

# Generations Review

## The Newsletter of the British Society of Gerontology



### Message from the President and Secretary

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#### GENERATIONS REVIEW

The Newsletter of the British Society of Gerontology is published by the Society four times a year, and sent free to members of the BSG.

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On this occasion we have decided to write a joint report rather than run the risk of saying the same – or very similar – things twice!

Members are now well aware of the Society's five-year strategy (2009-2014) and, at our November Executive Meeting, we signed off the updated and revamped strategy for years 3 and 4. This is now available to read on our website. Over the next few months, we are likely to be making some further amendments to our task/strategy groups as, sadly, some members' terms of office come to an end, and as the balance of our activities change. Look out for the calls in early 2012 to nominate



Sue Venn  
Secretary

people onto the Executive – both for officer positions and for committee members.

As ever, we also welcome feedback from members about our website as it continues to develop under Rachel Hazelwood's watchful eye.

The **Averil Osborn Award** fund was set up

by the BSG to encourage and support research work that enhances the quality of life and citizenship of older people. Applications are invited from projects in which older people lead or directly participate and are awarded in the range of £500-£3000 each year. All submitted projects are assessed by a panel comprising Clive Newton, Age UK, Chair, Sue Venn as Secretary, Robert Peacock, Susan Tester and Kate Davidson. This year we have received 14 applications, an unprecedented number, and they are currently under assessment. Successful applicant(s) will be informed in the New Year and the results circulated in the February email update.

Our November Executive meeting welcomed three new committee members: Cassie Phoenix from the Peninsula College of Medicine and

Dentistry in Cornwall who has also joined the International Relations Group; Debbie Cairns from Brunel who is now on the Conference/Small Events Group; and Naomi Woodspring from the University of the West of England who has joined the Membership and Communications Group.



Mim Bernard  
President

As the new Co-Chairs of BSG-ERA, Debbie and Naomi are currently revamping ERA's publicity and marketing materials in preparation for upcoming events and conferences in the new year. As reported elsewhere in GR, they also spoke about their plans for ERA at a joint event held recently at Keele University looking at 'Life after a PhD'. Plans are in hand to hold another such event at Brunel University in 2012.

BSG was also well represented at the 64<sup>th</sup> Annual Meeting of the Gerontological Society of America held in Boston from Nov 18<sup>th</sup>-22<sup>nd</sup>. In addition to a stimulating academic programme, a group of us got together for a BSG meal on the Saturday night where we sampled the famous seafood! Reports of the conference are included in this issue of GR.

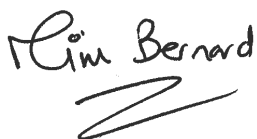
Looking forward to next year, we'd like to ask members to think seriously about nominees for the BSG Outstanding Achievement Award. Details can be found on our website (<http://www.britishgerontology.org/membership/bsg-outstanding-achievement-award.html>) and we ask that nominations are sent in by the end of May. Remember too that this award isn't just about recognising academic achievement: it is meant to recognise significant and lasting contributions to British Social Gerontology be that through campaigning, teaching, lobbying, service provision, fundraising, journalism or research. In particular, the award is made to an individual or organisation that has made a significant impact on the policy process and has helped improve the quality of life of older people.

## Message from the President and Secretary

If you've not already done so, please note the dates of next year's Annual Conference, which we at Keele have the pleasure of hosting from Wednesday July 11th-Friday July 13th, 2012. Take a look at our website - <http://www.keele-conferencemanagement.com/bsg2012> - where you will find details of how to register and instructions for how to submit your abstracts.

You will also see information about how to apply for **Bursaries**, which are designed to support the attendance of students and early career researchers at the conference. Please do look out for the call for applications for Bursaries, which will be appearing in the monthly e-mail updates. The deadline for bursary applications is **Friday 23rd March 2012** and decisions will be made by **Friday 20th April 2012**. Further information can be found on the conference website and in the Members' area of the BSG website, or alternatively please feel free to contact Sue Venn directly. Please also note that retired and/or unwaged BSG members are also eligible to apply. We both wish you all a very Happy New Year!

**Mim Bernard – President**  
**Sue Venn – Secretary**



Centre for Social Gerontology

### British Society of Gerontology 41st Annual Conference

**BSG2012@Keele: 11th - 13th July 2012**

Visit the BSG website and click on BSG 2012 Conference for more information.

E-mail:

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British Society of  
**Gerontology**

*Not a member of BSG?*

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

*If you would like to receive further copies of the Generations Review and/or future ones please let us know. Also comments on the content and design of the Generations Review are welcome.*

## News and Reviews

### 'Keeping Fit in Later Life', BSG Scotland

Pauline Banks  
University of the West of Scotland

British Society of Gerontology Scotland Symposium, Keeping Fit in Later Life, will be held on 15<sup>th</sup> March 2012 at Glasgow Caledonian University

Keynote speakers include:

**Dr Ruth Jepson** is the Senior Scientific Advisor for the Scottish Collaboration for Public Health Research and Policy (SCPHRP).

**Dr Emmanuelle Tulle** is Senior Lecturer in Sociology at Glasgow Caledonian University. Emmanuelle has over 10 years' experience of conducting research on sport, physical activity and later life.

**Dr Dawn Skelton** is Reader in Ageing and Health at Glasgow Caledonian University. Dawn is the Scientific Advisor for the Society for Physical Activity, the Prevention of Osteoporosis, Falls and Fractures, and the British Heart Foundation National Centre for Physical Activity.

**Dr Fergal Grace** is a Senior Lecturer at the University of the West of Scotland. He has been identified as one of the world's most productive authors in anabolic steroid research, and also publishes in a variety of physiology related topics ranging from cardio-respiratory function to nutritional supplementation.

### Gerontological Society of America, 64th Annual Scientific Meeting

Michelle Rickett and Julie Melville  
Keele University

We both attended our first GSA conference in Boston last November. Michelle is a postdoctoral researcher on the collaborative 'Ages and Stages' project at Keele University, which is looking at representations of ageing and the experiences of older people within the theatre. Julie is a PhD student, also at Keele, who is studying the UK's first purpose-built Intergenerational Centre.

The sheer size of the conference and the diversity of subject matter initially seemed daunting, but we soon found that it was a friendly, welcoming atmosphere and a well organised programme. It was also nice to see many familiar faces from BSG and to have the opportunity to talk to people in the field that we would not normally have the chance to do. The conference was in a great location (the Hynes Convention Centre) in central Boston.



Boston Tram

We had a 10 minute walk through two malls and passed various coffee shops to reach the conference venue; we (mostly) showed restraint in not shopping on the way there or back!

After sitting for hours in a local coffee shop deciding which sessions to attend, we had a manageable and exciting programme to look forward to. We both attended the sessions that were most relevant to our current research, but also took time to go to sessions that simply intrigued us or had some resonance to our own lives (as a dog lover, Michelle couldn't resist the symposium on Animal Assisted interventions, including a paper titled 'Tails of Care'!).

We both really enjoyed being at a conference with so many papers and symposia focused on the social aspects of ageing. One highlight was the 'Changing Age' symposium, which explored how education might be used to change societal views on ageing, and included thought provoking papers by Harry Moody on the 'risk society' and Jennie Keith on cross-cultural views on changing age. We also appreciated the organisation and prominence of the poster sessions that were placed in the Exhibition Centre during the middle of the day and grouped in time slots with similar topics. Michelle enjoyed the symposia on narrative gerontology and was fascinated to hear blues singer, Toni Lynn Washington, talk about her experiences in the music industry over almost 60 years (she was also delighted to bring a signed CD home with her!).



Prof Tom Kirkwood, awarded the 16th Annual Longevity Prize of La Fondation Ipsen.

We were both nervous about presenting, but the environment in our sessions felt encouraging and supportive. Presenting on Sunday afternoon/ evening resulted in smaller numbers of people in the audience, but it was great to have the opportunity to share our research with people with similar interests. In order to calm our nerves, our strategy was to distract ourselves before the presentation by doing a 'Duck Tour of Boston' and to reward ourselves after each of our presentations by going to the Cheesecake Factory for some dessert where we could choose from a selection of over 50 cheesecakes!



Charles River, Boston

Once the conference ended, we had arranged to meet with some Belgian colleagues to spend some time exploring Boston and visited the Boston Public Library, walked the Freedom Trail, and even made it to Cambridge to walk around Harvard University's campus.

## ILC-UK and Actuarial Profession Joint Debate: Older Workers, Health and Employment

Felicity Jowitt  
Brunel University

Dame Carol Black, Department of Work and Pensions gave a very interesting keynote speech on trends in the health of older workers and the economic benefits of keeping your workforce healthy. Dame Carol Black pointed out that in 2010, total employment in Britain went up by 218,000 - of which 104,000 went to the over 65s so nearly half of all new jobs went to just 3% of the labour force. By 2020 almost a third of the workforce will be over the age of 50. Around 60 per cent of over 50s would like to continue working after state pension age, but on a part-time basis. Two-fifths would like to stay in their current jobs, but with greater flexibility in hours or days worked.

A representative survey of 2,000 employees carried out by DWP indicated that over a 12 month period: fewer older workers took any time off due to sickness absence (41% of those aged 55+ had any sickness absence compared with an average 48% for all employees). However, of those that took time off, average working days lost were higher (18.2 days compared with 10.3 days for all employees). Overall, the average number of working days lost per older worker (including those with no absence) was 7.6 days compared with an average of 4.9 days for all employees. She gave the example of Older Workers at Lafarge Construction in Canada where they calculated that costs could be reduced by \$30 million within 3 years by early diagnosis and treatment and improving medication adherence for asthma, diabetes and heart disease. So they introduced an active screening and health education scheme. She also gave an example of flexible working at Asda who currently employ over 20,000 older workers (19% of workforce). These include one week unpaid leave for grandparent or carer duties, 'Benidorm Leave' – up to three months unpaid leave, and the 'Seasonal squad' – who choose to work only during 10 busiest weeks of the year (Christmas, Easter). Asda has found that absenteeism has reduced to levels that are a third lower than the national average for this industry.

Dr Robert Johnson, University of Bristol presented a case study of a limiting condition that affects a lot of older people, Shingles, and how it is followed by a period of chronic pain.

Chris Ball, from The Age and Employment Network (TAEN), highlighted the need for more occupational therapists. He gave the example of Boots, who are encouraging their employees to adopt a healthy lifestyle.

After the talks there was a panel debate with the speakers and panellists, Russell Turner, the head of occupational health, at Marks and Spencer and Dr Ross Wilkie, an epidemiologist specialising in musculoskeletal conditions from Keele University, with questions from the audience. Russell Turner talked about the demographics of their employees, mostly women, and how there has been a shift in their occupational health drive from simply reducing absences, to lifelong health for all of their employees.

## Peter Townsend Policy Press Award

Kathryn King, The Policy Press & Robin Means, University of the West of England

On October 6<sup>th</sup>, 2011 Julia Johnson and Randall Smith were presented with the inaugural Peter Townsend Book Prize at a ceremony at the British Academy for their study (with Sheena Rolph) of 'Residential Care Transformed: Revisiting the Last Refuge'(Palgrave MacMillan). It was very fitting that the first winner should be an innovative study of how residential care has evolved overtime which takes as its starting point Peter Townsend's own classic study of such care, 'The Last Refuge'. Straddling the boundary between history and sociology, the authors trace with the help of one hundred older volunteers what happened to the 173 homes visited by Peter Townsend in his 1963 study. They also revisited 20 of the surviving local authority, private and voluntary homes so as to compare them now and then.



Randall Smith receiving award from Baroness Corston.

As many GR readers will know, Peter Townsend was one of the most distinguished global figures in contemporary social policy and sociology and was formerly Emeritus Professor of Social Policy and Senior Research Fellow in the School for Policy Studies. The Peter Townsend Policy Press Prize, supported by the British Academy and The Policy Press, has been established to honour his memory following his death in 2009.



Julia Johnson receiving award from Baroness Corston.

## Life After a PhD for Researchers on Ageing and Later Life

John Miles  
Keele University

Around 30 people gathered at Keele for this one-day conference on December 9th. Besides staff from the Centre for Social Gerontology, and the two co-chairs of ERA, there were Keele gerontology students and post-doctoral staff involved with the humanities, social sciences and primary care. Returning to present alongside our visiting fellow Anu Leinonen from Jyväskylä in Finland were former postgraduates now working at Staffordshire, Wolverhampton, and Hertfordshire, with other delegates making the trip from Nottingham, Bristol, Chester and Liverpool. The event was organised by Keele's current postgraduate students to bolster the work of the Centre, honour our immediate predecessors, and give a boost to the work of ERA. Presentations were very strong. An expansive lunch-time seminar from Debbie Price drew on qualitative data to critique the government's financial capability agenda and expose the way it both serves, and fails, neo-liberal economic policies. Drawing on some services in kind from the university we were able to match the current mood of austerity and run the day for less than £500.

Sheila Peace gave the opening keynote, bringing a personal and historical perspective to her discussion of interdisciplinary working. A team combining staff from the OU and Loughborough had cut across social gerontological, ergonomic, qualitative, and quantitative, specialisms in their research on kitchen design. Sheila suggested that gerontology's uniqueness lay in its multi-disciplinarity, which, as separate disciplines develop their own discourses on ageing, is perhaps being called into question. Her points prefigured a panel discussion on career development and a workshop on the future of ERA. There was agreement about the shock of an ending associated with completing a PhD, with Mo Ray (pragmatic and exploratory) and Debbie Price (strategic and programmatic) offering contrasting approaches to change and development. Several recent graduates followed Debbie Cairns in identifying flexibility, persistence and the need to go the extra mile in kick-starting a career in the cash-strapped present – although one or two professors were keen to point out that contract-working is not necessarily new. A role for the BSG in facilitating and developing employment support networks was sketched out. Similarly, it was considered that ERA, alongside its well-established support for PhD students, needs to face both ways, embracing those considering postgraduate study along with those embarking on post-doctoral careers. Naomi Woodspring (who found the day 'really rich and helpful') made a persuasive case that ERA should also develop an on-line social networking component.



John Miles, Charles Simpson



Nicola Westwood, Amy Bennian



## Broken Down by Age and Sex: Ageing in the 21<sup>st</sup> Century

Akile Ahmet and Debbie Cairns  
Brunel University

On Tuesday 15<sup>th</sup> November 2011 Professor Christina Victor presented her inaugural lecture at Brunel University to an audience of over 100 academics, practitioners, policy makers, students and the general public.

Professor Victor began with an insightful introduction to her early life which she titled 'From Grays (her home town in Essex) to Gerontology'. Professor Victor's early life focused on becoming a top international swimmer and she was destined to go to Loughborough PE College on a swimming scholarship to train to be a PE teacher. However, with encouragement from her course tutor, Professor Victor pursued an undergraduate degree in Geography at Swansea and then completed an MPhil in medical geography at Nottingham. Soon after, Professor Victor was offered a research post at the Welsh National School of Medicine where she worked in a newly created research group focussing on the care of older people. Here she completed her PhD and found her passion for ageing research. Professor Victor went on to carry out her research interests in social/public health aspects of ageing while lecturing across a range of universities. In 2009 Professor Victor joined Brunel University as Professor of Gerontology and Public Health as well as Director of the Doctorate in Public Health.

After a brief overview of her career development over the years, Professor Victor raised the question 'what is gerontology and ageing?' A number of thought provoking questions followed such as 'what causes ageing?', 'what is ageing?' and 'how do we prevent ageing?' all of which were addressed by both insightful and humorous answers. It will come as no surprise to many that Professor Victor's solution to preventing ageing is swimming (Professor Victor is currently ranked number 2 in the UK in her masters swimming age group 200 meters Butterfly). As she quoted from JM Stager (2010): '*habitual swimmers are biologically up to 20 years younger than their actual age*'.

A further question raised was '*how do we define old age?*' where Professor Victor described the variations in what is defined as 'old age' in different countries. The presentation went on to affirm that we are an ageing population and life expectancy is on the increase. With ageing comes stereotyping and a loss of autonomy; many examples were provided including the assumption that older people decay in intellect. In addition, ageing is often thought to be accompanied by loneliness, a popular misconception that has been examined in recent research by Professor Victor.

Ageism was another prominent topic that was addressed. Ageism involves prejudicial attitudes towards older people, old age, and the aging process; discriminatory practices against older people; and institutional practices and policies that perpetuate stereotypes about older people. Professor Victor postulated that the current failings in the care of older adults in the NHS were the reality of Ageism.

It was clear throughout the presentation that the audience was captivated, not only by the interesting questions raised by Professor Victor and the research she discussed, but also by her humour and extensive knowledge in the field of gerontology. The presentation ended with a very thought provoking quote: '*Unless we are old already, then the next old people will be us*' (Alex Comfort, 1976).



Professor Christina Victor



Professor Victor in competition

## Ageing & Society Update

Christina Victor and Suzanne Moffatt  
Ageing & Society Editorial Board

Ageing and Society is the official journal of the British Society of Gerontology. The journal editorial team consists of Christina Victor (Brunel University) as editor, the deputy editor Jim Ogg (Caisse Nationale d'Assurance Vieillesse, Paris) and three assistant editors - Glenda Cook (Northumbria University); Sally Keeling (University of Otago) and Simon Evans (University of Worcester). The editorial team elegantly exemplifies the international nature of the journal and our mission to publish high quality research that covers all aspects of ageing and later life. The journal is published 8 times a year and we also have a 'first view' facility so that you can see papers accepted for publication but not yet available in the print editions. Ageing & Society has moved to online submissions and, indeed, the entire editorial process is now managed on-line. We are planning some changes to the guidance for authors to reflect the on-line submission process and changes in editorial practice such as providing details of ethical approval processes (if necessary), declaring conflicts of interest and confirming that all authors agree to the publication of the article! Visit the journal website for details of these changes, a revised process for submitting special issue proposals and access to the entire journal digital archive.

The journal is published by Cambridge University Press (CUP). BSG and the Centre for Policy on Ageing (CPA) are co-sponsors of the journal. The journal is overseen by an Editorial Board which consists of the editorial team, the publishers, distinguished academic gerontologists and representatives of both BSG and CPA. BSG currently has two representatives - Julia Twigg (University of Kent) and Suzanne Moffatt (Newcastle University). We have recently appointed three new members to the Editorial Board, Catherine Degnen (Newcastle University), Rebekah Luff (University of Southampton) and Sally Richards (Oxford Brookes University) reflecting the multi-disciplinary nature of the journal. The editorial board meets twice a year and is the forum within which the direction and strategy for the journal is debated. We are always very happy to receive feedback on the journal from BSG members, either via the BSG board members or directly to the editorial team. We are particularly keen to receive ideas for special editions of the journal. We are always especially keen to recruit new authors and to augment and refresh our team of reviewers. If you are interested in becoming a reviewer then please contact the editorial team. We look forward to hearing from you.



### Editorial Board:

Professor Christina R. Victor  
Dr Jim Ogg  
Professor Glenda Cook  
Dr Simon Evans  
Dr Sally Keeling  
Dr Caroline Holland  
Dr Josephine Tetley  
Dr Catherine Degnen  
Dr Rebekah Luff  
Professor Jill Manthorpe  
Dr Suzanne Moffatt  
Dr Sally Richards  
Professor Julia Twigg



Cambridge Journals is delighted to offer BSG members a discounted subscription to the Canadian Journal on Aging / La Revue canadienne du vieillissement.

## Who's Who

### Dr Alisoun Milne

Reader in Social Gerontology and Social Work, School of Social Policy, Sociology and Social Research, University of Kent

#### Describe yourself in three words.

Lively, challenging, humorous.

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

I did Geography as my undergraduate degree after which I worked for an organisation called the Richmond Fellowship that ran therapeutic communities for people with mental health problems. I was sent to work in New York by them after two years in London which felt very exotic at the time (apart from the People's Express airline service... long gone!). In 1985 I did social work training course at Goldsmiths College followed by about 5 years in local authority social services departments in South London. During that period I trained as an Approved Social Worker and spent a week (my idea, not theirs) on an inpatient and day unit for older people with mental health problems. It was recognising the very poor deal that this group of patients received that was – with hindsight - a turning point for me. By this time I had acquired an MA in Social Research and had also become a mother.

In 1993 I jumped from social work into the University sector via a research project on community care and older people at the Personal Social Services Research Unit at Kent. In 1996 I moved to the Tizard Centre where, over a period of about 14 years, I built up a portfolio of work on mental health and later life and family carers and where I made some of the closest working relationships of my career. In 2010, having worked part time for a number of years, I moved to work full time in the social work group within the same School. I was also awarded a PhD (via the publication route). It is interesting to be around social work again and I am really enjoying having regular contact with practitioners, service users, carers and to have a role in (trying to) embed gerontological expertise into social work training. There are many challenges ahead. I continue to pursue my research and writing interests and aim to contribute to the 'bigger picture' when I can in terms of policy and practice. I am acutely aware that whatever the stresses are in balancing about 100 things on the head of a pin how very very fortunate I am to have a job I enjoy at least 80% of the time, have colleagues I have great regard for (inside and outside of Kent), and to wake up most days wanting to do what I do!

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

Believe in yourself.

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

My mother who is a retired doctor. She is a shining example of what is possible for women to achieve in all senses – as a professional, mother, partner, friend and well rounded person with interests and a perpetual desire to learn and challenge the 'perceived wisdom'.

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

I have two '*Catcher in the Rye*' by JD Salinger and '*Have the men had enough?*' by Margaret Forster.

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

I am very keen on yoga which I have been practicing for 18 years now. I have recently become interested in hot yoga and Thai yoga and think that (well taught) yoga is simply the best way to keep healthy. I also swim regularly and learnt to ski when I was 49. I enjoy travel, spending time with family and friends and the odd glass of wine (or 3).

#### What's the future for ageing research?

That is a difficult question. I think the way forward is inevitably multi-disciplinary especially in areas where one discipline cannot possibly provide the 'answers' – dementia related research is a key example of this. A greater pooling of resources between research teams, funders, and countries is also likely as the recessions(s) bite and cross fertilisation of ideas and innovations deliver in ways that a single discipline or team cannot. I know this is not the question but I worry about new researchers coming along: we need to encourage and protect them. I am also concerned that we retain a strong focus on the groups and issues that are squarely the concern of social gerontology (& social work too): poverty and old age, older carers, older women, care home residents, and that we ensure we act as a barometer of the impact of public sector cuts on the quality of life of older people in our society especially vulnerable groups.





## Cutting Edge

### The Circle of Life

Ruth Basten  
Keele University

I am currently completing the second year of my PhD which is linked to the NDA funded project: *Ages and Stages: The Place of Theatre in Representations and Recollections of Ageing*. *Ages and Stages* is a collaborative research project, running from October 2009 to July 2012, and is being conducted by a multidisciplinary team of researchers at Keele University, in partnership with the New Vic Theatre, Newcastle-under-Lyme.

#### The Circle of Life

My own research, entitled *The Circle of Life*, aims to explore the musical documentary dramas of Peter Cheeseman and The Victoria Theatre by looking in detail at two of the documentaries: *Fight for Shelton Bar* (1972) and *Nice Girls* (1993). I aim to discuss the similarities and differences between the source materials from which the documentaries were constructed; and across these documentaries themselves. The project will develop a specific focus on the way that these musical documentaries dealt with ageing and intergenerational relations within a very specific social context. I am working with the Cheeseman archive (housed at Staffordshire University), engaging with it as a dynamic part of the musical documentaries rather than merely context. Through my own presentation of this research I am showing that the musical documentary dramas are not finite documents; instead, they are only one construction of the 'truth'. My research is looking at alternative narratives and thus alternative 'truths'.

The literary analyses will explore to what extent the musical documentary dramas represent 'real life' on stage by acknowledging that these final productions are only one reiteration of the archival material. I am researching not only what was presented in the finished dramas, but also acknowledging what was left out or removed during the process, recognising that this archival material is a record of a community's past feelings endowed with various implicit senses of the life course. I am conducting literary analyses of key scenes from both dramas as well as integrating the original tape recordings, transcripts and archival material on which the dramas are based. In this way, I will be uncovering to what extent Peter Cheeseman achieved his aim of 'giving voice to the local community', both through the documentaries and through the theatre's social and political stance and its relationship with the community.

Narrative is central to my research, both in terms of the methodology I am using as well as being central to the musical documentary dramas themselves. When asked in 1999 what lay at the heart of his work Cheeseman replied:

'Giving a community an identity, its historical identity, through re-telling its stories on the stage' (Giannachi & Luckhurst, 1999, p.15).

It is the importance of the community's narrative to Cheeseman which led to the creation of his musical documentary dramas and it is these narratives which I am extending by carrying out further narrative interviews with those involved. By becoming both a "storyteller" and a "story analyst" (Smith and Sparkes, 2008) I am gathering and analysing narratives from the people who were involved in the original documentaries either as part of the company or as participants in the documentaries. I am using both "narrative analysis" and "analysis of narrative" (Polkinghorne, 1995) in order to 'thicken' the data collected from the archive and to explore whether it has had resonances and implications throughout the life course of those who participated.

My research draws on a number of areas of scholarship. These include: the literature surrounding the Victoria and New Victoria Theatres (the 'Vic' and 'New Vic') and its longtime Director Peter Cheeseman; literature surrounding the style of performance venue known as theatre-in-the-round; and literature surrounding what is variously known as documentary drama and verbatim theatre, past and present. Given the primary material on which my thesis is based, it has been important to begin with the literature surrounding the theatre and related areas, in order to support my work on the archive and to place it into context. These are the areas on which I have focused much of my research thus far.

Whilst the Vic is not a theatre designed specifically to engage with older people, the Vic documentaries do include material relating to the lifecourse, and Peter Cheeseman often deployed ageing and older members of the community as a rhetorical trope. The documentaries also sometimes elide or omit material relating to ageing as I have found happening within the archive work I have been carrying out relating to *Fight for Shelton Bar*. As my research progresses, I have become aware that as traditional ideas of reality, knowledge and truth are eroded, research can no longer aim to discover 'the truth' but what it can do is listen to the voices of others and find new ways of re-presenting them. In keeping with a performative social science orientation (Jones, 2011), I intend to re-present my discussions and, in part, my findings, through the creation of 'plays' which will explore performatively varying representations of age and the life course.

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## Poor Law Institutional Care For Older People In The Victorian Birmingham Workhouse

Alistair Ritch  
University of Birmingham

### Old Age in the Past

In the past old age was recognised as a distinct stage in the life course, although the chronological age at which it began was never well defined. The proportion of those aged over 60 years in the English population remained between 7% and 8% throughout the nineteenth century (Smith, 1984; Laslett 1984), as did those aged 65 years and above at around 4.6%, although this represented an absolute increase from 932,000 in 1861 to nearly 1.4 million in 1891 (Laslett, 1977; Boyer and Schmidle, 2009). Past societies have consisted of large numbers of older people who were 'visible' within their community (Thomson, 1991; Thane 2000). The increasing institutionalisation of older people from the late eighteenth century resulted in their marginalisation from parish life; for example, the proportion of the paupers aged 65 years and over relieved in workhouses increased from 13% in 1851 to 20% in 1891 (Thomson, 1983).

Despite the significant numbers of older people in European societies, there has never been consistent agreement as to which members of a community were old. Thane (2000) has described the ways that old age has been defined in the past as chronologically, using a person's age; functionally, in terms of the capability to perform tasks; biologically, on the basis of physical characteristics and fitness; and culturally, as defined by those whom a society regarded as old. Thus old age has had many different meanings in societies in the past.



Workhouse, 1850's

## Poor Law Amendment Act

The Poor Law Amendment Act of 1834, known as the New Poor Law (NPL), created a central authority to establish national uniformity and combined parishes into larger Unions, run by Boards of Guardians, for local implementation and the erection of larger workhouses. Paupers could receive outdoor relief in their own homes or indoor relief in workhouses, where adults were divided into 'able-bodied' or 'aged and infirm', although there was no clear definition of either category. Crowther (1981) has described this development as the 'first national experiment in institutional care'. The NPL did not produce a national definition of old age and no statistics were collected based on age until 1913. So the identification of inmates who would have been regarded as old is likely to be imperfect. Nevertheless, older inmates have been shown to be the largest single group of adults within the workhouse, those aged 65 and over increasing steadily from 19.8% of all workhouse inmates in 1851 to 31.7% in 1911 (Williams, 1981). However, they were subjected to the workhouse system, which was deliberately depersonalising to deter admission. Discipline was strict, the routine was monotonous, the conduct of inmates was subject to continuous surveillance and the system ensured loss of individuality.

## New Birmingham Workhouse

The second, or New, Birmingham Workhouse opened in 1852, with accommodation for 1,610, including 17 for officers, 80 for tramps, 602 for adults and 310 beds in the infirmary. The 270 beds for non-able-bodied adults constituted 17% of the total and were classified as follows: 74 for infirm and aged men plus 40 for those 'of better character'; 83 for infirm and aged women plus 60 for those 'of better character'; and 16 for married couples (Langford, 1871). The information which follows has been extracted from the minutes of the Board of Guardians for the Parish of Birmingham and the Board's various committees, available in the Archives and Heritage Service in Birmingham Central Library. The quota of beds for older inmates soon proved inadequate, as there were 377 'old and infirm' inmates present during the first quarter of 1859, comprising 32% of all inmates. Although the actual number of older inmates increased to 614 in 1866, their proportion within the workhouse remained similar at 30%. However, this rose to 38% when their number grew to 614 in 1877 and to 953 in 1880, reflecting a greater use of indoor relief and longer lengths of stay. Overcrowding in the workhouse frequently occurred and was most marked in the departments for aged men and women. From 1893, the returns to the Local Government Board (LGB) were on the basis of 'non-able-bodied' rather than 'old and infirm' and so may have included younger inmates. The number in this category had increased to 1071 that year and rose to 1290 by the end of the century, although the proportion of total inmates remained static at 41% and 43% respectively. Correcting these figures to exclude younger individuals,

gives proportions of 33% and 34% respectively, nearer those in the 1850s and 1860s (MacKinnon, 1988).

### Victorian Attitude to Older Paupers

The Report of the Royal Commission on the Poor Laws in 1834 only gave brief mention of older paupers, but did accept 'aged and impotent persons' as 'proper objects of relief' and expected they would see the workhouse as 'a place of comparative comfort' (British Parliamentary Papers, 1834). The crusade against outdoor relief in the 1870s restricted outdoor relief to older paupers to put pressure on non-legally liable relatives to provide older members of their family with support. However, the Report of the Royal Commission on the Aged Poor in 1893 recommended that there should be discrimination between 'the respectable aged' and those who were destitute as 'the consequence of their own misconduct' and that older workhouse inmates should be separated on the basis of their conduct within the institution (British Parliamentary Papers, 1895). Two years later, the President of the LGB issued a circular to guardians recommending that older inmates should be given extra comforts and privileges. His advice was not taken up enthusiastically by guardians, but a further circular in 1900 re-emphasised that inmates who had led 'decent lives' should be granted privileges.

Birmingham guardians showed consideration for older inmates eight months after the workhouse opened. With winter approaching, they arranged for heating to be installed in the chapel for the comfort of the 'aged infirm poor'. Two years later, they warned the master to be careful not to employ any aged or infirm inmates in work or labour not suited to their capacity and ability. However, in the 1870s they became an enthusiastic supporter of the crusade against outdoor relief, with a resultant increase in older inmates from 30% in the 1860s to over 40% in the following two decades. They were reluctant to act on the earlier advice from the LGB, as a motion to improve the conditions of the 'deserving poor' in the workhouse was defeated by twelve votes to eight in 1897. Two years later, a further motion to make special arrangements for the treatment of the 'aged deserving poor' and for all inmates over 65 years to be dealt with as a separate class was lost more emphatically, by 20 votes to six. However, by 1898 they had formed a special group of older inmates, who had 'led decent and deserving lives', and provided them with separate accommodation, known as 'The Merit Department'. It included day rooms, in which they were able to have their meals, although men and women could not dine together due to the distance between their designated departments. The guardians had allowed certain privileges, such as the wearing of non distinctive clothing, flexible times for going to bed and rising and supplies of tea and tobacco, but they considered separate cubicles within the sleeping accommodation and the provision of a locker and key for each inmate unnecessary.



Workhouse, 1980's

### New Infirmary

Despite the erection of additional buildings to house the increasing number of sick inmates, it became necessary to erect a new infirmary in 1889, with around 1,665 beds. When the guardians were considering which inmates in the 'bedridden wards' should be transferred to the infirmary, they were of the opinion that most were 'not classed under head of sick, many are simply cases of senility and require mainly good nursing' and so could remain in the 'workhouse proper'. The Workhouse Medical Officer decided that half were acute cases requiring medical treatment and would be appropriate for the new infirmary. It was agreed that patients who required little in the way of medication would be retained in the bedridden wards in the workhouse, which continued to care for inmates with chronic disability, so establishing the link with social rather than medical care.

### Conclusion

Older inmates were always the largest group of adults within workhouses and their number increased markedly toward the end of the century, causing the workhouse to become known as 'the institution of the aged'. The fairly benign attitude to older paupers changed with the crusade against outdoor relief, which was a major factor in the rise in the institutionalisation of older paupers. Towards the end of the century, the concept of the 'deserving poor' grew in favour, with the view prevailing that those who had led decent lives should be treated more leniently. With the growth of larger infirmaries, older inmates with acute illness were treated there, whilst those with chronic disability remained in the workhouse. In common with many workhouses, the one in Birmingham became a geriatric hospital with the establishment of the NHS in 1948.

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## PhD Abstracts

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### **Service User and Carer Participation in Old Age Psychiatry** Susan Mary Benbow, Staffordshire University, 2010.

This thesis describes thirteen published works which constitute an evolving programme of research into service user and carer participation in old age psychiatry. They share the common objective of extending knowledge and understanding of methodologies, benefits and challenges of service user and carer participation in old age psychiatry services.

The publications contribute to knowledge in three areas. The copying of letters to users and carers, and requests for their feedback on the practice, was described as part of routine practice in old age psychiatry: this research addresses the area of 'users and carers as recipients of communication'. 'Users and carers as subjects of consultation' is addressed by several publications: an evaluation of users' experience of electroconvulsive therapy and later development of a method of integrating feedback from users into practice; a similar method was applied regionally in service improvement in order to access users' and carers' views and use them to identify areas for improvement work, and nationally by a professional organisation to inform and develop its work programme. The third area of contribution is that of 'users and carers as agents in control' and this is addressed in an initiative in higher education where users and carers were agents of control in designing, delivering and evaluating an MSc module on user and carer experience.

The contribution of the publications is related to four overall objectives: ways in which users and carers participate in old age psychiatry services; the benefits and drawbacks of user and carer participation in old age psychiatry services; ways of conceptualising user and carer participation in old age psychiatry; and finally, potential areas for future research in user and carer participation in old age psychiatry.

### **Feelings of Unsafety in Later Life**

Liesbeth De Donder, Vrije Universiteit Brussel, 2010

Liesbeth De Donder graduated in 2005 as a master Adult Educational Sciences at the Vrije Universiteit Brussel. In 2007, she started as a researcher in the Belgian Ageing Studies team. Her main research topics include feelings of unsafety and elder abuse. In doing so, she focuses on social exclusion, inequalities, and social participation in later life. In December 2010, she obtained her PhD in Educational Sciences with a dissertation on feelings of unsafety in later life.

For the first time in human history, society is confronted with a demographical phenomenon where older people constitute a large part of the population. This proportional rise in the ageing population impacts upon all dimensions of human life: from living arrangements, social support, relations and integration to social security. One of the challenges of ageing comprises high feelings of unsafety.

Whereas most research has studied the relationship between feelings of unsafety and crime experiences or risk to victimisation, recently it is acknowledged that feelings of unsafety reflect broader issues than merely safety-related topics. Following this perspective, this dissertation argues that broader community problems and daily insecurities need to be taken into account when studying feelings of unsafety in old age.

The data used in this dissertation are derived from the Belgian Ageing Studies. This project is a large-scale survey, which uses a structured questionnaire to gather information about various aspects of quality of life of older adults. Using data from over 46.000 older people, the dissertation seeks to identify which groups of older people especially feel unsafe; which components of daily life enhance a feeling of safety; how the physical design of the neighbourhood can increase or can decrease feelings of unsafety; and which aspects of social capital are important in understanding feelings of unsafety in later life.

Throughout six studies, the dissertation demonstrates that feelings of unsafety among older people can be understood within a framework of social vulnerability and social exclusion of older people on various domains. The dissertation concludes that a broader 'quality of life' perspective – which takes the life situations and daily insecurities of older people into account – contributes to a deeper understanding of feelings of unsafety, beyond classical approaches of crime and victimization.

### **Recollections of a Working Lifecourse: Growing Older with Long Term Physical or Sensory Disabilities**

Diane Roberts, Keele University, 2011.

This qualitative thesis considers the working life course experiences of people in mid-life who are growing older with long-term physical or sensory disabilities. The thesis combines the following approaches: work as a fulcrum to examine experience; the concept of the life course to embed disability within the ordinary elements of everyday life; and a social model approach to conceptualise impairment and

disability. In addition, Adaptive Theory is used to integrate researcher perspective and substantive theory in the research process. However, by defining and accessing participants as 'workers' rather than 'older' or 'disabled' people they proved to be both 'hidden' and 'seldom heard' in the existing research and literature. In parallel, therefore, the thesis also explores the research process itself by posing questions about the nature of research both in Critical Social Gerontology and in Disability Studies.

Identifying some parallels and tensions between the disciplines of Critical Social Gerontology and Disability Studies, the thesis builds on exploratory discussions with disabled trade unionists. As a result, it focuses on the experiences of workers aged 40-65, from a range of non-sheltered occupations and disabled by physical or sensory impairments for at least 15 years. In-depth interviews about the intersection of work, ageing and disability examine how each person manages the challenges and opportunities encountered. The findings indicate how the impact of being disabled across the lifecourse is not only structurally influenced and socially constructed but also dynamically contextualised and interwoven into individual self-concept. In moving away from a conventional focus on barriers, discrimination and oppression the thesis demonstrates that a more nuanced approach to lifecourse experiences is fundamental to understanding the process of growing older with a disability.

### **Making Sense and Finding Meaning: Comparing Narratives of Older People with Dementia and Carers about the Quality of an Ordinary Life**

Jane M. Robertson, University of Stirling, 2010.

This research examines narratives about the quality of everyday life with dementia. The aim of the study is to compare and contrast differing perspectives about the impact of ageing and dementia upon the lives of older people with dementia. A total of 50 interviews with six older people with dementia and ten family and paid carers were conducted over a two-year period. Narrative analysis was used to examine the content and structure of their accounts to understand their perspectives on what matters most to people living with dementia. This in-depth analysis enabled an exploration of different social concepts and narrative constructions that people draw upon in making sense of their experiences of caring and living with dementia. The analysis demonstrated that older people incorporate ageing and dementia into a continuing sense of self. Positive constructions of living with dementia involve the ability to lead a meaningful life that supports pre-existing social roles and relationships and active engagement within the family and community. The emphasis is on living an ordinary life while responding to the challenges associated with cognitive impairment and social stigma. For family and paid carers, perceptions of a meaningful life depend on how the identity of the older person with dementia is positioned relative to past social roles and relationships. Positive constructions assume continuity as opposed to focusing on disruption in the

person's identity and life. Carer perspectives are also influenced by how the person is perceived to conform to social standards of normality. The narratives of older people with dementia reflect their active struggle to find meaning in terms of realising their sense of self within a social world that largely defines them as different and out of the ordinary. The narratives of carers resonate with emotional difficulty, reflecting their struggle to make sense of a life that is not represented as essentially normal. These findings show that, for all, finding meaning in everyday life depends upon making sense of that life as normal and ordinary.

**Idiom-Magic** © John & Ching Yee Smithback



#### **A CUP OF JAVA**

"Would you like to join me for a **cup of Java**?" John asked Rose. Rose blushed. "Maybe -- but maybe not," she replied. "You see, I don't know what a **cup of Java** is." That caused John to smile. "Colloquially," he explained, "a **cup of Java** is a cup of coffee. It is called that because a lot of coffee is produced in Java. "In that case, I accept your invitation," Rose said.

[www.idiom-magic.com](http://www.idiom-magic.com)

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## Learning Zone

### Keele Service Users and Carers Group

Mike Reynolds

Over the last few years the Keele Service Users and Carers Group (KSU&CG) has evolved whose purpose is to assist Keele University in the selection and training of students on both the BA and MA courses in Social Work.

Initially the group undertook the role of observers on the group discussion stage of the selection days and, following their observation, discussed with tutors and social workers the individual candidate's presentation. However, this discussion session no longer forms part of the selection procedure (having been replaced by a written test) but members of the KSWU &CG now form part of the interviewing panel. The Service User or Carer sit with a tutor and social work practitioner and usually ask questions about what candidates see as the problems that those seeking assistance from Social Services might present and how they would seek to address those concerns. The views of all panel members are taken into consideration in a discussion following the interview and a decision reached. This decision is given to the candidate immediately by the panel members.

Members of the KSU &C Group are also involved in role play in the Skills Workshop element of the course. Here we act out roles endeavouring to give students experience in information gathering. The mock interviews are observed by another member of the group and a tutor who comment on the student's skills and performance.

Some members of the group have particular experience in caring and share these experiences with students at specially arranged sessions during their course.

The whole experience has proved to be mutually beneficial to both students and group members and has led to other working relationships with the Gerontology Department at Keele. There may well be a University near to where you live who would be delighted to have the benefit of your experience on any number of courses they may offer. I was delighted to receive an Honorary Degree from Keele. University in July 2011 for my work with the group.



Mike at his Graduation.

### Lip-reading Courses for People with Acquired Hearing Loss

Lorraine Braggins

Lip-reading courses are generally aimed at people with an acquired hearing loss i.e. those who use spoken English as their main means of communication.

At a lip-reading class, students build on any existing ability they have by being taught how to identify the more visible lip shapes, how to distinguish them from different shapes and how to be aware of which sounds might look similar (e.g. 'f' looks like 'v' – try saying 'fan' and 'van' in the mirror).

They are also taught how to use facial expression and context to help make sense of what you can see on the lips and to understand the overall meaning of what people are saying. They learn communication strategies to help support lip-reading and residual hearing, and are shown how to manipulate the environment to maximise lip-reading and use of residual hearing. The exercises also help to build concentration and memory while lip-reading.

As well as improving lip-reading skills, a class will also give information on any new equipment and services that might help e.g. where to get funding for listening equipment to help at meetings or which mobile phones work best with hearing aids. It will keep students up to date with any developments that could be of benefit for those with a hearing loss.

The lip-reading class provides an ideal situation, not just to practise lip-reading skills, but also to develop confidence in coping with hearing loss. It also gives an opportunity to exchange experiences and information with those who share the same challenges in everyday life, making it a really supportive and stress-free learning environment.

At City Lit in Covent Garden, London, we have classes at different levels: introduction, beginners, improvers and advanced. Introduction courses are 10 weeks long, while all the others are 30 weeks, running from September to June. Many students return year after year to keep up their lip-reading skills and also to reduce the sense of isolation so often experienced by those with a hearing loss.

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## The World at Large

### Conceptualizing and Assessing Spirituality among Chinese Elders: Towards Evidence-based Practice

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#### Background

Spiritual care is one of the essential but often ignored elements of the holistic care model. Despite its importance in human behaviour and to the Chinese culture, scientific studies of the importance of spirituality have been very limited in Chinese communities.

How can spirituality contribute to the holistic well-being of Chinese elders? Inspired by curiosity and a passion for enhancing the quality of life of elders among us, we have experienced a rich and rewarding journey, together with elders and their family members, as well as health care professionals and workers, to discover the meaning of spirituality among Chinese elders.

#### Research Process

The research project was started in November 2009 and went through three phases. Phase one was qualitative research that involved adopting focus groups and conducting in-depth interviews to elicit the underlying meaning of spirituality from the perspective of Chinese elders and those having close relationships with them. Altogether, eight focus groups were held, four in Hong Kong and four in Shanghai. In both cities, we invited elders and their caregivers to participate. Focus group participants included: (1) residential home-dwelling elders, (2) community-dwelling elders, (3) family caregivers of elders, and (4) staff members of social services for elders. In addition, three in-depth interviews with elders were conducted in Hong Kong.

Phase two was a Delphi study aiming to reach expertise consensus on the meaning of spirituality among Chinese elders. Two rounds of Delphi exercises were carried out between May 2010 and July 2010, with an expert panel consisting of 16 members from three Chinese communities, including Mainland China, Taiwan, and Hong Kong. Panel members were asked to rate the degree of relevance of each item and to provide their comments and suggestions relating to the Chinese conceptualisation of spirituality. Two rounds of expertise meetings were also organised to further discuss the rating items. The first draft of a Spirituality Scale for Chinese Elders (SSCE) was then developed, which led to further validation.

Phase three consisted of quantitative research aiming to validate the Spirituality Scale for Chinese Elders (SSCE). Together with other standardised measures, including the World Health Organization Quality of Life measures (WHOQoL), Purpose in Life (PIL), and Positive and Negative Affect Scale (PANAS), the 44-item, 5-point Likert SSCE draft was administered to 825 elders in Hong Kong and Shanghai. Face and content validity of SSCE were established through a Delphi process. Internal consistency, construct validity, and criterion validity of the SSCE were examined by Cronbach's alpha confirmatory factor analysis (CFA) and correlations with PANAS, Purpose in Life, and psychological well-being in WHOQoL respectively.

#### Key Findings

Seven key components of spirituality, including spiritual well-being, meaning of life, transcendence, and relationships with self, family, people other than family members, and environment were generated from the Delphi study in Phase two. Confirmatory factor analyses revealed that measurement models for the seven SSCE components, with spiritual well-being and relationships with people other than family members having two subscales and the other five having one scale, were all well fit, as indicated by the model fit indices. Cronbach's alpha values for all the subscales were higher than or close to 0.6 (Table 1). Correlations of SSCE components with PANAS, PIL, and four subscales in WHOQoL were moderate, significant ( $p < 0.001$ ), and in the expected direction, except that between transcendence and WHOQoL environment subscale ( $p = 0.10$ ) (Table 2). Results of the present study showed that the conceptualization of spirituality in the Chinese context should be understood in regard with relationship orientation and interdependent self-construct of Chinese people. Along this line, SSCE was a reliable and valid measure that assesses spirituality among the Chinese older population in which the social-cultural context is featured by nonreligious, relationship-oriented and interdependent self-construct. Emphasis on helping elders to expand harmonious relationships with different systems can improve their spirituality as part of holistic care.

**Future Directions**

As the first scale purposefully developed for measuring spirituality among Chinese elders, the research team has been working on developing intervention protocols that aim to enhance spirituality among Chinese elders.

**Acknowledgement:** The Study on Assessing and Enhancing Spirituality Among Elders in Hong Kong and Shanghai is initiated and fully supported by Tung Wah Group of Hospitals of Hong Kong. **For more information contact: wbu@hku.hk**

Table 1. Confirmatory factor analysis of measurement models of SSCE components

Component	# item	R- $\chi^2$ (df)	SRMR	R-CFI	R-RMSEA (90% CI)	Alpha
Spiritual well-being		68.7 (19)	.048	.924	.056 (.042-.071)	
Positive	5					.74
Negative	3					.68
Meaning of life	5	31.4 (5)	.040	.959	.080 (.055-.108)	.76
Transcendence	6	38.6 (9)	.036	.953	.063 (.044-.084)	.70
Relationship with self	4	2.7 (2)	.015	.998	.021 (.00-.076)	.71
Relationship with family	8	64.0 (19)	.029	.969	.054 (.039-.068)	.89
Relationship with people other than family		36.1 (13)	.042	.950	.047 (.029-.065)	
Friends	4					.60
Others	3					.59
Relationship with environment	6	66.5 (9)	.064	.905	.088 (.069-.108)	.70

Table 2. Correlations of SSCE components with PANAS, Purpose of Life, and WHOQoL measures

SSCE component	PANAS	Purpose of Life	QoL Physio	Q o L Psych	Q o L Social	QoL Env
Positive spiritual well-being	.52	.48	.44	.59	.41	.48
Negative spiritual well-being	-.50	-.39	-.32	-.48	-.28	-.29
Meaning of life	.47	.53	.30	.46	.31	.27
Transcendence	.47	.35	.19	.35	.18	.06 <sup>#</sup>
Relationship with self	.24	.29	.22	.35	.24	.29
Relationship with family	.35	.33	.18	.42	.36	.31
Relationship with friends	.40	.36	.27	.38	.48	.23
Relationship with others	.31	.30	.22	.40	.40	.30
Relationship with environment	.26	.30	.29	.42	.30	.50

Note. All p-values < 0.001 except the correlation with #.



## Voices of Experience

### Faded Glory

Ann Jowitt

We took the Xmas decorations down on twelfth night and since then the house has looked drab. It is surprising what a difference a few Christmas cards and the old bits of tinsel make. Even my floral artwork cannot hide the shabbiness. We last decorated the sitting room fifteen years ago and it really needs doing again. However, old age has crept up on us since then and the thought of all that upset is very off-putting. Our elderly cat has done her best to shred one of the arms of the sofa, but her days of climbing to the top of bookcases have past. She spends most of her life either on our bed or in the tray beside my husband as he surfs the web. I have placed a small coffee table in front of the sofa arm and draped a throw over the worst part. Only I know it's there. We will have to live with it.



This look has taken over the rest of the house, the once brilliant white paintwork is now a nondescript colour veering towards beige and revealing a few worn spots on the door frames and newel posts, showing the passing of many hands and the cord of the vacuum cleaner.

We don't use the best china any more, it's all stacked neatly in the glass cabinet and really needs a good wash. It was bought years ago before the advent of the dishwasher and has to be washed by hand otherwise we will lose the fine gold bands around the edge.



Much the same can be said about table cloths, however napkins are useful for eating soup and stopping minor spills on one's clothes, dinner down" being a major cause for washing them. I have given up ironing, I always hated it.

The early spring sunshine is making the dust on the picture rails more obvious and the windows more opaque.

I shall go out and enjoy it, housework can wait.



European Year for **Active Ageing**  
and **Solidarity between Generations 2012**

