Mandy Cook
Using urban woodlands and forests as places for improving the mental well-being of people with dementia

This study investigates the meaning and use of urban woodlands and forests, and how they can contribute to positive mental well-being of people with dementia, by adopting ethnographic, participatory action research and case study approaches. Qualitative research provided knowledge and understanding about how activities in an urban woodland environment can add value to and benefit the lives of people with dementia living independently. Data were collected from semi-structured, and walk-along interviews, as well as from piloting a programme of activities based in an urban woodland setting. Recently, there has been a marked shift in provision away from residential care for people with dementia towards domiciliary care (i.e. care in your own home). To enable good quality and appropriate care to be provided for everyone with dementia, policymakers, professionals and practitioners in the dementia field need to develop ever more innovative approaches to dementia policy and service provision (Milligan & Wiles, 2010). Use of green space, and the woodland activity programme piloted in this study, is an innovative approach to working with people with dementia, and those who care for and support them. New forms of care also involve new providers, such as Forestry & Land Scotland. This paper reports on the results of a 10-week pilot programme of activities based in an urban woodland setting for people with dementia. The paper offers a number of conclusions about how the use of green space can add value to and benefit the lives of people with dementia.

Yueh-Ching Chou
Comparing oldest-old widows living with and without ageing offspring with LD in Taiwan: Housing pathways in old age

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Gerontology, housing or care research and long-term care policies rarely pay attention to older parents/mothers who still live with their ageing sons/daughters with learning disabilities (LD), in particular to very old widowed mother carers. This paper aims to explore the plans concerning ageing in place vs. moving in old age among oldest-old and widowed mothers (age 80+) of son/daughters with LD and to compare these perspectives to those of oldest-old widows having no disabled child. Housing Pathways (Clapham, 2002, 2010) was employed as research framework for data collection and analysis. This study is based on a larger sample of 102 older people (age 65 +) who participated in a qualitative study/in-depth interview; 60 of them were older parents cohabiting with their ageing son/daughter with LD and 42 were older people whose children do not have a disability. Among 60 older parents, 17 were oldest-old (aged 80-95) widowed mothers; among 42 general older people without a disabled child, 7 were oldest-old widows (aged 82-87). We found that both groups obtained strong personal control to make choices whether to age in place or move, exercised their agency to cope with the sense of housing ownership, had positive identity in the housing and community where they lived, and had strong social support from their children. Their choices were influenced by general gender roles/culture of the society in their age group. The mother carers worried about future care of their ageing son/daughter with LD while, on the other hand, for some of them, the disabled son/daughter had become their support resource and companion. Some of the oldest-old widows without a child with disability, instead, received support from a live-in migrant care worker and some lived alone.
The method of in-group social learning used for informal carers training will be introduced. The method was developed by Jože Ramovš and Anton Trstenjak Institute of Gerontology and Intergenerational Relations for holistic health prevention in old age. The method is based on gerontological knowledge on aging, anthropological knowledge on intergenerational relations strengthening, psychological knowledge on importance of experience sharing and neurological knowledge on reinforcement of learning process. Since the considerable importance of training for informal carers became evident as informal carers carry out a significant amount of societal long-term care demands, a special attention has been given to development of the in-group social learning method for informal carers training. To evaluate the potential of the method for the use of informal carers empowerment for quality care giving, the evaluation study was performed. It included analysis of evaluation questionnaire of 453 informal carers, which participated in the training by in-group social learning method. The results of the study will be presented and discussed on the conference.
Laura Schlepper  
**Reforming the English social care system: Lessons from Germany**  
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Germany and England face common demographic and societal challenges but their approaches to social care funding and provision are different. Germany successfully introduced a universal long-term care insurance (LTCI) system in 1995 to replace its means-tested system, at a time of significant economic and political upheaval in the wake of reunification. In contrast, despite numerous proposals over 24 years, reform of the social care system in England remains elusive.

Based on a literature review and a series of interviews with key stakeholders, our research examined the German LTCI programme through the lens of the policy challenges that face us in England. The German experience demonstrates that it is possible to achieve wholesale radical policy reform to implement a new funding and eligibility system. While not without its challenges, Germany found workable solutions to achieve major goals: meeting needs widely across the population while containing costs; shifting financial burden off states and local authorities; and allowing individuals considerable flexibility and autonomy in choosing services. And yet in some respects Germany continues to grapple with similar challenges to England: long-term funding sustainability and workforce shortages.

In this session, we present elements of the German system that could either be incorporated into our thinking or that offer us cautionary tales. We will focus on how Germany approached issues of financing and sustainability, eligibility and benefits, workforce and informal care. We will reflect on how the principles of fairness, transparency, consistency, and clarity could be transferred to a reformed system in England.

Cathy Thomson  
**At what cost? Estimating direct carer costs in an ageing society in Australia**  
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Caring for people with disabilities or who are frail or ill involves costs, both direct and indirect. Direct costs include additional expenditure associated with providing unpaid support to people with disability, chronic illness and frailty. This paper presents the findings from a mixed methods study examining the direct costs of care to carers using Australia as a case study for broader international application. An analytic framework that distinguishes between disability and carer needs, and the associated costs generated meeting these needs, is applied to new qualitative interview data and existing quantitative data from the national Household Income and Labour Dynamics in Australia survey. In the framework, direct carer costs incorporate two components: (1) additional expenditure related to carer needs; and (2) disability costs paid for by the carer. An ethics of care lens overlays the analysis in recognition of the complex relational nature of care and the uneven apportioning of care costs across households and society.

The qualitative and empirical analyses identified direct costs of care as distinct from the direct costs of disability and that these costs can be considerable. The implications of the study’s findings are considered in view of the policies emphasizing fiscal constraint and the dilemmas posed by an ageing population and the negative long-term costs of providing care. The concept of ‘democratic caring’ is considered as a means to move towards fair and sustainable care in society and a more equitable redistribution of care and the associated costs across households, communities and the state.
This paper considers the extent to which England and Finland provide support to older adults aged 65+ with social care needs and their informal carers. We analyse the care policies in the two selected states and scrutinise the existing categorisations of these states in relation to their care regime type and the extent to which their implemented policy tools and reforms are considered to promote defamilialisation, familialisation or even refamilialisation.

England and Finland are selected as the case studies under comparison because both countries are experiencing similar population ageing trajectories in relation to life expectancy and old age support ratios. Both countries have also emphasized ageing in place in their care policies for older. Both the Nordic and English welfare states are characterized by a system of benefits and services ensuring that the responsibility to care for older adults does not solely rest on families. The UK’s adult social care system has consistently been classified as means-tested and neo-liberal mixed-market care regime type. Finland was part of the Nordic care regime with one of the most advanced systems for safeguarding citizens’ rights to social care. However, the marketisation of care, which has been actively promoted in Finland since the 1990’s, has shifted the Finnish care model further away from the Nordic one. The paper consists of a detailed analysis of Finland’s and England’s current care policies considering how informal carers are treated by state policies and the extent to which families are supported to, or expected to, provide care and support to older adults.