

MANCHESTER
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The University of Manchester
Institute for Collaborative
Research on Ageing

Thinking Ageing and Older Age

MICRA PhD and Early Career Conference
The University of Manchester

13th June 2019



@MICRA_Ageing
#ThinkingAgeing

Contents

Welcome to Manchester	3
Workshop Time and Location	4
Meet Our Organising Committee	5
Getting Around Manchester	6
Local Food Venues	7
Timetable of the Day	8
Keynote Speakers	9
Parallel Session 1: 11:10 - 12:00	10
Session 1A Ageing and Sleep - Room: SU14	10
Session 1B Pensions and Financial Inequalities in Later Life - Room: SU15	11
Session 1C Dementia in Older Age - Room: John Casken Theatre	13
Parallel Session 2: 13:00 - 14:00	15
Session 2A Social Connections and Relationships in Older Age - Room: SU14	15
Session 2B Ageing and Wellbeing - Room: SU15	16
Parallel Session 3: 14:10 - 15:00	19
Session 3A Long-Term Illness and Health in Older People - Room: SU14	19
Session 3B Caring for the Older Population - Room: SU15	20
Session 3C Ageing in a Transnational Context - Room: John Casken Theatre	22
Presenter Index	25
Campus Map	26
City Map	27
Notes	28

Welcome to Manchester

Diverse, energetic and bursting with character; Manchester is one of the most exciting places to visit in the UK. Known as the birthplace of the industrial revolution, Manchester has a proud history in science, politics, music, arts and sport, and today the city combines this heritage with a progressive vision to be a city that delivers surprise and delight in equal measures. Manchester city centre is packed with unique and eclectic restaurants, bars, shops, museums, galleries and hotels whilst the surrounding Greater Manchester boroughs offer a patch-work of visitor experiences including quaint market towns, traditional pubs and beautiful green spaces and waterways to be explored on foot or bike.

Did you know that Greater Manchester was recognised as the *first* age-friendly region in the UK, by the World Health Organisation in 2018? This makes it the perfect location for the 'Thinking Ageing and Older Age' conference.



The Manchester Institute for Collaborative Research on Ageing (MICRA)

The Manchester Institute for Collaborative Research on Ageing (MICRA) is a leading research centre carrying out multidisciplinary research into fundamental questions about ageing. Founded in 2010, MICRA supports a community of more than 300 affiliated researchers, bringing together international experts and leading researchers working across the field of ageing. Over 60 research projects and programmes span the Faculties of Humanities; Biology, Medicine and Health; and Science and Engineering. Follow us on Twitter - @MICRA_Ageing

The MICRA PhD Network

The MICRA PhD network is open to all students researching any aspect of ageing and ageing populations. There are over 80 members from the University of Manchester and Manchester Metropolitan University. The network is led by PhD researchers and is designed for PhD and early career researchers. In the past, the network has successfully run social events, public engagement events, and seminars which have included a wide range of people, including older people themselves. We would like to warmly welcome you to our first ever MICRA PhD Network conference! Follow us on Twitter - @MicraPhDNetwork

Workshop Time and Location

Thursday 13th June 2019 (Registration from 9:30, conference 10am to 4pm)

Martin Harris Centre for Music and Drama
The University of Manchester
Bridgeford Street, off Oxford Road
Manchester
M13 9PL

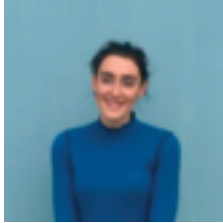
Tel: 0161 275 8951



The Venue

The Martin Harris Centre for Music and Drama (as pictured above) is at the centre of the University's campus on Oxford Road and is situated behind the Manchester Museum. There are two entrances to the building, one on Bridgeford Street, the other on Coupland Street. Please note that there is pedestrian access only to both of these streets.

Meet Our Organising Committee



Amy Barron is a PhD Researcher in Human Geography at The University of Manchester. Her research draws upon more-than-representational theories and uses creative, participatory research techniques to understand the lived experience of older people in the move towards creating 'Age-Friendly Cities'.

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Natalie Cotterell is a PhD candidate at the University of Manchester and is associated with the Manchester Institute for Collaborative Research on Ageing (MICRA). Natalie's doctoral research is exploring social isolation and loneliness among older people from different ethnic backgrounds. Her broad research interests included: healthy ageing, socioeconomic inequalities, and participatory methods.

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Getting Around Manchester

Transport

By Train: There are 5 main railway stations in Manchester which are on 2 separate railway lines. Manchester Piccadilly is the main station, and this has a direct service to Manchester airport, and to other Manchester stations (Oxford Road, Deansgate and Salford Crescent).

Manchester Piccadilly also has a railway line which links with Manchester Victoria Station and with Salford Crescent Railway Station. From all of these stations there are regular train services to other parts of the UK, and full details can be found at <https://www.thetrainline.com>. Manchester Piccadilly station is a 20-minute walk to the conference venue.

Oxford Road station is a 10-minute walk to the conference venue.

By Bus: The conference venue is on Oxford Road which has a bus going along it every 2-3 minutes. Tickets can be purchased on the bus, and travel is inexpensive (typically £1-£2 for a single journey within the city centre). Full details of routes etc at <http://www.tfgm.com/>

Additionally, there are 3 free bus routes in the City on the Metroshuttle buses, full details at <http://www.tfgm.com/buses/pages/metroshuttle.aspx>.

Further information can be found at:

<https://www.visitmanchester.com/visitorinformation/travel-information/getting-here>.

By Taxi: Taxis are readily available on Oxford Road but can be pre-booked via Mantax Taxis <http://www.mantax.co.uk/> or 0161 230 3333.

By Car: Please do not rely on your satellite navigation system to find the Martin Harris Centre, as the postcode covers the entire University of Manchester campus. As an alternative, we would advise you to use [Google maps](#).

Car Park D (Booth Street West) is now accessed by Higher Cambridge Street rather than Booth Street West.

By Metro: The closest Metrolink stop is St Peter's Square which is approximately 15 minutes' walk away. See here for details: [Metrolink website](#).

Local Food Venues

Manchester has a great reputation for food and drink. The Visit Manchester Website has a large list of recommended restaurants that can be accessed via <https://www.visitmanchester.com/food-and-drink/restaurants>.

The list is a little too large to print in this book. However, the following establishments are located very nearby to the venue of the conference:

- **Mowgli Street Food (University Green)** – This is a fantastic Indian street food restaurant. Mowgli is not about the intimate, hushed dining experience. It is about the smash and grab zing of healthy, light, virtuosic herbs and spices. See more here: <https://www.mowglistreetfood.com/>
- **Friska (University Green)** – An ethical eatery serving food inspired from around the world and made with ingredients Friska are proud to use. Their speciality coffee is directly sourced from farms they know and trust and is expertly made by their skilled and passionate baristas. See more here: <https://friskafood.com/>.
- **Tak (University Green)** – An independent coffee company whose aim is to provide a welcoming space to work, meet, talk, and dream up some big ideas. See more here: <http://takkmcr.com/#!/about>
- **Pret A Manger (University Green)** – An ethical coffee chain that serves delicious cakes, sandwiches, and soups. See more information here: <https://www.pret.com/en-us>
- **Five Guys (University Green)** – Five Guys is a fast food chain serving burgers and fries. The formula is as uncomplicated as it comes. Burgers and fries – cooked to perfection – and that's it. But what a formula it turned out to be! See more here: <https://www.fiveguys.co.uk/>
- **Milk and Honey (St Peter's House)** - Milk & Honey is a little café with a big vision. A community café for the whole city. It serves ethically sourced, seasonal vegetarian food and the best cakes around. The café is run by volunteers who are always there to provide the best customer experience for all. More information can be found here: <https://milkandhoneycafe.org/>

If you need any further directions or suggestions, please do not hesitate to ask at the registration desk or the conference co-ordinators.



Timetable of the Day

9:30 Registration and refreshments (foyer)

10:00 -10:15 Welcome (room: John Casken Theatre)

10:15 – 11:00 Keynote speaker: Prof Brian Heaphy (room: John Casken Theatre)

11:00 – 11:10 Comfort break (foyer)

11:10 – 12:00 Parallel paper session 1

12:00 – 13:00 Lunch (room: G16)

13:00 – 14:00 Parallel paper sessions 2

14:00 – 14:10 Comfort break (foyer)

14:10 – 15:00 Parallel paper sessions 3

15:00 – 15:10 Comfort break (foyer)

15:10 – 16:00 Keynote speaker: Dr Tanja Bastia (room: John Casken Theatre)

Keynote Speakers

Ageing Sexualities: Personal Life, Resources and Social Change

Professor Brian Heaphy, The University of Manchester

Brian Heaphy is a sociologist who studied Cultural Studies (BA Cultural Studies, CNA) and Sociology (PhD, UWE) and was a Research Fellow in Sociology at London Southbank University. He has held lectureships at Nottingham Trent University and the University of Leeds before moving to The University of Manchester in 2005. He has since been Head of Sociology and School Director of Research in the School of Social Sciences.

The issue of sexuality and personal life has received little attention in the sociology of ageing. This presentation argues that value of placing sexuality and personal life at the centre of our analyses of ageing and later life, by illustrating the issue of non-heterosexual ageing. The article contrasts the personal narratives of lesbians and gay men aged between their fifties and eighties in the mid-2000s with those of 'younger' lesbian, gay and bisexual aged between early twenties and 35 about a decade later. In doing so, it considers the links between socio-biographical histories and the material, social and cultural resources that shape generational imaginaries and realities of older lesbian and gay lives. It argues that non-heterosexual experience illuminates the possibilities that exist for both the reconfiguration and resilience of 'given' meanings and practices in relation to ageing. It provides insights into the uneven possibilities of reworking and/or undoing cultural meanings and social practices that shape experiences of ageing and later life.

Ageing, migration and development

Dr Tanja Basita, The University of Manchester

Tanja is a Senior Lecturer at the Global Development Institute. Her research focuses on transnational migration for work, particularly on the relationship between power relations, mobility and space. She has conducted multi-sited ethnographic research with Bolivian migrants in Bolivia, Argentina and Spain since the year 2000 and currently holds a Leverhulme research fellowship to develop her research into ageing and migration. She is currently co-editing (with Ronald Skeldon) the Routledge Handbook of Migration and Development and has previously edited Migration and Inequality (2013). She has a forthcoming monograph Gender, Migration and Social Transformation: Intersectionality in Bolivian Itinerant Migrations (also published by Routledge, 2019).

Exhaustive reviews already exist about the geography of ageing (Skinner et al 2015; Harper and Laws 1995) and ageing and migration (King et al 2017; Lulle and King 2015; Walsh and Nare 2016). However, both sets of literatures tend to focus on ageing in higher income countries. As Skinner et al. (2015) have argued, we still know relatively little about ageing in the Global South. The aim of this paper is to review the literature on ageing and migration and bring it into dialogue with the wider context of the cultural, economic and political realities of countries in the Global South. I will illustrate these findings with my current work on the migrants' parents, who have been 'left behind' in Bolivia by their adult children who have migrated to work in other countries.

Parallel Session 1: 11:10 - 12:00

All presentations will be up to 10 minutes long with 5 minutes of questions.

Session 1A Ageing and Sleep - Room: SU14

Longitudinal associations in caregiving, sleep disturbance and health in older age

Emma Maun, King's College London

Unpaid care by family, friends and neighbours is crucial at a time of increasing demand for care among older adults and a formal social care system under significant pressure. The Care Act 2014 formally acknowledged the importance of maintaining caregiver health and wellbeing, yet at present there is limited support available, and research is equivocal about the most important factors associated with caregiver health. One possible explanatory factor that merits investigation is sleep disturbance. A large body of literature has found strong cross-sectional and increasingly longitudinal evidence of associations between poor sleep and poorer health outcomes, most strongly among conditions related to cardiovascular health. Caregiver sleep studies indicate certain groups such as co-resident caregivers are more likely to report poor sleep. Yet there are few population-based longitudinal caregiver sleep studies; and no longitudinal caregiver health study has yet considered sleep disturbance as a possible mediator of caregiving and health associations. This research uses data from the English Longitudinal Study of Ageing to analyse associations between caregiving stressors and sleep disturbance, and to assess whether patterns of sleep disturbance partially mediate associations found between caregiving and three health outcomes: self-rated health, depressive symptoms and quality of life. Insights from the study literature review will be presented alongside early results.

Longitudinal Change of Sleep Timing: Interactions between Ageing and Genetics in Determining Later-Life Chronotype

Altug Didikoglu, The University of Manchester

Sleep timing preferences (chronotype) have been associated with diabetes, cardiovascular diseases, obesity, psychiatric disorders and mortality. This research aims to examine whether sleep timing change across a 30-year period in later life and to explore the relationship between chronotype, general health and mortality, using longitudinal data of 6375 participants from the North of England. Chronotype shifted towards morningness with aging. Evening chronotype was associated with traits related to lower health such as reduced sport participation, increased risk of depression and psychoticism personality, late eating and increased smoking and alcohol usage. We observed a higher risk of hypertension and mortality in the evening-type cluster compared to morning-type individuals. We observed that within-individual sleep change varies in the population. The heterogeneity of ageing effects may be due to genetic diversity. We investigated the effects of genotype-ageing interaction on chronotype, using 274 previously chronotype-associated SNPs from 1415 participants. Results show that Individuals with specific profile of polymorphisms had minimal change in their sleep

timing between age 40 and 100 years compared to individuals with an alternative collection of genotypes whose sleep times changed approximately 45 minutes. These preliminary results suggest that chronotype shifts towards morningness with aging, late sleep timing is associated with health problems and increased mortality, and genetic differences may explain heterogeneity in ageing-related change in sleep timing. These genetic variants may be biomarkers for healthy ageing and pave the way for new treatments for healthy sleeping habits in older population.

Distrust, Dependence and Defiance: The Doctor-Patient Relationship in Long-Term Sleeping Medication Use in Older Adults

Georgia Smith, University: University of Bristol

Despite ongoing concerns about dependence, sleeping medication rates in the elderly continue to rise. This paper draws on the concept of ‘everyday resistance’ to extend understanding of doctor-patient relationships in this context. Although ‘concordant’ (i.e. mutual) decision-making is now considered ideal, older adults have been stereotyped as passive patients who defer to ‘expert’ doctors. However, thematic analysis of interviews with 45 UK sleeping medication users revealed a very different picture. Doctors were condemned as ageist, uncaring ‘pill-dispensers.’ Structural factors were also blamed, including shorter consultation times and a lack of continuity of care. Participants claimed that their ‘lifeworld’ (Michler, 1984) (i.e. the uniquely personal psychosocial and emotional distress underlying poor sleep) was ignored. In response to the perceived loss of trust, participants felt justified in using a variety of strategies to ensure a continued supply of sleeping medication. These included avoiding patient reviews, ‘pulling the ageing card’, stockpiling or even using online or illegal sources of drugs. This defiance can be understood as a form of ‘everyday resistance’ to the ‘voice of medicine’: logically and morally justified by the distressing ‘lifeworld’ of night-time sleeplessness. The concept of ‘everyday resistance’ offers a way to understand patient behavior beyond non-compliance.

Session 1B Pensions and Financial Inequalities in Later Life - Room: SU15

Gender issues in neo-liberal pension system design: lessons from the UK

Debra Price, The University of Manchester

The UK has undergone sweeping pension reforms since 2008, designed to strengthen the accumulation of private pension provision and liberalise the regime to allow people freedom to use their pension savings for purposes other than providing an income in later life – known colloquially as “pension freedoms” and supported by a policy rhetoric of “freedom and choice”. This individualization and marketization of pensions raises questions of whether some may benefit from such “freedoms” more than others, but also poses challenging questions about how finances are handled behind the closed doors of the household. Argued by the architects to be to women’s advantage, this paper critically examines the nuanced gender implications of the reforms and shows that while women may be better protected against poverty, they are otherwise systematically

disadvantaged in pension accumulation, and have become vulnerable in new ways in the pension decumulation phase in later life.

Old people and the retirement: Exploring the consequences of the Chilean system of pensions in people's lives.

Francisca Ortiz, The University of Manchester

We live in a world where social relations are crossed with diverse inequalities, which manifest themselves over time and particularly with pensions. Chile makes an excellent case study, due to its status as a developing country and its high level of social inequality, being one of the most unequal countries in the OECD. The year 1973 brought a military coup led by General Augusto Pinochet, and the subsequent dictatorship laid the foundations for the current neoliberal economic system. In 1980, in the midst of the dictatorship, the "Pensions Administrative Funds" pension system was launched, consisting of privately managed and individually owned retirement accounts, and became the world's first state-endorsed privatised pension system. The system reinforced the country's baseline inequality over the long-term, with differences in terms of life trajectory, characterised by inequalities relating to gender, aged and social class. Given that Chile's current generation of senior citizens are the first participants in this new social security system, there is a lack of true understanding in terms of the impact on their private lives and the strategies employed by the elderly, to cope with their pensions. Given all of it, such as the rapid growth of the elderly population in Chile and the rising inequalities embedded in a neoliberal pension system, the main objective of this thesis will be understanding the different paths taken by Chile's senior citizens in their personal lives, to deal with their pensions and all the cost of life at the same time.

Internal migration and Social Pensions in Uganda: effects on intra-household dynamics and pensioner well-being in multi-local households

Matthew Walsham, The University of Manchester

Non-contributory social pensions - which have a long track record in southern Africa - are now being introduced across sub-Saharan Africa. Evidence suggests that pensioners in developing countries often 'pool' their income within the household and that, as they scale up, social pensions may have significant impacts at the household level, including on the migration choices of other household members and resource allocation within the household. Social pensions in sub-Saharan Africa may thus have distinctive effects on the migration strategies of multi-generational households as well as intra-household dynamics within 'multi-local' households containing migrants. However, even where the outcomes of these processes at the household level are positive overall, the effects on the wellbeing of pensioners themselves may be more complex. The roll-out of the Senior Citizens Grant (SCG) in Uganda provided an opportunity to explore these issues in a low-income sub-Saharan African context through a qualitative study carried out in one district of Uganda in 2017 and 2018. Households were found to be highly complex and 'multi-local' in character, and the pension operates alongside a varied and unstable landscape of informal forms of solidarity and support. Interviewees perceived the SCG to have little or no direct effect on migration decisions - including migrants' choices on

whether to leave children in the care of grandparents – but opinions differed between migrants and pensioners over the impact on financial remittances with gender a key factor in responses on this issue. In the context of high rates of in-migration to the district, pensioners' perspectives on migration strategies at the household level – and the effect of these on their own well-being - were also framed by their own (positive or negative) experiences of migration.

Session 1C Dementia in Older Age - Room: John Casken Theatre

"Building a bridge of communication": An exploratory study of the bereavement experiences, and support needs of people bereaved by dementia

Caity Roleston, Aston University

While bereavement is considered to be a normal, and natural, feature of human experience it can nevertheless can be characterised as a period of intense suffering and adjustment (Stroebe, Schut, & Stroebe, 2007). Vulnerable people, such as older people, people with dementia, and their carers are particularly susceptible to the impact of grief, but are often unseen and overlooked. Dementia, both for people with dementia as well as those caring for or close to people with dementia, can complicate the grieving process as losses accumulate - from (potentially before) diagnosis, through to death and beyond. Pre-death and post-death grief and bereavement for people with dementia is a significant unmet need as well as an under-researched field of bereavement support (Dooley & Stewart, 2015).

The Bereaved by Dementia Project, delivered by Cruse Bereavement Care Cymru and Alzheimer's Society Cymru, was an innovative and exploratory initiative which aimed to address the bereavement needs of people with dementia, their family and carers. This presentation will detail the findings of an independent evaluation of the Bereaved by Dementia Project conducted by a research team based at Aston University. Employing qualitative methodologies has permitted rich and nuanced narratives to be generated from the perspectives of both volunteers and clients. Themes identified through thematic analysis (Braun & Clarke, 2006) have informed our understanding of how bereavement is experienced, and bereavement support delivered, within the context of dementia. The implications of our findings –for both individuals and societies- will be discussed.

Performing Time/Performed by Time: Films about Dementia and the Concept of Temporal Identification

MaoHui Deng, The University of Manchester

In *U Me Aur Hum* (Ajay Devgan, India, 2008), Piya, who lives with early onset Alzheimer's disease, performs a sense of in-time-ness so as to convince the world around her that she is alright (she knows what day and time it is). However, in the process of doing so, as she is forcefully thrust into the category of "old" through her dementia, her performances highlight the ways that her out-of-time-ness is actually significantly structured, regulated and performed by the empty, homogenous time that her society is subscribed to,

underlining the complex negotiations with multiple times and temporalities that a person living with dementia has to go through on a regular basis. Drawing on the nuances of the person living with dementia's performances and a detailed examination of the film's form in *U Me Aur Hum*, this paper puts forward the concept of temporal identification as a category of analysis and argues that a subject is always performing time and performed by time. Borrowing from Henri Bergson, I argue that a person's temporal identification is in a constant state of becoming and in a constant push and pull between multiple times and temporalities. Ultimately, I suggest that the concept of time as performance attempts to engage with the politics of ageing and intersectionality, as one's temporal identification is not merely reduced to one kind of categorisation. Rather, multiple categories of times and temporalities intersect to form a more complex understanding of a subject's identification.

Difficult Decisions: Driving with Dementia in Rural England

Libby Morrison, Newcastle University

Research increasingly focuses on the complex decisions and dilemmas faced by family carers. Research increasingly focuses on the complex decisions and dilemmas faced by family carers when providing care at home for a person with dementia. This paper addresses the theme of driving with dementia, emphasising the delicate balancing act carers negotiate when supporting and promoting the independence and citizenship of the person with dementia, whilst assessing risks and safety associated with cognitive decline (Brake, 2019).

Whilst recent guidelines on driving with dementia foreground a triadic relationship of decision-making between individual, clinician and DVLA, family carers, by default, become the de facto assessors of capability, being obligated to observe and report decline in executive function and concomitant loss of ability (Alzheimer's Society, 2019, DVLA, 2019, *Driving with Dementia*, 2018).

Using a grounded theory approach, the paper presents findings from qualitative interviews with 20 informal carers of people with dementia in rural Northumberland. Emerging findings identify continued car driving, after a diagnosis of dementia, as a site of complex carer decision-making (Breen et al., 2007). Carers express anger and frustration at the multiple dilemmas they face, including confronting someone about problem driving, safety fears for the person, themselves and other road users, guilt if the person refuses to disclose diagnoses to the DVLA, and sadness at the loss of independence and identity associated with driving cessation. The paper explores the multiple axes of intersecting conflict and consideration experienced by family carers when supporting a person with dementia, and concludes by assessing the decision-making implications of continued car driving or driving cessation.

Parallel Session 2: 13:00 - 14:00

All presentations will be up to 10 minutes long with 5 minutes of questions.

Session 2A Social Connections and Relationships in Older Age - Room: SU14

Older Women and Physical Activity: the influences and factors supporting participation in physical activity social movements

Lisa Ballantine, University of Lincoln

This presentation will report on interim findings from a Doctoral study examining the role of social movements in supporting physical activity (PA), health and wellbeing amongst older women.

It is a current national priority, often articulated through the lens of 'active ageing', to maintain / increase PA amongst older people to improve or maintain physical fitness and to increase the number of disability free years older people experience (PHE, 2016). It is evident that physical inactivity contributes to poorer health. An annual cost of £4.4 billion has been estimated for fragility fractures alone (NICE, 2018).

As women age, trends show a decline in physical activity. Women also experience a sequence of socially distinct life course events and functions which may impact on activity levels. For example, the menopausal transition can involve biological and physical changes, which may contribute to physical inactivity (Bodarev et al, 2018).

Underpinned by a social ecological framework, this investigation examines the factors that support older women to engage with PA social movements (SM) as a means of maintaining or promoting health and wellbeing. It aims to establish the factors which encourage longer term and sustained participation of older women in PASM. A mixed methods approach is used to develop understanding of a range of factors (life course, social, cultural, environmental) associated with PASM. The investigation will highlight the barriers and opportunities to older women engaging and maintaining PA within a SM and the opportunities social movements can add to their communities.

The rise of the MAWFIA: Men Ageing Without Family: Invisible & Alienated

Robin Hadley

People ageing without children are missing from social science research. Research into this population is needed not only because of the actual and projected demographic change but also because of the paucity of evidence on older involuntary childlessness men. This presentation will give an insight of the impact of involuntary childlessness on the health and social networks of older men.

I will draw on the findings from my auto/biographical Doctoral study that was framed by the biographical, feminist, critical gerontology, and life course approaches. In-depth semi-structured interviews were held with 14 self-defined involuntary childless men. Ages ranged between 49 and 82 years old.

A latent thematic analysis highlighted the complex intersections between men's experience of involuntary childlessness and agency, relationship, and structure. Not having children automatically reduced both vertical familial ties and affected the wider formal and informal social networks.

The quality of an older person's social network is a significant influence on their health and wellbeing. Adult children are important in providing informal care for their parents. Similarly, 'childlessness' impacts meaningfully on older people's quality-of-life. 'Involuntary childlessness' significantly affects the social, emotional, and relational aspects of people's lives across the life course. I argue that childless men have been structurally excluded and isolated from much scholarship.

Loneliness and Health...Understanding the Conundrum

Clare Toon, University of Hertfordshire

Purpose: Loneliness, defined as the discrepancy between desired and realised social interactions, or the state of perceived social isolation, is known to be a detriment to wellbeing and physical and mental health. This review seeks to understand the mechanism(s) through which loneliness may impact on individual health and wellbeing. **Method:** A literature search identified 31 papers, which offered several approaches to the loneliness-health conundrum.

Results: The literature search identified several theories claiming to explain the association(s) between loneliness and health. Between them, these theories address specific aspects of the isolation-health link. However, none offer a comprehensive approach, which provides a solution to all the issues associated with loneliness.

Conclusion: This paper presents a new conceptual framework, which aims to draw together existing models and theories into a single holistic approach to the health-isolation conundrum, which addresses the gaps in each of the theories and explains the disparities throughout the lifecourse.

Session 2B Ageing and Wellbeing - Room: SU15

Closely yet uncertainly connected: using our own biography to study ageing and place

Aled Singleton, Swansea University

This paper considers the methods and ethics of using our own biography as we research ageing and place. The place where I grew up accidentally became a research subject after

a major life event changed my PhD journey. We reference the evolution of the self in literature and academia to support the case for acknowledging our biography.

In literature, Raymond Williams (1973) charts steps towards reflexive practice taken by Daniel Defoe, Jane Austen and Charles Dickens until we reach Thomas Hardy. Williams considers the latter to be ‘...an educated observer and passionate participant’ who is ‘closely yet uncertainly connected’ to the place he writes about.

In academia, geographer Kim England reasons that ‘...a combination of my biography and my tendency towards supplication gained me access to information that might not be given so willingly to a differently positioned academic’ (1994, p. 249).

I suspended the second year of my PhD when my father was diagnosed with terminal cancer. Away from my studies I discovered literature, such as Raymond Williams, who wrote about place. After my father’s death I found objects in the family attic which gave a crucial insight into how many elements of my own place attachment were formed aged between five and thirteen.

The village where I grew up, and where my Dad lived 42 years, became the research site. The methodology uses space to stimulate memories and emotion. At the data collection stage this personal connection has interesting implications for building relationships of trust with interview participants.

Associations of awareness of age-related change with emotional and physical well-being and cognitive functioning: a systematic review and meta-analysis

Serena Sabatini, University: University of Exeter

Background: The aim of this systematic review is to evaluate and synthesise evidence on Awareness of age-related change (AARC) and emotional and physical well-being and cognitive functioning.

Methods: We conducted a systematic review with a correlational random-effect meta-analysis. We searched major healthcare databases, trial registers and grey literature from 1st January 2009 to 3rd October 2018. We included quantitative studies exploring association between AARC and one of the following outcomes: emotional well-being, physical well-being and/or cognitive functioning. We assessed heterogeneity (I^2) and publication bias.

Results: We included 12 studies in the review, nine exploring the association between AARC and emotional well-being and eleven exploring the association between AARC and physical well-being. No study explored the association between AARC and cognitive functioning. There is an evidence that there is a weak association between higher level of AARC-gains and better emotional well-being ($b = 0.330$; 95%CI 0.177, 0.468; $p < 0.001$; $I^2 = 76.006$); higher level of AARC-losses and poorer emotional well-being ($b = -0.313$; 95%CI -0.381, -0.242; $p < 0.001$; $I^2 = 0.000$); and higher level of AARC-losses and poorer physical well-being ($b = -0.381$; 95%CI -0.510, -0.236; $p < 0.001$; $I^2 = 83.477$); no significant

association between AARC-gains and physical well-being ($b = 0.079$; 95%CI 0.015; 0.144, $p < 0.122$; $I^2 = 0.000$). Studies had medium to high methodological quality.

Conclusions: There is some indication that AARC can play a role in well-being, however heterogeneity in studies and methodological issues, make the interpretation of the findings inconclusive. More research is needed, in particular to understand the role of AARC in cognitive functioning.

Developing the TLiFE Programme (the Adapted Lifestyle-integrated Functional Exercise Programme in Thai Context): A Novel Approach to Fall Prevention among Older Adults in Thailand

Sasiporn Ounjaichon, The University of Manchester

Corresponding authors: Emma Stanmore, Elisabeth Boulton, Chris Todd

Introduction: Falls are the leading cause of injuries in older Thai adults. There is a need to develop a fall prevention exercise programme to encourage participation and adherence. In a previous study, we modified the adapted Lifestyle-integrated Functional Exercise programme to TLiFE, which may be suitable by integrating exercise into daily routines. This study aims to explore the feasibility of TLiFE among older Thai adults.

Methods: Using Medical Research Council guidance, a feasibility randomised controlled trial (RCT) of TLiFE was conducted among community-dwelling older Thai adults aged 60-75, comparing the TLiFE intervention group with a usual care control group. Outcome measures were analysed at baseline, 3 months, and 6 months.

Results: We recruited 72 older adults into the RCT, randomised to TLiFE ($n = 36$) and control ($n = 36$). The retention rate at 6 months was 91.7%. Attendance in the intervention group (3 home visits and 4 follow-up calls) was 82.9%. There were no differences in fall incidence between the groups. The acceptability survey revealed TLiFE is easy to perform, safe, and useful. No adverse events were reported.

Conclusion: The TLiFE programme appears to be acceptable and feasible to deliver to community-dwelling older Thai adults. This feasibility study was not powered to detect a difference between groups. A further fully powered definitive RCT of TLiFE is needed to evaluate long-term outcomes and cost-effectiveness before it is integrated within the healthcare system in Thailand.

Parallel Session 3: 14:10 - 15:00

All presentations will be up to 10 minutes long with 5 minutes of questions.

Session 3A Long-Term Illness and Health in Older People - Room: SU14

A systematic review of coping strategies used by people of African Caribbean and Irish ethnicity when managing a chronic or mental health condition.

Saba Shafiq, University of Bradford

The two eldest minority ethnic groups living in the UK are the Irish and the African Caribbean communities. Both make up a significant number of the ageing population. With people living longer, it is often thought that the quality of life would deteriorate for them. Chronic and mental health conditions can have varied impacts on an individual's life and how they deal with them can be a result of their experiences. How an individual may perceive their illness may impact the way in which they manage their symptoms.

This aim of this review was to synthesise literature looking into people from the African Caribbean and Irish communities living in the UK whilst managing a mental or chronic health condition.

A range of conditions were explored, and a variety of perceptions of the condition and management strategies were identified in each paper. Two major foci of the studies were; coping strategies and barriers to coping. Sub themes that emerged for barriers to coping were stigma, fear, severity of disease and mistrust. Sub-themes that emerged for coping strategies were denial/ scepticism, self-management, spirituality and religion.

The papers report how within each community variance in beliefs and ways of coping is demonstrated. The review highlights the complex role of religion in influencing coping strategies and barriers to seeking help. It also demonstrates how personal and community experiences are connected with stigma, fear and mistrust.

Due to a lack of research firm conclusions cannot be drawn for the Irish population.

Identifying and Managing Hearing and Vision Loss in Care Homes for Older People (IMAGINE)

Wendy Andrusjak, University of Bradford

Background: Hearing and vision impairments in older peoples' care homes often go undiagnosed or are poorly managed. The IMAGINE study survey aimed to identify the main barriers to effective identification and management of hearing and vision loss in care homes.

Methods: A survey consisting of 33 multiple choice questions was distributed to care home staff (who have regular contact with their residents) across England. These

questions were informed by the literature and feedback from an advisory group including care home staff.

Results: There are 400 care home staff members that participated in the study from 72 different care homes across England. The responses revealed that poor knowledge, minimal use of screening tools, and a lack of access/use of a variety of assistive devices are commonly reported. There also seems to be a lack of consensus between staff on what services their specific care home offers in relation to hearing and vision loss.

Conclusion: This study identifies multiple barriers that care homes face in relation to successful ear and eye care of residents across England. The disparities between staff also shows a lack of focus placed on the practices available to help assist those with hearing and vision loss. Findings will be used to inform future research, and highlight the common barriers to professionals in the field.

Resilience and living well beyond cancer: the relationship between emotional support and quality of life

Patty Doran, The University of Manchester

The study aimed to investigate the influence of emotional support on the quality of life of older cancer survivors. We use data from the English Longitudinal Study of Ageing to assess the relationship between perceived emotional support and quality of life, comparing people who were cancer survivors (n=533) to people without cancer (n=8,203). Most people reported high emotional support and had good quality of life (mean 42.57, scale 0-57). However, linear regression modelling showed cancer survivors had on average slightly lower quality of life (-2.10 SE 0.82). Those who reported having low support reported much poorer quality of life; this relationship was similar for both cancer survivors and people without cancer. The impact of low emotional support on quality of life compounds with the independent detrimental effect of being a cancer survivor. Interventions that increase emotional support are likely to promote resilience and improve quality of life for cancer survivors.

Session 3B Caring for the Older Population - Room: SU15

Understanding the care and support needs of older people: a scoping review and categorisation using the WHO International Classification of Functioning, Disability and Health framework (ICF)

Sarah Abdi, University of Sheffield

Addressing the unmet care and support needs of older people is becoming one of the major public health priorities in the United Kingdom. In order to develop effective solutions, it is important first to identify and understand the care and support needs of older people. A scoping review was conducted, using the Arksey and O'Malley original and enhanced framework, to map the care and support needs of older people, focusing on those living at home with chronic conditions. The search was conducted using five electronic data bases, grey literature and reference list checks. The WHO International

Classification of Functioning, Disability and Health (ICF) framework was used to analyse and categorise the literature findings. Forty studies were included in the final analysis. The review highlighted that older adults faced a range of physical, social and psychological challenges due to living with chronic conditions and required care and support in three main areas: 1) social activities and relationships; 2) psychological health; and 3) activities related to mobility, self-care and domestic life. The review also highlighted that many older people demonstrated a desire to cope with their illness and maintain independence, however, environmental factors interfered with these efforts including: 1) lack of professional advice on self-care strategies; 2) poor coordination between services; and 3) lack of information on services. The review highlighted that older people living with chronic conditions have unmet care needs related to their physical and psychological health, social life, as well as the environment in which they live and interact.

An Ethnographic Study of Elderly Nursing Care Culture in Jordanian Nursing Homes Rasha Dalaeen, University of Bradford

The dramatic increase of the elderly population around the world has contributed to increase attention on improving the health of the elderly within community and healthcare settings. Like many other countries, Jordan has always sought to improve the quality of life for the elderly. In Jordan, elderly care in nursing homes is unusual but exists nevertheless and has become part of the Jordanian culture. Jordanian studies among nursing-home residents show that they are the most vulnerable people in society in that they live with disabilities, have complex multi-morbidities and experience polypharmacy. However, there is a lack of research in nursing home culture and of the nursing care provided to the elderly in Jordan. This has resulted in the absence of benchmarks for the quality of care in these institutions.

Aim: To explore the nursing care culture provided to elderly residents in nursing homes in Jordan.

- Gain deeper understanding of the kinds of nursing care now delivered by nurses in nursing homes in Jordan
- Ascertain the attitudes of nurses towards older residents and how their care is organised
- Understand the barriers and challenges toward providing the best care for older people in Jordan

This study will select 3 very different nursing homes in Jordan's capital Amman and conduct a study for a period of 6 months. The study will involve participant observation, informal and formal interviews and will examine existing documents.

Ethics approval has been also granted by the Chair of the Humanities, Social and Health Sciences Research Ethics Panel at the University of Bradford on 09/03/18 and from the three nursing homes included in this study in Jordan.

Data Analysis: Extracted data will be analysed using Framework analysis to develop themes.

Collecting self-report research data with people with dementia living in care homes: benefits, challenges and best practices

Devon Perfect, University of Birmingham

One-third of people with dementia live in care home settings and to deliver better evidence-based care, robust research including clinical trials is required. Concerns have been raised by researchers about the capacity of care home residents with dementia to participate in clinical trials. This includes self-report measures, completion of which researchers have suggested may be unreliable or cause distress. Many trials, therefore, utilise only proxy completed outcome measures. This is despite evidence that individuals with mild through to advanced dementia can reliably report on outcomes, if appropriate measures and approaches to data collection are used. However, little has been written about best practice in data collection with this group. This study aimed to explore the experiences of researchers working on dementia trials in care homes and identify best practices to assist design of future trials. Thirty-three researchers completed an online, qualitative questionnaire outlining their experiences and the perceived benefits and challenges of data collection with people with dementia. Benefits included modelling person-centred care, hearing the voice of people with dementia in a trial, researchers providing an opportunity for social interaction, increasing researcher knowledge about how interventions impact and gaining multiple perspectives. Challenges included effective communication, fluctuating capacity, causing distress, time pressures, and staff availability, with researchers making suggestions about how these can be overcome. Challenges could be overcome using appropriate methods for collecting data. Training for researchers on data collection with people with dementia was identified as important for ensuring successful data collection.

Session 3C Ageing in a Transnational Context - Room: John Casken Theatre

Older migrants in the Netherlands: Navigating carescapes, negotiating good lives

Hanna Carlsson, Radboud University Nijmegen

In the last decade, elderly care has moved out from the institution to the neighbourhood. This shift has created a new landscape of interconnected care and welfare services which older people must navigate to access care. Older migrants in the Netherlands have worse health than native born older people and use less formal care. There is therefore concern that older migrants are getting lost in the care landscape, both because of barriers to access and because of a lack of sensitivity to cultural diversity in services once accessed. This paper focuses on older migrants' individual experiences of 'care navigation', drawing on interviews with eighteen older migrants in Nijmegen, from different ethnic, socioeconomic and educational backgrounds.

Firstly, we discuss how factors such as language skills, participation in local communities and previous experiences of the Dutch care system situate participants in the care landscape. Secondly, we discuss how the participant navigate the care landscape, by negotiating their perception of good care and by drawing on the various resources available to them. We conclude that older migrants' navigation of the care landscape is part of their continuous journey through time and space. Rather than being stuck in time or space, older migrants use their capabilities to (re)negotiate what good life is in old age.

Ties that Bind: Place Attachments of Transnational Retirees of Thai Descent

Tassya Putho, University of Surrey

Individuals with migratory backgrounds experience ageing in different ways across varied geographical and temporal spheres. Transnational retirees of Thai descent, who spent most of their lives living in the United States, harbour different attachments to Thailand and the United States as 'home' places. These place attachments are intensely materialised and actualised in later life when the retirees have access to better resources including financial stability, greater human capital, and increased leisure time. Results from 52 interviews conducted with this culturally specific group of transnational retirees and their families in Thailand and the United States revealed a spectrum of mobility practices in later life that could impact sending, transit, and receiving societies in the long term. Some had opted to remain in the United States while others had returned to settle in Thailand, all for various reasons including but not limited to family dynamics, care obligations, and renegotiations of identities in later life. Almost all of the interviewees also engaged in circular movements, optimising different elements in the two places. This study aspires to offer new insights on transnational ageing and the meaning of 'home' for ageing individuals with a history of migration and spectrum of mobilities, particularly in the context of place attachments in later life.

Health, ageing and a hostile hospitality: Understanding asylum applicants' narratives of life, health and ageing in the UK

Louise Tomkow, The University of Manchester

A growing literature problematises the UK's current, restrictive approach to immigration. This paper, with its theoretical roots in critical medical anthropology, asks how forced migration impacts the health of older asylum applicants. Semi-structured interviews with middle aged and older asylum applicants in Greater Manchester were conducted between August 2017 and June 2018. Drawing on narrative analysis, the author explores how middle-aged and older asylum applicants in the UK speak about health in relation to lived migratory experiences.

Participants faced multiple intersecting structural violences, placing them in unique positions of disadvantage. The majority felt their health was poor and told of the difficulties of life in the UK. Stories of homelessness, poverty and exclusion dominated, underpinned by the erosion of their perceived trustworthiness and credibility through encounters with the Home Office and its officials. They narrated particular personal

experiences of social, political and economic strife in exile and correlated them with narratives of illness.

The author proposes biocredibility as a novel theoretical concept to analyse this correlation. Biocredibility describes how visceral descriptions of biological suffering can function as a narrative tool by adding credibility to accounts of experienced adversity. For discredited and marginalised asylum applicants, biocredibility represents a strategy used to re-negotiate credibility and so urges a critical consideration of the socio-political contexts in which it is observed. This research raises questions about the narrative biologisation of complex human life in global yet austere contemporary times.

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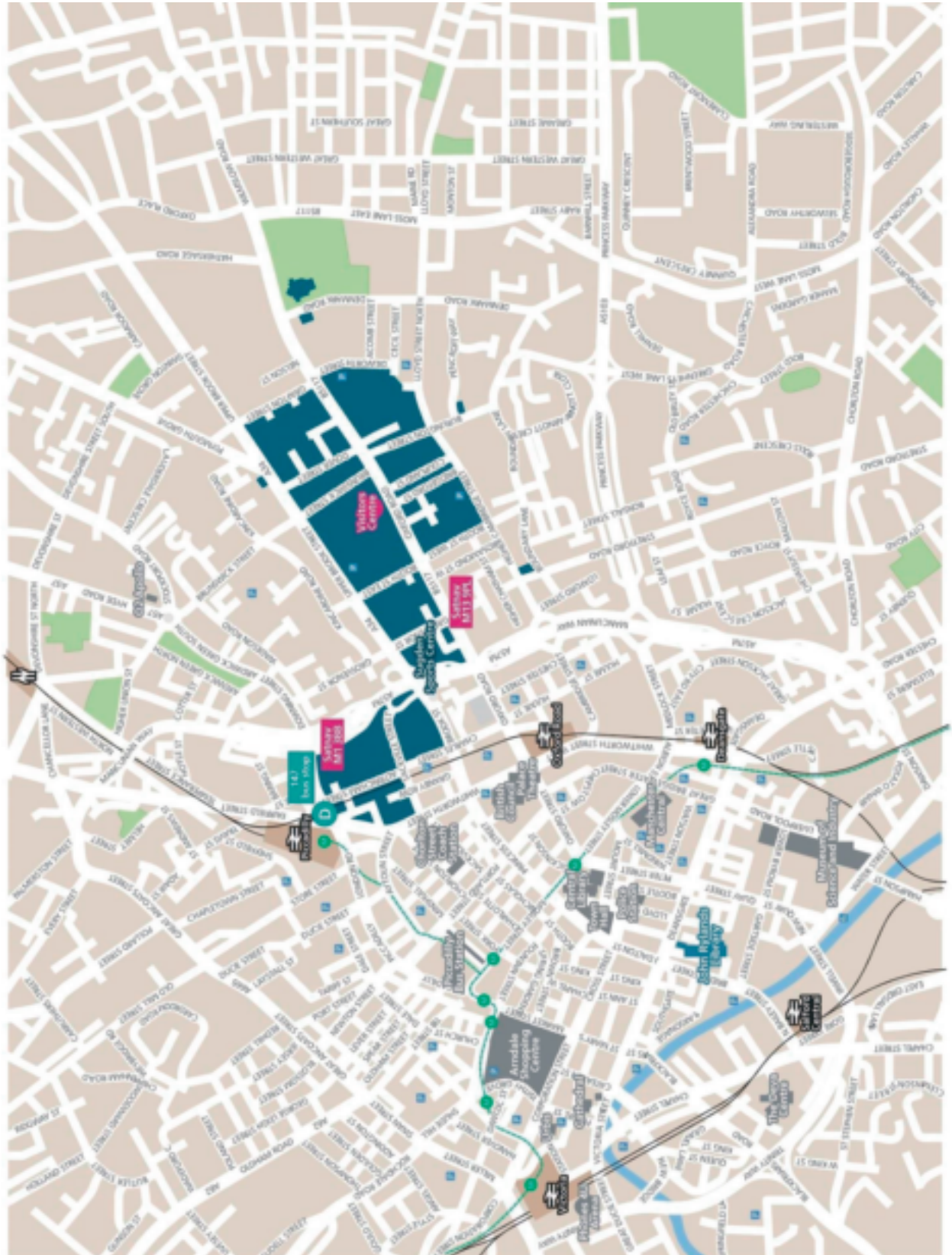
Campus Map

An interactive version of this map is available from:

<https://www.manchester.ac.uk/discover/maps/interactive-map/>



City Map



Notes

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