belonging as they age. This is particularly true for low-income older people who have, over a lifetime, built their livelihood within their own home. Hence, there are now emerging paradigms that advocate for people to 'age in the right place'. However, in the Global South, live-work housing is under threat from urban regeneration programmes, and the resettlement of low-income older residents can have adverse

consequences, including disruption to livelihoods and detachment from social kinship. This study is about one such community. The focus of this study is Klong Toey, an informal settlements in Bangkok Thailand, which explored the role of live-work housing in older people's lives. The study identified some of the challenges to the welfare, health and wellbeing of older people that stem from rehousing policy in the area, and proposes some solutions using architectural design research co-produced with the community.

48 Human rights research in care homes: Ethical and methodological issues

Dr Caroline Emmer De Albuquerque Green

King's College London, London, United Kingdom

Abstract. Care homes for older people are frequently considered inherently risky places for the respect and protection of the human rights of residents. Care homes have attracted human rights researchers in the past to understand the factors that contribute to human rights violations in care homes and how to effectively protect human rights in these settings. Interest in human rights research in care homes is likely to increase in the light of the Covid-19 pandemic, during which people living in care homes were subjected to the violation of some basic human rights, like the right to a private and family life in the name of infection control. However, human rights research inside care homes poses distinct methodological and ethical challenges. This contribution to the symposium will tap into experiences of conducting qualitative research on human rights inside English care homes to systematically highlight and discuss some ethical and methodological issues associated with this type of research. To do so, it will report the findings of qualitative interviews with people living, working in and visiting care homes and how they perceive the concept of 'human rights' in relation to 'care homes for older people'. The findings show that these concepts can evoke negative associations and anxieties in people and that individuals approach the topic with different understandings of meaning and relevance. This in turn has methodological and ethical implications which, if ignored, can have negative impacts on the quality of the research.

296 Ageing in a Digitally Connected World: A comparison of challenges faced by older adults in the United Kingdom and Brazil

Dr Emilene Zitkus

Loughborough University, Loughborough, United Kingdom

Abstract. This paper will analyse national programmes - in the UK and in Brazil - moving towards digital services. For example, in the UK, almost a decade ago, the government adopted the 'digital-by-default' programme (Cabinet Office, 2012) which has enabled services transition to e-government platforms and in some cases being the only pathway to access services. Similarly, in Brazil, there has been an accelerated transition of government services to digital (gov.br), with 1500 services digitalised in less than three years (Gov.br, 2021). The current transition of services to digital will be discussed in the light of ageing societies, access, capabilities,

necessary skills and proficiency. The paper will draw attention to the problems that the assumption that everybody has digital access and is digitally literate can represent to older adults in Brazil in contrast to the impact on senior citizens in the United Kingdom. And how they can lead to health risks by being excluded from access to services; loneliness, and; vulnerability to misinformation. The paper concludes by highlighting the role of policies in place, as well as the design of services and interfaces to promote equality and equity across societies.

PARALLEL SESSION 4B

Thursday 07 July 2022, 14:45 - 15:45

13 Understanding the added social value of community-based day support: a social return on investment analysis of the TRIO scheme for people living with dementia, their family/ friend carers, and staff.

Dr Gill Toms, Dr Louise Prendergast, Dr Diane Seddon, Miss Bethany Edwards, Dr Carys Jones, Prof Rhiannon Tudor Edwards

Bangor University, Bangor, United Kingdom

Abstract. National and international social care policy recognises the importance of short breaks, sometimes called respite care, in supporting and sustaining caring relationships and helping people to remain living in their own homes (contributing significant economic benefit). However, relatively little is known about the added and wider social value generated by community-based short breaks. This study explored the value created by a community-based day support service called TRIO for people living with dementia and their family/ friend carers. Following best practice for evaluating complex interventions, we developed a logic model based on stakeholder interviews and a rapid evidence review to understand the mechanisms and outcomes of TRIO day support. We then completed questionnaires with people living with dementia, family/ friend carers, and staff to quantify the outcomes achieved. We calculated the social value created in a Social Return on Investment (SROI) evaluation and explored the sensitivity of the calculations to changes in the inputs and outputs. SROI generates a triple bottom line of economic, social, and environmental returns. To strengthen confidence in the findings we additionally analysed TRIO's anonymised monitoring and outcome data. The presentation will provide an overview of TRIO, the study and how intended beneficiaries have informed the study. We will present the evidence-informed TRIO logic model and all the available SROI evaluation findings. We will also discuss some of the decision-making processes undertaken during the SROI evaluation to determine financial proxies and appropriate sensitivity analyses. We will conclude by highlighting evidence-informed recommendations for future research, policy, and practice.

62 Using sociolinguistic interviews and verbatim theatre to foster inclusive and age-friendly communities

Dr Heike Pichler¹, Mr Steve Gilroy²

¹Newcastle University, Newcastle upon Tyne, United Kingdom;

²Northumbria University, Newcastle upon Tyne, United Kingdom

Abstract. We report on a cross-disciplinary collaboration that uses sociolinguistic research data and dramatic performance techniques to: (i) promote language diversity and inclusivity in later life, and (ii) provide a platform for older voices often marginalised. Using stories shared by Tyneside adults aged 70+ as part of a sociolinguistic research project, we developed a research-based performance about older adults' language use and lived experiences. The verbatim performance, where the actors re-tell research participants' stories in their real words and accents, offers a real-time illustration of language variation in Tyneside. Stories are interspersed with short and accessible explanations for this variation, aimed at challenging pervasive language biases against older adults (Coupland 2004; Trudgill 1990). The stories themselves are centred around participants' experiences of growing up in post-war Tyneside, their views on modern society and its values, and their relationships with younger generations. With shared stories known to evoke intergenerational understanding and empathy, the performance constitutes a vivid and engaging means for promoting social inclusion in age-friendly communities (Dupuis et al. 2011; Ray 2007). Feedback from some 200 audience members of diverse ages and backgrounds confirms the potential of our innovative collaboration for affecting attitude change towards older adults and their language use.

126 Using citizen science to promote active and healthy ageing across diverse urban communities in Birmingham, UK

Grace Wood¹, Dr Jessica Pykett¹, Ann Banchoff², Professor Abby King², Professor Afroditi Stathi¹

¹University of Birmingham, Birmingham, United Kingdom;

²Stanford University, Stanford, USA

Abstract. Incorporating age-friendly elements across urban communities can promote active and healthy ageing. Age-friendly communities can provide opportunities to improve health and well-being among older residents. Community-engaged citizen science recognises older adults as key stakeholders in designing and implementing age-friendly initiatives. This study employed the Our Voice citizen science for healthy equity framework to engage older adults and community stakeholders to: a) identify local urban characteristics that influence active and healthy ageing, and b) co-produce recommendations to develop actionable urban changes. Older adults (n= 17; Mean age= 72(7.5 SD); 11 women) and community stakeholders (n= 22; 14 women) in planning and ageing well services participated in 6 online discussion groups (n= 16 older adults, 11 stakeholders), 12 Discovery Tool walks (n= 14 older adults), 3 in-person (n= 12 older adults) and 2 online discussions (n= 2 older adults) and 2 workshops (n= 15 older adults, 17 stakeholders). Audio

transcripts and data were member checked and thematically analysed. Six collective and 12 individual recommendations identifying ways of enhancing local urban communities were co-produced with older adults. Feasible approaches to actioning recommendations were identified with stakeholders. Examples include maintenance of green spaces via local community groups, provision of public toilets through community schemes, and integrating communities across all ages by developing shared spaces. Citizen science processes are well-placed to engage older adults and community stakeholders to directly drive research processes and solution-building, and shape relevant opportunities to live and age healthily in urban communities.

242 Co-designing the foundations for a program linking health and social care: Connecting Communities to Care (CCtC)

Ms Elizabeth Robinson¹, Dr Rajna Ogrin^{1,2}, Professor Judy Lowthian^{1,3,4}, Ms Kerry Rendell¹, Dr Maja Green¹

¹Bolton Clarke Research Institute, Melbourne, Australia; ²Department of Business Strategy & Innovation, Griffith University, Melbourne, Australia; ³Faculty of Health and Behavioural Sciences, University of Queensland, Brisbane, Australia; ⁴School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia

Abstract. Although we have evidence that social isolation and loneliness negatively impacts overall wellbeing, community aged care services generally focus on meeting clinical rather than social needs. This multi-phase project is engaging a whole community within a metropolitan Melbourne local government area to support wellbeing of vulnerable members using a fit-for-purpose social connection approach. It is anticipated that the program will involve a connector role to help community members identify 'what matters to you?', develop goals, and link individuals to local community services, to reduce isolation and loneliness and improve wellbeing. The project involves collating and synthesising existing evidence, followed by co-design with key stakeholders to develop a framework, prior to implementation. There are eight evidence-based key elements used to structure the CCtC social connection framework: 1. Raising awareness, 2. listing available community services, 3. funding, 4. intervention, 5. connector role, 6. volunteers, 7. feedback/dissemination/reinforcement and 8. social capital. Evidence confirming these elements has been sourced from both peer reviewed and grey literature, including learnings from previously implemented social connection and social prescribing programs. Subgroups from each component have been extrapolated, within which topics for codesign have been developed. Codesign sessions engage with: (a) older community members, (b) volunteers, (c) health service providers, (d) social service providers and, (e) funders, to ensure the program is fit for purpose. This work provides a solid foundation for the implementation of a whole of community social prescribing program, with testing, implementation and evaluation as the next steps.

PARALLEL SESSION 4C

Thursday 07 July 2022, 14:45 - 15:45

26 How might a dyadic approach improve social care-related quality of life of older carers? Evidence from interviews with social care professionals in England

Dr Stacey Rand, Dr Wenjing Zhang, Ms Grace Collins, Dr Barbora Silarova, Professor Alisoun Milne

University of Kent, Canterbury, United Kingdom

Abstract. There were an estimated 2 million older family carers, aged 65 or over, in the UK. They are more likely to care for a co-resident spouse/partner, provide high-intensity support, and have their own health problems. The literature suggests that a dyadic approach to community-based social care (i.e. one understands and supports the quality of life of older carers and people they support, together) may be beneficial. However, there is a paucity of evidence of its feasibility and effectiveness in practice. In a qualitative study, we explored views of social care professionals in England on supporting older carers, in general, as well as via a dyadic approach. Social workers/managers, staff from care providers or carers organisations, and commissioners (n=25) were interviewed. Findings indicate that there is limited focus on the specific needs of older carers in practice. Social care professionals recognised the potential benefits of a dyadic approach, including the development of a holistic view that enables more effective response to supporting quality of life for both carer and care-recipient) and building trust. Barriers identified by professionals to applying a dyadic approach included: data protection and sharing (within/between agencies); workforce issues related to the skill-level required for dyadic assessments or data collection; and adult social care funding that is insufficient and/or encourages competition between agencies. The findings form part of the wider DYADS study, which seeks to identify the feasibility, potential benefits and challenges of adopting a dyadic approach to community-based support for older carers.

59 IMPACT (Improving Adult Care Together): UK centre for evidence implementation in adult social care

Professor Alison Bowes¹, Professor Jon Glasby², The IMPACT consortium The IMPACT Consortium The IMPACT Consortium²

¹University of Stirling, Stirling, United Kingdom; ²University of Birmingham, Birmingham, United Kingdom

Abstract. IMPACT is a new £15m UK Centre for implementing evidence in adult social care across the four nations of the UK, which started work in April 2021. 'Evidence' for IMPACT brings together different types of research, the lived experience of people drawing on care and support and their carers and the practice knowledge of staff working in social care. The paper will review the first year of IMPACT's operation and describe our up-coming work as we start to pilot four delivery models during 2022. Results of our survey of 2,165 people involved with social care and the outcomes of

five stakeholder Assemblies will be presented. Following 100 individual consultations, the Assemblies involved around 150 participants in England, Northern Ireland, Scotland and Wales and, together with the survey results, have informed the design of our delivery models. The delivery models will be both proactive and responsive. They will address the use of evidence through a range of approaches covering long term strategic issues, short term problem solving, intensive collaborative work in local organisations and responding to diverse issues across the sector through building a trusted repository of practical implementation resources.

276 Caring for My Grandmother Living with Dementia: How COVID-19 Impacted a Family Told Through the Eyes of a Young Caregiver Living in Ontario, Canada

Dr Kristine Newman¹, Dr Heather Chalmers²

¹Ryerson University, Toronto, Canada; ²Brock University, Toronto, Canada

Abstract. Background: COVID-19 has brought changes and new concerns for everyone, but caregivers have had unique challenges on top of their already demanding lives. Young caregivers (caregivers between the ages of five and 25) and their families have to navigate additional challenges related to work, school, and concerns surrounding infecting the person they are caring for. Many young caregivers and their families care for an older adult and those living with dementia are at the highest risk of experiencing severe symptoms of COVID-19. Aim: Explore the changes caused by COVID-19/restrictions on young caregivers and their families and how they navigated these changes over time in Ontario, Canada. Results: While most participants who joined our longitudinal study have not had a caring role for an older adult during the pandemic, this presentation focuses on one young caregiver's baseline interview sharing her journey of navigating the pandemic with her family while caring for her grandmother living with dementia. The presentation will describe her experience as a young caregiver during the pandemic while navigating university, the contributions she made to maintain the wellbeing of her family, what she did to navigate her grandmother's uncertain/changing health, and her wishes for the future. Conclusion: Recognition of young caregivers by our institutions needs to increase significantly and policies at all levels of government need to be developed to at least recognize young caregivers and their contributions. Currently there is no legislation in Canada that mentions young caregivers.

284 Determinants of receipt of help with activities of daily living and mobility tasks among older people in England: a literature review

Rami Cosulich, Dr Sarah Barnes, Dr Gurleen Popli, Dr Chloe Thomas

University of Sheffield, Sheffield, United Kingdom

Abstract. In England, access to local authority-funded social care is subject to a needs assessment and a financial assessment. At the same time, for multiple reasons, people may not be able or willing to rely on informal or private care.

Firstly, this review aimed to assess the determinants of unmet need for care and support among older people living in private households in England. Secondly, the review aimed to assess the determinants of receiving care from specific sources, for example, informal or formal care, or specifically children or spouses, or publicly or privately funded care. The databases Social Care Online, Embase via Ovid and EconLit via Ovid were searched. Only papers published from 2010 were included. Literature specific to the context of the COVID-19 pandemic was excluded. Only multivariate analyses were included. Ten studies reported in eleven publications were included. All studies used data from the English Longitudinal Study of Ageing (ELSA) but used different sample inclusion criteria and focused on different sets of determinants and time periods. Studies focusing on unmet need used different definitions of this outcome. Results found a negative association between unmet need and having a partner or not living alone; a positive association between wealth and privately funded care. Results on the relationship between wealth and unmet need were mixed. Although some variables about the older people's households, family and social contacts were included, the analyses did not consider the characteristics of children, spouses, friends, and relatives; these may have affected care receipt.

PARALLEL SESSION 4D

Thursday 07 July 2022, 14:45 - 15:45

34 Resilient with a little help from my friends? Social support and life satisfaction in older vulnerable adults

Dr Volker Cihlar, Frank Micheel, Dr Andreas Mergenthaler

Federal Institute for Population Research, Wiesbaden, Germany

Abstract. Vulnerability in older adulthood occurs in several life domains. Cumulative vulnerability, indicated by low levels of individual resources (health and socio-economic status) has been insufficiently studied so far, but could show risks for low life satisfaction. Social support is assumed as a protective factor, which might buffer material and health - related vulnerability in older adulthood. Empirical analyses are based on the German Health Update dataset (GEDA 2014/2015-EHIS), a nationwide health survey in Germany (N=24,016). The analytic sample includes persons ≥ 65 years. Respondents with low socio - economic status and poor health (vulnerable group; $n_{\text{vul}}=136$) and persons with a medium or high socio-economic status and medium, good or very good health (non-vulnerable group; $n_{\text{nvul}}=3,693$) form the main study groups. Respondents with gradual vulnerability, i.e. health-related or socio-economic vulnerability are analyzed to examine differences and commonalities with the two main study groups. Linear regression models examine the connection of social support, self-efficacy, marital status and depressive symptoms with life satisfaction in all groups. Social support is a positive predictor of life satisfaction in all groups. However, the strongest effect shows in the vulnerable group. Vulnerable persons who experience high social support show a more than doubled effect on life satisfaction compared to low social support than the non-vulnerable group ($B_{\text{vul}}=2.11$; $p<0.001$; $B_{\text{nvul}}=0.84$; $p<0.001$). Vulnerable older people with a small,

unreliable social network and for whom it is difficult to access practical help due to physical and socio-economic disadvantages need additional external social support to achieve a high level of life satisfaction.

107 Adapting a trial of a behaviour change service targeted at older people with mild frailty to be delivered remotely during Covid-19: Lessons learnt

Dr Rachael Frost¹, Ms Sarah Kalwarowsky², Ms Farah Mahmood¹, Dr Christina Avgerinou¹, Professor Claire Goodman², Professor Andrew Clegg³, Ms Jane Hopkins⁴, Dr Rebecca Gould¹, Dr Benjamin Gardner⁵, Dr Louise Marston¹, Dr Rachael Hunter¹, Professor Jill Manthorpe⁵, Professor Claudia Cooper¹, Professor Dawn Skelton⁶, Professor Vari Drennan⁷, Professor Pip Logan⁸, Professor Kate Walters¹

¹University College London, London, United Kingdom;

²University of Hertfordshire, Hatfield, United Kingdom;

³University of Leeds, Leeds, United Kingdom; ⁴PPI Member, n/a, United Kingdom; ⁵King's College London, London, United Kingdom; ⁶Glasgow Caledonian University, Glasgow, United Kingdom; ⁷Kingston & St George's University, London, United Kingdom; ⁸University of Nottingham, Nottingham, United Kingdom

Abstract. The HomeHealth trial (ISRCTN54268283) is an English multisite evaluation of a new service (HomeHealth) which aims to maintain the independence of older people living with mild frailty through personalised goal setting covering areas such as mobility, nutrition, socialising and psychological wellbeing. Participants receive this local voluntary sector service or usual care for six months. They are followed up at six and 12 months to evaluate independence, quality of life, mood, wellbeing, loneliness, and service use. Although our study was designed for in-person delivery prior to the Covid-19 pandemic, running the study during the pandemic has required ongoing adaptation of trial processes and intervention delivery. Between Jan 2021-2022 we recruited 258 participants (recruitment ongoing). Key lessons for future remote studies include: 1) Undertaking remote verbal consent and research assessments by telephone/self-report questionnaires was generally acceptable, but more tiring than face-to-face. 2) Adaptions may be required for this (e.g. two sessions) and to adjust for hearing/vision impairment. Telephone cognitive assessments were hard to do for people with hearing impairments. 3) The vast majority of participants opted for face-to-face delivery rather than remote, with some deferring participation until this was possible. If remote, video calling was preferred to phone; this requires extra technical support. Despite offering participants free internet-enabled tablets, no one took up this offer. We conclude that completely remote trials of complex interventions are unlikely to work well for most frail older people at present, but some adaptations can be successfully made to give greater flexibility in study processes.

216 EDITH (Emergency Department In The Home): An 18 Month Audit Of A Novel Service.

Ms Aisling Jane Davis, Mr Aidan Delaney, Ms Cliona Doyle, Ms Alison Sweeney, Ms Laura Kenny, Ms Sarah McNally, Dr Rosa Mc Namara

St Vincents University Hospital, Dublin, Ireland

Abstract. The EDITH service provides both medical and Occupational Therapy intervention in the home environment with onward referrals as indicated, thus negating the need for an emergency department presentation Data from electronic patient records were audited from the period 22/02/20 to 09/08/21. A sub audit of 230 electronic patient records were selected at random. Since its inception the EDITH service has treated 3137 patients. 2909 patients remained at home while 228 patients were transferred to hospital which is a conveyance rate of 7.2%. 336 patients were referred to primary care or day hospital services. Of the 230 patients treated, 26 were referred to hospital or rehabilitation facilities. This is a conveyance rate of 11%. The Rockwood Clinical Frailty Scale (CFS): 22% had a CFS of 5 (mildly frail), 37% had a CFS of 6 (moderately frail), 22% had a CFS of 7 (severely frail), 3% had a CFS of 8 (very severely frail). Living Status: 26% living alone, 48% living with family, 4% sheltered living accommodation and 22% in nursing homes. Formal Supports: 37% have no formal supports, 18% have <10 hours per week, 19% have between 11-21 hours, 4% have live in 24 hours care and 22% reside in nursing homes. Presenting complaint: 41% medically unwell, 23% fall, 14% functional decline, 9% pain, 5% infection, 5% orthopaedic and 2% confusion. Ages range from 61 years to 100 years with an average age of 82 years. The EDITH service is leading this change in Irish healthcare by providing specialised emergency care and OT intervention for the older adult in their own homes. Of note, a significant proportion of patients are living alone, have high CFS scores and have no formal supports in situ.

4 SustainCare: Factors Influencing the Sustainability of Family Caregiving in Dementia

Dr Emma O' Shea, Prof Suzanne Timmons

University College Cork, Cork, Ireland

Abstract. Background: Families provide the bulk of community-based dementia care. Evidence suggests that over 60% of people with dementia in Ireland are living in the community, supported by their families. Aim: To understand the factors influencing the sustainability of supporting a family member with dementia to remain living at home in the community, from a family systems perspective. Methods: Qualitative interviews (N=20) were conducted with 10 families supporting a person with dementia, across Ireland. All participants were ≥18 years of age and aware of the dementia diagnosis. Purposive sampling was employed. Interview duration ranged from 30-85 minutes. A thematic analysis was applied. Ethical approval was obtained by the local REC. Findings: Six superordinate elements influenced sustainability, relating to: The Person with Dementia; The Primary Carer(s); Family Network and Dynamics; Local Community; Formal Health and Social Care Services; and Wider Socio-cultural and political factors. From a family systems perspective, these six elements differentially impacted upon four cross-cutting conceptual themes, each of which are discussed in detail: 1) Values & Expectations; 2) Family Roles, Relationships and Dynamics; 3) Individual & Collective Capacity; and 4) Contextual Factors (including the impact COVID-19). Discussion: This study has identified factors influencing the

sustainability of caring for a family member with dementia, with a specific focus on the family system as the unit of care. Better supporting resilience at a family-level will require dedicated resources and defined actions on the part of several stakeholder groups. Implications are discussed for families, clinicians, policy- and decision-makers, and service planners/providers.

PARALLEL SESSION 4E

Thursday 07 July 2022, 14:45 - 15:45

15 What a difference a break makes: a vision for the future of short breaks for unpaid carers

Dr Diane Seddon¹, Mr Nick Andrews², Mr Simon Hatch³, Ms Kate Cubbage⁴

¹Bangor University, Bangor, United Kingdom; ²Swansea University, Swansea, United Kingdom; ³Carers Trust Wales, Cardiff, United Kingdom; ⁴Formerly Carers Trust Wales, Cardiff, United Kingdom

Abstract. The challenges and satisfactions unpaid carers experience when caring for older adults with complex care and support needs are well documented. A break from caring can make a positive difference to unpaid carers' health and wellbeing and their resilience to care. Supporting a life alongside caring is a key social care policy objective across the UK regions. However, unpaid carers continue to report difficulties in accessing breaks, a lack of flexible break options and limited opportunities to take a break together. This presentation sets out a vision for creative short breaks that are coproduced with unpaid carers and the people they support and reflect the personal outcomes they wish to achieve. Drawing on our academic and practice expertise, it is informed by national research undertaken by Carers Trust Wales, Bangor and Swansea Universities, a scoping review of the international evidence on respite and short breaks for carers supporting older adults, two pan-Wales webinars, and one-to-one discussions with stakeholders. We identify twelve key principles to inform future short break options and what they might look like in practice, drawing on examples from Wales and other UK regions. We highlight potential challenges and opportunities to implementing these principles into practice. Options for flexible, creative short breaks that meaningfully support and effectively sustain the diversity of caring relationships are identified. Four priority areas for practice development and investment are discussed:

- Regional Short Breaks Statements.
- A National Short Breaks Information and Guidance Hub.
- A National Respite Initiative for Wales.
- A National Short Breaks Fund.

173 Managing the Health Issues of Older Workers: "It's how long I can keep going"

Sarah Vickerstaff¹, Mariska van der Horst²

¹University of Kent, Canterbury, United Kingdom; ²VU Amsterdam, Amsterdam, Netherlands

Abstract. Recent research suggests that advances in life expectancy have not been matched by increases in healthy life expectancy. In combination with an extending working lives agenda, it has been argued that this means that more people will develop chronic health conditions whilst still at work, though there is much variation within age-groups. The role of occupational health and wellbeing initiatives in the management of older workers is an under researched area but a very important one given the policy drift to encourage people to work for longer and delay retirement. This paper uses a qualitative case study based approach with three contrasting organisations in the United Kingdom. In all three organisations ageist assumptions about capacity to work and narratives of decline in older age were prevalent. In the organisation with the most proactive and extensive policies around health and safety (i.e., regular medicals, health screening, policies for adjustments and redeployments) the organisational culture was more supportive of older workers. For all organisations there were constant tensions between wellbeing initiatives and commercial pressures. The research suggests that responding to the health issues that older workers may face requires not simply a focus on managing diagnosed health conditions and returns to work but also tackling ableism by challenging a purely medical model on disability. Moreover, offering a more age positive organisational climate encourages more openness about health and is likely to be a more supportive and productive environment for older workers.

225 Workers' Perspectives on Extended Working Lives in Ireland

Dr Áine Ní Léime, Dr Margaret O'Neill

NUI Galway, Galway, Ireland

Abstract. This paper presents findings from a research project examining the work-life histories and experiences of workers aged 46 plus in three sectors - transport, healthcare and finance - in Ireland. It focuses on older workers' views on the prospect of extended working life (EWL), and shares their policy recommendations. Countries across Europe are introducing policies designed to extend working life, with one of the most common being to increase the state pension age (SPA). In Ireland, the SPA is 66 and due to increase in increments, reaching 68 in 2039 (Department of Social Protection, 2021). EWL policies have been critiqued as not accounting for individuals' personal and family situations or work-related health issues (Vickerstaff and Loretto, 2017). 19 financial sector workers, 40 nurses and 18 transport sector workers were interviewed from 2019 to 2021. Over half of transport sector workers and nurses, and over 40% of finance sector workers held negative views about EWL. For nurses and bus drivers, the physical impacts of work are more significant, and shift work becomes more difficult with age, while stress related impacts were found across the sectors. There is a lack of specific employment policies in Ireland catering for the needs of older workers, the impact of physically demanding work, and of gendered social roles, including caring responsibilities, that exert influences on men's and women's employment trajectories over the lifecourse. Workers' recommendations included flexible working, pathways for older workers into less physical roles, and an emphasis that working longer should be a choice.

287 The importance of age peer group in old age: personal network composition, health outcomes and social support

Miss Jing-Yi Wang

University of Edinburgh, Edinburgh, United Kingdom

Abstract. Gerontologists have been concerned with older people's social isolation and its consequences. I argue that not only network size but the age dimension of one's network would be also associated with their health outcomes, such as perception of their well-being and health status. In this study, we compare the effects of having more network members of similar age (± 5 years), and members have bigger age gaps (> 5 years) on these outcomes. Further, we examine to what extent age (dis)similarity with siblings, friends, neighbours and other non-kin relations link to protection against health risks and help. With core discussion network data from Survey of Health, Aging and Retirement in Europe (SHARE), our findings reveal that: First, after number of difficulties with daily activities is controlled for, self-rated health is perceived as better for those who have partner, siblings or friends of similar ages whereas the presence of non-kin with bigger age gaps in the network is not significantly associated with their subjective health status. Second, only people with siblings at similar ages have higher well-being, the associations are not significant regarding the presence of friends and other non-kin. Finally, whether people received help is only associated with the number of non-kin with big age gaps; number of siblings, friends, neighbours in the same generation are not significantly related to the help received. This research highlights the importance of age diversity of ties in one's network, and contribute to the ongoing discussion on social integration in old age.

PARALLEL SESSION 5A

Thursday 07 July 2022, 17:00 - 18:00

101 The experiences of people with dementia and cognitive impairment during the COVID-19 pandemic: Isolation, infection, and access to health services

Dr Brian Beach, Dr Paola Zaninotto

UCL, London, United Kingdom

Abstract. The number of people living with cognitive impairment will grow in coming decades, posing challenges to health services. The COVID-19 pandemic presented additional challenges that might have impacted such people in disproportionate ways. This research explored the experiences of people across three cognitive function groups (no impairment, mild impairment, and dementia) with respect to shielding/self-isolation, COVID-19 infection, and access to health/care services using data from two waves of the English Longitudinal Study of Ageing (ELSA) COVID-19 sub-study collected in 2020. Findings suggest that people with dementia were more likely than those with no impairment to be staying at home or self-isolating ("shielding") early in the pandemic (June/July), while differences disappeared later in the

pandemic (Nov/Dec). Those with mild impairment appeared less likely to shield than those with no impairment early in the pandemic. Nearly half the proportion of people with dementia had probable COVID-19 infection compared to other cognitive groups, and those receiving unpaid care had nearly a 50% higher chance of infection than those not receiving unpaid care (controlling for other factors). Around a third of people who needed community health/care services could not access them early in the pandemic, with no significant differences according to cognitive function. 1 in 5 people had hospital operations/treatments cancelled by June/July; those with mild impairment appear more impacted. By Nov/Dec, people with dementia were 5.7 times more likely than those with no impairment to still be waiting for a cancellation to be rescheduled.

270 COVID-19 impact on the support and management of older people in Wales: The COSMO study

Ms Maria Cheshire-Allen, Dr Mari Jones, Dr Carole Butler

Swansea University, Swansea, United Kingdom

Abstract. This paper will introduce and report on early findings of the COSMO project (COVID-19 impact on the support and management of older people in Wales). COSMO is a Welsh Government funded two-year research study that will identify, explore, and learn from the unintended negative (and positive) consequences of the COVID-19 measures on specific groups of older people in Wales. The COSMO study aims to support and inform the Welsh Government of future decisions for any similar future health crises and evaluate decisions taken during the COVID-19 pandemic. The project includes a multidisciplinary team led by health economists and in collaboration with social gerontologists, neuropsychologists, and welfare ethicists. Drawing upon the team's different theoretical perspectives, the paper will highlight the project's novel approach to understanding the short and longer-term impact of the COVID-19 measures on groups of older people in Wales. In addition, findings from a systematic review of the literature relating to the effects of COVID-19 measures on interventions that support older people will be highlighted. The review of 242 articles found that the majority of studies addressed the effects of the pandemic on older people living with dementia (N=27). Most studies examine the effects of the COVID-19 measures on access to health care services. Finally, the paper will also report on learning from the formation of a project advisory group that is co-chaired by a lay co-applicant (a family carer) and a diverse group of stakeholders including older people, policymakers, and health and social care providers in Wales.

273 What explains the rise in the prescription of antipsychotics during COVID-19 pandemic?

Amna Raza¹, Sundus Jawad², Tim Langran^{1,2}, Professor Parastou Donyai¹

¹University of Reading, Reading, United Kingdom; ²Frimley CCG, Aldershot, United Kingdom

Abstract. Research has identified an increase in the prescription of antipsychotics for people with dementia during

the COVID - 19 pandemic in England(1). To understand the reasons, our aim was to investigate the impact of the pandemic on care homes and residents with dementia. Semi-structured interviews with managers (n=2), carers (n=5) and nurses (n=2) working in care homes in the UK were conducted online (May-December 2021). Interviews were audio recorded, transcribed verbatim and analysed using thematic analysis. Approval of the University's Ethics Committee was gained beforehand (UREC 19/38). The COVID-19 pandemic had a significant effect on the care environment; residents were confined to their rooms, staff were absent and stressed, and family visits were barred. The reduced human contact affected residents' sense of self, mental and physical wellbeing, and in turn, their behaviours. More residents experienced the behavioural and psychological symptoms of dementia (BPSD), and these symptoms changed in their nature and frequency. A range of mitigating measures when introduced (e.g. visits across the window, online visits) were insufficient to help those with advanced dementia. Care homes sought the help of mental health teams and physicians. Residents with BPSD were managed on existing antipsychotics or on a new low-dose or 'as required' antipsychotics or other psychotropic medication. Our findings outline the complexities of life within care homes during the pandemic, which might explain the increase in antipsychotics prescribing seen in that period.

279 Working with and as a co-researcher on the Healthy Ageing (HAGIS) in Scotland COVID-19 Impact and Recovery study

Dr Cristina Douglas¹, Mr Roy Anderson², Dr Tamara Brown¹, Mrs Elizabeth Chrystall², Mr David Curry², Mrs Margot Fairclough², Mrs Christine Ritchie², Mrs Pat Scrutton², Mrs Ann Smith², Dr Louise McCabe¹

¹University of Stirling, Stirling, United Kingdom; ²Stirling, United Kingdom

Abstract. The Healthy Ageing in Scotland (HAGIS) COVID-19 Impact and Recovery study aims to understand the experiences of people aged over 50 living in Scotland during the COVID-19 pandemic. It is a large-scale mixed methods project involving an online and postal survey, scale development, an eDelphi exercise and qualitative data collection. This paper reports on the experiences of the co-research team and the work they have undertaken on the project. Seven co-researchers, five women and two men aged over 50 living in Scotland, work as volunteers alongside the academic team. Co-researchers have played an active role in: developing recruitment materials; drafting research questions and research tools; undertaking data collection through interviews and focus groups; qualitative data analysis and reporting on project findings.

The paper will report on how working with and as co-researchers is a co-constitutive process that can guide our academic team's future (best) practice in the field of ageing studies. As volunteer co-researchers, it was important to work as a team to ensure that co-researchers received the support, training and appropriate reward for their work. Team members report the positive impact of being part of the project in terms of both new knowledge and skills and the emotional support and friendship provided by the group during continuing difficulties posed by the pandemic. The close and

collaborative approach taken between academic and co-researchers was an important element in supporting the success of the team. The team offers recommendations for co-research based on their experiences.

PARALLEL SESSION 5B

Thursday 07 July 2022, 17:00 - 18:00

125 Commercialisation in the community: the lived experiences of older volunteers in the charity retail sector

Miss Siobhan Kelly

University of Salford, Salford, United Kingdom

Abstract. Charity shops have long been found to promote sociability, nurture experiences of belonging and act as spaces for community, caring and well-being. Older people remain likely to participate in this setting and charity shop volunteering is often associated with events of positive ageing. However, alongside the expansion of the sector, most charities have undergone a series of changes in a quest for professionalism and profit. While research suggests that these operational shifts have significant implications for the practice of charity shop volunteering in later life, there is a limited evidence base regarding older volunteers' experiences within the organisational context of the modern UK charity shop. To address this knowledge gap, this on-going PhD research seeks to answer the question: what is the lived experience of volunteers aged 65+ working within the charity retail sector in the North West of England? By ethnographically investigating the participants' everyday life, the project aims to provide fresh insight into experiences of ageing in this setting and inform how the contemporary charity shop can continue to exist as a space of inclusion and opportunity. In this paper I will: discuss the rich and meaningful role charity shop work has in the social lives and social connections of older people; explore the complex impact of 'professionalisation' on the older person engaging in charity shop work; consider how the COVID-19 pandemic has intensified - and produced new - threats to the age friendliness of these environments; and raise urgent questions about the diverse future of the sector.

189 An approach to procedures of social participation promotion from AFCC projects through different territories: the friendliness in Quebec, Manchester, Country Basque, Barcelona, and Andalusia.

Dolores Majón-Valpuesta^{1,2}, Pilar Ramos², Mercè Pérez-Salanova³, Mélanie Levasseur¹

¹Université de Sherbrooke, Sherbrooke, Canada; ²University of Seville, Seville, Spain; ³Universitat Autònoma de Barcelona, Barcelona, Spain

Abstract. As this movement has gained relevance on global political agendas, documenting the experiences of Age - Friendly Cities and Communities (AFCC) is essential to determinate the directions of future practices. Specifically,

better knowledge about friendliness procedures related to social participation in cities is key for active and healthy aging in other contexts. This study aims to improve the understanding of facilitators and barriers, and future challenges linked to social participation from AFCC. Framed in a qualitative methodology, AFCC projects were analyzed following theoretical, practical, and territorial criteria, from 3 angles: 1) theoretical (experiences in Manchester and Quebec, through analysis of guides and action plans), 2) practical (experiences in Basque Country and Barcelona through analysis of innovative programs in AFCC), 3) dialogue (experiences in 4 AFCC municipalities of Andalusia–Spain– in comparison with angles 1 and 2 results). The study suggests the expansion of friendliness requires the involvement of older adults as active agents in public spaces and the promotion of transgenerational meetings and exchange spaces in communities. As well as facilitating access to services and decision-making spaces, paying attention to diversity, and encouraging dialogue between social agents to become collaborative and intersectoral work. Best practice evidence and critical perspectives allow identifying new implementation strategies with positive impacts on the social participation opportunities of older people, which provide reciprocal benefits between wide AFCC initiatives.

269 ‘... It is full of bloody women! ...’ - Understanding gender differences of residents’ use of lounge spaces in care and nursing homes for older people.

Dr Adriano Maluf, Professor Francine Cheater

University of East Anglia, Norwich, United Kingdom

Abstract. By 2020 there were over 415,000 older individuals living in 17,598 care/nursing homes in England, with numbers set to rise in the UK and globally. Care home facilities form micro social environments, having separate spaces for different purposes such as residents’ care, social activities and staff workplaces. No previous studies have explored how lounges are used by residents to socialise, from a gendered perspective, to explain how men and women living in care homes construct their social routines. The findings stem from a larger ethnographic study using participant observations and semi-structured interviews. Data collection involved three different settings: a nursing home; a dementia care home and a care home for older aged people in general. The key findings were: i. lounges are by and large frequented by female residents who created feminised spaces by enacting ‘shared intimacy’; ii. male residents mostly avoided the lounge but used it to attend activities of interest. iii. men might require further social support from the care staff as they may be at risk of social isolation when accessing lounge areas. The findings are novel in exploring and conceptualising lounges in care homes as gendered spaces, raising the potential risk of men become socially isolated, and that specific care provision may be required for the male population living in care home settings.

5 Carers’ experiences of caring for a friend or family member living with dementia during the COVID-19 pandemic

Dr Dan Herron, Dr Jessica Runacres

Staffordshire University, Stafford, United Kingdom

Abstract. This study aimed to explore unpaid carers’ experiences of supporting a family member or friend with dementia through COVID-19 and investigate the role of hope and resilience during this time. Data were collected through 26 digitally recorded, semi-structured interviews conducted during the COVID-19 pandemic. Thirteen carers undertook two interviews each, approximately eight weeks apart, to capture any COVID-19 related changes. Data were analysed using Reflexive Thematic Analysis. Four themes were developed from the data: COVID-19 impacted negatively upon everyday living, adapting to COVID-19, analysis of risk: safeguarding the person with dementia, and thinking about the future. Carers had to fill the gap left by dementia services temporarily closing during COVID -19, this has negative implications for their lives. Participants described adapting to COVID-19 and implementing positive techniques to support their own wellbeing (e.g., the use of technology to stay connected). Participants were concerned about the person living with dementia catching COVID-19 and based decisions on reducing this risk, which sometimes had negative implications for their own wellbeing (e.g., stopping paid carers from entering the home and taking over the caring responsibilities themselves). There was also much uncertainty about the future; carers were unsure if things would get back to normal and COVID-19 had taken away hope for some carers. There is a need to ensure unpaid carers can still access support during any future lockdowns or similar events, to support their own wellbeing and their ability to provide care for the person living with dementia.

PARALLEL SESSION 5C

Thursday 07 July 2022, 17:00 - 18:00

12 Association between regulator quality ratings and care home residents’ social care-related quality of life: a mixed-methods study.

Ms Ann-Marie Towers, Dr Florin Vadean, Dr Stephen Allan, Professor Julien Forder

University of Kent, Canterbury, United Kingdom

Abstract. Ensuring the quality of care homes is an international priority for policy makers, commissioners and the public, yet there remain questions about what ‘quality’ means and how we should measure it. We looked to assess 1) how far the regulator (CQC) quality rating system reflected residents’ care-related quality of life and 2) if the benefit of receiving higher quality services varied by level of care needs. We used combined data from two studies on 475 older adults living in 54 care homes in England. Both studies included information on: care home characteristics, staffing and services; residents demographic information, health status and ability to complete activities of daily living; as well as the

residents' social care-related quality of life (SCRQoL). We used multivariate regression analysis to assess the relationship between overall CQC quality ratings and residents' SCRQoL and the relationship between specific CQC Key Lines of Enquiry (KLOEs) and ASCOT domains. We found a significant, positive association between residents' SCRQoL and overall CQC quality ratings for residents with high care needs ($p < 0.05$). An average high-need resident would have a SCRQoL score 0.091 higher (equivalent to 12% of the mean quality of life in the sample) if their home was rated Good or Outstanding, compared to Requires Improvement. Being 'well-led' was particularly important to residents with highest care needs ($p < 0.05$). Residents' quality of life is associated with regulator quality ratings in England. Better quality homes make a significant difference to residents' quality of life and particularly for those with the highest needs.

124 Not the last resort: the impact of an interprofessional care home scheme on residents, care home staff and students

Miss Siobhan Kelly, Miss Lydia Hubbard, Dr Melanie Stephens

The University of Salford, Salford, United Kingdom

Abstract. Care homes are a fundamental part of the health and social care system, and with demand in the sector expected to increase, it is important to better understand how the sector can improve recruitment and retention, be sustainably staffed, and promote collaborative practice. While interprofessional training environments are increasingly seen as a key stage in advancing health and social care systems and contribute to better outcomes in a variety of practice settings, little is known about interprofessional student training schemes in the context of the UK care home environment. Moreover, the majority of interprofessional education (IPE) initiatives focus their outcomes on student learning and therefore disregard the perceptions and experiences of the residents who have a central role in this process. On these grounds, in 2021 a pilot study was developed to implement and evaluate a 6-week IPE student training placement scheme across three care homes across in Greater Manchester. Fifteen students across a variety of disciplines - including nursing, physiotherapy, social work, podiatry, counselling, and sports rehabilitation - were placed within the homes to work in an inter-professional environment and address the residents individual goals as a collaborative team. In this paper, we will discuss the benefits and challenges of implementing interprofessional education in care home settings, explore the positive and transformative impacts the experience had on residents, staff and students, and consider the future direction and feasibility of such schemes.

199 A Wage Premium or Wage Penalty for Unpaid Care? Wage Developments of Unpaid Carers and Non-Carers in the Netherlands

Klara Raiber¹, Dr Katja Möhring², Dr Mark Visser¹, Dr Ellen Verbakel¹

¹Radboud University, Nijmegen, Netherlands; ²University of Mannheim, Mannheim, Germany

Abstract. Population aging leads to more and more older people with complex health issues in need of care. Unpaid care is therefore expected to increase in Western countries. However, unpaid care - providing health-related care to sick, disabled, or older people in the personal network - is often difficult to combine with employment. This may result in lower wages for carers in the short and long term. Yet, there could also be positive long-term effects of caring on employment, as expected by enhancement theory. Skills learned from caring might be used to improve one's labour market position. Research has not yet considered how wages develop after unpaid care started and how the duration of not only single but also multiple caring episodes affect wage development. We fill this gap by theoretically and empirically specifying the conditions under which we expect a negative or positive effect of unpaid care on wage development. Furthermore, we take a gendered perspective and compare how unpaid care may differently impact wages of women and men. We do so by applying growth curve modelling, analysing 20 years of hourly wages in the Netherlands from register data combined with retrospective unpaid care episodes collected in the LISS panel. We expect that unpaid care first influences wage development negatively. With a longer duration, meaning more time to learn skills, unpaid carers could improve their labour market position, which would lead to a steeper increase in wages. The wage development of women is expected to be less affected by unpaid care.

274 What is well-being in the context of family care and why does it matter?

Ms Maria Cheshire-Allen

Swansea University, Swansea, United Kingdom

Abstract. This paper provides findings of a qualitative PhD study that includes analysis of relevant theory, policy, and empirical research addressing well-being and family carers. Through critical engagement with well-being and care theoretical foundations (Nussbaum, 2011; Tronto, 2013) and policy analysis of the Social Services and Well-being Act (Wales) 2014 the meaning and implication of well-being are explored in the context of family care. A novel theoretical framework founded upon a social justice perspective, critical care ethics, and the capability approach is developed. This framework is applied to primary data gathered through thirty qualitative semi-structured interviews with family carers of older people in Wales. The analysis explores how 'well-being' as an enduring ideal defining what it means to live a 'good life' interacts with how care in older age is understood. Findings identify well-being as a multidimensional and relational idea, and associated sub-themes of freedom, choice, vulnerability, and dependency are discussed. It is argued that there is value in theorising an imperfect conception of well-being that acknowledges decline and dependence, particularly in the context of older age care. Furthermore, a reformulation of well-being in the context of older age care, based upon acknowledging relationality, inequalities, and sociopolitical and cultural contexts is put forward. Such a conception, it is suggested has the potential to provide a firmer basis on which to articulate and tackle well-being within social care policy and to combat harmful assumptions about the place of care of older people within those systems and the value of caring relationships themselves.

PARALLEL SESSION 5D

Thursday 07 July 2022, 17:00 - 18:00

17 Being a Student, Becoming a Researcher: Scholarly Peer Review as Experiential Graduate Education in Gerontology

Dr Brad A. Meisner

York University, Toronto, Canada

Abstract. In this presentation, I describe how the scholarly peer review process was embedded into my graduate course on interdisciplinary and practical approaches to healthy aging. By working with 18 students who completed the course across two course offerings, and by collaborating with the editorial team of the Canadian Journal on Aging/La Revue canadienne du vieillissement (CJA/RCV), we engaged in a series of experiential group and individual activities that culminated in the review of nine manuscripts across all four divisions of CJA/RCV: a) health sciences and biological sciences; b) psychology; c) social policy and practice; and d) social sciences. Students provided feedback on their peer review experiences via survey. Their responses indicated clear and strong support for a range of educational outcomes and

transferable skills. Therefore, peer review can be used as an effective way to learn about, and to teach, interdisciplinary and applied aging research, as well as a way to provide mentored professional service to the field of gerontology.

171 Bringing Out Leaders in Dementia: The bold Approach to Social Leadership and Supporting Those Living with Dementia to Flourish Through Co-creation and Creativity.

Dr Frankie Greenwood, Dr Lorna Hill

Edinburgh University, Edinburgh, United Kingdom

Abstract. bold stands for Bringing out Leaders in Dementia, and our vision is: Having a dementia doesn't matter for who I am as a person or how I live my life and that everyone should be able to flourish. It is a creative and interactive Social Leadership programme, run by Edinburgh and Queen Margaret universities, that provides opportunities for people to develop their leadership skills to flourish as leaders in dementia and make our communities places where people living with dementia can flourish too. This presentation will focus on the creative methods used with key findings on how this approach helps to reshape society through transformative leadership. bold recognises that many people live with dementia in different ways and brings together people from all walks of life with different backgrounds. This could include people who have a dementia, a family member of someone with a dementia, a professional carer, a member of NHS staff or an artist with an interest in working alongside people with a dementia. This presentation will illustrate that everyone living with dementia has an important story to tell that can add to our understanding of how everyone can flourish and create social change for the better. Those taking part in the programme are known as partners as we focus on our ethos that we are all on an equal footing and learning from each other. We will present key findings on how they make interconnections through the creative, meaningful and intentional facilitated learning programme and beyond.

240 HOW-R-U?: Implementing a social-support program during COVID19

Ms Elizabeth Robinson¹, Dr Marissa Dickins^{1,2}, Professor Judy Lowthian^{1,3,4}

¹Bolton Clarke Research Institute, Melbourne, Australia;

²Southern Synergy, Department of Psychiatry at Monash Health, Southern Clinical School, Monash University, Melbourne, Australia;

³Faculty of Health and Behavioural Sciences, University of Queensland, Brisbane, Australia;

⁴School of Public Health and Preventive Medicine, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia

Abstract. The public health concern surrounding social isolation and loneliness has been heightened by the COVID-19 pandemic. Infection prevention measures including stay-at-home orders have been effective; however, have led to increased feelings of loneliness and depression. HOW-R-U? is a volunteer-delivered social support telephone program designed to ease feelings of isolation, loneliness and depression. Rapid implementation during the COVID - 19

pandemic across an Australian aged and community care service and an acute health service involved ongoing codesign with both services, ensuring the program was fit-for-purpose. Evaluation of implementation involved analysis of (a) program data including referral, program uptake, call log information; (b) pre- and post- symptoms of isolation, depression, and loneliness; and (c) semi-structured interviews and surveys with patients, volunteers, and front-line staff referrers. Findings indicate the systems and processes developed effectively supported ongoing implementation and transition into business as usual. Over the 18-month implementation period, (23/6/20-31/12/21), 227 referrals were received. The 156 people enrolled in HOW-R-U? received 1,238 calls (median length 24 mins) from 83 volunteers. A subgroup consented to research participation (median age = 77.5 years (IQR = 11.7), 52.2% female). Reductions in loneliness and risk of social isolation, of 3.3% and 25.3% respectively, were recorded while depressive symptoms increased 33.3%. These results are likely to have been influenced by various COVID-19 restrictions across the study period. All referrers, volunteers and participants surveyed indicated they believed that HOW-R-U? should continue with benefits reported by all stakeholders. A range of enablers and barriers to implementation have informed successful implementation at both services.

260 How Third Sector Agencies Drive the Age Friendly Cities Agenda

Dr Mat Jones, Ms Amy Beardmore

University of the West of England, Bristol, United Kingdom

Abstract. In the past decade, the Age Friendly City and Community (AFCC) agenda has grown rapidly as an international movement, with increasingly diverse trajectories of development. While the WHO AFCC framework presents local government as a main strategic driver, in this paper we examine the role of third sector agencies in providing leadership for the agenda within England. The study combined interviews and focus group work with 22 members of the Age Friendly Network alongside an in-depth case study of Bristol. At the local level, third sector agencies were often early adopters of the overall vision and initiated key inception meetings. In these cases, third sector bodies took on a broad strategic civic mission for the whole area, rather than acting for narrow sectional interests of the agency. This involved providing a meaningful translation of the WHO framework at the local level. As local authorities faced austerity and capacity issues (particularly during the pandemic), third sector partnerships took on the role of leading older people's consultation and strategic processes. National Lottery and local philanthropic funding stimulated specific interpretations and ways of working. However, third sector agencies encounter difficulties obtaining consistent engagement from local authority officers and elected members, and legitimacy on areas such as transport. Connections between third sector and local authority leads are complex, with personal biographical connections, inter-dependencies, alliances, and close service commissioning links. We argue that these proximities represent opportunities and challenges for the sustained action required for place-based age friendly strategies.

PARALLEL SESSION 5E

Thursday 07 July 2022, 17:00 - 18:00

133 The InspireD reminiscence app.....a more personalised reminiscence experience for people living with dementia and their carers.

Professor Assumpta Ryan¹, Dr Claire McCauley¹, Professor Maurice Mulvenna¹, Professor Raymond Bond², Dr Kyle Boyd², Dr Debbie Goode¹, Ms Aoife Conway¹, Dr Deirdre Harkin¹, Ms Ashleigh Davis³

¹Ulster University, Derry, United Kingdom; ²Ulster University, Belfast, United Kingdom. ³Dementia NI, Belfast, United Kingdom

Abstract. This study investigated the outcomes of a home based; individual specific reminiscence intervention facilitated by an iPad app (InspireD) for people living with dementia and their family carers. The study used a quasi-experimental design with three phases. Phase 1: A User Development Group comprising a paired sample of 6 people living with dementia and their family carers worked with the research team to design and test the technology. Phase 2: The InspireD reminiscence app was then used at home for 12 weeks by 30 people living with dementia and their family carers. Outcome measures examined the impact of reminiscence on mutuality, wellbeing, quality of life and quality of the relationship between participants living with dementia and their family carers. Phase 3: Individual interviews were conducted with a sample of participants (n=31) to explore their experience of the intervention. Results: People living with dementia used the app independently and more frequently than their carers. There were statistically significant increases in mutuality ($p < .0005$), quality of caregiving relationships ($p < .0005$), and emotional well-being ($p < .0005$) from baseline to endpoint for people living with dementia. For carers, there were no significant changes in these outcome measures from baseline to endpoint. Participating dyads perceived the intervention as a positive experience which focused on gains rather than losses in the context of memory retention and learning new skills. Individual specific reminiscence supported by an iPad app can deliver positive outcomes for people living with dementia and their carers. See <https://www.theinspiredapp.com/> for more information and publications.

144 Social relationships, cognitive capability and cognitive decline: Findings from four European longitudinal studies.

Dr Jane Maddock¹, Jean Stafford¹, Anna Marseglia², Federico Gallo^{3,4,5}, Serhiy Dekhtyar³, Anna-Karin Welmer^{3,6}, Frank J Wolters^{7,8}, Mohammad Arfan Ikram⁷, Daniel Davis¹, George B Ploubidis⁹, Marcus Richards¹, Praveetha Patalay^{1,9}

¹MRC Unit for Lifelong Health and Ageing at UCL, London, United Kingdom; ²Division of Clinical Geriatrics, Center for Alzheimer Research, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Stockholm, Sweden; ³Aging Research Center, Department of

Neurobiology, Care Sciences and Society, Karolinska Institutet, and Stockholm University, Stockholm, Sweden; ⁴Centre for Cognition and Decision Making, Institute for Cognitive Neuroscience, National Research University Higher School of Economics, Moscow, Russian Federation; ⁵Centre for Neurolinguistics and Psycholinguistics, Vita-Salute San Raffaele University, Milan, Italy; ⁶Division of Physiotherapy, Department of Neurobiology, Care Sciences and Society, Karolinska Institutet, Stockholm, Sweden; ⁷Department of Epidemiology, Erasmus MC, Rotterdam, Netherlands; ⁸Department of Radiology & Nuclear Medicine, Erasmus MC, Rotterdam, Netherlands; ⁹Centre for Longitudinal Studies, UCL Institute of Education, University College London, London, United Kingdom

Abstract. We examine associations between structural (marital/cohabitation status, network size) and interactional (frequency of contact, social participation, social support) aspects of social relationships and memory, executive functioning (Ef), and speed of processing (Sp). Using participants from NSHD (n=2318), ELSA (n=9179), SNAC-K (n=1955), Rotterdam (n=5168), we applied multilevel models to examine social relationships with measures of cognitive capability adjusted for age, sex, social class, education, IADLs, health-conditions. Estimates were combined using random-effects meta-analyses. We found: 1) Structural: Those who were married/cohabiting scored 0.07SD (95%CI: 0.00, 0.04) higher on Ef compared to those who were unmarried/alone. Results for memory/Sp were heterogeneous (I²>76%). For example, being married was associated with better memory in ELSA (0.04SD 95%CI: 0.01, 0.08) and SNAC-K (0.13SD 95%CI: 0.06, 0.20) but not in NSHD/Rotterdam. Those with larger network sizes (≥6 people) scored higher scores on cognitive tests. 2) Interactional: Those with frequent social contact had higher Ef, but not with memory/Sp. However, this was not consistent across all studies. ELSA participants with more frequent social contacts scored 0.3SD (95%CI: 0.15, 0.48) higher on memory tests. Higher participation in social activities and greater perceived positive/less negative social support were associated with higher memory/Ef. Associations between social relationships and cognitive decline varied by exposure, outcome and study; in all cases associations with rate of decline was small (<0.02SD/year). Social relationships are related to cognitive capability in a variety of ways and maybe context-specific. In this study, associations between social relationships and cognitive capability are greater than associations with rate of decline.

172 Does age identity mediate the relationship between health and preferred retirement age?

Mariska van der Horst

VU Amsterdam, Amsterdam, Netherlands

Abstract. To varying degrees across Western countries, messages have been changing from retirement as an ‘earned right’ to individuals having to remain active and productive. This paper assesses when individuals prefer to retire in the light of health problems, and more specifically the role of age identity. Part of the relationship between health problems and preferred retirement age may be because individuals feel they cannot do the job anymore, or it may be that individuals feel that work may worsen their health condition with few options to change jobs. But this does not explain the full

relationship between health and preferred retirement age. A possible important mediator is one’s age identity. It has been claimed that negative physical experiences that are associated with health problems can act as a reminder of being older and a marker of a ‘decline narrative’, and that because of this physical health is related to age identity. Age identity is in turn expected to be related to preferred retirement age. Because individuals want to maintain a positive self-identity, individuals may feel that work is no longer for them when they consider themselves as ‘old’. Using the English Longitudinal Study of Ageing, preliminary findings suggest that this relationship was more pronounced for men aged 50-59. The impact depended on the indicator of age identity though. For women, regardless of age-group, these relationships were less pronounced. For both men and women, health appears to be an important factor impacting age identity. Implications are discussed.

184 Co-designing an intervention to facilitate self-management support in primary care for older people living with long-term consequences of cancer treatment

Ms Kumud Kantilal^{1,2}, Prof Wendy Hardeman¹, Dr Jo Taylor³, Prof Debi Bhattacharya²

¹University of East Anglia, Norwich, United Kingdom;

²University of Leicester, Leicester, United Kingdom;

³University of York, York, United Kingdom

Abstract. Up to 50% of older people find self-management of physical and psychosocial consequences of cancer treatment, such as tiredness or depression, challenging. Enabling older cancer survivors to self-manage after cancer treatment benefits their health and wellbeing. We aimed to co-design an intervention to facilitate primary care teams to provide self-management support to older cancer survivors. The intervention was developed using the Stanford Design Thinking Process. We conducted three online discovery workshops (January 2021) with pharmacists, general practitioners and nurses (n=22), to explore the barriers to providing self-management support. In three subsequent online co-design workshops (February/March 2021) with pharmacists, general practitioners, nurses, patients, and commissioners (n=10) we co-designed an intervention to address these challenges. The discovery phase identified five barriers: (1) lack of organisational priority and (2) health system configuration to facilitate practitioners in supporting self-management, and practitioners’ (3) knowledge, (4) skills and (5) role expectations. The co-design workshops identified that for primary care teams to support self-management they need to identify patients with needs for support, identify local self-management resources, support or signpost patients, and provide patient follow-up. The co-designed intervention offers a structured approach to identify and review patient needs via a short survey, arrange an appointment or signpost to appropriate information or service, and follow-up patients who do not complete the survey to ensure equity of provision. The proposed intervention utilises existing resources and infrastructure. The next step is to refine and feasibility test the supported self-management intervention for older cancer survivors by general practice teams.

PARALLEL SESSION 6A

Friday 08 July 2022, 09:00 - 10:00

89 The influence of Educational Attainment of older adults on Loneliness, Social Isolation, Technology use and Psychological Resilience during the Covid 19 Pandemic.

Mr Eric Balki, Professor Carol Holland, Professor Niall Hayes
 Lancaster University, Lancaster, United Kingdom

Abstract. This investigation examined direct influences of past educational attainment on current feelings of loneliness, technology-use, and psychological resilience across a sample of older adults during the Covid-19 pandemic. Participants included 92 community-dwelling individuals, ages > 55. The developmental adaptation model (Martin & Martin, 2002) was used as a conceptual framework in evaluation of an integrated path model of loneliness. This model was used to assess how proximal influences such as technology use and psychological resilience explain the association between past educational attainment and loneliness. We hypothesised that past educational attainment will be correlated with greater technology use, psychological resilience, and lower social isolation and loneliness. We also hypothesised that educational attainment would moderate the relationship between social isolation and loneliness and mediate the relationship between technology use and loneliness. Results showed greater educational attainment was correlated with lower loneliness, greater technology use and psychological resilience, however, was not correlated with social isolation. Greater educational attainment was also found not to mediate the relationship between technology experience and loneliness, however, did moderate the impact of social isolation on loneliness when social isolation was high. Recent experiences linked with Covid-19 pandemic have been associated with greater feelings of loneliness and lower provisions of support have been found to increase social isolation among older adults during the pandemic. However, education remains an important resource that may reduce this vulnerability. This has implications for providing educational opportunities and learning experiences for older adults during mandated social distancing and isolation, and planning educational opportunities for future generations.

104 Lessons learnt from adapting a narrative inquiry approach for remote data collection during COVID-19

Ms Alison Ellwood¹, Dr Catherine Quinn¹, Professor Gail Mountain¹, Dr Elizabeth Teale²

¹University of Bradford, Bradford, United Kingdom; ²University of Leeds, Leeds, United Kingdom

Abstract. The Covid-19 pandemic, and associated lockdown, have created exceptional circumstances requiring adaptation to established research designs and methodologies. The ability to meet face-to-face with research participants, and in particular with older people, has been limited. Qualitative approaches enabling the study of experience are most often

associated with face-to-face interaction. The study underpinning this abstract aimed to use narrative inquiry methods to explore how the experience of ageing might be influenced by social and psychological factors across the life course, with participants being recruited from an existing cohort. Ensuring consent was informed required careful conversations with participants, which could be time consuming. Due to the pandemic data collection on life histories had to be conducted through telephone interviews. There were benefits and costs associated with remote data collection. National recruitment was feasible, which would not have been possible otherwise. Notetaking was possible as an aide memoire for the researcher. Most participants engaged well with telephone interviews; however sensory impairments and the use of technology presented difficulties for others. There may be some limitations on the richness of this data. The lack of non-verbal communication and visual cues required additional attention to be paid by the researcher to tone of voice and pauses in the conversation. It was also not possible to be aware of the participants environment and whether other people were present during the interview. This approach to qualitative data collection has potential benefits particularly to associated research costs, however, it excludes some individuals and should not replace face-to-face methods.

134 Do older lives matter? Age discrimination in Covid-19, necropolitics and 'new' ageism

Dr Bethany Simmonds

University of Portsmouth, Portsmouth, United Kingdom

Abstract. The Covid-19 pandemic has thrust the human rights of older people into sharp focus. The propensity for age to be conflated with incidence of chronic illnesses, has been magnified during Covid-19, for instance, age group membership has been used to assess the risk of death and disease caused by the virus, rather than a personalised assessment of the individual. Unfortunately, age group bandings, in the UK and other countries, has been used as a blunt tool to triage people into two groups: those that are worth treating and those that are left to die. The Covid-19 pandemic has been devastating for older people in the UK (particularly the tragedy of numerous deaths in care and residential homes). This paper provides a discussion of some of the (exceptional) practices implemented during the Covid-19 pandemic, such as, unsafe hospital discharges, denial of medical treatment, and blanket 'Do Not Resuscitate' orders. 'New ageism' (Walker, 2012) encapsulates the divisive political rhetoric that pitches one generation against another. During the Covid-19 pandemic, neoliberal rhetoric has been successful in perpetuating new ageism by arguing that older lives are worth less than younger lives. The theoretical lens of 'necropolitics' (Mbembe, 2003) is applied to make sense of the treatment of older people during the Covid-19 pandemic. It is argued that parallels can be seen between Mbembe's (2003) theorisation of death politics, and the spatialised control of older people during the Covid-19 pandemic, who are at the whim of state decisions over their life and death.

143 What is the right ‘dosage’ of day centre during COVID-19? A focus on relationships, trust, and a sense of safety.

Ms Catrin Noone

Durham University, Durham, United Kingdom

Abstract. A resurgence of interest in day centres for older people is underway at an academic and policy-level. Their capacity to provide care and support to specific groups of vulnerable older adults is considered a valuable way to address some of the health problems prevalent in old age, through support based upon socialisation. A distinctively medicalised narrative of day centres is emerging however, cultivated, and reinforced both by social prescribing efforts, which encourage a reliance on needs-based assessments, and the global awareness of loneliness since the COVID19 pandemic. The extensive social disconnection and fear that has come from COVID-19 has also highlighted the shortcomings of this narrative however, and point to the potentially invaluable role of day centres in rebuilding social connections in communities, beyond an interventionist model. Simultaneously, the importance of trusting relationships has come into the foreground of research and policy, which equally defy quantification and prescription. My PhD study employs a participatory action research methodology to work collaboratively with older adults from a day centre during COVID-19. Emerging findings point to i) the familial and trusting relationship between members and the day centre staff, ii) the presence of continuity and certainty in times of crisis and iii) a person-centred approach to health and wellbeing. Findings also speak to the essential status of day centres in supporting older people to take control of their lives and become who they wish to be in their communities.

PARALLEL SESSION 6B

Friday 08 July 2022, 09:00 - 10:00

76 Small scale dementia care in Australia: an implementation study of innovation in funding, technology and resident-led care

Prof Diane Gibson, Dr Nathan D’Cunha, Dr Kasia Bail, Dr Stephen Isbel

University of Canberra, Canberra, Australia

Abstract. In 2021 the Royal Commission into Aged Care Quality and Safety drew attention to systemic problems in Australian nursing homes, including inadequate funding, inadequate staffing, poorly trained staff and regulatory failures. The final report contained 148 recommendations, and Government responses were predominantly scheduled for mid 2022-24. This study examines one agile and innovative response to the challenges facing Australian aged care, a small-scale residential service for people with mild to moderate dementia. Kambera House opened in July 2021. The home offers enhanced assistive technology targeting resident safety and quality of life, an innovative funding model that sits outside the national aged care system and two trained staff on site 24 hours a day. The implementation of the service

from the perspective of managers, staff, residents and their families was investigated using thematic analysis of interviews with staff, clients, and family members. The project began as an evaluation of the acceptability and efficacy of cutting edge radar sensing, vibration and subsonic sound to monitor resident safety while protecting privacy and enhancing independence. However, it was apparent that for staff and residents, the technology was not readily separable from the broader and innovative model of service and the small scale living environment. For the six people living at Kambera House, the focus is on individual choice, privacy and self-determination. Kambera House demonstrates the potential for a bespoke service to lead the way in challenging not merely conventional models of service delivery, but also conventional ways of thinking about those models.

227 Intergenerational interventions and their effect on social and mental wellbeing of both children and older people - a mapping review and evidence gap map

Rebecca Whear^{1,2}, Jo Thompson Coon^{1,2}, Fiona Campbell³, Morwenna Rogers^{1,2}, Ellie Robinson Carter⁴, Anthea Sutton³, Jane Barlow⁵, Stuart Cohen⁶, Andrew Booth³, Richard Sharpe⁷

¹University of Exeter, Exeter, United Kingdom; ²NIHR Applied Research Collaboration South West Peninsula (PenARC), Exeter, United Kingdom; ³University of Sheffield, Sheffield, United Kingdom. ⁴Exeter, United Kingdom; ⁵University of Oxford, Oxford, United Kingdom; ⁶NHS Kernow Clinical Commissioning Group, St Austell, United Kingdom; ⁷Cornwall Council, Truro, United Kingdom

Abstract. Opportunities for social connection between generations have diminished over recent decades because of changes in the way that we live and work. Intergenerational programmes may have a role in re-establishing connections thereby reducing loneliness and exclusion, improving mental health and tackling important issues such as ageism. However commissioning decisions are complex due to the range of options available. We produced an evidence gap map which provides an overview of the volume, diversity and nature of evidence to improve understanding of the role of intergenerational activities in health and social care. We searched sixteen bibliographic databases for research of any design in September 2021. We also searched websites of relevant organisations. Eligible studies included older adults and children and young people where there was at least one skipped generation taking part in an intervention seeking to bring older and younger people together to achieve positive health, social or educational outcomes. We used EPPI-Mapper software to create an interactive map of the evidence. We included 500 research studies in total (236 quantitative, 102 observational, 232 qualitative, 28 systematic reviews; 82 used mixed methods). Intergenerational activities ranging from arts and crafts, reading and letter writing to environmental activities have been studied often involving regular meetings between younger and older people over several months. Children and young people’s attitudes to older people, older people’s mental health and intergenerational interactions were the most frequently reported outcomes. The map provides an invaluable resource for those who commission, deliver and research services in this area.

261 How different are objective operationalizations of walkability for older persons compared to others? A systematic review

Zeynep Sila Akinci¹, Dr Xavier Delclòs-Alió², Dr Guillem Vich¹, Dr Deborah Salvo Dominguez³, Dr Jesús Ibarluzea⁴, Prof Carme Miralles-Guasch¹

¹Universitat Autònoma de Barcelona, Barcelona, Spain; ²Universitat Rovira i Virgili, Tarragona, Spain; ³Brown School of Social Work Washington University in St. Louis, St. Louis, USA; ⁴Ministry of Health of the Basque Government, San Sebastian, Spain

Abstract. Walking is one of the most accessible forms of outdoor physical activity (PA) and one of the healthiest transportation modes. Understanding walkability (potential of the environment to enable/encourage walking) is essential for all, but for older persons particularly for creating healthier, more inclusive and sustainable environments. Despite the numerous reviews on PA among older persons and its relationship with built environment characteristics (including walkability), the literature still lacks comparison reviews focusing on operationalizations of walkability for older persons vs. other population groups. We conducted a systematic review of 146 empirical studies that measured walkability objectively in relation to walking-related outcomes. We compared studies focusing on older persons (n=24) and others (n=122). In both groups, most studies were conducted in high-income countries in the US, Canada and Europe, used GIS-data and walkability indexes to measure this phenomenon and found positive relationship with walking. Larger proportion of studies focusing on older persons was conducted in Middle East and Asia. They used smaller spatial extents, employed walkability variables related with mostly land-use characteristics, greenery, safety from traffic and crime, and they found positive, as well as no associations between walkability and walking-related outcomes. Based on the results, although there is promising increase in the interest in older persons-focused walkability studies in the last decade, more studies focusing on different settings, using wider spatial extents, designed as longitudinal, using mixed methods to collect outcome data, and using specific variables and/or creating specific indexes for older persons and for settings, are still needed.

282 Building community through a co-designed, technology-mediated, communal social activity to reduce loneliness with older adults of low socioeconomic status

Dr Sarah Campbell^{1,2}, Professor David Frohlich¹, Alison Benzimra³

¹University of Surrey, Guildford, United Kingdom; ²Play Well For Life, Bristol, United Kingdom; ³United St Saviours Charity, London, United Kingdom

Abstract. It is predicted 1.4 billion people will be aged over 60 by 2030. Loneliness is a growing societal problem, particularly for older adults, for whom loneliness has increased 49% over 10 years. In the UK, half a million older adults go five days without seeing or speaking to anyone, and over 1 million report not speaking to friends, family or neighbours for over a

month. Loneliness poses serious public health risks, linked to a range of physical and mental health problems and premature death. Existing solutions tend to be led by external services and were severely impacted during the pandemic. These solutions are resource-intensive and present barriers to engagement for many. We therefore wanted to design a solution that was accessible, inclusive and self-directed by older adults for a home setting. Twenty older adults of low socioeconomic status, with a range of age-related physical conditions, co-designed a solution. An initial discussion, three focus groups and individual interviews helped understand needs, generating user requirements. Three design sessions followed. A prototype was developed, and participants tested it in a final session. It quickly emerged there was greater need for the activity to be situated in communal space, motivating leaving the house, and to primarily build community by fostering empathy, tolerance and inclusion. We explored the role of humour, reminiscence and storytelling in establishing and maintaining social relationships. Other stakeholders were engaged to establish commercial viability, a key design requirement. We concluded community-centred design approaches need prioritising to reduce loneliness in older adults.

PARALLEL SESSION 6C

Friday 08 July 2022, 09:00 - 10:00

234 Collaboration between care home nurses and care assistants: How does it impact on managing residents' responsive behaviour?

Ms Elizabeth O'Donnell, Professor Carol Holland, Dr Caroline Swarbrick

Lancaster University, Lancaster, United Kingdom

Abstract. Care home residents often exhibit responsive behaviours including agitation and aggression. Dementia guidelines recommend taking non-pharmacological approaches to behaviour management due to the increased risks of serious adverse effects and mortality, associated with the use of psychotropic drugs in people with dementia. However, little is known regarding how collaboration between nurses and care assistants affects the management of responsive behaviours. Therefore, this research aims to explore how collaboration between nurses and care assistants impacts on effectively implementing a non-pharmacological approach to behaviour management. This research is part of a doctoral study that encompasses a systematic review to explore how care home staff manage responsive behaviours. In addition, a qualitative study was conducted, this involved conducting 25 interviews with care staff from 21 care homes across Ireland to identify the barriers and facilitators to taking a non-pharmacological approach to behaviour management. Reflexive thematic analysis was applied to data. Ethical approval was obtained from Lancaster University. The findings from the systematic review and qualitative study found the barriers to taking a non-pharmacological approach to manage responsive behaviours included inadequate collaboration and shared decision-making. The qualitative study extends knowledge by showing that a power hierarchy exists between care assistants and nurses that impaired collaboration and implementation of non-pharmacological interventions to support residents with

responsive behaviours. Further research is needed to develop and evaluate interventions to dismantle the hierarchy between nurses and care assistants. This is likely to improve collaboration and equitable decision-making, facilitating a non-pharmacological approach to support residents with responsive behaviour.

14 The village as belonging. Extended kinship and long-term care during ageing

Carlos Chirinos

Rovira i Virgili University, Tarragona, Spain

Abstract.

In this paper, we aim to reflect on the importance and relationship between the ideas of community care and ageing. We will analyse specific case studies to identify the spaces, routines, resources, and agents involved in daily care in a community. Concepts such as "extension of kinship", "communitas", and "constellation of care" will allow us to understand the importance of the community environment in long-term daily care during old age. The "extension of kinship" consists of the imaginary and social representation that is built within the daily relationships of a village where the person can do kinship with actors far from their family network and who nevertheless considers them part of the family (childhood friends, domestic workers ...). As part of the intense bonds that are built-in caring. The idea of "communitas" worked on by Victor Turner brings us closer to the idea of the cultural construction of community and belonging in a group that shares historically, socially, and culturally aspects that make them understand themselves as a "large family". Meanwhile, the idea of "constellations of care" offers the visualization of the various care actors and their relationships: recipients of care, family members, home helps, friends. His analysis allows us to observe the ecosystem of participating actors and the intensity of their relationships. This paper is based on an ethnographic study carried out in villages of the Valencia Region (Spain) where elderly husbands who care for their wives with chronic diseases and disabilities were analysed.

155 The management of end-of-life care (EOLC) and dying in care homes

Dr Diana Teggi

University of Bath, Bath, United Kingdom

Abstract. This paper explores the management of residents' dying in and by English care homes. Drawing on findings from my doctoral thesis (Teggi, 2022), the paper argues that the way in which residents' dying is regulated and managed by care homes as institutions for the safeguard of very frail and old adults (see Teggi, 2020) promotes extremely dwindling and protracted trajectories of dying (see Teggi, 2018). In doing so, the paper portrays the good death in care homes as the regulation-compliant death. To conclude, the paper contrasts the institutional and normative discourse on the good death as the regulation-compliant death with care staff's personal views of residents' deaths as having been 'good' or 'bad'. The paper builds on quantitative analysis of the English Longitudinal Study of Ageing (ELSA) and eleven months of

ethnographic observation and interviewing of care staff in five nursing and residential care homes in the South-West of England, before the outbreak of the COVID-19 pandemic.

PARALLEL SESSION 6D

Friday 08 July 2022, 09:00 - 10:00

24 Dementia Enquirers: people with dementia in the driving seat of research

Ms Rachael Litherland¹, Ms Philly Hare²

¹Innovations in Dementia, Exeter, United Kingdom; ²Innovations in Dementia, Outer Hebrides, United Kingdom

Abstract. Dementia Enquirers¹ is a new approach to research - led and controlled by people with dementia. It has been supporting 20 groups of people with dementia (from the UK DEEP network²) to carry out their own research projects on issues that they find important. The programme is shaped by an advisory group of 9 people with dementia called the Pioneers. As well as people with dementia gaining skills, knowledge and confidence by leading their own research enquiries they are influencing discussions about user led research in dementia. Our presentation will describe the set up of the Dementia Enquirers programme, the range of research that has been carried out by people with dementia and the learning and impact that has come from this work so far. We will describe some of our broader work including a co-produced accessible research pack³. We will also discuss some of the barriers to user led research including existing research systems. To support this we will highlight our work around the DEEP-Ethics Gold Standards for Dementia Research⁴. We will also reflect on what could happen if people with dementia were empowered to be more in the driving seat of research.

100 Changing capabilities: three propositions to support a practice perspective on learning among older activists

Dr John Miles

Kilburn Older Voices Exchange, London, United Kingdom

Abstract. I consider the everyday community life of an inner city London neighbourhood and the politics and governance of networks and associations operating within the 'age-friendly city.'¹ Last year, contributing to the ongoing work of the Centenary Commission on Adult Education, I made a workshop presentation on learning among older activists (Miles, 2021). This related the challenges for my own self-directed learning of voluntary work as an informal educator at a time when older people's self-identified participation in learning activities is in decline (Smith et al. 2019). I described linked projects addressing, first, estate maintenance and then the need for better public toilet provision. Here, I explore briefly three propositions or paradoxes which bear on the theory and practice of informal learning in this context. First, that it has to be accepted that an interest in later-life learning is largely an outcome of growing older. Second, that purposeful learning becomes harder as we enter later life so that a lay pedagogy is called for. Third, that, as committed learning involves risk and exposure, reflective and informed teaching

remains vitally important. I suggest that in their overlapping and intersecting these propositions reveal their dynamic potential and disclose the paradoxes which impede that potential.

165 Participatory Approaches in Ageing Research. A scoping review

Anna Urbaniak

University of Vienna, Vienna, Austria

Abstract.

The participation of older adults in research is a relatively new concept comprising a number of approaches like “inclusive research”, “user-led research”, “community research”, “participatory action research” (PAR), “collaborative research” or “co-research”. Participatory approaches are getting attention also in ageing research focusing on health and care across the fields of gerontology, nursing studies, and disability studies, and we observe a growing interest in public patient involvement (PPI) in health and care research. This paper reports on the findings of a scoping review. The review investigated the ways in which older adults are involved in the research process in social sciences. The work represents the initial phase of a larger Austrian qualitative study “SEVEN: Socially Excluded Older Adults: Voices and Experiences” considering co-creation of research on exclusion from social relations in older age. I highlight the potential of participatory approaches not only for improving policy and research designs but also to address the particularly pronounced power imbalance in the research and policy-making processes (between researchers and older adults and policy-makers and older adults respectively).

204 Co-creating research with care homes: evaluating the Care Home Action Researcher-in-Residence Model (CHARM)

Dr Isabelle Latham^{1,2}, Professor Tracey Williamson^{3,2}, Faith Frost²

¹Hallmark Care Homes, London, United Kingdom; ²University of Worcester, Worcester, United Kingdom; ³Betsi Cadwaladr University Health Board, Wrexham, United Kingdom

Abstract. It is known that traditional approaches to engaging care homes in research face substantial challenges. This Alzheimer’s Society/Dunhill Medical Trust funded project encouraged collaboration to explore alternative models of engagement and improve outcomes and partnerships between care homes and researchers. CHARM used two experienced care home researchers embedded within participating care homes to build care home research knowledge and expertise and support the identification, design and delivery of bespoke research projects of use to the whole care home community. Researchers-in-Residence focussed on supporting care homes to utilise research to enhance care experiences and practice and on enabling different levels of engagement from across the care home community. Action-research was used as the methodology because of its participatory, flexible, context specific and improvement-oriented focus. Four care homes from four different organisations participated in this year long

project (extended to two years because of the pandemic). They produced eight mini action research studies between them during this time and all care homes remained engaged, despite the challenges of the pandemic. This presentation will share the findings from this study, explaining the impact of CHARM on the care homes and staff who took part, sharing the facilitators and barriers to successful implementation and recommendations for the refined model. In particular, the transformative potential of co-creating research in this way for both research and care settings will be discussed through one organisation’s subsequent choice to adopt the model in-house by employing their own full time researcher in residence

PARALLEL SESSION 6E

Friday 08 July 2022, 09:00 - 10:00

66 Self-management of depression and anxiety amongst frail older adults in the United Kingdom: a qualitative study

Dr Pushpa Nair¹, Dr Rachael Frost¹, Dr Su Aw², Dr Rebecca Gould³, Dr Kalpa Kharicha⁴, Dr Marta Buszewicz¹, Professor Kate Walters¹

¹Department of Primary Care and Population Health, University College London, London, United Kingdom; ²National University of Singapore, Saw Swee Hock of Public Health, Singapore, Singapore; ³Division of Psychiatry, University College London, London, United Kingdom; ⁴Campaign to End Loneliness, National, United Kingdom

Abstract. Depression and anxiety are common in frail older people and associated with high levels of morbidity and mortality, yet they typically face greater barriers accessing mental health treatments than younger people and express preferences for self-managing their symptoms. This study explored frail older adults’ experiences of self-managing symptoms of depression and anxiety using qualitative semi-structured interviews. Interviews were audio-recorded and transcribed verbatim. Participants comprised 28 moderately-to-severely frail older adults, purposively sampled for neighbourhood, frailty and current symptoms of anxiety/depression. We used thematic analysis to inductively derive themes from the data. Our findings suggest frail older adults find maintaining routines, engaging in meaningful and creative activities and socialising important in self-managing depression and anxiety, with the potential to be adapted to the level of frailty experienced. Stoicism, acceptance, religious faith or addressing the perceived cause were helpful in some situations and for some personalities. Distraction and avoidance were helpful for more severe symptoms or where the causes of symptoms could not be resolved. Self-management strategies were less well established for anxiety symptoms, especially when linked to recent health fears and worries about the future. There is a need to develop services and sources of information that support and facilitate key therapeutic components of self management, which align with older adults’ preferred coping styles and take into account levels of frailty. This could support frail older people waiting for mental health treatments or those who prefer not to access these. Greater awareness of anxiety and how it can be self-managed is needed.

210 Supporting Family Carers of People with Advanced Dementia through Music Therapy: A Case Study Example from Qualitative Research

Mrs Maggie Grady

UWE Bristol, Bristol, United Kingdom

Abstract. There are an estimated 2 million carers aged over 65 in the UK, with over 50% of carers aged over 85 providing care for someone with dementia (Carers UK, 2019). Family carers are recognised as a population group at risk, being 'twice as likely' to suffer from poor health to their contemporaries (NHS Long Term Plan 2019). Music Therapy is a clinical intervention recommended to support the wellbeing of people with dementia (NICE 2019, Dementia QS184). This presentation will report initial results of a single case study taken from PhD research exploring the experiences of family carers who participate in Music Therapy alongside the person they care for. Results from Interpretative Phenomenological Analysis and Interpersonal Process Recall Interviews, alongside microanalysis of music taken from the therapy sessions, will provide insight into the personal experience of Music Therapy for an older family carer. With the research taking place during the recent pandemic, the impact of lockdown is also considered, alongside any effects from this creative provision which aimed to support emotional and psychological wellbeing during a time of crisis and social isolation.

PARALLEL SESSION 7A

Friday 08 July 2022, 10:15 - 11:15

120 Social care responses to self-neglect and hoarding among older people: Emerging findings of what works in practice

Dr Jennifer Owen¹, Professor Jill Manthorpe¹, Dr Nicole Steils¹, Dr John Woolham¹, Stephen Martineau¹, Dr Martin Stevens¹, Dr Michela Tinelli²

¹King's College London, London, United Kingdom; ²London School of Economics and Political Science, London, United Kingdom

Abstract. Self-neglect and hoarding are behaviours that are hard to define, measure, and address. They are more prevalent among older people because of bio-psycho-social factors which may be exacerbated by advancing age. This paper draws from an exploratory study that aims to improve practice understanding of what works in responses to self-neglect and hoarding among older people. It presents data from interviews with safeguarding leads (n=44 interviewees) across 31 English local authorities, as well interviews with front-line professionals (n=58) and senior managers (n=33) in six chosen sites representing different organisations and services on local safeguarding boards, who between them play a role in determining and implementing interventions with individuals who self-neglect and/or hoard. This paper explores emerging findings including commonalities and differences in understandings of the causes and consequences of self-neglect and/or hoarding amongst older people, the approaches and interventions outlined in local authority

guidance and policy documents, the pathways in safeguarding older people, and what works (or not) in practice when supporting individuals and their families. It argues that better understanding of the support needs of those with self-neglect and hoarding behaviours can not only improve the effectiveness of multi-agency interventions when they are provided at crisis point, but also reduce the risk of harmful outcomes by attending to them earlier.

214 EDITH (Emergency Department In The Home): Factors that influence conveyance rates to hospital.

Ms Aisling Jane Davis, Ms Cliona Doyle, Dr Roisin Ni Dhonaill, Ms Sarah Mc Nally, Dr Rosa Mc Namara

St Vincents University Hospital, Dublin, Ireland

Abstract. The EDITH team has provided an alternative care pathway for older adults in need of emergency services. Patients are attended to by a doctor and Occupational Therapist in their own home. The conveyance rate for transfers to hospital is 7.2% of total patients treated by the EDITH service. It is imperative to identify this patient group as these are high risk patients who may need transfer to hospital and thus can be prioritised appropriately within the service. Following an audit of a subsample (n=230) of the entire EDITH patient population (3137 patients), 26 patients were transferred to hospital. The Health Care Record was analysed to identify similarities in this population group and compare same with the "typical patient profile". It was found that 38% of patients had a recent ED presentation (in past month) and 31% had a prolonged hospital stay (< 2 weeks in past year). 57% had a documented change in functional baseline over past 2 weeks. 46% of patients were transferred to level 4 acute hospitals for medical follow up and 54% were transferred to level 3 hospitals or rehabilitation facilities for MDT input. 77% of patients had a Clinical Frailty Scale score of 6 and above (moderately frail) compared with 62% of the non-conveyance population. Presenting complaint: falls 35%, respiratory issues 12%, pain management 12%, gastrointestinal issues 12%. Risk factors for conveyance to hospital for EDITH patients have been identified. This could be used to triage patients and ensure timely review for this high risk patient group.

230 Emergency Perioperative for the Older Person Service (POPS) in a Tertiary Hospital in the Republic of Ireland; Results of a 16-week Comprehensive Geriatric Assessment intervention on an emergency surgical ward.

Dr Rory Plant, Dr Eve Stanley, Dr Tim Dukelow, Mr Mohd. Y Al Kayyal, Dr Emer Aher

Cork University Hospital, Cork, Ireland

Abstract. Introduction: Evidence suggests older persons undergoing surgery benefit from Comprehensive Geriatric Assessment (CGA). The Republic of Ireland (ROI) is yet to implement formalised perioperative care services outside of Orthogeriatrics. We present data from an Emergency Perioperative for Older Person Service (POPS) utilising CGA as an intervention in an Irish Tertiary Hospital. Methods: A

geriatric medicine registrar performed CGA on patients over 75 admitted for unscheduled General or Vascular Surgery. Senior decision-makers could refer patients under 75 whom they considered frail. Data collected: demographics; clinical frailty score (CFS); identified delirium; length of stay (LOS); mortality during admission; 90-day mortality; 30-day readmission; new Acute Kidney Injury (AKI) during admission. We compared this data to the corresponding cohort of patients admitted in 2019 (Pre-COVID19 pandemic). Results: 104 patients underwent CGA over 16 weeks. 50.5% (48/104) were female. Average age was 82. 34.6% (36/104) CFS \geq 5. 24.2% (23/104) had delirium on admission. 31.7% (33/104) had identifiable delirium throughout their admission. Pre-COVID19 data (n=92) vs POPS data (n=104): Average LOS: 14.6 days vs 13.3 days; AKI new/worse during admission 29% (28/92) vs 15% (16/104); Mortality during admission 8.6% (8/96) vs 7.7% (8/103); 30 day readmission 19.3% (17/88) vs 17.7% (17/96). 90 day mortality 14.1% (13/92) vs 16% (13/80 to date). Conclusion: Our data is, to our knowledge, the first in the ROI to capture CGA intervention on an Emergency Surgical Ward. Early data demonstrate positive trends. We believe the implementation of perioperative CGA would benefit older patients undergoing emergency surgery in Ireland.

278 Home stair falls in older adults during the COVID-19 pandemic

Miss Emily Wharton^{1,2}, Prof Constantinos Maganaris¹, Dr Thomas O'Brien¹, Dr Richard Foster¹, Dr Clarissa Giebel^{3,2}, Dr Asangaedem Akpan^{4,2,5}, Justine Shenton⁶

¹Liverpool John Moores University, Liverpool, United Kingdom; ²NIHR ARC NWC, Liverpool, United Kingdom; ³University of Liverpool, Liverpool, United Kingdom; ⁴Liverpool University Hospitals NHS Foundation Trust, Liverpool, United Kingdom; ⁵Mersey British Geriatrics Society, Liverpool, United Kingdom; ⁶Sefton Older Person's Forums, Liverpool, United Kingdom

Abstract. The inactivity linked to home-confinement recommendations due to COVID-19 is a potential risk for home stair falls, which may be particularly severe for those from poorer socio-economic backgrounds. The aim of this retrospective study was to explore the extent to which home-confinement and inactivity due to COVID-19 impacted home stair fallers, and whether socio-economic status explained some of the variance in home stair fallers. An online and telephone survey was conducted with UK residents aged \geq 50 years between June and October 2021. Home stair fall experiences before (25th June 2019 - 23rd March 2020) and since COVID-19 first UK lockdown (23rd March 2020 - 3rd November 2021), physical activity, and postcode data were captured. Multiple logistic regression was performed to identify whether/how a home stair fall occurrence was related to physical activity, index of multiple deprivation (IMD), age, and gender. 164 participants completed the survey, 20 experienced a home stair fall. There was a 15% increase in the number of participants who fell on home stairs since the first lockdown compared to before the COVID-19 pandemic. 40% of home stair fallers were less, and 25% were more physically active during the three lockdowns. However, multiple logistic regression showed none of the variables were significantly linked to experiencing a home stair fall. COVID-19 resulted in an increase in home stair fallers. Physical activity, IMD, age, and gender could not predict the occurrence of a home stair fall. Therefore, the predictive

parameters of a home stair fall during COVID-19 require further investigation.

PARALLEL SESSION 7B

Friday 08 July 2022, 10:15 - 11:15

21 Place-based education and later-life learning: Experiences of community-dwelling immigrants in Toronto

Dr Shamette Hepburn

York University, Toronto, Canada

Abstract. This paper examines the dynamics of place-based education and learning among ageing immigrants. It presents findings of a grounded theory study which utilized in-depth interviews of 30 older adults (55 years and older) who participate in an adult day programme in northwest Toronto. The programme draws on place-based education strategies to develop or strengthen ageing immigrants' livelihood strategies. Place-based education, advances localized and self-sustaining knowledge that is meaningful for the spaces and places learners occupy. In other words, at the level of the community, the approach supports processes of education, enculturation, and resilience using learners' real world experiences. The expectation is that learners will adapt to their communities and become engaged citizens. The study deployed a place-based lens to frame older immigrants' everyday life experience, perceptions and utilization of community-based education and social supports. Findings suggest that localized educational interventions can be effective in supporting older adults and their collectivities. Ageing immigrants view place-based community education as a vital resource that supports their ability to strengthen livelihood strategies, access local and mainstream services, and build personal and professional relationships. When delivered in a holistic manner, place-based education can boost community-dwelling immigrants' life-chances at successive life course stages, address diverse learning needs, promote lifelong learning and delay institutionalization.

118 The Spatiality of Ageing: Local to Global: Global to Local

Emeritus Professor Sheila Peace

The Open University, Milton Keynes, United Kingdom

Abstract. Population ageing is a global phenomenon although many environmental gerontologists examine the context of ageing in place as local, setting specific, or city, town, neighbourhood or community based couched within national frameworks. Global challenges are often missing. This paper examines the global perspective with regard to issues of national governance and local experience, and adopts relational interaction within the spatiality of ageing across these levels a topic covered in the recently published 'The Environments of Ageing' (Peace, 2022). There are interconnecting issues between global challenges where population ageing sits alongside a global pandemic with concerns for long term care; climate change and daily living; transient populations migrating and remaining; urbanisation

and the urban/rural continuum; material environment sustainability, and technological development. In all cases supra-national institutions - WHO, UN, IFA in particular - recognise the value of foregrounding population ageing and offer direction nationally and locally re-considered as in the global age-friendly city and community movement, or in relation to climate change through the Committees of Practice such as COP26. Through addressing specific examples across local to global, global to local horizons relationships are examined showing a future of pluses and minuses, where solutions have to be social and economic as well as political. This is a point in time when global concerns could influence more humane levels of local action recognising the value of democracy that involves the diversity of people of all ages.

148 The impact of restrictions on Life Space Mobility on the Older Adult Perception of Age Friendliness of Environment during the Covid-19 Pandemic and the role of Loneliness and Technology Experience

Mr Eric Balki, Professor Carol Holland, Professor Niall Hayes
 Lancaster University, Lancaster, United Kingdom.

Abstract. The Covid-19 pandemic disproportionately impacted older adults due to their vulnerability to infection as well as confining them to their immediate environments, leading to reduction in life-space mobility, which may be a predictor for loneliness. According to the World Health Organisation (WHO, 2007), physical and social environments are key determinants of whether people can remain healthy, independent and autonomous, with age-friendly settings defined as those where 'policies, services, settings and structures support and enable people to age actively'. Age-friendliness of environment from the older adult's viewpoint would be expected to be related to maintained autonomy and quality of life. The objective of our study was to examine impacts of restrictions on life-space mobility, the role played by loneliness, and the potential moderation of technology use on perceived age-friendliness of one's environment during the pandemic. In a cross-sectional observation study, 92 older adults (≥ 55 years) were surveyed (April 2020-July 2021) using standardised measures. Correlation and moderation analysis were conducted to investigate hypotheses that higher levels of loneliness and restrictions in life-space mobility would be correlated with negative perceptions of age-friendliness of environments and that digital-communication technologies, due to their diverse opportunities to maintain social connectedness, would play a moderating role. Results showed that loneliness and life-space mobility restriction were predictors of perceptions of age-friendliness of environment, but technology use moderated their impact. This important moderating impact of technology use during pandemic related restrictions on mobility, suggest that technology should be a part of considering the age-friendliness of environments.

243 Un-African Ageing? Discourses of the Socio-Spatial Welfare for Older People in Urban Zimbabwe

Dr Chiko Ncube¹, Mr Tatenda Nhapi²

¹Oxford Brookes University, Oxford, United Kingdom; ²Lincoln, United Kingdom

Abstract. Global discourse has evidenced that the physical and social environment continues to have a large bearing on how people age, resulting in a growing recognition of the socio-spatial needs of older people in urban environments. This article examines the representation of Zimbabwe's older people, a subject that has rarely been the focus of critical analysis. A sample of national policy documents and media articles were carefully selected and inspected to determine the level of presence of older people's welfare using discourse analysis. The article shows how the discourses on spaces of welfare for older people in Zimbabwe are layered and multidimensional. This includes challenges of access to spaces of welfare, the abandonment and neglect of older people and informality, as well as the changes to family and community support known as Ubuntu.

PARALLEL SESSION 7C

Friday 08 July 2022, 10:15 - 11:15

18 Perspectives on Dementia: Insights from a Study of Characters and Readers in Dementia Fiction

Dr Gemma Carney¹, Dr Jane Lugea¹, Dr Carolina Fernandez-Quintanilla², Dr Paula Devine¹

¹Queen's University Belfast, Belfast, United Kingdom;

²University of Huddersfield, Huddersfield, United Kingdom

Abstract. In this paper, we combine critical gerontology with literary linguistics to analyse fictional representations of dementia. An aim of the study is to use fiction to better understand the internal lives of people living with dementia (pwd), the majority of whom are older. The project uses extracts from 12 novels containing first-hand accounts of fictional characters with dementia to explore how readers with varying personal experiences of dementia relate to stories, scenarios and relationships of fictional characters. Readers were purposively sampled for separate reading groups - student social workers; members of the general public; carers of people with dementia; and people living with dementia. Over a six-week period they engaged in facilitated group discussions of the extracts. We are mindful of the potential of imaginative writing to mediate and construct a reality (Zeilig, 2011: 22) and so have engaged in a linguistic rather than literary evaluation of dementia fiction. We find that gathering a group of people with a shared experience of living with dementia allows us to cross the boundary between private and public experiences of living with dementia. It also provides some insight into how people with dementia manage their self-doubt and personal relationships when living with an illness that erodes their cognitive health. These findings suggest that fictional characters are a potentially powerful

means of augmenting understanding of the perspective of people with dementia. Project website <https://blogs.qub.ac.uk/dementiafiction/> Thanks to AHRC for funding.

178 A theoretical and empirical critique of information-giving in the context of health, housing and care choices

Dr Andrew Harding, Professor Carol Holland, Mr Niall Hayes
Lancaster University, Lancaster, United Kingdom

Abstract. That older people should be consumers and active agents has dominated policy discourse across health, social care and housing for over three decades. One key issue is the role of generic information as a tool to support active agency and decision-making. This presentation provides a theoretical and empirical critique of information-giving in the wider context of health, housing and care choices, drawing on existing literature and empirical research (including the lead author's own research¹ and a recent Forum article in Ageing & Society²). There is little to no evidence on the efficacy of generic information-giving, and a case can be made that its provision is arguably often more beneficial to those who provide it (as opposed to intended recipients). However, there is consistent evidence that discussion, deliberation and dialogue that are more bespoke - or the practices associated with Habermas' theory of communicative action - are desirable to older people in the context of health, social care and housing. Yet, more research is needed to demonstrate efficacy and a greater understanding of the role of context, including how practices and other bespoke approaches can work for different groups.

PARALLEL SESSION 7D

Friday 08 July 2022, 10:15 - 11:15

46 Partners in Research- reshaping 'patient and public involvement' in the NHS Neuroprogressive and Dementia Network.

Dr Rosalie Ashworth

NHS Tayside, Dundee, United Kingdom

Abstract. Partners in Research is the NHS Neuroprogressive and Dementia Networks (NDN) patient and public involvement group. The group is open to all and includes people with lived experience of dementia and other neuroprogressive conditions, family and friends, professionals, and members of the public with a shared interest in this area. Our presentation explores how the collaborative approach to working has reshaped the NDN, with Partners in Research at its core. Our group members discuss why they became a Partner in Research, and what they hope to see from an equal partnership. We share some of the work they have been doing and the types of activities we intend to work together on. The presentation aims to share the strengths and benefits of involving people with lived experience in research and research-related activities. We also consider some of the

challenges to co-production and how the group works to manage these obstacles.

123 Engaging people with dementia with online art conversations during and after the COVID-19 pandemic

Ms Lara Wiseman¹, Ms Adriane Boag², Dr Stephen Isbel¹, Dr Diane Gibson¹, Dr Nathan M D'Cunha¹

¹University of Canberra, Bruce, Australia; ²National Gallery of Australia, Canberra, Australia

Abstract. The National Gallery of Australia's (NGA) Art and Dementia program provides structured and facilitated sessions for people with dementia to view and discuss works of art. In August 2021, the COVID-19 pandemic necessitated the Art and Dementia program to pivot from in-person arts-based discussion groups at the NGA to online delivery. The change required all facilitators, support workers, participants and their families, to rapidly adapt to an online delivery mode. The successful transition of the NGA's Art and Dementia program to an online format demonstrated that with enthusiasm, the right equipment, technical and practical supports, it was a viable and engaging option for people with dementia to continue to learn new skills, engage socially, and participate in an intellectually stimulating activity. Participants continued to actively engage in the online program, with conversations covering a broad range of topics from artistic styles and techniques; to cultural, social, historical and geographic elements relevant to the works of art; and personal reflections about participants' lived experiences and feelings. Occasional minor technical glitches were quickly rectified. While the COVID-19 restrictions are no longer in place, the NGA continues to offer monthly online sessions within its Art and Dementia program. Research is needed to compare the benefits of face-to-face with virtual sessions. However, there is significant potential to extend the program's reach and access to the NGA's collection through online delivery to people with dementia in regional and remote areas where access to dementia support services is often limited.

PARALLEL SESSION 7E

Friday 08 July 2022, 10:15 - 11:15

79 Using forum theatre to reimagine the future in older age

Dr Melanie Lovatt¹, Dr Jade French², Dr Valerie Wright³

¹University of Stirling, Stirling, United Kingdom; ²University of Loughbrough, Loughbrough, United Kingdom; ³University of Glasgow, Glasgow, United Kingdom

Abstract. The lack of diverse cultural narratives of ageing can undermine the ability of people to meaningfully engage with transitions to later life and imagine potential futures that do not conform to dominant decline or age-defying narratives (Lacelle and Baars 2014). In this paper we discuss the potential of forum theatre to challenge reductive dominant narratives and to provide the opportunity for counter narratives of ageing futures. In 2021 we worked with arts and

theatre company Active Inquiry and a group of self-identified older adults. Over a series of online workshops we used techniques of forum theatre (Boal 1974) to identify systems of age-based oppression and opportunities for resistance. This culminated in the creation of two forum theatre pieces that were performed live online in June 2021. We present initial findings that discuss 1) the influence of the COVID-19 pandemic on participants' aged identities and thoughts about the future, and 2) the effectiveness of the theatre workshops and performances in creating counter narratives that portray alternative representations to older people's futures. We conclude that forum theatre can be an effective technique in opening up conversations about the future in later life, identifying barriers to achieving future aspirations, creating counter narratives, and engaging wider audiences in these conversations.

106 Emotional regulation by older people when visiting contemporary art commissions created for heritage sites

Professor Andrew Newman, Dr Bruce Davenport, Dr Niki Black
 Newcastle University, Newcastle upon Tyne, United Kingdom

Abstract. This exploratory paper considers how contemporary art and heritage is used for emotional regulation by groups of older people (aged 55-82) visiting a series of contemporary art commissions created for heritage sites. Emotional regulation is understood as 'a process by which individuals influence which emotion they have, when they have them, and how they experience and express these emotions' (Gross, 1998, 272). The data used was qualitative and originated from a research project entitled Mapping Contemporary Art in the Heritage Experience, funded by the UK Arts and Humanities Research Council. The respondents (n=22) came from four pre-existing groups who visited five contemporary artworks that were commissioned for heritage sites in North East England, UK. The literature used to frame the analysis originated from several different disciplines and was chosen for its ability to explain the responses of the participants. The results suggested that the respondents were using the experience to regulate their emotions for specific purposes. Emotional regulation could be identified in 1) how the initial responses to art and heritage were constructed 2) in how participants responded to encountering the art works in terms of which emotions were expressed and valued. Finally, the outcomes of the emotional regulation process were seen in terms of wellbeing.

299 Arts and Care Homes Day: Sharing our Learnings from National Days Celebrating the Arts for Older Adults in the UK and Canada

Alison Teader¹, Kate Dupuis^{2,3}

¹NAPA, Amersham, United Kingdom; ²Sheridan College, Oakville, Canada. ³Schlegel-UW Research Institute for Aging, Waterloo, Canada

Abstract. The arts have been shown to have incredible benefits for individuals across the lifespan, and arts-based activities can contribute to the health and well-being of older adults. The National Activities Providers Association in the UK

launched the first-ever "Arts in Care Homes Day" in September 2019 to highlight the importance of the arts and creativity for the care home sector and provide homes with a suite of innovative activities to share with their residents. The initiative was then picked up by a team in Canada, who launched their own inaugural "Arts and Aging Day" in September 2020. The creators of these two national days will share learnings from their respective days and will discuss the similarities and differences in uptake and activity preferences across the two nations. Attendees will be encouraged to consider how they may launch their own activities/Days to celebrate the power of the arts for older adults and those who care for them, especially during the COVID-19 pandemic when the arts may help support valuable social interactions and connections.

287 The importance of age peer group in old age: personal network composition, health outcomes and social support

Miss Jing-Yi Wang

University of Edinburgh, Edinburgh, United Kingdom

Abstract. Gerontologists have been concerned with older people's social isolation and its consequences. I argue that not only network size but the age dimension of one's network would be also associated with their health outcomes, such as perception of their well-being and health status. In this study, we compare the effects of having more network members of similar age (± 5 years), and members have bigger age gaps (>5 years) on these outcomes. Further, we examine to what extent age (dis)similarity with siblings, friends, neighbours and other non-kin relations link to protection against health risks and help. With core discussion network data from Survey of Health, Aging and Retirement in Europe (SHARE), our findings reveal that: First, after number of difficulties with daily activities is controlled for, self-rated health is perceived as better for those who have partner, siblings or friends of similar ages whereas the presence of non-kin with bigger age gaps in the network is not significantly associated with their subjective health status. Second, only people with siblings at similar ages have higher well-being, the associations are not significant regarding the presence of friends and other non-kin. Finally, whether people received help is only associated with the number of non-kin with big age gaps; number of siblings, friends, neighbours in the same generation are not significantly related to the help received. This research highlights the importance of age diversity of ties in one's network, and contribute to the ongoing discussion on social integration in old age.

PARALLEL SESSION 8A

Friday 08 July 2022, 11:30 - 12:30

10 Caring for the elderly in the COVID-19 pandemic: Experiences from nursing home care workers in Hong Kong

Sze Ki Veronica LAI, Prof Yin King Linda LEE, Siu Yin Becky LI, Dr Sui Yu Ivy YAU, Dr Lok Chun Janet LEE, Shixin Huang, Sin Ping Susan LAW

The Hong Kong Metropolitan University, Hong Kong, Hong Kong

Abstract. Hong Kong has had a relatively low rate of COVID-19 infection and death compared to other developed economies, especially in the nursing home setting. Although frontline care workers such as nurses and personal care workers have played a significant role in caring for the elderly in the pandemic, their work experiences and perspectives have rarely been examined. A qualitative study was conducted to explore the experiences of nursing home care workers who provided frontline care service to the elderly during the COVID-19 pandemic in Hong Kong. Semi-structured interviews with 27 nursing home care workers were conducted from March to November 2021. Thematic analysis was then conducted. Four themes were drawn: (1) stress and resilience; (2) substantially increased workloads; (3) increased emotional and relational bonding; (4) frustrations with dehumanizing infection prevention and control measures. Nursing home care workers experienced a high level of psychological stress at the onset of the pandemic regarding the risk of infection and the responsibility to care for a vulnerable population. They have built resilience and improvised new modes of caring over time. In the face of lock-down measures that have kept most residents away from family for over a year, care workers see themselves not only as caregivers but as the elderly's family members who provide companionship and emotional support. They are frustrated with ineffective testing and infection control measures, lack of resources and administrative support, and the psychological and physical losses caused to the elder residents by lock-down measures. Implications and discussion are drawn.

51 Emotional well-being outcomes to face loneliness and stress during COVID-19 pandemic in Costa Rican older adults

Dr Mauricio Blanco-Molina¹, Prof Raúl Ortega-Moreno¹, Dr Sacramento Pinazo-Hernandis², Dr Mónica Salazar-Villanea³, Dr María Dolores Castro-Rojas¹, Dr Julián Montoro-Rodríguez⁴, Dr Esteban Montenegro Montenegro⁵

¹National University, Heredia, Costa Rica; ²Universitat de Valencia, Valencia, Spain; ³University of Costa Rica, San José, Costa Rica; ⁴University of North Carolina, Charlotte, USA; ⁵University of California, Davis, USA

Abstract. Objectives: Study the effects on mental health and the coping strategies (social support, self-efficacy) and resources that older people put on as psychological responses during the pandemic lockdown. We seek to identify the active coping strategies to deal with the daily stressors in the pandemic context. We also studied which factors had a direct and indirect effect on variables like loneliness and stress. Methods: Older adults living in Costa Rica during the year 2020 (N=218, mean age 69.96, 82.1% women), were interviewed by phone and answered an online survey. We gathered socio-demographic information, and variables as stress, loneliness, fear to Covid-19, coping strategies, and proactive behaviors, from validated tests. Results: We identified both positive and negative well-being indicators. Positive behaviors were related to self-efficacy, social support, perceived health, and proactive behavior, with high values. On the other hand, negative well-being indicators were perceived stress, emotional covid-19 fear, and loneliness, which showed lower values in the participant sample. We found significant

relations over perceived stress and the emotional well-being coping variables studied, in a tested SEM model. Conclusions: Older adults, are able to put into practice coping strategies and had the capacity to mitigate the negative psychological consequences during the Covid-19 pandemic in Costa Rica.

226 Hospitals are the only resource! Narratives on the long-term health consequences caused by the collapse of primary health services supporting vulnerable older people during the COVID-19 pandemic in Brazil.

Dr Adriano Maluf, Professor Peter Lloyd-Sherlock

University of East Anglia, Norwich, United Kingdom

Abstract. The COVID-19 pandemic has disrupted community health services in developed and developing countries alike. Funded by the MRC /Newton, this study provides insights into these effects from carer and community health workers' (CHW) perspectives. CHWs are widely employed in Brazil to collect patient histories, assess their needs and organise care for all members of the household, including older people. The study involved data collected by semi structured interviews with patients supported by CHWs and also with their families. Preliminary findings indicate the pandemic severely interrupted health and care support for older people. However, pre-existing deficiencies of public health services prior to the pandemic were in many cases the main cause of poor outcomes. The limitations of community care provision meant it was not resilient to and could not adapt to the challenges brought about by the pandemic, often leading to avoidable illness, poor quality of life and increased dependency. Poor community care increased the need of some older people to seek hospital care, during a period when the hospitals were overstretched by looking after COVID-19 patients. These findings have policy implications for prioritising better primary care for dependent older people and their families.

237 Milford Hospital: The benefits of converting a rehabilitation hospital into a community frailty unit - demonstrated in hip fracture patients.

Dr Alice Li, Dr Ana Luisa Aparicio, Dr Faraz Syed, Dr Andrew Thomson

Royal Surrey County Hospital, Surrey, United Kingdom

Abstract. Introduction: When the Coronavirus pandemic hit, Royal Surrey County Hospital had to consider how to increase their bed capacity to meet increased demand. This led to the conversion of Milford Hospital, a GP-led rehabilitation service, into a Community Frailty Unit, providing inpatient orthogeriatric services. The aim of our audit was to see the impact this had on the average stay of hip fracture patients. Method: Using data from the National Hip Fracture Database, patient's that were admitted with a hip fracture from April'20 - September'21 were identified. Their discharge summaries were screened to determine their length of stay and whether they were transferred to Milford Hospital. We then compared the length of stay to the average length of stay in April'19 - April'20. Results: In the year prior to this transition, the

average total admission stay for hip fracture patients was 14.1 days. The average is now 14.7 days, but the average stay at RSCH has been significantly reduced to only 9.1 days. Discussion: The change from a GP-led unit to being staffed by team members from the acute hospital improved the flow and capacity of care. The MDT is familiar with the care pathways and rehabilitation processes initiated at the RSCH, allowing them to continue this at a more individualised level at Milford Hospital. The transformation of Milford Hospital into a community frailty unit has improved the flow of patient's in the acute hospital to being managed well in the community and discharged efficiently.

PARALLEL SESSION 8B

Friday 08 July 2022, 11:30 - 12:30

70 Chinese Grandparents' Involvement in Providing Childcare

Jiatong Ling

Queen's University Belfast, Belfast, United Kingdom

Abstract. How do grandparents involved with providing childcare in contemporary China understand and feel about their role? Expression of a continued positive contribution to their family or burden of obligation? What are the perceptions of their adult children? Family support or parental interference? Findings from doctoral research on grandparent involvement in providing care for children under three years old in contemporary China will be explored to throw light on the complicated intergenerational relations involved. The research utilised qualitative research methods to collect and analyse data from 16 families in a town in Northeast China. In 14 families, two interviews were conducted in each family: one grandparent interview and one parent interview. In the remaining two families, one interview was conducted in each family. The preliminary findings of the thematic analysis highlight childcare arrangements involving roles, decision-making process and motivation to be the caregiver, perceptions of childcare involving perceptions of grandparent childcare, childcare by parents and childcare across generations, and relationships between grandparents and their adult children involving disagreements during childcare and ways to deal with these disagreements.

103 How do psychological and social factors influence the experience of ageing: a life course analysis

Ms Alison Ellwood¹, Dr Catherine Quinn¹, Professor Gail Mountain¹, Dr Elizabeth Teale²

¹University of Bradford, Bradford, United Kingdom; ²University of Leeds, Leeds, United Kingdom

Abstract. Frailty and cognitive decline often co-exist as people age. Those living with this coexistent state are at increased risk of adverse outcomes. Furthermore, services often neglect to attend to this relationship. It is important to understand psychological and social factors which may contribute to, or protect against, coexistent decline. Little consideration has been given to the importance older people

themselves place upon their social and psychological circumstances as they age. This study aimed to use narrative inquiry methods to contribute to our understanding of independence and dependency in frailty, and the life-course factors which may impact upon physical and cognitive decline. Eight men and eight women, living with frailty and cognitive change, were recruited from the Community Ageing Research 75+ study. A cohort of people aged 75 and over, across the United Kingdom. The life histories of participants were obtained through telephone interviews, due to the restrictions of the Covid-19 pandemic. Data were analysed thematically. Participants spoke variably about the impact of childhood deprivation; the importance of education appeared less significant than career and financial wellbeing. Narratives were often gendered. Physical decline was anticipated, and accepted to varying degrees, cognitive change was more feared. Future dependency was a source of apprehension. Most participants engaged with behaviours they believed would promote healthy ageing and maintain independence. For many participants relationships with spouses and family members dominated stories. The nature and quality of relationships in later life significantly contributed to participants wellbeing. Services which are more proactive about frailty status are required.

158 Advancing Understanding of Self-Reported Health among Community-Dwelling Older Adults: Complexity and the Role of Adaptation to Health Adversity

Carly Whitmore¹, Dr Maureen Markle-Reid¹, Dr Kathryn Fisher¹, Dr Carrie McAiney^{2,3}, Dr Jenny Ploeg¹

¹McMaster University, Hamilton, Canada; ²University of Waterloo, Waterloo, Canada; ³Schlegel-University of Waterloo Research Institute for Aging, Waterloo, Canada

Abstract. Self-reported health is captured as a response to the question, "In general, would you rate your health as excellent, very good, good, fair or poor?" Among community-dwelling older adults (≥ 65 years), self-reported health decreases as the number of chronic conditions increases. Despite this well-documented relationship, little is known about how sociodemographic or health-related factors shape this relationship, what may predict high self-reported health among this population, or how these factors influence perceptions of health. Informed by the Life course Model of Multimorbidity Resilience, the objective of this multimethod research study was to advance understanding of self-reported health among community-dwelling older adults. To this end, four research studies were completed, including a: 1) scoping review of the factors associated with self-reported health, 2) cross-sectional analysis of baseline data from the Canadian Longitudinal Study on Aging to understand the relationship between multimorbidity and self reported health and the factors that predict high self-reported health; 3) qualitative case study to explore the influence of these factors on self-reported health in community-dwelling older adults, and; 4) a multimethod study that brought together all findings in a matrix analysis. Two meta-inferences from this work were generated: 1) the factors that shape self-reported health are multidimensional and complex; and 2) adaptation to health adversity, resulting from experiences acquired over the lifecourse, shape how older adults perceive their health.

Findings from this work highlight the importance of collecting and applying information gained by asking about self-reported health in clinical practice to inform interprofessional care planning.

167 The predictive utility of different multimorbidity measures in predicting mortality and physical functioning

Mr Han Sang Seo, Dr Amal Khanolkar, Prof Alun Hughes, Dr Praveetha Patalay

UCL, London, United Kingdom

Abstract. With increasing life expectancy, the prevalence of multimorbidity is increasing worldwide, now becoming the norm in the elderly. Several approaches have been used to quantify multimorbidity, yet, there is little consensus for measuring and operationalizing multimorbidity. We aimed to compare predictive utilities of various multimorbidity operationalisations to later life mortality and physical function in a population-based longitudinal study. Data were used from 2653 (48.4% male) study members from the National Survey of Health and Development (1946 British birth cohort). At age 63, clinical diagnoses for chronic disease were made based on various study members' information sources such as self-report, medication, anthropometry, and specific clinical measures, leading to the composition of a total of 16 chronic conditions. Various multimorbidity operationalisations were applied such as basic(2+ conditions), disease count, weighted counts, clustered, and accumulative. Survival analyses estimated the associations between various multimorbidity measures to all-cause mortality and zero-inflated poisson regression to physical function (independence and physical performances). Somers' D and ML (Cox-Snell) R² gave explained variation to compare which multimorbidity operationalisation has the highest predictive power. Varying strength of associations was observed depending on which multimorbidity measures were used, highlighting their different predictive utility. The disease count in all scenarios would be sufficient to capture multimorbidity, and by far gives the highest predictive power in the explained variation. Both weighted and accumulative multimorbidity don't seem to add any predictive value on top of the disease count. Basic multimorbidity, although most commonly used in existing multimorbidity studies, is less predictive.

PARALLEL SESSION 8C

Friday 08 July 2022, 11:30 - 12:30

186 Exploring how aesthetics shape and are shaped within dementia care using creative, sensory, and embodied research methods

Dr Rebecka Fleetwood-Smith¹, Prof Victoria Tischler², Dr Deirdre Robson³

¹University of Bristol, Bristol, United Kingdom; ²University of Exeter, Exeter, United Kingdom; ³University of West London, London, United Kingdom

Abstract. This paper explores how aesthetics shape and are shaped within the context of dementia and dementia care. Traditionally, deficit orientated perspectives of dementia which centre on notions of loss, difficult behaviours, control, and containment determined not only dementia care provision, but also the look and feel of dementia care environments. Over the past thirty years, researchers and practitioners have challenged these pervasive notions through person-centred and citizenship models of care, yet attention to everyday aesthetics within these settings remains limited. Drawing upon research which explored the significance of clothing and textiles to people with dementia living in a care home, we illustrate the complex and varied ways in which people with dementia engaged with aesthetics. The study was carried out using a series of creative, sensory, and embodied research methods working with people with dementia and care home staff. Findings demonstrate that people with dementia actively engage with aesthetics at a number of levels. People with dementia discussed personal aesthetic preferences and produced such preferences through embodied practices. Attending to aesthetics facilitated moments of togetherness between people with dementia and care home staff, creating encounters outside of task-orientated conversations, and supporting engaging, meaningful moments. This paper explores the importance of everyday aesthetics within dementia care settings and identifies that greater attention should be paid to everyday aesthetics in order to reconsider and enhance the look and feel of the built environment and everyday items, including clothing and textiles, and dementia care practice.

209 "The first point in my life where I have been able to process death outside of a funeral [and] my own bedroom": Grief, loss and the creative arts.

Dr Sandra Varey¹, Fabiola Santana², Dr Alice Booth³

¹Lancaster University, Lancaster, United Kingdom; ²Liverpool, United Kingdom; ³Lancaster Arts, Lancaster, United Kingdom

Abstract. Death is a universal part of life, and personal experiences of bereavement are likely to increase with age.

Paradoxically, experiences of bereavement are often characterised by feelings of aloneness and isolation, which evidence suggests can have a profound impact on older adults' health and wellbeing. This paper illustrates how the creative arts can help to connect people to others' experiences of loss and grief, enabling them to explore and process bereavement experiences. The A Home for Grief pilot project took place in the northwest of England in 2021, designed and developed by emerging artist Fabiola Santana. Participants took part in a 40-minute guided Sound Walk experience, supported by the use of an interactive app and headphones. They listened to personal narratives on the topics of loss and grief, while being navigated through and interacting with the surrounding environment. Seven participants took part in qualitative telephone interviews as part of a small-scale, independent evaluation, to understand the experiences and impacts of the walk. All data were collected in 2021 and full research ethics and governance approvals were received. Thematic analysis involved detailed analysis of full-text interview transcripts. Sound Walk

participants felt connected with others, and able to engage with and reflect on their own and others' experiences of grief. Participants learned about and developed their understandings of loss and grief - and often themselves. There is a desire for a shift in attitudes and approaches to loss and grief, and the suggestion that the creative arts can help to achieve this.

252 The association between group arts interventions, depression, and anxiety among older adults: A meta-analysis.

Elizabeth Quinn, Dr Emma Millard, Dr Janelle M Jones

Queen Mary University of London, London, United Kingdom

Abstract. Globally, people are living longer, but not always living well. Getting older is associated with poor mental health and around a quarter of older adults live with depression and/or anxiety in the UK (Age UK 2019). Research has shown that group arts interventions - where older adults engage in a shared artistic experience (e.g., choir, group dance) - may be one way to help reduce depression and anxiety symptoms among older adults (Fancourt & Finn, 2019). Although these results are positive, there is still much we do not know about the consistency and magnitude of these effects. Understanding when and for whom group arts interventions can work is important for increasing treatment possibilities and options. A random-effects meta-analysis of the existing literature (27 studies (n= 2374) was conducted to investigate these questions. Subgroup analyses were also conducted to explore whether individual differences (e.g., age, community/care-home living, country) and intervention characteristics (art type, therapy/non-therapy, control type, length, and dose of intervention) moderated the impact of group arts interventions. Results indicated strong relationships between taking part in group arts interventions and reduced depression and anxiety symptoms ($d_s = .71$ & $.86$ respectively). Subgroup analyses suggested that interventions had a greater impact on depression amongst older adults living in care-homes. We conclude that group arts interventions provide a valid and creative treatment for older adults suffering from poor mental health, particularly in care-homes. These findings can increase the confidence of GPs, health care providers, and arts practitioners in prescribing, tailoring, and implementing group -based arts interventions.

271 Exploring the use of co-creative arts activities for enriching relational care for people living with dementia in care homes

Professor Andrew Newman¹, Dr Bruce Davenport¹, Professor Fiona Poland², Dr Linda Birt³

¹Newcastle University, Newcastle upon Tyne, United Kingdom;

²University of East Anglia, Norwich, United Kingdom;

³University of East Anglia, Norwich, United Kingdom

Abstract. This exploratory paper examines the use of co-creative arts activities for rebuilding relationships in care homes that have been damaged by the COVID-19 Pandemic. Restrictions, resulting in long periods of bedroom isolation and exclusion of relatives, harmed relationships between care home staff, residents and their families and friends. Care

home staff report that some interactions with family members have led to verbal abuse. For many residents, communal relational care building activities ceased entirely for months at a time. Losing these connections intensified residents' social isolation and worsened their mood. Relationships within dementia care home settings have displayed multiple stressors between residents, residents and staff, staff and family members and staff and wider care systems. Many residents will have experienced distress due to their reduced ability to understand COVID-19 restrictions. In moving on from the COVID-19 Pandemic there is a need for those involved and policy makers to develop appropriate and creative responses to those disrupted relationships within the care home sector. Co-creative arts, which emphasises a shared process, shared ownership and reciprocity, have been shown to help people living with dementia to build relationships and to express themselves. This has many synergies with relational care which focuses upon interdependence and mutually beneficial interpersonal connections. This talk will draw upon prior research to explore aspects of co-creative arts that supports relationship building and its potential to support relational care.

PARALLEL SESSION 8D

Friday 08 July 2022, 11:30 - 12:30

137 Age and Gender Embodiments in Group Exercise Classes for Older Persons

Dr Kelsey Harvey

McMaster University, Hamilton, Canada

Abstract. Historically group exercise has been associated with 'femininity.' Group exercise classes are popular with older exercisers given their fun and social atmosphere. Therefore, the aim of this Institutional Ethnography was to critically examine meanings of age and gender in group exercise. Methods included: 1) textual analyses of training curricula used for certifying fitness instructors in the U.S. and Canada; 2) observations and interviews with 22 fitness instructors; and 3) and go-alongs with 14 older exercisers. Findings suggest that the legacy of the feminization of group exercise, as codified in dance aerobics, remain central in the fitness industry despite evolving trends. This led some men to reject group exercise. Some older men who did participate in group exercise expressed not being concerned about traditional, hegemonic notions of masculinity than in their youth. These men preferred to exercise in more feminized spaces, which they considered more compassionate and less competitive. Conversely, some women citing worries about being objectified by the "male gaze" in group classes. This study demonstrates that older men can be marginalized in traditionally feminine spaces, such as in group exercise. The creation of "men's only" fitness options might be a form of praxis empowering older men to become more physically active, but this alone would not overcome the feminization of later life. To create more gender inclusive physical cultures for older exercisers, it is imperative to consider the roles that social constructions of gender and age play in affecting rates of physical activity participation.

138 “There’s a World of Exercise for Seniors and a World of Exercise for Juniors:” An Exploration of Age Identities Group Fitness

Dr Kelsey Harvey

McMaster University, Hamilton, Canada

Abstract. In group exercise for older people, there is significant evidence that older exercisers prefer instructors who are their peers and who can empathize with what it is like to inhabit an aging body. Given the corpus of scholarship speaking to experiences of ageism in later life fitness, the aim of this poster was to explore age-based identity politics in group exercise. This study employed an Institutional Ethnography approach in order to examine the problematic intergenerational, age relations between older exercisers and group fitness instructors. Methods included a textual analysis of eight instructor training curricula (N=3 Canadian; N=5 American), observations and interviews with 22 group fitness instructors (N=14 Canadian; N=8 American; Mean age = 50 years), and go-alongs and interviews with 14 older exercisers (N=7 Canadian; N=7 American; Mean age=74 years). The findings reveal that age-based preferences for age-matched instructors can also be manifested in reverse-ageism directed toward younger instructors. Indeed, older exercisers expressed discontent that younger instructors could not understand their aging needs, shared concern that the needs of younger and more able-bodied exercisers would marginalize their needs within mixed-age group exercise environments, and interpreted some of practices younger fitness instructors engaged in as ‘showing off.’ Collectively, this contributed to beliefs that younger instructors do not care about older people. To conclude, this study demonstrates the critical need for younger instructors to develop embodied gerontological competence in order better empathize with older exercisers and engender intergenerational solidarity between fitness instructors and older exercisers.

233 “Being in the moment” - The lived experiences of physical activity in community-dwelling adults living with dementia and their carers.

Dr Joanna Blackwell, Professor Mo Ray

University of Lincoln, Lincoln, United Kingdom

Abstract. Physical activity can have many benefits for those living with dementia, wellbeing, enjoyment, pleasure and achievement for example. However, levels of engagement may be lower than in the general population. With almost 500,000 people with dementia living in the community (aged 65 and over), including 120,000 living alone, many may be vulnerable to exclusion. As a first step, a scoping review examining the experience and meaning associated with physical activity in those living with dementia was undertaken. A protocol was developed using JBI scoping review guidance. Following database, grey literature and reference list searches, three reviewers assessed suitability against the inclusion criteria. 32 papers were shortlisted for inclusion in the review. The scoping review highlighted how limited the evidence is concerning experience and meaning in physical activity for those living with dementia, but how

valuable these aspects are. The second step involved a consultation exercise where dementia support service providers, people living with dementia and carers were informally interviewed. Participants expressed how important opportunities to meet others and be physically active were, helping to reduce social isolation and provide enjoyable experiences. There is considerable scope for further research to explore experience and meaning in relation to movement and physical activity in people living with dementia. The importance of place and belonging also appears to be an important consideration for future research and is relevant to people with dementia and carers.

247 Curating Better Futures for Older Adults through Inclusive Eudaemonic Co-design Done Virtually

Ms Jenna Mikus

Queensland University of Technology, Brisbane, Australia.
 Eudae Group, Washington, DC, USA

Abstract. “Health is made at home”, according to former National Health Service (NHS) chief executive, Nigel Crisp (2020). Given the home’s newly established prominence in our daily lives since the pandemic’s onset in 2020, it seems appropriate to develop a thoughtful understanding of what it means to design for not just acceptable but flourishing levels of home health. This understanding is especially important when considering older adults who represent a growing subset of the population with a wide variety of needs (WHO, 2018) who wish to age-in-place (GCMA, 2020). To date, most older adult-focused research has focused on how to design for disability-related needs rather than optimistic optimal health scenarios. This presentation is based on inclusively conducted research with older adults across Australia in 2021, leveraging the empowering premise of Deci and Ryan’s (2000) Self-Determination Theory (SDT) to design for Aristotle’s concept of Eudaemonia (i.e., being one’s best self). By engaging Australian older adults (ages 65-80, living alone, and wishing to age-in-place) in a three-phased process of carefully curated creative methods conducted virtually, the research team was able to co-design a novel Eudaemonic Design (ED) approach when considering health-based design for older adults. Usage of this approach is proposed not only to address optimal physical, mental, and social health needs proactively but also to encourage occupants (i.e., older adults and potentially other demographics (Mikus, 2021)) to be their intrinsically-motivated best selves, thus curating Eudaemonia or flourishing health and well-being at home, for a better future.

PARALLEL SESSION 9A

Friday 08 July 2022, 13:45 - 14:45

11 Associations of Social Capital with Psychological Well-being Among Older Adults: A Longitudinal Analysis

Mr Nopryan Ekadinata, Prof Hui-Chuan Hsu

Taipei Medical University, Taipei, Taiwan

Abstract. The purpose of this study was to examine the association of social capital and psychological well-being among the older adults in Indonesia. This study used the dataset from the Indonesian Family Life Survey (IFLS) in 2007 and 2014. The sample who were 60 years old and more and completed both waves were used for analysis (n=1,232). Psychological well-being was measured by depressive symptoms and happiness. Social capital was measured by social trust (general trust and neighborhood trust) and social participation (arisan, community meeting, volunteers, program to improve villages, and religious activities). Longitudinal predictors of depressive symptoms and happiness were predicted by social capital, demographics, health, and religiosity by the generalized estimating equations (GEE) modeling. The score of the depressive symptoms increased from 3.98 to 5.53, and the percentage of feeling happy reduced from 87.9% to 80.7% in the two waves. The participants who were more depressive were related to younger age, lower education, poor economic status, unhealthy self-rated health, more chronic diseases, having physical function difficulty, feeling unhappy, no participation in arisan, being not religious, and having more neighborhood trust. The participants who were happy were those who had higher education, had better economic status, had healthy self-rated health, had no depressive symptoms, participated in arisan, and participated in religious activity. Social participation and religiosity are protective in psychological well-being, but bonding social trust does not have a beneficial effect. Facilitating social participation through policies and programs may promote happiness and mental health in older adults.

183 Old Friends?: Sport, Masculinity and Later-Life Men's Friendships

Kristi Allain

St. Thomas University, Fredericton, Canada

Abstract. While researchers have established that young men's sporting friendships are often structured by violence, minimal intimacy, the degradation of all things feminine, competition, and a corresponding complicity with hegemonic masculinity (Messner 1992), we know relatively little about sporting friendships between older men. Drawing on interviews with and ethnographic research of older male hockey players in two mid-sized Canadian cities, this article finds that while those in late midlife (ages 54-71) continue to perform patterns of male friendship associated with younger men, those in later life (ages 71-82) break with these hegemonically masculine patterns. Instead, their friendships involve locker room talk revolving around joking about oneself

(instead of mocking others), an ethic of care, and a recognition of the importance of emotional intimacy. These findings suggest that masculinity, friendships between men, and complicity with hegemonic masculinity are not static over the life course.

206 Care of the ageing veteran population: Developing an evidence base for the Royal Hospital Chelsea model of care. PhD: Preliminary Findings

Ms Helen Cullen, Dr Gemma Wilson-Menzfeld

Northumbria University, Newcastle upon Tyne, United Kingdom

Abstract. Royal Hospital Chelsea is home to 300 British Army Veterans, known as Chelsea Pensioners, who live in a unique community setting. Residents live independently within a communal setting, having the opportunity to 'age in place' with access to onsite medical facilities and a nursing home thereby removing the need to be relocated as their health deteriorates. This setting aims to foster a sense of belonging, rekindle previous military comradeship and offer access to a multitude of activities from tending allotments and fishing to representing the Royal Hospital on formal occasions such as Remembrance Day Parades or less formal events including 'tea at the Ritz'. This research project aimed to develop an evidence base for a way of life established in 1692 to support former soldiers. It examined the health and social care impact on Chelsea Pensioners and aimed to inform strategic direction to ensure the Royal Hospital remains viable for future generations of veterans. A mixed-method design was used to capture qualitative and quantitative data and identify areas of interest to support the research objectives. Preliminary findings indicate enhanced quality of life, removal of financial burdens experienced 'outside' and reduced social isolation and loneliness. Some residents were averse to being regarded as 'old people' and felt they had a wealth of experience that could be better utilised by the Royal Hospital. Further research is required to compare this setting to others, explore best-practice and offer a knowledge exchange which may inform health and social care policy.

201 HOUSE. Innovating housing for older adults and subjective wellbeing: a research protocol.

Ariane Vanbellinghen¹, Dr Anton Swillens¹, Mirte Clerix², Dr Sander Lambrix², Dr Elke Ielegems², Prof Jan Vanrie², Prof Liesbeth De Donder¹, Prof Ann Petermans², Prof An-Sofie Smetcoren¹

¹Vrije Universiteit Brussel, Brussels, Belgium; ²Hasselt University, Hasselt, Belgium

Abstract. Population ageing is one of the main challenges for the housing sector, which at present is often not adapted to the heterogeneous group of older people. Research shows that older people spend approximately 80% of daytime hours indoors, making architectural and interior spaces the main context for most human experience. Additionally to objective architectural parameters, there is a lack of knowledge on the influence of housing design features on subjective wellbeing. Therefore, the HOUSE project aims to stimulate the creation

of a built environment that contributes to subjective wellbeing in later life. This research is user-centered and consists of a mixed-methods and innovative approach (persona technique, photo-elicitation and Research by Design). A quantitative data analysis will take place on the existing Belgian Ageing Studies dataset (N= 80 000), as well as a survey with 750 older adults. Next to this, a total of 75 in-depth interviews will take place, of which 50 with older people, 25 with social/health care professionals and architects. The project will conclude with a Research by Design, evaluated by older adults, industry and policy actors in focus groups. The project will result in key end products, consisting of a design decision-support tool for architects/housing developers, the development and validation of two housing assessment tools, academic papers and optimizing the utilization of research output in practice. This project will contribute to an innovative vision concerning housing for older adults, using a multi-disciplinary, multilevel and ecosystem approach, heading towards a 'one-size-fits-nobody' approach.

PARALLEL SESSION 9B

Friday 08 July 2022, 13:45 - 14:45

25 Staying Strong! Exploring barriers and facilitators to taking up resistance training at retirement

Dr Rachael Frost, Dr Snehal Pinto Pereira

University College London, London, United Kingdom

Abstract. Muscle weakness is a key component of age-related conditions such as sarcopenia and frailty. It leads to multiple adverse consequences, such as reduced functioning and independence at older ages and increased risk of mortality, falls and hospitalisation. Muscle weakness can be prevented or reversed by regular participation in resistance training. Yet, worldwide, participation in resistance training at older ages remains low. Retirement is a key transition period that is often viewed as an opportunity to adopt new habits such as starting new leisure time activities. We aimed to explore how to make resistance training a more attractive leisure time activity that can be adopted at this key transition point and maintained though to older ages. We will conduct 3-5 focus groups in Spring 2022 with 4-8 people each. We will recruit people from the community who are at the transition to retirement (+/- 2 years around retirement), purposively sampled according to gender, current/previous job type, those who do and don't do resistance training and ethnicity. Focus groups will explore motivators and barriers to resistance training, potential strategies to increase uptake of resistance training and how and where it can be promoted. We will thematically analyse data and subsequently develop an infographic and video promoting resistance training. The project is currently under ethics review and results will be presented at the conference.

117 Co-researching connections through culture.

Dr Tot Foster, Dr Alice Willatt, Dr Helen Manchester

University of Bristol, Bristol, United Kingdom

Abstract. Connecting through Culture as we Age is a co-produced research project that explores how and why we take part in arts and culture as we get older. This paper explores the evolution of methods through which co-research is being developed with a diverse group of 21 older co-researchers, and offers commentary on some of the unexpected challenges and rewards that have arisen, both for the project and those involved. Firstly, the paper covers the thinking behind adopting a co-research approach (Bell and Pahl, 2018) and the methods and parameters for co-researcher recruitment that was undertaken with a number of partner 'anchor' organisations. The pros and cons of this process are explored in relation to the longer term aims of the project to co-design products and services to empower connection through culture. Secondly, a year into the three-year project, the paper reflects on the variety of emerging data. The co-researchers have participated in a variety of research activities both individually and collectively. Additionally a community is forming with relationships both within the group and between co-researchers and the academic team also providing rich insights as they evolve; for example on the challenges of working with such a diverse group, power dynamics, expectations and attitudes, the co-development of creativity and sharing of life experiences.

285 'In sickness and in Health': A creative nonfiction exploring the importance of routine and connection in regaining control as we age

Miss Amy Prescott¹, Professor Louise Mansfield¹, Dr Alistair John²

¹Brunel University London, London, United Kingdom; ²N/A, Wellington, New Zealand

Abstract. For 30 years, ~22,000 servicemen were silenced by the Official Secrets Act following participation in the British nuclear testing programme from 1952-1958. In 2022, 70 years since the first nuclear test, less than 3,000 of these servicemen, the British Nuclear Test Veterans (BNTV), remain. This unique ageing population face a double jeopardy of invisibility: hidden by government red tape, and now marginalised as the oldest old. This doctoral study is the first to qualitatively explore the lived experiences of the BNTVs, the nuances of ageing and the health and wellbeing issues among this community. Using a life history approach, two rounds of in-depth interviews were conducted with 29 members of the BNTV community. An immersive, systematic framework for narrative analysis was then developed for the purposes of constructing three creative nonfiction stories; stories which represent the big, small, shared, and exceptional life experiences of the BNTVs. One of the key findings of this work, and the focus of this presentation, is the need for routine and support to ensure we stay in control of our lives. The impact of loneliness can be profound for anyone, but particularly those who are among society's 'oldest old'. This presentation will explore one of the creative nonfiction stories produced in this research, titled 'In Sickness

and in Health'. This work fuses the art of storytelling with the participants' own words to relay the importance of routine, discipline, and negotiating illness when trying to stay physically, mentally, socially, and emotionally active in later life.

289 Innovative approach to cognitive training for people with middle cognitive impairment

Nina Trushkova¹, Olga Cochran¹, Natalia Ermolina², Giovanni Zelano^{3,4}

¹Cognitive and Motor Education Center, London, United Kingdom; ²Astrakhan State University, Astrakhan, Russian Federation; ³Cognitive and Motor Education, London, United Kingdom. ⁴Catholic University, Rome, Italy

Abstract. Introduction: Studies suggest that cognitive training and exercise interventions are promising nonpharmaceutical tools to help improve cognition in older at-risk individuals. We aimed to create a cognitive motor training to be able to use it in daily life for people with middle cognitive impairment (MCI). We added some musical tasks during the class so that we could get people more involved. We hypothesized that switching between the exercises which require big cognitive effort and new entertaining ones we got better results in improving cognitive function. Method: We developed a multitask motor cognitive training which requires the interaction between motor and cognitive functions. Our training offers a great variety of exercises and does not aim at automating but rather focuses on novelty. Exercises and tasks progress to new material at the Learner's own level and pace. Forty seven people with MCI were randomly assigned to the IntelligenceGym Training Group (N = 24) and the Active Control Group (N = 23). The IntelligenceGym Group had multitask training, the control group just had regular physical exercise and solved crossword puzzles for 12 weeks. Motor and cognitive performance was assessed before and after the intervention. Results: The results showed that participants of the IntelligenceGym Group had significantly higher performance in MMSE Test, RAVLT and TMT part B and A scores tested (t-test performed) than the Control Group. Conclusion: These findings indicate that the IntelligenceGym training is an efficient tool to improve cognitive performance in older adults with Middle Cognitive Impairment

PARALLEL SESSION 9C

Friday 08 July 2022, 13:45 - 14:45

9 Changes in Modifiable Health Behaviors During the Pandemic and Effects on Mental Health and Well-being: Evidence From England

Dr Giorgio Di Gessa, Dr Paola Zaninotto

University College London, London, United Kingdom

Abstract. COVID-19 mitigation efforts (including lockdowns and advice to stay at home) are likely to have resulted in changes in health behaviours such as the amount of sleep, physical activity, alcohol use, and eating. To date, little is known about how and to what extent these changes since the beginning of the pandemic are related to mental health and

well-being among older people. Using data from Wave 9 (pre-pandemic: 2018/19) and two Covid-19 sub-studies (June/July and November/December 2020) of the English Longitudinal Study of Ageing, we investigate how changes in health behaviour during the initial months of the pandemic are associated, both cross-sectionally and longitudinally, with mental health and well-being among older people. In our regression analyses, we considered depression, quality of life, life satisfaction, and anxiety. Between March and June/July 2020 about a third of older people reported less physical activity; one in five less sleep; and one in ten eating less food and drinking more. Compared to respondents who did not change their behaviours, those who reported sleeping and eating both more and less, and who mentioned less physical activity and more alcohol were more likely to report poorer mental health in the short term, even taking into account pre-pandemic mental health. In the longer term, only changes in sleep and less physical exercise were detrimental to mental health. Policymakers should therefore encourage older people who have engaged in unhealthier behaviours during the pandemic to modify them to reduce the negative effects on their mental health and well-being.

50 'As you get older, you feel more and more useless': Supporting care home residents to maintain a sense of purpose in life.

Dr Rebecca Owen, Prof Katherine Berry, Dr Laura Brown

Division of Psychology and Mental Health, School of Health Sciences, Faculty of Biology, Medicine and Health, University of Manchester; Manchester Academic Health Sciences Centre, Manchester, United Kingdom

Abstract. Purpose in life is a core component of psychological wellbeing that captures the extent to which an individual feels that their life has meaning, direction, aims, and intentionality. Older people often experience reduced levels of purpose in life due to changes in family and occupational roles, as well as declines in physical and functional ability. This is particularly true of care home residents, who experience additional barriers to purposeful activities due to increased environmental constraints and dependence on others. In this paper, we describe two studies that aim to understand how care home residents could be supported to maintain a sense of purpose in life. In study 1, we interviewed 15 residents, from four care homes, about their experiences of maintaining a sense of purpose in life. Thematic analysis of the interviews revealed a clear impact of age-related losses on participants' purpose in life. Social relationships, routine, and personally-meaningful activities were seen as ways to increase sense of purpose, and yet were often difficult for residents to engage with. Study 2 was a systematic review of interventions that aimed to support older adults to engage in purposeful activities. From the eight studies identified, we found provisional evidence that interventions targeting purposeful activities - particularly those that provided participants with a functional role, such as a volunteer or mentor - were effective at increasing wellbeing and quality of life. Together, the studies highlight key strategies by which care home residents could be better supported to maintain a sense of purpose in life.

272 Researching a health and lifestyle intervention with older people with mild cognitive impairment; reflections on moving to on-line ethnography and exploring the challenges and quandaries.

Mrs Christine Carter

UCL, London, United Kingdom

Abstract. The importance of online interventions in healthcare has never been more pertinent, creating new challenges for research that require the rethinking of consent and confidentiality in a virtual world. Ethnographic research with participants with mild cognitive impairment (MCI) occurred during an online health and lifestyle intervention. APPLE-tree is a multi-domain RCT concerned with modifiable risk factors associated with dementia and promoting active aging in people 60+. Originally intended to be delivered through face-to-face workshops, the Covid-19 pandemic moved the intervention online. I will discuss experiences of my dual role as both researcher and assistant within the interventions. All participants consented to take part in the intervention including being observed, but dilemmas emerged during field work as participants' memory deficits were exposed. The Zoom platform acted as a mirror, reflecting individual competence to the group. Participants' homes became online spaces with family members entering unexpectedly, hidden voices intruding, telephone calls being answered, and visitors calling. I will describe how participants interacted with these spaces through Zoom during the intervention and consider this in relation to confidentiality. Participant observation is a fundamental part of ethnographic research, undertaking this online with people who had fluctuating memory loss created broader issues and challenges for both the participants and for myself as researcher, a significance that has yet to be considered in the guidance provided by an ethics committee. This presentation is therefore partly a reflection and partly an opportunity for researchers in this field to discuss the implications of this aspect of the virtual world.

283 Reflections on the experiences and impact of community and academic researchers working together on a large-scale evaluation project in Scotland

Dr Louise McCabe¹, Dr Rosalie Ashworth², Mr Mike Cheung¹, Ms Tasha Hamilton¹, Ms Myra Lamont¹, Mr Allan Othieno¹, Dr Andrea Priestley¹, Mr Martin Robertson¹, Ms Annette Tait¹

¹University of Stirling, Stirling, United Kingdom; ²NHS Scotland, Dundee, United Kingdom

Abstract. This presentation foregrounds the work and experiences of a team of community researchers working on a large-scale evaluation project in Scotland. The team included people living with dementia, unpaid carers of people with dementia, young people with care experience and academic researchers. The evaluation examined the impact of the Life Changes Trust, a ten-year endowment Trust set up to improve the lives of people across Scotland through creative, innovative and co-produced approaches to care and support. The Trust was active from 2013 to 2022 and in that time

funded a wide range of mainly community based projects supporting people living with dementia, unpaid carers of people with dementia and young people with care experience. The evaluation adopted a mixed-methods approach that drew together a diverse range of data sources including primary qualitative data to evaluate the work and impact of the Trust. The community researchers formed an integral part of the evaluation team and were involved in setting research aims, developing research tools, collecting data, data analysis and write up. This presentation reflects on what drew them to the role of community researcher, what challenged them in the role and the benefits found in being part of the team. The collaboration between community and academic researchers added new perspectives, new thinking and new ways of working within the project and undoubtedly enhanced the quality of the research undertaken and the findings and conclusions drawn.

PARALLEL SESSION 9D

Friday 08 July 2022, 13:45 - 14:45

248 The gender differences in the risk of intimate partner violence in community-dwelling older people - systematic review and meta-analysis protocol

Dr Indira Samarawickrema, Dr Danish Ahmad, Mr Mevan Peiris, Associate Professor Sally Muggleton, Associate Professor Jackson Thomas, Associate Professor Richard Keegan, Associate Professor Stephen Isbel

University of Canberra, Canberra, Australia

Abstract. Intimate partner violence (IPV) is a global public health issue. Community-dwelling older individuals are more vulnerable to IPV and its health and financial sequelae. IPV is perpetrated by a current or ex-spouse or partner. We aim to address the gap in the evidence of the gender differences in the risk of IPV among community-dwelling older persons (CDOP) to support policy planning and preventive interventions.

We will conduct a systematic review and a meta-analysis, following the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) and Meta-analysis of Observational Studies in Epidemiology (MOOSE) reporting guidelines. The protocol will be submitted for registration at PROSPERO. We will search Medline, CINAHL-Plus, PsycINFO, Web of Science, EMBASE and Cochrane Clinical Trials for the eligible studies (peer reviewed publications of quantitative observational studies and trials reporting occurrence of IPV in CDOP aged ≥65 -years) up to 31 January 2022. Exclusion criteria include power <80%, case-control studies, abstracts, protocols, and brief reports. Two reviewers (DA and MP) will independently screen, review and collate data in Covidence and assess the quality with Modified Newcastle-Ottawa Scale and ROB-2. IS will be the third reviewer. Our meta-analysis will calculate the estimates in random effect maximum likelihood models. We will do I² for heterogeneity, trim-and-fill analysis for publication bias, validity with Egger's test and meta-regression for the moderators. The peer-reviewed publication will report the gender differences in the IPV in CDOP including the high - risk groups.

220 What does ageing well mean to older adults with bipolar disorder: a photo elicitation study.

Mr Aaron Warner¹, Dr Jasper Palmier-Claus¹, Prof Carol Holland¹, Prof Fiona Lobban¹, Dr Elizabeth Tyler²

¹Lancaster University, Lancaster, United Kingdom; ²University of Manchester, Manchester, United Kingdom

Abstract. Bipolar disorder (BD) is a mood disorder characterised by severe affective states that cause significant impairment to people's lives. Older adults with BD are a particularly vulnerable group, as alongside chronic mental health difficulties, they experience isolation, frailty, and cognitive decline more often than people ageing without BD. Despite this, little is understood about what support is beneficial to this group as they age. Consequently, further research is needed to reduce health inequalities experienced by older adults with BD. This study aims to use photo elicitation interviews to better understand the preferences and key areas of support that enable older adults with BD to age well. 20 older adults with BD, will take part and will be asked to take photographs of aspects of their lives which they believe represent them ageing well or not well with BD, before the photographs they take are then used as prompts for discussion in subsequent follow up interviews. Interviews will then be analysed using reflexive thematic analysis. Preliminary findings from eight interviews, highlight how ageing well with BD, means feeling valued and useful to family and friends, as this enables them to maintain positive relationships that help to maintain mood stability. Prioritising meaningful relationships, feeling listened to, believed and understood, and minimising relationships that cause stress or increase mood instability are also highlighted as key factors in ageing well with BD. This study can help to improve our understanding of how to best support this group and enhance person-centred care moving forward.

PARALLEL SESSION 9E

Friday 08 July 2022, 13:45 - 14:45

153 Individual wealth, neighbourhood deprivation and frailty: A longitudinal analysis

Asri Maharani¹, David Sinclair², Tarani Chandola³, Peter Bower¹, Andrew Clegg⁴, Barbara Hanratty², James Nazroo¹, Neil Pendleton¹, Gindo Tampubolon¹, Chris Todd¹, Raphael Wittenberg⁵, Terence O'Neill¹, Fiona Matthews²

¹University of Manchester, Manchester, United Kingdom; ²Newcastle University, Newcastle, United Kingdom; ³University of Hong Kong, Hong Kong, Hong Kong; ⁴University of Leeds, Leeds, United Kingdom; ⁵London School of Economics and Political Science, London, United Kingdom

Abstract. There is substantial variation in the occurrence of frailty across England. A key question is whether such variation can be explained by variation in demographics, health behaviours and socioeconomic factors, or if additional area-level characteristics may also contribute. This study determined the relationship between neighbourhood deprivation and frailty status, independently of socioeconomic and demographic factors and also health behaviours. We used

longitudinal data from 17,438 respondents aged 50+ at baseline from the English Longitudinal Study of Ageing waves 1 (2002/03) to 8 (2016/17). Frailty was defined according to a frailty index and categorised into robust (≤ 0.24), pre-frailty ($>0.24-0.36$) and frailty (> 0.36). Deprivation was measured by the English Index of Multiple Deprivation and grouped into quintiles. We performed multilevel mixed-effects ordered logistic regression to identify the effects of neighbourhood deprivation and wealth on frailty status over a 15-year period. Missing data were handled by multiple imputations. We found that both individual wealth and neighbourhood deprivation is associated with frailty, independently of demographic characteristics and health behaviours. A person in the lowest wealth quintile and who lived in the most deprived neighbourhood quintile had 2.0 (95% CI=1.9-2.2) and 2.9 (95% CI=2.6-3.3) times higher odds of being prefrail and frail, respectively, than the wealthiest person living in the least deprived neighbourhoods. There are likely to be benefits in targeting interventions to reduce frailty in both the most deprived areas and the least wealthy people. Policies focused on the most deprived areas will also benefit many of the least wealthy individuals.

250 Experiencing menopause at work as a threat: a systematic literature review

Dr Tatiana Rowson, Dr Rebecca Jones

University of Reading, Reading, United Kingdom

Abstract. Menopause and work studies are situated in the intersect of the research domains of gender and ageing at work. Menopause occurs on average at the age of 51. Menopausal symptoms are acute for 20-25% of women* and may last for many years. These symptoms may have an impact on women's ability to work and have been linked to women's early exit from the workforce. Despite the increased scholarly attention to the management of menopause while at work, research has tended to focus on how to cope with the physical symptoms of menopause, such as hot flushes. However, it seems that how women make sense of their experience of menopause plays an important part in how they respond to bothersome symptoms. This systematic literature review aims to explore this under-researched aspect of menopause experience by building on an emerging conceptual framework from clinical psychology named Power Threat Meaning Framework. The findings indicate that the ideal worker, ageless and disembodied, can be perceived as a threat to menopausal women. Contextual and individual factors can exacerbate or alleviate the sense of threat. How these factors interact will impact women's threat response. The higher the sense of threat, the greater the emotional distress. To reduce the distress, women engage in adaptive and less adaptive coping strategies. In this presentation, we will introduce a conceptual model explaining how the subjective experience of menopause can impact women's response and potential life outcomes. This includes implications and recommendations for women at work.

259 Self-employment after age 50 as a path to health and wellbeing?

Dr David Lain¹, Dr Jakov Jandrić², Dr Mariska van der Horst³,
Dr Belinda Steffan², Prof Wendy Loretto², Dr Laura Airey²

¹Newcastle University, Newcastle, United Kingdom; ²University of Edinburgh, Edinburgh, United Kingdom; ³VU University, Amsterdam, Netherlands

Abstract. UK policymakers increasingly see self-employment as a potential path to healthy extended working lives. Self employment is seen as offering more control and autonomy over employment in older age, thus having potential health and well-being benefits. While aggregate statistics suggest that self-employment is relatively common amongst older people, little research has been conducted exploring the lived experiences of this group. One underappreciated aspect is the sheer diversity of self-employment in older age, which ranges from work within the gig economy to highly paid consultancy. Furthermore, little is known about how pathways into self-employment influence health and well-being in older age.

This presentation presents emerging findings from qualitative interviews with 40 self-employed individuals aged 50+, interviewed as part of the UKRI Healthy Ageing Challenge funded project 'Supporting Healthy Ageing at Work'. A quota sample was devised to ensure a diverse range of interviewees based on gender, occupation, geographical location and age. Interviews were conducted using Zoom, with each one lasting around one and a half hours. They explored a broad range of topics, including education/work, relationships, household circumstances and caring responsibilities. Preliminary findings suggest that self-employment represented an opportunity to continue working for some individuals who struggled in their previous organisational settings, by providing them with more control and autonomy. Uncertainties intrinsic to being self-employed, which were further exacerbated by the COVID-19 pandemic, however, raise concerns for the financial well-being of older self-employed workers, especially among those without wider household or family financial support.

293 Understanding and addressing vulnerability to food insecurity in later life: How can we 'build back better' after the COVID-19 pandemic?

Dr Angela Dickinson, Prof Wendy Willis

University of Hertfordshire, Hatfield, United Kingdom

Abstract. The older population is susceptible to food insecurity, one possible outcome of which is malnutrition, affecting 1.3 million people aged 65+ in the UK. When the authors began work exploring the vulnerability of older people within the food system, the UK was thought to have a relatively stable food system, with most of the risk occurring within the household and major risks being hypothetical. Our pre-pandemic work revealed assets that older households draw on to protect themselves from threats to food security, including bonding and bridging social capital. Declining health, particularly issues affecting mobility or visual acuity, moved people towards vulnerability. Structural factors within the food environment could push people

towards a vulnerable state. The COVID-19 pandemic that reached the UK in 2020 highlighted the vulnerability of many households, with shocking images of older people standing in front of empty supermarket shelves, stripped of food by fellow citizens. This paper uses a model of vulnerability (Dickinson et al 2021) developed across four studies of older people's food practices, two of which collected data during the pandemic, to demonstrate vulnerability as a dynamic, relational, socially constructed state. We will explore how the pandemic affected the food security of older people and how adverse and protective factors influenced these threats. The model highlights where public health measures and interventions supported households to achieve food security could be deployed to protect this population against future threats and build a more food secure future.

POSTER PRESENTATIONS

POSTER SESSION 1A

Wednesday 06 July 2022, 15:00 - 16:00

43 Older prostate cancer survivors perceived benefits and motives for physical activity engagement

Dr Asmita Patel¹, Professor Grant Schofield², Associate Professor Justin Keogh³

¹South Pacific College of Natural Medicine, Auckland, New Zealand; ²Auckland University of Technology, Auckland, New Zealand; ³Bond University, Gold Coast, Australia

Abstract. Regular physical activity (PA) engagement can result in a number of health-related benefits for prostate cancer (PCa) patients and survivors. The aim of this study was to identify perceived benefits and motives for PA in a cross-section of PCa survivors, including both men in remission and those receiving active treatment in the form of androgen deprivation therapy (ADT). Participants were 16 PCa survivors from Auckland, New Zealand, ranging in age from 57 to 88 years of age (71.3±7.4 years), with a time of diagnosis of 1 to 17 years (6.5±5.6 years). Six men were currently receiving ADT. The remaining ten men were in remission and were treatment free. An interview schedule was developed for this study. Participants were individually interviewed, and data were analysed using an inductive thematic approach. The PCa survivors in the present study were motivated to engage in PA to obtain health-related, psychological, and cognitive benefits. Past history of PA was identified as a motive for current PA. With an increase in PCa survivorship, lifestyle-related advice that focuses on PA promotion from healthcare practitioners and support groups, as well as interventions that support PA engagement can be beneficial in improving the health-related outcomes of PCa survivors. Physical activity can be viewed as a means of helping older PCa survivors take control or regain control over certain aspects of their lives.

44 The experiences of older adults participating in Oasis Senior Supportive Living: a novel ageing-in-place program

Mrs Christine Mills¹, Dr Catherine Donnelly²

¹Queen's University, Kingston, Canada; ²Queen's University, Kingston, Canada

Abstract. Introduction: Older adults are the fastest-growing demographic group in Canada. Most older adults want to age in place within their communities. Many older adults live in naturally occurring retirement communities (NORCs), unplanned communities with a high proportion of older residents. Oasis Senior Supportive Living (Oasis) is one model for ageing-in-place within a naturally occurring retirement community. Oasis empowers older adults to identify their needs and determine the activities that best meet those needs. Objective: To describe the three pillars upon which Oasis programming is based and to provide insights on these pillars from Oasis participants. Methods: Thirteen participants

from four Oasis NORCs were interviewed about their experiences with Oasis. Interviews were recorded and transcribed verbatim. Thematic analysis was used to analyze the transcripts. Results: Oasis programming is built on three pillars: nutrition, physical activity, and socialization. Nutrition programming included subsidized communal meals and community kitchens. Members reported benefiting from “the food and the fellowship” and enjoyed trying new foods. One member stated Oasis “helped me to eat healthier.” Physical activity programs included activities such as chair exercise classes, line dancing, and walking groups that used walking poles. As one member reported, Oasis “made me more active.” Social activities included games, crafts, and coffee times. One member summed up the benefits of this programming: “I think Oasis is a wonderful program for a seniors’ building. It just brings us together.” Conclusions: Oasis members reported benefiting from all three programming pillars. Programs like Oasis can help older adults successfully age in place.

45 Exploring the challenges and facilitators to social participation in older men: therapeutic landscapes, intergenerational offerings and connected communities.

Kate Cowen

Northumbria University, Newcastle upon Tyne, United Kingdom

Abstract. Social isolation and loneliness (SIL) amongst older men has created a public health challenge in the United Kingdom and beyond. Group interventions delivered by community organisations which draw upon activity theories are the most effective in reducing SIL. However, most group participants are women suggesting a feminisation of social participation offerings for older people and the necessity to understand male perspectives, preferences and motivations which would enhance engagement and create inclusive activities. Interpretivism, with the lens of constructionism, is the paradigm informing this qualitative study. Semi-structured interviews and a collaborative workshop were conducted with twelve older men and four community organisations in the North East of England. Findings from the interviews highlight enablers to participation include meaningful and reciprocal engagements, intergenerational activities, and therapeutic landscapes which create environments for connection. Men enjoy mixed gender groups which are creative and stimulating yet require encouragement and support to create ‘in road’s with organisations. Additional barriers include the physical process of ageing, social anxiety, navigating grief, decline of community spirit, impact of austerity on funding sources, and the lack of community spaces. Results from the collaborative workshop suggest that the living spaces which are created for the population and ultimately future generations should prioritise connecting the community through appropriate spaces. Occupational Therapist’s are well suited to offer consultations beyond functional ability in the creation of these therapeutic landscapes to increase engagement and lessen SIL. Additionally, the social fabric requires re-stitching towards a culture of collectivism rather than individualism.

196 Technology-Based Exercise Interventions in Long-Term Care Homes: A Systematic Review of the Psychosocial Implications

Amanda Yee¹, Charlene Chu², Renee Biss³

¹McGill University, Montreal, Canada; ²Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada;

³University of Windsor, Windsor, Canada

Abstract. Exergaming has been shown to improve psychosocial well-being among older adults living in the community or assisted facilities. However, many older adults live in long-term care homes (LTCHs); therefore, this systematic review aims to evaluate the psychosocial implications of exergaming on LTCH residents. Four electronic databases were searched (MEDLINE, CINAHL, PsycINFO, and Compendex) with keywords and synonyms “nursing homes” and “exergaming”. Eligible articles have a sample of LTCH residents, utilize a mix-method or quantitative design, have a comparison group using the exergame sitting or interacting with traditional games and measure psychosocial outcomes. Also, studies should be peer-reviewed, published in English between 2000 to 2020. Studies using virtual reality were excluded. The findings were descriptively summarized, and a quality assessment was conducted using Cochrane’s risk of bias tool (version 2). The search yielded 271 articles, and only three met the eligibility criteria. Overall, the sample size and intervention duration/frequency varied, but Wii Sports was the commonly used exergame. Key outcomes were the quality of social relationships, satisfaction with friends, and loneliness. One study found that exergaming led to a significant increase in the quality of social relationships and satisfaction with friends. While another study found a significant decrease in loneliness. Another study did not find a significant change in the quality of social relationships. In summary, the findings suggest that exergaming is a promising intervention to facilitate social interactions and improve psychosocial well-being. However, further research is required to examine the effects of commercially available exergaming on LTCH residents.

217 Impacts of physical activity on the effect of bereavement on mental health and wellbeing among older people

Zsuzsanna Balogh, Professor Carol Holland, Dr Sandra Varey, Dr Jasper Palmier-Claus

Lancaster University, Lancaster, United Kingdom

Abstract. The loss of a loved one can be emotionally overwhelming and it has negative effects on physical and mental health. People experiencing loss of their partner may be at greater risk for depression and decreased psychological and physical resilience. They also can experience high levels of psychological distress during bereavement. Previous studies have found significant correlations between mental health and physical activity, suggesting that physical activity may reduce the physical and psychological impacts of bereavement, including in older age. Despite research examining the impact of physical activity on mental health and depression, little is known about the effects of physical activity on the impacts of bereavement on mental health

particularly in older age. This mixed- methods literature review aims to examine this question. The age limit for older age was defined as 50 years or older, based on previous research and prevalence of bereavement from midlife. The searches were run on six electronic data bases and 651 articles were retrieved without the duplicates. 25 articles were identified for inclusion. Both qualitative and quantitative studies were included. Thematic synthesis was used to analyse the findings from the different types of research. The study helps the understanding of the specific impact of ordinary physical activity on the effects of bereavement on mental health in older adults. It also assesses the effects of physical activity interventions on depression, anxiety, wellbeing and sleep of recently bereaved older adults.

194 The Shortcoming of Technology in Maintaining Social Connections: Focus Groups of Long-Term Care Home Resident’s Essential Family Caregivers

Charlene Chu¹, Amanda Yee², Vivian Stamatopoulos³

¹Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada; ²McGill University, Montreal, Canada; ³University of Ontario Institute of Technology, Oshawa, Canada

Abstract. Long-term care homes (LTCHs) restricted family caregivers (FCGs) from in-person visitations during the COVID-19 pandemic, and technology-based visits were offered to maintain connections. While technology-related challenges experienced by older adults are well known, little is known about the potentially modifiable factors that impacted technology use for FCGs during this visitor ban. This study is a qualitative exploration of the LTCH-related factors that impacted FCGs’ experiences using technology to connect with loved ones. Seven caregiver focus groups (N=30) were conducted virtually in 2021 with FCGs from Ontario and British Columbia, Canada. The interview data was open-coded line-by-line and similar codes were collapsed into themes for thematic analysis. Four themes were found: 1) “Lack of technology and infrastructure” such as a lack of wi-fi as well as technology resources (e.g. the number of tablets); 2) “Barriers to scheduling visitations” including the lack of LTCH coordination and staffing; 3) “Unsuitable technology implementation” refers to the inadequate set up of the technology by untrained staff and lack of consideration of residents’ physical/cognitive impairments; and, 4) “Inability for technology to adapt to resident’s needs”. These results emphasize a need for family and person-centred approaches that consider FCGs and residents’ needs. Further, larger policies and standards related to staffing, and to updating the technological infrastructures in LTCHs are required to ensure equitable access to technologies that enable meaningful connections.

POSTER SESSION 1B

Wednesday 06 July 2022, 15:00 - 16:00

74 “This Was an Opportunity to Spend Time Conversing with Someone I Would Not Normally Have a Conversation With”: An Evaluation of the Effectiveness of An Online Intergenerational Program during COVID-19

Harp Kang, Amanjot Dhaliwal, Dr Andrea Hughes, Dr Lesley Jessiman

University of the Fraser Valley, Abbotsford, Canada

Abstract. Social isolation and loneliness affect people of all ages (Luhmann & Hawkey, 2016) and are associated with physical and mental health declines (Coyle & Dugan, 2012). Unfortunately, the COVID-19 social isolation and distancing orders have led to increased loneliness and mental health issues across all age groups (Teater et al., 2021). In response to these problems, we have seen an increase in loneliness and mental health intervention programs. What we do not yet fully know is how effective these programs have been in offsetting loneliness and mental health declines. The purpose of our study was to measure the effectiveness of an online intergenerational program organised by a local community seniors support group in Chilliwack, British Columbia. We examined the effectiveness of the program using a mixed method approach. Although we obtained a small response rate from the adolescents and younger adults (n=4), fourteen of the older adults responded to the survey. We found thirteen older adults’ loneliness decreased from taking part in the intergenerational program. The older adults also reported increased feelings of connection and found the program rewarding. Further, older adults reported a better understanding of younger generations e.g., “I learned this generation appears to be very engaged in the world and learning about better ways to live and work in it”. Overall, the data suggest online intergenerational programs can offset loneliness and increase intergenerational connection for some older adults. For those who continue to experience loneliness we recommend alternate or continued loneliness and mental health interventions.

197 Nursing home admission for falls risk: the myth of 24 hour supervision

Dr Patrick Crowley, Dr Thomas Cloney, Dr Clara McGurk, Dr Deirdre Murphy, Dr Emer Ahern

Cork University Hospital, Cork, Ireland

Abstract. Approximately 30% of people over 65 fall annually, increasing to 50% in those over 80. Falls are a recognized risk factor for nursing home (NH) admission, sometimes prematurely, as patients are assessed to require ‘24 hour supervision’ to minimize falls risk. However, NH residents over 65 are approximately three times more likely to fall than their community-dwelling counterparts. Their resultant morbidity is also greater, with 10-25% of falls in NHs requiring hospital admission compared to 5% in the community. While NH residents are relatively more frail, the question arises

whether NHs can provide ‘24 hour supervision’ sufficient to prevent falls causing serious injury. From July-December 2021 inclusive, we prospectively analysed hip fracture admissions involving NH residents over 65 to a tertiary hospital to ascertain whether the precipitating fall was witnessed or unwitnessed by NH staff. In total, there were 26 hip fracture admissions from NHs. 18 were female. The average age was 87. The median Clinical Frailty Score was 7 (range 5-8). Only 2/26 (7.69%) of the precipitant falls were witnessed. The witnessed falls involved residents who could mobilise independently. This study demonstrates that most of the falls causing hip fracture in NHs are unwitnessed. Considering staffing practicalities and residents’ privacy, it is unreasonable and undesirable to expect NHs to provide ‘24 hour supervision’ to prevent all falls. NHs should not be viewed as the ultimate panacea for falls risk and should not be recommended to patients or their carers as institutions that provide ‘24 hour supervision’.

83 Inadequate dietary trace mineral intake in community-dwelling older adults in the UK

Zeynep Vural, Amanda Avery, Simon Welham, Lisa Coneyworth

The University of Nottingham, Nottingham, United Kingdom

Abstract. Introduction: The UK population has an ageing trend and older adults are at greater risk of insufficient nutrition. This cross-sectional study aimed to investigate dietary intakes and the prevalence of inadequacies of key trace minerals among a sample of community-dwelling older adults in Nottinghamshire, UK. Methods: A cross-sectional study in community-dwelling older adults aged ≥ 65 years in a region of East Midlands. Demographics and health-related information were collected via a questionnaire. Dietary intake was assessed using a seven day weighed and estimated food and drink diary. Reference Nutrient Intakes (RNI) was used to determine the prevalence of dietary insufficiency. Results: Of the 23 participants, 60.9% were male, 95.7% were white, 60.9% were overweight or obese, 73% were 65 - 74 years (mean age 72.5 ± 5.63), and 30.4% had polypharmacy. The mean dietary intakes of were; iron 9.26 ± 2.26 mg, zinc 7.33 ± 1.17 mg, copper 1.22 ± 0.2 mg, iodine 131.6 ± 33.78 µg and selenium 43.18 ± 7.76 µg. No participants met the RNI for selenium with 39.1% not achieving the lower RNI value. Comparing to the respective RNIs, dietary inadequacies were seen for zinc (82.6%), iodine (65.2%), copper (56.5%) and iron (52.2%). There were no differences in the intake of these five minerals between age groups (65-74 v. 75+ years) and genders ($p > 0.05$). Conclusions: A high prevalence of inadequate dietary intake of five important minerals was observed in this small sample of community-dwelling older adults. These dietary insufficiencies might have significant health consequences. More studies and further attention is required to improve the dietary mineral intake of older community-dwellers.

128 Exploring the use of a proactive telecare and telephone service aimed at supporting independent living in older adults: a qualitative study with service users, family, staff, and non-users.

Ms Lauren Fothergill, Professor Niall Hayes, Professor Carol Holland

Lancaster University, Lancaster, United Kingdom

Abstract. Telecare use is currently promoted by UK health and social care services to support independent living in older adults; however, such interventions are yet to be fully utilised by older populations. Low acceptance of technology is widely acknowledged as a key barrier, with previous research indicating telecare systems must fit individual needs. OKEachDay, is a UK-based technological platform used at home to confirm daily well-being. Staff provide low-need social support and notify users' next of kin if no contact can be made. This research aims to explore attitudes towards, facilitators, barriers and potential harms of this proactive telecare approach. Thirty-three qualitative semi-structured interviews were conducted with current service users, family, staff, and nonusers to gain a holistic understanding of attitudes towards OKEachDay. Data were analysed using inductive thematic analysis. Preliminary results highlight safety in the home and access to social support as motivators to engage with OKEachDay. The proactive nature of OKEachDay was seen to facilitate personal control, increasing self-efficacy. Daily user-led 'check-ins' were perceived to hold potential to track health deterioration, and telephone support was viewed to offer social connections to isolated individuals. Barriers to use included the requirement for users to have a next of kin, and a potential downfall highlighted was that OKEachDay could not provide 24-hour emergency assistance. This proactive telecare intervention may offer a sense of security and social connectedness to support independent living in older adults; however, it must be considered in the context of each individual's existing social resources and health-care needs.

298 Working as a gerontologist outside academia - the good, the bad and the ugly.

Dr Lucy Szablewska

Durham University, Durham, United Kingdom

Abstract. Early career researchers trained in gerontology are encouraged to seek work both in and outside academia. As gerontology is a fundamentally multi-disciplinary subject it holds the potential to lead to a fascinating variety of careers. However, as gerontology is not specifically vocational, it is up to the researcher to explain the value of their ability to think critically about the impact of ageing on individuals and society to a future employer, collaborator or client. There is as yet little data on gerontological career paths outside academia. This poster seeks to contribute to emerging debates on gerontological careers in three ways. Firstly, by categorising and assessing opportunities and remuneration in a range of sectors. Secondly, by laying out some of the challenges - for instance being able to switch from scholarly discussion about topics, such as 'the nature of ageing' and

'it's complex', to question and answer sessions which need succinct responses to specific questions, such as 'does it work?' or 'what line is needed in this policy?' Thirdly, by thinking through how and when researchers say 'I am a gerontologist'. This applied research draws on scholarly and grey literature on career development; and resources from the BSG, its Special Interest Groups and the BSG Early Career Association (ERA).

POSTER SESSION 1C

Wednesday 06 July 2022, 15:00 - 16:00

244 Development of a new health-related quality of life measure for Parkinson's disease

Selina Malouka, Lizabeth Teshler, Dr Marla Beauchamp, Dr Julie Richardson, Dr Ayse Kuspinar

McMaster University, Hamilton, Canada

Abstract. Parkinson's disease (PD) is the second most common neurodegenerative disease, predominantly affecting older adults. Preference-based measures (PBM) can be used to make decisions about the cost-utility of different treatment options. There are currently no PBM of health-related quality of life for PD. A previous study identified important health domains for individuals with PD and developed an item pool from existing measures per domain. The current study aims to contribute to the development of a new disease-specific PBM of health-related quality of life for PD by reducing the current pool of items according to the preferences of individuals with PD. Fifty-three participants completed an online survey including a Visual Analogue Scale (VAS) of self-perceived health, the prototype PBM measure, and item importance rating. To reduce the item pool, the following were calculated: 1) inter-item correlations; 2) the impact of each item based on item performance and importance rating; and 3) the linearity of response options by regressing the VAS of self-perceived health against each item. On average, the sample (54.7% male) was 60.0 ± 10.2 years old. Inter-item correlations suggested independence between items. Items with a high impact rating were mood, fatigue, sleep, walking, memory, and tremors. However, for three of these items (i.e., sleep, walking, and memory), response options did not demonstrate linearity. Future research will include cognitive debriefing with individuals living with PD to refine these response options. This PBM will be critical for informing decisions about the cost-utility of PD treatments, guiding resource allocation within our healthcare system.

92 What Abuse? An Examination of Misperceptions of Elder Maltreatment

Ms. Hope Buchanan, Dr Lesley Jessiman

University of the Fraser Valley, Abbotsford, Canada

Abstract. Many studies have sadly revealed that peoples' understanding of elder maltreatment can be quite poor, with many individuals failing to recognize even extreme cases of elder maltreatment. There are several factors that underpin these failures, such as ageism (Yon et al., 2010), the dementia status of the victim (Matsuda, 2007), or the age of

the witness (Childs et al., 2000). The aim of our study was to further examine the factors involved in misperceptions. We created a series of hypothetical scenarios depicting the maltreatment of older adults with and without dementia, and asked older, middle aged and young adults to identify the maltreatment, identify the severity of the maltreatment and state their likelihood to report the maltreatment. We examined if the age of the observer, level of ageism and general knowledge of ageing influenced perceptions of elder maltreatment. We found a significant three-way interaction between age, maltreatment type and dementia status of the victim ($p < 0.001$). We also found significant associations between younger and middle-aged adults' ageism scores, knowledge of ageing, their ability to identify maltreatment, and their likelihood to report maltreatment. Older adults' self-ageism was also associated with perceptions of some types of elder maltreatment. In sum, perceptions appear to be in the eye of the beholder, influenced by age, maltreatment type, knowledge of ageing, and ageism. We, therefore, argue that education is paramount. Improving the understanding of older adults and reducing prejudicial views may go some way to improving identification and reporting of elder maltreatment.

110 How can urban environments support healthy ageing? Exploring the perspective of refugees and asylum seekers in two European cities

Tess Hartland¹, Dr Tine Buffel¹, Dr Tanja Bastia², Dr Patty Doran¹

¹Manchester Institute for Collaborative Research on Ageing, University of Manchester, Manchester, United Kingdom;

²Global Development Institute, University of Manchester, Manchester, United Kingdom

Abstract. This poster presents the research design of a PhD study examining how urban environments can support healthy ageing (HA) for people with a refugee or asylum seeker (RAS) background. The UN Decade of Healthy Ageing 2020-2030 highlights that physical, social and economic environments are important determinants of HA and ageing experiences. However, people with a RAS background have largely been excluded from HA and age-friendly research and policy. Therefore, there is limited knowledge about how urban environments can support RAS needs. This is despite their growing presence in cities due to urbanisation, international migration, and population ageing. RAS health and wellbeing may be compromised by a combination of structural and socioeconomic factors experienced across the life course. Consequently, RAS may have specific needs and health-related challenges as they grow older. Responding to the limited literature addressing HA, age-friendly environments and RAS, this study will address the following research questions: 1) What does "health" mean to ageing RAS in urban environments? 2) What enablers and barriers to HA do RAS experience in their city? 3) How can cities adapt age-friendly policy to support HA for RAS? Participatory, creative workshops and interviews involving collage and community asset mapping will take place in two European cities: Brussels and Manchester. This will ensure diverse experiences are captured while giving participants agency in the research process. This study expects to contribute to a conceptualisation of HA that is inclusive of RAS' experiences

and provide recommendations for age-friendly policy in urban areas.

150 Brand storytelling and the idea of ageing and old age in the UK

Dr Dennis Olsen

University of West London, London, United Kingdom

Abstract. Storytelling has been shown to have a persuasive effect on audiences. It contributes to people's ability to learn new information and increases audiences' susceptibility to false information (Appel and Richter, 2007; Fazio and Marsh, 2008). Consequently, misinformation concerning ageing and old age in broadcast fictive forms may influence audiences' perception and behaviour regarding this social group. The question therefore arises: what stories are currently told in the media concerning ageing and older adults? This paper presents the results of a large-scale media content analysis of contemporary UK TV advertising ($N = 6,228$). Advertising lends itself to this investigation because this form of branded communication tells self-contained, short stories that reflect contemporary trends and ideas within its targeted society. Picking up on pre-existing typologies for older adults, a total of eight distinct stories are identified and summarised, using the principles of prototypical categorisation, to craft prevalent 'symbolic types'. The study concludes that the observed broadening of types reflects a reduction in ageist views within UK advertising, and that recurring themes of, e.g., romance, are starting to break with long-standing ageist taboos. This paper presents findings from an ongoing interdisciplinary research initiative, based at the University of West London, investigating the public perception of ageing and old age in the UK.

280 A sign in time...; What impact does the introduction of signage have for dementia patients? - A staff perspective

Cliona Doyle, Aisling Jane Davis, Sarah McNally

St. Vincent's University Hospital, Dublin, Ireland

Abstract. Dementia is often seen as a presenting or existing medical condition for older adults attending hospital services. There are over 64,000 people in Ireland living with dementia. A hospital-wide environmental audit of an acute Irish hospital was completed using the Irish National Audit of Dementia tool. A priority action from this audit was the introduction of new dementia-friendly signage in key patient areas across the hospital, including nurses' stations, toilets and bedrooms. Random selection was used to distribute staff questionnaires, gathering their perceptions on the effectiveness of this signage. These questionnaires were multiple-choice based. Forty-six questionnaires were completed across 11 wards and from at least 4 different disciplines. Over 70% of staff members noticed the signage prior to survey completion. Twenty-eight percent of staff members felt that patients required less prompting to topographically orientate themselves. Over 75% of staff felt signage helped improve overall orientation by either a small, moderate or significant amount. Over 40% of staff feel their ward is dementia-friendly. The implementation of dementia-friendly signage has

had a positive impact on in-patients with dementia, by improving orientation and by promoting independence levels with this group. Dementia-friendliness of the hospital has improved but further exploration in this area is required.

POSTER SESSION 2A

Wednesday 06 July 2022, 15:45 - 16:45

116 Effects of the changes of health and social support on loneliness among older people

Ms. Yun-Pei Su, Professor Hui-Chuan Hsu

School of Public Health, Taipei Medical University, Taipei, Taiwan

Abstract. Purpose: Loneliness may affect older people's physical and mental health and thus to be an important public health issue. The purpose of this study was to explore the effects of the changes of social support and health status on older people's loneliness. Methods: Data were from the 2011 and 2015 surveys of the Taiwan Longitudinal Survey on Aging. The participants who were aged 55 years old at the baseline and completed both waves were included for analysis (n=2512). Loneliness was predicted by the baseline factors and their changes between two waves. Descriptive analysis and linear regression analysis were applied. Results: When controlling for the baseline factors, decreased social group participation, decreased receiving instrumental social support, increasing negative support, decreased feeling useful in helping others, decreased providing informational support, decreased in financial life satisfaction, increased stress, and increased depressive symptoms, were related to higher loneliness; while increasing social support and social participation, and decreased stress and depressive symptoms were related to lower loneliness. Decrease of social connectedness, social support, and social participation were particularly related to social loneliness, while increase of physical disability was related to emotional loneliness. Changes of depressive symptoms, reduction of financial satisfaction, and increase of stress were related to both dimensions of loneliness. Conclusion: Older people's changes of social connectedness, social support, social group participation, depressive symptoms, stress, physical disabilities and financial status may affect their loneliness. Health promotion services, building social networks and support in the community, and financial security policy are suggested.

195 "I had to stay strong": The Resiliency of Long-Term Care Home Residents' Essential Family Caregivers During COVID-19

Amanda Yee¹, Charlene Chu², Vivian Stamatopoulos³

¹McGill University, Montreal, Canada; ²Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, Toronto, Canada;

³University of Ontario Institute of Technology, Oshawa, Canada

Abstract. Family caregivers (FCGs) were not permitted to visit their loved ones in long-term care homes (LTCHs) during COVID-19. This sanctioned separation has been well-

documented as an emotionally charged time for FCGs and residents. This study aims to describe the resiliency and coping strategies used by FCGs to manage the stress and trauma associated with being unable to visit their loved ones in LTCHs during the pandemic. We conducted focus groups of FCGs (N=30) from Ontario and British Columbia, Canada. The transcripts were open-coded line-by-line in NVivo for thematic analysis. Four themes related to coping strategies emerged: 1) "Sharing experiences with other caregivers" meant FCGs were able to relate to other FCGs in the same situation to reduce their feelings of isolation and stress; 2) "Physical activity outdoors" often in the form of low-intensity exercise, like walking, to reduce anxiety and get fresh air; 3) "Professional help" referred to getting counselling for the grief and trauma as well as needing prescription medications to manage depression; and, 4) "Keeping updated" on the changing situation and policies which allowed FCGs to appropriately identify how to plan, emotionally navigate, and adapt. Our findings demonstrate that FCGs required multiple coping mechanisms to manage the stress related to being unable to care for their loved ones in LTCHs. There is an urgent need to develop interventions that can provide peer support, reduce negative emotions, and address FCGs' concerns. This need is underscored by the uncertainty of visitation restrictions in LTCHs in the future.

257 Forced to face the needed changes - Health care professionals' experiences of providing health care to older persons in home health care during the Covid-19 pandemic

Lina Hovlin^{1,2}, Docent Jenny Hallgren¹, Associate Professor Catharina Gillsjö^{1,3}

¹School of Health Sciences, University of Skövde, Skövde, Sweden; ²School of Health and Welfare, Jönköping University, Jönköping, Sweden; ³College of Nursing, University of Rhode Island, Kingston, USA

Abstract. Older persons receiving home health care are often vulnerable, having multiple health problems which require complex care, risking severe illness if infected with COVID-19. Health care professionals (HCP) working in home health care are the older persons' main health care provider throughout the pandemic. The aim was to describe the experiences of HCP in the Mobile Integrated Care Model (MICM) working in home health care during the COVID-19 pandemic. MICM is an interdisciplinary care model with municipality specific health care teams. A qualitative design with thematic analysis through 14 interviews with HCP was conducted. Preliminary results show that HCP experienced being forced to change their workways to prevent the avoidable. Only necessary visits to the older person were made, something the HCP struggled to differentiate. Maintain the relationship with the older person became difficult. The HCP described being forced into digital and phone communication with older persons and colleagues, which influenced quality of care since communicating was challenging. Worry existed among the HCP about infecting others, and surrounding quality of care due to increased sick leave and changing regulations. The HCP described how the older persons experienced their existence as lonely, isolated and boring, since social meeting places had closed and next of kind did not dare to visit. According to the HCP, the older persons' health declined. Next of kin

experienced worry and guilt, and had increased contact with the HCP because of this. In conclusion: the pandemic was challenging, requiring substations changes in ways of working in MICM.

166 Co-design and preliminary evaluation of a digital training resource to promote inpatient activity and reduce hospital-acquired deconditioning.

Ms Róisín Fallen-Bailey¹, Ms Catherine Thomas², Dr Lisa Robinson³

¹The Newcastle Upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, United Kingdom; ²The Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, United Kingdom; ³The Newcastle Upon Tyne Hospitals NHS Foundation Trust, Newcastle Upon Tyne, United Kingdom

Abstract. Older adults are particularly vulnerable to hospital-acquired deconditioning: losing 3-4% muscle strength per day, largely due to physical inactivity. Reduced physical functioning following acute hospital admission is a growing concern, resulting in many patients being discharged at a lower level of function, readmission within 30 days, falls and a rising demand for social care services. Promoting awareness of the benefits of inpatient activity to newly-qualified nursing and therapy staff may have the potential to influence clinical practice and support the sustainable culture change required to deliver the new service model for the 21st century set out in the NHS Long-Term Plan. Aim: Co-design a digital training resource and evaluate the impact to develop a sustainable local implementation plan. Method: Plan: Face-to-face co-design workshops. Do: Workshops informed the content, duration, and style of the resource. Study: Present to newly-qualified staff on the preceptorship programme. A mixed-method survey was completed before watching the animation. A follow-up questionnaire will be sent 3-months later. Act: Practitioner feedback will be used. Results: Co-design suggestions: Animation/line drawing style. Duration 3-5 minutes. Content requests: Explanation for the risks of inactivity while in hospital. Practical suggestions to promote movement in an acute setting. Weighing up the risk of falling against the risk of inactivity. Consider long-term benefits of promoting movement. Suggested hashtags: #MovementMatters, #MakeEveryStepCount and #EveryMovementCounts. Conclusion: A digital training animation was co-designed based on workshop feedback. A unified rehabilitation strategy was welcomed by staff participants to prevent hospital-acquired deconditioning, specifically with older patients.

239 Enabling health and maintaining independence for older people at home: the 'HomeHealth' trial.

Verity Thomas¹, Dr Rachael Frost¹, Dr Christina Avgerinou¹, Claire Goodman², Andrew Clegg³, Jane Hopkins⁴, Dr Rebecca Gould¹, Benjamin Gardner⁵, Dr Louise Marston¹, Rachael Hunter¹, Jill Manthorpe⁵, Claudia Cooper¹, Dawn Skelton⁶, Vari Drennan⁷, Pip Logan⁸, Kate Walters¹

¹University College London, London, United Kingdom; ²University of Hertfordshire, Hatfield, United Kingdom;

³University of Leeds, Leeds, United Kingdom; ⁴Patient and Public Involvement member, London, United Kingdom; ⁵King's College London, London, United Kingdom; ⁶Glasgow Caledonian University, Glasgow, United Kingdom; ⁷Kingston & St George's University, London, United Kingdom; ⁸University of Nottingham, Nottingham, United Kingdom

Abstract. NHS frailty services commonly target more severely frail older people, despite evidence suggesting frailty could be prevented or reversed when addressed at an earlier stage. Additionally, few interventions are individualised or encompass behaviour change theory. HomeHealth is a new service supporting older people with mild frailty to maintain their independence. This involves interaction with a trained HomeHealth worker to discuss what matters to the individual, to set goals and to support them in achieving these goals. Promising effects of HomeHealth were found in a feasibility study (Walters, 2017). This study is testing the clinical and cost-effectiveness of HomeHealth in maintaining older people's independence in a single-blind randomised controlled trial. We will recruit 386 participants with mild frailty in London, Yorkshire and Hertfordshire through general practices and the community. Participants will be randomised 1:1 to receive HomeHealth for six months or Treatment As Usual (TAU), and assessed at baseline, six and 12 months. The primary outcome will be independence in activities of daily living at 12 months, measured by the Barthel Index. Secondary outcomes include: Nottingham Extended Activities of Daily Living; Euro -QoL-5D-5L; frailty phenotype; Warwick-Edinburgh Mental Wellbeing Scale; 12-item General Health Questionnaire; UCLA 3-item loneliness scale; Montreal Cognitive Assessment; ICECAP-O; falls; carer burden; service use and costs; and mortality. An economic analysis and embedded mixed-methods process evaluation will be carried out. If it proves to be effective and cost-effective, there is potential to integrate the HomeHealth service with roll-out of NHS community link workers and integrated care systems.

161 Comparing generations at the crossroads of identity and development: The context of Assam, India

Ms Murchana Kaushik

Queen's University Belfast, Belfast, United Kingdom

Abstract. The political economy of India underwent huge transformations in the early 1990s, particularly marked by the advent of neo-liberalism and globalisation. These events had a significant impact on social, economic and political life as identity-based issues have been a characteristic feature of domestic politics in India. Assam, a state in the north-eastern part of India has witnessed a long trajectory of identity-based sub nationalist history. The sub nationalist upsurge in Assam was marked by the rise and proliferation of the armed nationalist rebel organisation called ULFA (United Liberation Front of Assam). ULFA, which became an important part of the lives of ordinary people in Assam in 1980s, saw severe challenges to its survival in the last decade of the 20th century. A particular birth cohort (those born between 1955 to 1965) has not only witnessed the birth and rise of ULFA as a significant player in the sub nationalist politics of the region, the various attacks on ULFA by the state, but also has seen the changing influence of ULFA in everyday life. On the other hand, the normal lives of these people have been affected by

the militant modus operandi of ULFA's activities. On the basis of qualitative interviews, this study compares how the experiences of growing up and ageing of two birth cohorts (those born between 1995 and 1965, those born between 1985 and 1995) are informed by issues of socio-political relevance in the region.

POSTER SESSION 2B

Wednesday 06 July 2022, 15:45 - 16:45

164 Co-research with marginalised communities: Redefining civic partnerships in urban redevelopment

Miss Sarah Day

Manchester Metropolitan University, Manchester, United Kingdom

Abstract. This poster presents the research design of a PhD study examining the potential for using creative feminist participatory action research (PAR) to redefine the civic partnership of a large healthcare redevelopment in North Manchester. There is limited knowledge surrounding the use of creative feminist PAR with older people in large redevelopment projects, and specifically within healthcare settings. This research is important in the context of North Manchester as older people within this area face high levels of deprivation and health inequalities when compared with the rest of Manchester, and England as a whole. This poster presents a how a PAR approach with stakeholders of the Civic Partnership and with marginalised older communities can enable the production of a visual mapping of the social network. This allows for reflection on where older peoples position is within the urban redevelopment. This study will address the following research questions: 1) How can creative feminist practices mobilise intersectional older people? 2) What role can older people have in urban redevelopment? Interviews with key stakeholders and creative focus groups with older people will take place in North Manchester. This will ensure perspectives from both stakeholders already within the Civic Partnership and those older people currently outside of the network. Co-research with local older residents will promote agency and contribute to the formation of age-friendly cities. This study expects to contribute knowledge by demonstrating how visualising the social networks within urban redevelopment can be transformative for older residents within marginalised communities.

268 Identifying responses to music engagement that matter most for people living with dementia

Ms Lucy Forde, Ms Anna Bryan, Dr Tom Russ

University of Edinburgh, Edinburgh, United Kingdom

Abstract. Music can be of major importance in many people's lives and has been identified as a potentially important non-pharmacological intervention for people living with dementia. Music has been shown to affect the psychological and behavioural symptoms of dementia (Ueda et al., 2013) and improve the quality of life for people living with dementia (Cooke et al., 2010) among other benefits. The aims of our

research are to gain a better understanding of how music has an impact on the lives of people living with dementia, and to identify responses to music engagement that matter most for them. To achieve this, we have been running online focus groups with people living with dementia and the family, friends and healthcare professionals who care for them, and drawing out the key themes from these focus groups using thematic analysis. The results from this research (available by July 2022) will help us to understand more about the effects of music for people living with dementia and give us a better understanding of which responses to music are most important to focus on in future research.

286 Transnational experiences of widowhood and the hybridization of culturally informed widowhood practices: A case study of Bengali widows in Ontario, Canada

Dr Catherine Tong, Diya Chowdhury, Dr Paul Stolee

University of Waterloo, Kitchener, Canada

Abstract. Widowhood is a social process, and one that is deeply infused with religious and culturally informed practices and expectations. While the global population is becoming increasingly transnational, few studies have examined the experience of being both a widow and a migrant. We draw on the seminal work of both Lopata and Martin-Matthews, who present widowhood as a complex social process, not simply as an identity maker. We employed a qualitative case study methodology to examine the widowhood experiences of two older Bengali women living in Ontario, Canada. In the summer of 2021, we conducted in-depth, individual interviews in Bengali, using videoconferencing software. We translated, transcribed, and then employed a team-based, thematic analysis of the interviews. Participants described the distinct widowhood practices in their countries of origin, and the country in which they were living as widows. These women revealed how and why they have retained and/or rejected widowhood practices from both countries and cultures, and the perceived benefits of this hybridization. For example, both women did not adhere to the food practices that they would have been expected to adopt had they been widows in Bangladesh (e.g., restricting certain foods or limited their number of daily meals after the loss of a spouse). These findings also reflect the work of Torres,⁵ who posits that we must understand older migrants as individuals living at the nexus of two (or more) sets of cultural norms and expectations. Our study offers theoretical insights for both the study of widowhood, and ethnogerontology.

290 Language Barriers Experienced by Older Chinese Migrants in China and the UK

Miss Qing Ni

Brunel university London, London, United Kingdom

Abstract. Language barriers have a significant impact on immigrants' sense of well-being. This paper empirically analyses the language barrier experienced by older Chinese migrants in China and the UK. Instead of analysis of the language barrier of older people from the perspective of pathology or social resource allocation, herein, a new starting

point for discussing that language barrier affects the sense of well-being for older Chinese migrants in a different place was present. Theoretical research and empirical research will use to compare the differences between them, moreover, cross-section study and ethnographic research also utilize to clarify how their cultural background and eastern mind affect their acculturation. This paper provides a better understanding of the impact of language barriers on the sense of well-being experiences of older Chinese immigrants, list the difficulties of older Chinese migrants encountered in their daily life, and proposes possible ways to improve these existing resources in order to build a better experience for all immigrants enjoying life.

80 How should we conceptualise mental health in later life?

Dr Claire Poppy

University of Southampton, Southampton, United Kingdom

Abstract. Traditionally, both mental health and ageing theories have tended to be conceptualised in terms of pathology or deficit (Lupien & Wan, 2004); the insane and the decrepit. Alternate perspectives have become more evident, largely related to the positive psychology movement (Seligman & Csikszentmihalyi, 2000) and the concept of successful ageing (Rowe & Kahn, 1987). In both cases, the move towards positive approaches has not been without difficulty, perhaps because they represent examples of dichotomous thinking - inversions of the original deficit models. This paper asks, 'Can definitions of mental illness and positive mental health be reconciled? Can a definition incorporate the two or present them as distinct phenomena that can coexist (Westerhof & Keyes, 2010)?' Further, I discuss the array of concepts (quality of life, well-being, salutogenesis, resilience) that seek to capture positive mental in later life. Having conducted an analysis of the existing literature, I will argue that mental health can be reconceptualised by adopting an ecological model (eg., Bronfenbrenner, 1979) which recognises the relevance of the context in which a person lives. Such an approach would overcome the pervasive influence of thresholds and notions of normality evident in the literature. I will argue that mental health is most usefully understood in terms of a person's capacity to function in life, the dynamic role of interactions between the individual and their environment, and availability of resources. Mental health is an overarching concept in which illness, well-being and flourishing are all descriptors of varying levels of mental health status.

207 Ageing well with a lifelong disability - Public engagement project

Mr Saahil Gupta¹, Dr Kimberley Smith¹, Dr Jennifer Fortune², Mr Paul Shanahan¹, Professor Karen Lowton³, Dr Eilish Burke⁴, Dr Mark Carew³, Ms Emma Livingstone⁶, Ms Miriam Creeger⁶, Dr Ann Leahy⁷, Professor Christina Victor⁸, Mr Michael Walsh⁹, Dr Jennifer Ryan²

¹University of Surrey, Guildford, United Kingdom; ²RCSI, Dublin, Ireland; ³University of Sussex, Brighton, United Kingdom; ⁴Trinity College Dublin, Dublin, Ireland; ⁵Leonard

Cheshire, London, United Kingdom; ⁶Adult CP Hub, London, United Kingdom; ⁷Maynooth University, Maynooth, Ireland; ⁸Brunel University London, Uxbridge, United Kingdom; ⁹HSE, Dublin, Ireland

Abstract. In 2021 the ESRC/IRC funded a UK-Irish consortium of researchers and stakeholders to undertake networking activities to develop research into ageing well with a lifelong disability. As part of this project we are undertaking public engagement activities to engage people with lifelong disabilities to have them shape the ageing research they feel it is important to undertake. To engage people with this project we are undertaking two public engagement projects. Firstly, encouraging people to share with us artwork about what ageing well with a lifelong disability means to them, and secondly sharing with us what research areas into ageing they think researchers should prioritise. During this poster presentation, we will present an overview of some of the artwork that participants have shared with us, and the top 10 research priorities that have emerged from our research priority setting exercise. These findings will be useful to researchers working in the field of gerontology to determine where future research into ageing with a lifelong disability could be situated.

POSTER SESSION 2C

Wednesday 06 July 2022, 15:45 - 16:45

281 Staff members' perspectives of how to increase dementia friendliness in an acute Irish hospital setting.

Cliona Doyle, Aisling Jane Davis, Sarah McNally

St. Vincent's University Hospital, Dublin, Ireland

Abstract. Key principles from The Irish National Dementia Strategy promote accessibility and ease of understanding for those with dementia. Those who provide services and care to people with dementia have a key role to play in identifying gaps in existing service provision. Reduced compliance with National dementia guidelines and overall reduced dementia-friendliness were noted in a hospital-wide audit. It is imperative to seek opinions from those providing direct care to dementia patients on how we can improve dementia-friendliness at a service level. Random selection was used to distribute staff questionnaires. An open-ended question was used to gather their perceptions on how this hospital can improve its dementia-friendliness at a service level. Forty-seven suggestions were collated across the hospital. Thematic analysis identified 11 different themes; increased staffing, environmental changes, the introduction of dedicated day rooms, increased signage, and introduction of activity boxes were the most common suggestions (68% of answers). Other suggestions included use of sensory items, increased staff education, orientation boxes and improved communication with patients. Healthcare workers have an important role in driving and implementing changes in healthcare settings. Collating staff members' perceptions of improving dementia-friendliness is invaluable given their role in providing services to people with dementia. Implementation of the above-mentioned changes must be explored in order to increase

dementia friendliness, to maintain high-quality service provision, and to ensure compliance with National standards.

211 High Calorie/ High Protein food snacks in addition to routine calcium and vitamin D supplementation in an inpatient Orthogeriatric population: A survey of patient preference.

Dr Thomas Cloney¹, Dr Patrick Crowley¹, Dr Kelvin Lynch¹, Dr Clara McGurk¹, Miss Kate Coakley², Dr Emer Ahern¹

¹Cork University Hospital, Cork, Ireland; ²University College Cork, Cork, Ireland

Abstract. Cork University Hospital is a major trauma centre in the South of Ireland. All older adults admitted with hip and other fragility fractures are co-managed by the Orthopaedic & Orthogeriatric services with over 500 hip fractures annually. A recent publication by Luliano et al described; improving calcium and protein intakes by using dairy foods as an accessible intervention that reduces risk of falls and fractures in aged care residents. Foods included cheese, yoghurt and milk. Other dairy alternatives such as ice cream were not used as not protein or calcium rich. In Ireland high calorie and high protein ice cream is readily available (10 g protein, 220 kcal/100g serving). We completed a point prevalence survey of our inpatient Orthogeriatric cohort about their preference of calcium and/or protein rich food 'snacks' - 20 inpatients surveyed. Questions included openness to additional snacks, preference and timing of snacks. The majority of participants (95%; 19/20) replied an additional snack would be acceptable. With reference to snack preference: 35% (7/20) would prefer a serving of yoghurt, 30% (6/20) ice-cream, 25% (5/20) cheese and only 10% (2/20) would prefer milk. The majority of participants said they would prefer an additional snack in the afternoon (55%; 11/20). Our inpatient population would benefit from the addition of such snacks to optimise recovery and bone health. Patient preference needs to inform any dietary or menu modifications. Following our survey high protein, high calorie ice - cream is offered and prescribed to patients if eating less than 50% of their energy dense meals.

300 Virtual music therapy visits for long-term care residents: Making meaningful connections during COVID-19

Kate Dupuis^{1,2}, Kathy Lepp³

¹Sheridan College, Oakville, Canada; ²Schlegel-UW Research Institute for Aging, Waterloo, Canada; ³Kitchener, Canada

Abstract. Physical distancing and isolation measures implemented during COVID-19 in long-term care (LTC) homes have limited social interaction and recreation opportunities for residents. Increased caregiver distress is of high concern, especially for family members who may be unable to enter the homes to spend time with residents. Staff frequently use technology for virtual visits to try and support relationships between residents and their care partners. However, anecdotal reports suggest it can be difficult for residents, especially those living with dementia, to attend to and connect with care partners during virtual conversations. In one LTC home in Guelph, Canada, music therapy was added to virtual visits to help 16 residents make more meaningful

connections with their care partners, and engage their cognitive, emotional, and social domains of wellbeing. A music therapist would join a Zoom visit and, over the course of 6-8 sessions, get to know the resident and their care partner(s), weaving well-worn family stories and reminiscence opportunities into song selection and musicmaking. Care partners reported high levels of enjoyment with this music therapy intervention. They indicated that it was wonderful to connect with the resident through song, were pleased at how well the resident could remember lyrics and stories, and enjoyed being able to communicate without having to wear a mask. The findings from this research will be used to create an Implementation Guide that can be shared with other LTC homes and music therapists worldwide.

6 Living taking care: theoretical and methodological approaches to understand the care and support networks of the ageing population.

Francisca Ortiz

Millennium Institute for Caregiving Research MICARE, Santiago, Chile. The Mitchell Centre for Social Network Analysis from the University of Manchester, Manchester, United Kingdom

Abstract. This research seeks to understand the care and support networks of the older people in Santiago de Chile. More specifically, this study will focus on identify and describe the care and support networks of older people, with an emphasis on gender and age inequalities. Second, it will be developed typologies of care and support networks of older people, and explore how they vary over time. Finally, it will be evaluating the relevance of the time elapsed in maintaining the care and support networks of older people. It is planned to do fieldwork in Santiago of Chile, collecting a diversity of data as documents, surveys, interviews, and a name generator of the care and support networks. In this presentation I will be sharing about two main aspects of the research: first, the theoretical approach and difference between the concepts care and social support from a networks perspective. Secondly, it will be shows the methodological approach, with collection and analysis strategies for the next year.

238 A sense of control and wellbeing in older people living with frailty: A scoping review

Mr Adam Nyende¹, Dr Caroline Ellis-Hill¹, Dr Stefanos Mantzoukas²

¹Bournemouth University, Bournemouth, United Kingdom; ²University of Ioannina, Ioannina, Greece

Abstract. Older people living with frailty are more likely to develop and live with complex co-morbidities linked to chronic illnesses, injuries and decreased bodily reserve and functional capacity all of which contribute to personal and social restrictions. A sense of control is considered an important psychological resource in supporting older people to maintain physical functions and develop adaptive functioning and coping skills to optimise wellbeing. However, evidence about a sense of control in older people living with frailty is

limited. A scoping review, following the Arksey and O'Malley (2005) methodological framework, was conducted to identify the key ideas around control and wellbeing in older people living with frailty. Nine databases were searched from 2000 to 2021 using keywords, synonyms and truncations covering the topics 'older people', 'frailty', 'sense of control', 'wellbeing', 'community', 'hospital' and 'nursing/care home'. Of the 4,438 screened studies, 34 were eligible for inclusion. The review highlighted four major themes: Control, quality of life, and wellbeing in older people living with frailty; Control as an intersecting concept; Living setting and sense of control in older people living with frailty; and Strategies for maintaining control in older people living with frailty. The review highlighted the need for more qualitative research to focus on the older persons' experiences of reality rather than just observable and practical aspects or views of others (formal, informal carers). It is therefore important to focus on the experiences of control and wellbeing as experientially lived by older people living with frailty.

245 Medical consultation length for ethnic minority elders: "only one and two minutes, they finish."

Dr Sik Yee Leung¹, Dr Hok Bun Ku²

¹Caritas Institute of Higher Education, Hong Kong, Hong Kong;

²The Hong Kong Polytechnic University, Hong Kong, Hong Kong

Abstract. Introduction: The average length of consultation time ranges from 48 seconds in Bangladesh to 22.5 minutes in Sweden (Irving et al., 2017). In Hong Kong, the average consultation time was 6.7 minutes in 2008, moving toward 8 minutes since 2014. As there is a positive association between longer GP consultation time and patient satisfaction, effective strategies should be developed to maximise patient satisfaction and health outcomes. Methods: Six ethnic minorities (five males and one female) from South Asia residing in Hong Kong were interviewed in 2019. Their ages ranged from 68-76 years. Results: Using the thematic analysis method, 15 codes, eight basic themes, four organising themes (three barriers and one coping strategy), and a global theme were identified. The global theme identified is 'short consultation length affects doctor-patient relationship', as complained by Informant 6 (a 68-year-old female Pakistani): '... only two minutes they finish..., one and two minutes and they give the medicine again, and that is it'. The barriers affecting healthcare delivery to EMs were organisational, socio-cultural, and systemic. Informants also suggested three coping strategies for dealing with the culturally incompetent health systems in Hong Kong. Conclusion: This study raised a concern regarding a significant shorter consultation time among EMs, especially older EM patients, in Hong Kong. Other factors also influence patient satisfaction and health outcomes, such as long waiting time, hospital facilities etc. The government should invest more resources to enhance the local Chinese healthcare practitioners' cultural competence, achieving better intercultural health communication with EM patients.

