

RE:ACTION



Better with age

The University of Southampton research changing attitudes and improving experiences of later life

CARING COMMUNITY

Piloting volunteer care for vulnerable older people in Indonesia

GENERATION GAME

Leading the national research centre exploring intergenerational relationships

MAKING MENOPAUSE WORK

Understanding how symptoms can impact mid-life women's employment

NEW TRICKS

How virtual reality could revolutionise shopping and boost wellbeing in later life

WELCOME TO RE:ACTION



Ageing affects us all as individuals, but also increasingly as a society. The University of Southampton has long-standing excellence across a broad range of research topics relevant to ageing. This edition of Re:action showcases a selection.

In particular, we feature the work of the Connecting Generations research centre, led by Jane Falkingham and funded by the Economics and Social Research Council. This centre, and its predecessor activities, have led the UK's research on understanding demographic change, including ageing, and guided resulting policy developments. We also present articles on the health aspects of ageing, including Ruth Bartlett's research on how people with dementia interact with society and how they can be supported by initiatives such as their participation in farming activities. Dalia Tsimpida's study on the implications of hearing loss and its links to other chronic health conditions will have resonance for many of us. There is also some fascinating insight into how we need to ensure an increasingly digital world is inclusive for older people, through the work of Sarah Lewthwaite and Yuanyuan Yin. The work of Elisabeth Schroeder-Butterfill in Indonesia and our alumna Gloria Langat at the African Population and Health Centre reminds us of the global nature of the challenge.

It is striking that much of the research highlighted in this edition of Re:action features interdisciplinary approaches to understanding and positively affecting ageing individuals and populations. It is also clear that all the research is being undertaken with the intention of making a positive difference in society. Interdisciplinarity and the translation of our research via knowledge exchange and enterprise activities are strategic strengths for Southampton, and it is wonderful to see them being deployed so effectively to address the critical topic of ageing.

I very much hope that you enjoy this edition. As always, comments and feedback are very welcome.

Best wishes

A handwritten signature in blue ink, consisting of the letters 'SM' followed by a long, flowing horizontal stroke.

Professor Mark Spearing
Vice-President (Research and Enterprise)

PLEASE SEND US YOUR FEEDBACK



We are keen to receive your feedback about Re:action. If you have any ideas, comments or suggestions, please send them to riscomms@soton.ac.uk

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THE RESEARCH REFRAMING THE AGEING DEBATE

There are more than one billion people in the world aged 60 and over. The pace of population ageing is getting faster, with the proportion of people aged 60+ set to double between 2015–2050. Globally, countries are facing the challenge of how to prepare for this major demographic shift.

In 2020 the United Nations (UN) announced its 'Decade of Healthy Ageing', noting how the pandemic had highlighted serious existing gaps in systems concerned with older people, the majority of whom live in low- and middle- income countries without 'access to even the basic resources necessary for a life of meaning and of dignity'. The UN's Plan of Action calls for ten years of 'concerted, catalytic and collaborative action to improve the lives of older people, their families, and the communities in which they live.'

The University of Southampton is at the forefront of the research which will help make this agenda a reality, challenging negative narratives around the idea of population ageing.

As well as hosting the only Gerontology department in UK higher education, the University boasts the internationally renowned Centre for Research on Ageing. Southampton's leadership of the ESRC Centre for Population Change, alongside the Universities of St Andrews and Stirling, has resulted in a successful bid for ESRC Connecting Generations, a national research centre in collaboration with Oxford University and the Resolution Foundation. (see page 12).

Tradition of excellence

"Southampton has a long tradition of excellent research in ageing, covering a broad range of disciplines and thematic areas," said



Dr Elisabeth Schroeder-Butterfill

Professor Maria Evandrou, Director of the Centre for Research on Ageing (CRA).

This tradition began in the early 2000s, when the University identified ageing as a priority research gap. In 2004, Maria joined as the first Professor of Gerontology and was tasked with setting up the Centre for Research on Ageing. She subsequently co-led the interdisciplinary University Strategic Research Group on ageing and lifelong health, working with colleagues from across the University.

"The CRA focuses on the key challenges of an ageing society and how evidence can inform a range of non-academic partnerships," said Maria. An international and multidisciplinary centre with a wide-ranging remit, the CRA covers themes "from physical and mental



Professor Maria Evandrou

health to employment, pensions and income security and access to services."

The CRA works with many non-academic partners, who in the UK include local authorities and government departments such as the Department for Work and Pensions and HM Treasury; as well as international bodies such as the World Health Organisation (WHO) and HelpAge International. The impact of these partnerships ranges from the local to the global, with recent examples including horizon-scanning on population trends for the Royal Institute of British Architects; and making policy recommendations around the design of social pensions in Kenya. Input from the CRA has shaped the latest Economic and Social Research Council (ESRC) five-year plan, helping set the direction of future research



and funding. “That’s a real mark of approval for us,” noted Maria.

Complementary strengths

In 2006 Maria appointed Dr Elisabeth Schroeder-Butterfill, and together they developed the Master’s in Gerontology, adding a then-groundbreaking distance learning option in 2010. “Because Gerontology is such a niche discipline, this enabled us to reach a wider audience,” said Elisabeth, who is now Associate Professor and head of the Department of Gerontology, which was formally established in 2008.

Since then, a number of Commonwealth Scholarships each year have enabled students from low-income Commonwealth countries to enter the department’s programmes, including the Master’s in Global Ageing and Policy which was added in 2014.

Thanks to the long-standing flexible learning option, the Department attracts students from a wide range of academic backgrounds and work experiences, both in the UK and abroad. “We have alumni spread across 60 countries, and they know Southampton as a centre of excellence for both research and teaching. They are fantastic ambassadors for us.”

Maria and Elisabeth agree that research and teaching are complementary strengths at Southampton. “The research in the CRA and

within the Department is key to what’s taught on our postgraduate courses. This adds so much value for the students, it enriches the subject matter and brings it to life,” Maria explained.

Benefits for all

Despite alarmism in some quarters about the so-called ageing ‘time bomb’, Elisabeth said, “population ageing is much less threatening than it’s often portrayed. Of course, it’s significant – it affects societies and economies at all levels, from labour force composition to healthcare, family life, economy, built environment...but all of that can be adapted to with the right adjustments.” Research is essential both to understanding these impacts of population ageing and finding effective adjustments.

Social care provision is one of the key challenges. “Families are smaller, women are working, and it’s becoming increasingly difficult to attract people into the care workforce. More investment is needed.”

A wider perspective is necessary, she said, to ensure not just greater lifespan, but greater health-span – the number of years people spend in good health. “So many of the problems that affect older people, such as diabetes and high blood pressure, have their origins in middle age. Promoting healthy choices across the life course will give people benefits for many decades to come.”

“

Southampton has a long tradition of excellent research in ageing, covering a broad range of disciplines and thematic areas.”

Professor Maria Evandrou

Elisabeth reflected that this is only one area in which having an eye towards ageing can make for a healthier, happier and more inclusive society overall. “With infrastructure for example it requires a certain investment to make buildings and forms of transport accessible. But then it benefits everybody. It’s there not just for older people, but also for people with disabilities or people with pushchairs.”

When society is willing to make these changes, “the challenges of ageing can really be opportunities for the whole population.”



Find out more:

southampton.ac.uk/research/groups/centre-for-research-on-ageing

southampton.ac.uk/about/faculties-schools-departments/economic-social-and-political-sciences/departments-department-of-gerontology



“CARE IS A SHARED RESPONSIBILITY”

The community volunteers transforming old age in Indonesia

Experiences of ageing can differ hugely across countries, cultures, and personal circumstances. For Head of Gerontology Dr Elisabeth Schroeder-Butterfill, many years of studying ageing in Indonesia have shown the need to look behind closed doors to understand an individual's situation.

Indonesia has the world's fourth largest population, which inhabits an archipelago spread over 13,000 islands in Southeast Asia. The country is ageing rapidly, with around 11 per cent of the population aged 60 and over. There is minimal state provision for older people, with most relying on informal care networks, the nature of which differs between cultural and socio-economic groups.

“I started this work with a broad set of questions about intergenerational relationships, about the role of older people in their families and communities, and about care and support,” said Elisabeth. “I try to open up the ‘black box’ of the household to look at the often-invisible dynamics around how old-age care happens.”

Uncovering vulnerabilities

Elisabeth has worked in Indonesia on and off since the 1990s. Initially travelling there as a demographer, she fell in love with the country's “natural beauty, delicious food, and the friendly, easy-going way I was treated.”

Continued on page 8 →



Dr Elisabeth Schroeder-Butterfill

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I started this work with a broad set of questions about intergenerational relationships, about the role of older people in their families and communities, and about care and support.”

She became interested in Indonesia's ageing population and spent a year in a Javanese village researching her PhD thesis while funded by the Wellcome Trust. “Unexpectedly there was a large minority of about 25 per cent of older people in that community who were involuntarily childless,” said Elisabeth. This was due to a variety of factors, including war and displacement in the 1930s and 40s; the prevalence of sexually transmitted diseases; and high child mortality. “This led me to consider the concept of vulnerability: how without mitigating strategies, childlessness in a culture of familial care could make an older person particularly vulnerable in later life.”

In 2017, Elisabeth was approached for a research project funded by the Australian Research Council, looking at vulnerability across the life course in Indonesia via a comparative study in five different communities. “Travelling back there, I was reminded of my passion for working in this country – and was delighted that I'd invested in learning the language!”

From this study came a 2019–2023 Economic and Social Research Council (ESRC)-funded project that would share data and some of the field-sites with the Australian project, looking specifically at older people in need of care. Led by Elisabeth, the team included researchers from Atma Jaya Catholic

University Jakarta, Indonesia, as well as several other UK and Indonesian universities.

“We identified ten older people who required care within each of the five communities,” said Elisabeth. Some were bed-bound; some had dementia; others had issues with hearing or mobility. “All of them were struggling in one way or another to manage life independently.”

The study examined the support available to these individuals, whether from family, neighbours, NGOs or the government. Indonesian anthropologists spent time living alongside the communities – an approach known as participant observation – as well as conducting semi-structured interviews.

Comparing cultures

Through comparing different communities, the researchers were able to analyse cultural differences in the perception of ‘acceptable care’. “For example, on Sumatra there is a matrilineal community, with a very strong emphasis that it's the daughters who should be providing care to parents,” said Elisabeth. In many cases, however, people were able to be flexible around traditional norms to fit with the realities of the modern world.

“Because migration now increasingly involves daughters as well as sons, people have needed





to become more accepting of care coming from less traditional quarters. People might attach themselves instead to a nephew or niece, and there's a sense of reciprocity underpinning the support arrangement; you might establish that relationship by doing something for the younger generation, like a gift of land or looking after grandchildren."

Not all individuals, however, had access to these sorts of options for familial care, whether due to childlessness, small families, migration or other factors. Government support was often not getting through to the most vulnerable, with barriers such as mobility preventing people leaving their homes to access primary healthcare. Even when family members were available to provide some care, "the responsibility might fall heavily on one individual, such as a single child or a spouse who might be elderly themselves."

"This prompted us to ask, how can these informal carers be supported better?"

Home visits

Elisabeth and her team looked more closely at one avenue of support: community healthcare volunteers known as 'kader', who have had an established role in Indonesia since the Family Welfare Movement of the 1970s. "There's a strong cultural discourse around mutual help," said Elisabeth.

Most of the communities in the study already had a structure whereby the kader ran monthly health clinics for older people, offering services such as blood pressure

monitoring and basic health advice. But these clinics were not accessible to those unable to leave their homes – and the healthcare workers did not have any specific training around ageing.

The team trialled a pilot intervention based on home visits by kader to older people in one hamlet in Yogyakarta, in the south-central part of the island of Java. Local kader were first provided with free training on older people's specific healthcare needs, including mobility, nutrition and psychological support. "The provision of free training was considered really valuable and a motivating factor for volunteers to get involved," said Elisabeth. "Many of them of course live in their own family networks, and knew they'd be able to apply this knowledge in their personal lives."

The project then identified house-bound or bed-bound older people through community networks, with kader conducting six home visits over a period of 1–2 months. These visits comprised an assessment of the home and care environment, health checks, health and care advice, and simple care tasks. The intervention was evaluated through interviews with the volunteers, care recipients and their families.

Feedback from recipients was positive, with particular appreciation for the social contact that the visits offered, as well as the health checks. "It's nice to be noticed," said one recipient. "Normally to get my blood pressure measured, I'd have to go to the hospital." Responses from family members showed a need for sensitivity around exactly what the

visits offered. While health checks, advice and companionship from the kader were widely seen as acceptable, other tasks such as buying food or medicine might be viewed as the sole province of family.

"Care is a human right"

The researchers concluded that home visits could serve as an effective bridge between house-bound older people and health services, as well as succeeding in supporting informal carers in a culturally acceptable way.

Impact grant funding from the University and HEIF in 2024 is now enabling the home visit programme to be rolled out more widely. The team has produced a policy brief for key stakeholders, recommending the development of a wider home visit programme, and is working with organisations in Indonesia on putting this into practice. "We're looking at resources – such as training, financial support and local political buy-in – to do this intervention in other communities," said Elisabeth. In the long term, the hope is to expand to whole regions.

"Giving and receiving care are part of our human identity," said Elisabeth, reflecting on the project's findings. "Having our needs met for physical, emotional and medical care is a human right, not just a privilege. Our research evidence shows that wellbeing and dignity at the end of life are best achieved if care is a shared responsibility."

 **Find out more:** schroeder.butterfill.com/care-networks/

ALUMNI SPOTLIGHT

GLORIA LANGAT: AGEING RESEARCH IN THE GLOBAL SOUTH

The Department of Gerontology's cutting-edge research, and its early adoption of distance learning, have given it international reach.

Dr Gloria Langat started her PhD in the University of Southampton Department of Social Statistics and Demography in 2004 before joining the Department of Gerontology in 2009 as a Research Fellow. She became a Lecturer in the same department in 2014 and an Associate Professor in 2020. In 2021, Gloria left for a role at the African Population and Health Research Center (APHRC) in Nairobi, where she now heads research on Ageing and Development.

Gloria, who is from Kenya, was drawn to study at the University of Southampton by its reputation among previous alumni, as well as its global focus. "Southampton was really leading in the UK on population issues that were unfolding in Africa, including urbanisation and the impact of HIV."

Her own PhD focused on the impact of HIV and AIDS on older people, who are often the main caregivers to people living with HIV. A British Academy Fellowship then enabled her to look at the long-term effects of this caregiving, as well as researching older people who were themselves living with HIV.

During her time as a Lecturer, Gloria led flagship distance learning Master's courses on Global Ageing and Policy, and on Ageing in Africa. "I think we had representatives of every continent among the staff, so it was very international – and unique in that respect."

This has enabled the Department to have a global impact, as staff and students go on to positions of influence in their own countries and elsewhere, reflected Gloria. "For instance, as well as the Global South, a lot of our students have gone on to work in Canada and Australia, countries with an ageing immigrant population where that research focus is needed."

Grassroots change

In the African context where she now works, said Gloria, "there's a lack of research and of policies to address issues of ageing. Since only about six per cent of the population are aged 60+, it's often not viewed as a significant demographic. That neglect has motivated me to bring these issues into the limelight."



Dr Gloria Langat

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We've found that it's crucial for research to be conceptualised jointly right from the beginning, with expertise on cultural context taken into account.”



Her role falls under the Population Dynamics and Urbanisation thematic area at the APHRC, encompassing policy engagement as well as research. “We work with government, civil society organisations and advocacy groups to champion issues that affect older people, and to set their agendas with our research.”

One recent project has involved looking at the growing demand for formal care in cultures where informal care by family members had previously been the norm. “There’s an organic growth of formal care providers, even though it’s currently an unregulated area. The population is ageing,

but in the meantime, family structures and living arrangements which once would have provided informal care are shifting.”

This is an area where Gloria has been able to witness the direct impact of her work. “Our research and advocacy have supported a cultural shift where people are having more open conversations about formal care. This isn’t a change that’s being imposed from the outside, it’s coming from the grassroots.”

Building bridges

She has witnessed her role’s impact too, Gloria said, when it comes to connecting

researchers from the Global North and the Global South. “We want both voices to speak without one being dominant or imposing on the other. We’ve found that it’s crucial for research to be conceptualised jointly right from the beginning, with expertise on cultural context taken into account.”

Looking back on her time at the Department of Gerontology, Gloria said that the foundations for this bridge-building were laid here. “That mutual, collaborative approach was already happening at Southampton.”

CONNECTING GENERATIONS

Some of the research featured in this issue of Re:action is part of *Connecting Generations*, an Economic and Social Research Council (ESRC)-funded research centre established to increase understanding of the connections and inequalities between and within generations.



Professor Jane Falkingham CBE

“

We are examining inequalities in life experiences, and why they matter for improving our society.”

Connecting Generations came about because of the University of Southampton's excellence in both demography and gerontology. This includes hosting the ESRC Centre for Population Change (CPC), one of Europe's foremost research centres for demography.

“Southampton's research has both informed what the funders are interested in, and been well-positioned to apply for it,” commented Professor Jane Falkingham CBE, who leads the CPC, as well as being Vice-President responsible for the University's Civic agenda.

When in 2021 the ESRC put out a funding call for a research centre on intergenerational relations, Jane convened Southampton's interdisciplinary expertise to successfully bid for £10m to establish Connecting Generations. The centre is funded until 2027 and is a partnership with existing CPC partners at the Universities of St Andrews and Stirling, alongside the University of Oxford Leverhulme Centre for Demographic Science and the Resolution Foundation Intergenerational Centre.

As Connecting Generations' Principal Investigator, Jane leads an interdisciplinary team from across the five partners. Connecting Generations also works closely with the Office for National Statistics and National Records of Scotland.

Examining inequalities

As pressures from conflict, climate and economic crises impact society, there is a greater need than ever to understand intergenerational connectivity and address growing concerns around fairness between, and within, generations, so that policy measures and resources can be fairly and effectively allocated.

“We are examining inequalities in life experiences, and why they matter for improving our society,” explained Jane.

Different generations provide financial, emotional and practical support to each other during the life course. These exchanges interact with and impact upon major life events, including leaving home; having children; becoming a homeowner; entering and leaving work; continuing to live independently; or moving into residential care.

Connecting Generations researchers are investigating how these life events affect health, living standards, social networks and personal resilience. They are exploring how experiences vary by gender, migrant status, ethnicity, education, socio-economic status and geographical context. Understanding the impact of both COVID-19 and Brexit is also a focus.



“One of our strengths at Southampton is analysing large national survey datasets,” commented Jane. “The UK collects rich data on households and individuals, which allows us to look at issues like reciprocity of flows of support between the generations, by observing people at different points across the life course.”

Work by Connecting Generations researchers using longitudinal data is highlighting the growing financial and employment pressures on informal (family) carers in Britain and their disproportionate impact on lone parents and women. It is also revealing a widening gap in long-term care preparedness, and the incompatibility of social care cuts with extended working lives.

Despite running for just two years, Connecting Generations is playing a central role in increasing national conversation about intergenerational relations. The

Intergenerational Audit for the UK, an annual analysis of economic living standards across the generations produced by the Resolution Foundation with Connecting Generations, highlights how the unequal availability of family support is deepening economic disparities between income groups. The audit has received significant press attention and been discussed in Parliament.

Professor Sir Ian Diamond, UK National Statistician and Chair of the ESRC Connecting Generations Advisory Board, recently described Connecting Generations’ research as “a vital contribution to the evidence base for policy decisions affecting the whole population in the UK.”

Find out more:
[www.cpc.ac.uk/research_programme/
connecting_generations/#Current](http://www.cpc.ac.uk/research_programme/connecting_generations/#Current)



ADDRESSING PENSION INEQUALITIES

As part of Connecting Generations research, Professor Athina Vlachantoni has been examining ethnic differences in pension protection among mid-life and older individuals from minority ethnic communities in the UK to help policymakers understand inequalities in financial planning for later life, and how to reduce them. Her findings highlight the barriers and opportunities that different communities face to building greater financial resilience.

**You can read more about
Athina’s project in the recent
policy issue of Re:action.**
[issuu.com/university_of_
southampton/docs/reaction_
magazine_summer_2024/14](https://issuu.com/university_of_southampton/docs/reaction_magazine_summer_2024/14)





AN IMPOSSIBLE BALANCING ACT?

Employment and caring responsibilities in later life

More people in the UK are working into later life. At the same time, many people from mid-life onwards take on caring responsibilities for older family members. New research from the ESRC CPC Connecting Generations research centre at the University of Southampton is revealing the tension between longer working lives and caring responsibilities in mid-life, and asking if we can continue to rely on informal carers as the main source of support for social care.

Conflicting policy agendas

Over the past two decades, the UK has introduced policies to address the rising costs of pensions, health and social care that come with an ageing population. State pension age has risen, and the compulsory retirement age has been phased out in an effort to lengthen working lives. Targeted support and skills development programmes for older workers have also been introduced, along with initiatives to promote age-inclusive workplaces.

During the same period, adult social care provision has suffered repeated cuts in public funding. The family remains the main

provider of care in later life, with 'informal care' (provided by relatives and friends) playing a crucial role in sustaining UK health and social care systems. The 2021 Census of England and Wales found that an estimated 5 million people (or 11 per cent of the population) were providing unpaid care to someone with a long-term health condition, or problems related to old age. More than half of carers were combining work and caring responsibilities. The likelihood of becoming a carer peaks between the ages of 45 and 64.

Continued on page 16 →

Connecting Generations

“From talking to carers, we know how hard it is to juggle work with caring responsibilities and family life,” said Professor Maria Evandrou. Maria, with her colleagues Professors Athina Vlachantoni and Jane Falkingham, and Dr Min Qin, are using data from the UK Household Longitudinal Study (UKHLS) to “look at the relationship between informal care provision and paid work in the UK,” she explained.

Their research, ongoing since 2022, has revealed that around a quarter of people in mid-life are providing informal care. While employment rates are rising for this age group, the gap between carers and non-carers is widening – with carers much less likely to be employed. Becoming a carer in mid-life impacts individuals’ careers and their financial security in later life.

Following the data

The UKHLS is a nationally representative survey which has followed 40,000 households since 2009, interviewing residents (aged 16 and over) yearly. Maria and her colleagues analysed UKHLS data covering the period from 2009/2010 to 2018/2019, focusing on individuals aged between 50 and 64 who were employed or self-employed at the first point of observation.

UKHLS interviews provide information on individuals’ employment status and working hours, as well as asking about caring responsibilities. Those who identify as carers are asked how many hours per week they spend providing care, their relationship to the

person being cared for, and whether the care recipient lives with them.

Examining data over an extended period allowed the Southampton team to follow individuals to see if they left employment or reduced their working hours. They were also able to identify when someone began, or ceased, providing care.

The researchers’ analysis revealed that around 25% of people aged 50–64 provided informal care. Of these, 32% cared for people living in the same household, while 73% cared for people living outside their household. A small proportion cared for people living both within and outside their household. Almost 59% of mid-life caregivers were caring for parents or parents-in-law and 17% were looking after a partner. Ten per cent of people were providing care to friends or neighbours.

The majority of people who lived with the person they were caring for, were providing care for their partner. Almost all the carers who did not live with the person they cared for, were looking after parents, parents-in-law, friends and neighbours.

The research showed that a higher proportion of mid-life women were providing informal care than men.

Caregiving and work

Overall, the employment rate for people aged 50 to 64 increased in the decade that the researchers studied, suggesting that government policies aimed at extending



Professor Maria Evandrou

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Our analysis showed that both women and men who provide care for more than 20 hours per week or care to a spouse or partner had a higher chance of quitting their jobs compared to those who did not provide care.”



25% OF PEOPLE AGED 50–64 PROVIDED INFORMAL CARE

Of these, 32% cared for people living in the same household, while 73% cared for people living outside their household.





working lives were working. But the researchers found that the employment gap between carers and non-carers had widened, doubling from four to eight percentage points difference.

The team examined how different types and intensities of caring responsibilities impacted upon employment and whether the impacts differed between men and women.

“Our analysis showed that both women and men who provide care for more than 20 hours per week or care to a spouse or partner had a higher chance of quitting their jobs compared to those who did not provide care,” explained Maria.

They did find significant gender differences, however. Providing informal care of any kind increases women’s chances of leaving employment, but the same is not true for men (for whom only intensive caregiving or caring for a partner made a difference). Similarly, the change from non-caregiving to caregiving makes leaving work more likely for women but not men.

When it came to links between caregiving and changes to working hours, the researchers found that women who provide care to parents or parents-in-law had a higher chance of changing from full-time to part-time work. For men, taking on caring responsibilities of any kind increased their likelihood of reducing their working hours.

Long-term consequences

“These results add to our understanding of the role of the type of care, its intensity and the relationship to the cared-for person, highlighting the complex relationship between employment and caregiving in mid-life,” said Maria.

The study provides clear evidence that heavy caregiving responsibilities reduce labour market participation and that the effects are worse for women.

The increased employment rate among carers in recent years shows that more mid-life individuals have been juggling work and caring. “It remains an open question how compatible it is to encourage individuals to continue working into later life whilst at the same time reducing the funding of social care, resulting in increased reliance on families to provide care,” commented Maria.

Losing experienced employees from the workforce has economic implications and should be carefully considered by policymakers and employers, say the research team. Carers should be supported with workplace policies such as flexible hours, paid caregivers leave, carers’ networks and counselling. Bosses must also pay attention to the take-up of such schemes, said Maria. The team found reluctance among some carers to use existing schemes, fearing that they may be passed over for promotion or extra responsibility.

Reducing working hours or exiting the workforce because of caring responsibilities also has financial consequences for people in mid-life, with “the loss of their current income, and the loss of contributions to their pensions,” explained Maria.

The introduction of Carers Credits, which count towards National Insurance contributions, goes some way to recognising the value of informal care, but only protects individuals’ eligibility for the state pension, and only for people providing care for at least 20 hours per week. The researchers say that if the UK is to continue relying on unpaid family care, then targeted financial support should be extended to working carers.

Policymakers must consider how expecting people to work longer will interact with other aspects of their lives, including caring responsibilities, said Maria. She has shared the findings with the Department for Work and Pensions.

Maria and her colleagues plan to extend the study by looking at changes over a longer period and exploring how structural changes to the labour market that occurred during the COVID-19 pandemic may have impacted the relationship between care and work.

This research is funded by the Economic and Social Research Council, through the Centre for Population Change Connecting Generations programme.

THE SHAPE OF THINGS TO COME: MODELLING KINSHIP INTO THE FUTURE

Due to a combination of improved life expectancy and lower fertility, the UK population is ageing. In 2024, there were 9.5 million people aged 70 and over; by 2044, this number is projected to rise to 13.3 million.



Dr Jason Hilton

The societal issues this causes – such as increased requirements for later-life care and fewer people of working age – are widely recognised. Less well-known is how these demographic changes are reshaping families, changing the number of surviving family members a person may expect to have across their life course.

Dr Jason Hilton is co-leading an ESRC Connecting Generations project investigating “the ways in which family structures change over time due to the interplay between mortality, fertility, and migration.”

“The most important ties between generations are those within families,” said Jason. Intergenerational support, such as helping adult children onto the housing ladder, or caring for grandchildren or elderly parents, is “fundamental to our society.”

Building on the University’s expertise in demographic statistical forecasting, Jason’s colleague Dr Joe Butterick (Social Statistics and Demography) is using innovative modelling techniques to investigate the changing shape of families across the life course in England and Wales.

Joe’s findings will help to understand the impact of demographic change on social security provision and to answer questions about society’s reliance on family as the main

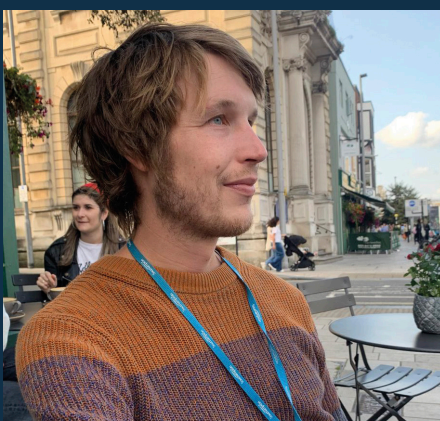
source of care in later life. The results could also help individuals and families to better plan their financial futures.

Statistical modelling

Working with historical data (1938–2021) from the Human Fertility Database and projected demographic rates (2021–2070) from the Office of National Statistics (ONS), Joe has estimated the number of surviving kin that a person could expect to have at different ages. By creating mathematical models for each decade from 1960 to 2060, he has shown how this is changing over time.

The projections indicate that more of our lives will be spent with two or more generations alive at the same time than in the past. “The number of years that we will live with multiple generations of our families will also continue to rise in future,” said Jason.

Four-generation families are also on the increase. This is leading to what Connecting Generations researchers call a ‘double sandwich’ generation. Jason explained, “These are people who, in their fifties and sixties, are still supporting their adult children financially with things like housing costs. They may also be helping care for grandchildren and still have elderly parents who need support.”



Dr Joe Butterick



Kin to care

Today most care for older people is provided by family. However, the team's modelling shows that in future, individuals will have fewer adult children and grandchildren. For example, people born in 1964 are forecast to have on average 1.8 adult children and 3.4 grandchildren when they are aged 80, compared to 2.2 children and 4.4 grandchildren amongst the 1938 cohort at the same age.

Although the average number of children is falling, the researchers note that this does not necessarily mean more older people will go without family care. Studies have shown that care responsibilities are often taken on by one child rather than shared among siblings. The key factor is whether an individual has children at all, rather than the number of children, but the pressure on individual caregivers may be intensified by these demographic trends.

Ageing without children

For 'baby boomer' women born between the end of World War Two and the 1960s, rates of childlessness rose significantly (from 10% for those born in 1946 to 20% for those born in 1964). As these cohorts age, the researchers' calculations showed that the number of women who are childless at ages 80 and above will increase sharply, rising from 256,000 in 2030 to 656,000 in 2055 (or 19% of all women aged 80+).

Thanks to higher life expectancy and the increased fertility of their parents, the baby boomer cohort is more likely to have siblings alive in their old age than previous cohorts. This means that, even if they do not have children of their own, they will potentially have nieces and nephews. Very little research has focused on this kin relationship, so the likelihood of these relatives providing care for their childless aunts and uncles is unknown.

"We already know that more people will reach old age without immediate kin available, because fertility is dropping, and people are living for longer. What is novel about our research is the ability to see how these things are concentrated within families and how their effects fall upon individuals," commented Jason.

Reliance on unpaid care unsustainable

The Southampton team's analysis is helping to understand how these changes to family structure over time will impact society. Findings so far highlight the decline in family size and the projected reduction in kin available to provide unpaid care for future elders; as well as the impact of many more people from the baby boom generation entering later life childless.

The findings also show that although multi-generational families can bring many



The most important ties between generations are those within families."

Dr Jason Hilton

benefits, they may place unreasonable pressure on people in mid-life (45–64 years) facing demands for support from children, grandchildren and elderly parents simultaneously.

As the baby boom generation reaches later life and the ageing population continues to grow, the team's modelling provides clear evidence to policymakers that our current reliance on unpaid care for older people is unsustainable – and so the need to address the growing demand for care and support is urgent.

The 'Modelling kinship and quantifying the connections between generations' project (2022–2027) is funded by ESRC Connecting Generations. Dr Jason Hilton co-leads the project with Professor Ridhi Kashyap (University of Oxford).

HELPING TO SOLVE THE SOCIAL CARE PUZZLE

As our population ages, providing for the social care needs of older individuals is vital. Unmet care needs can impact older people's health, wellbeing and dignity, leading to an increase in falls, doctor and emergency department visits, hospitalisation, and a higher mortality rate. Yet defining and measuring social care requirements remains a challenge.

Ongoing pressure on public service budgets combined with demographic changes (a higher proportion of older people in the population, with fewer family members to support them) is making addressing this challenge ever more urgent.

As the latest government commission on adult social care reform, the Casey Commission, gets to work, researchers from the University of Southampton's Centre for Research on Ageing and the ESRC Connecting Generations programme are analysing population data to help policymakers understand the scale and nature of unmet need for social care among older people.

During research spanning more than 14 years, Professors Athina Vlachantoni, Maria Evandrou and Jane Falkingham, and Dr Min Qin, have analysed national longitudinal data to help define the concept of 'unmet need' and identify the characteristics of those most at risk of falling through the cracks.

Defining the problem

In 2011 the Dilnot Commission (tasked by the coalition government with looking at social care) identified areas where empirical evidence was lacking. In response, the Southampton researchers began investigating unmet need, as part of the EPSRC Care Life Cycle project, led by Professor Jane

Falkingham. This sparked what Professor Athina Vlachantoni described as an "ongoing passion" that continues today under the ESRC Connecting Generations programme.

Finding that there was no universally accepted definition of 'need' and 'unmet need,' they developed a framework which understands unmet need as 'the report of a difficulty with a certain task combined with the complete lack of support with such task', and considers the effect of a person's demographic, socio-economic and health status.

Characteristics of risk

The team went on to analyse data collected in 2016 by the English Longitudinal Study of Ageing (ELSA). The ELSA has collected information every two years since 2002 on the physical and mental health, demographic and socio-economic circumstances, of a sample of people in England aged 50 and over.

Athina and her colleagues looked at the data for nearly 6,000 people aged 65 and over who had reported difficulties with everyday activities, including self-care tasks known as ADLs or 'activities of daily living' (dressing, bathing or showering, getting in and out of bed, walking across a room, using the toilet, and eating). ADLs are commonly used to assess a person's level of support needs.

They found that about 55 per cent of people who had reported a difficulty with an ADL said they received no support. This highlighted that the number of older people in England who were not having their care needs met was significantly higher than previously thought. Their findings also identified some of the characteristics of individuals who were most at risk.

The dynamics of unmet need

"That piece of work tried to understand patterns of unmet needs at one point in time," said Athina. As further data from the ELSA became available, the Southampton researchers set out to examine how unmet care needs might change over time, comparing responses to questions about bathing and dressing from 2017 and 2019.

Athina said, "If you have an indication of what we call 'persistent unmet need', that gives you a sense of where the social policy mechanisms have failed.

"If an older person has an unmet need at one point in time, that's one level of failure. But if they have a repeated need two years later, that means they haven't been picked up by the system, and their need hasn't been met by informal sources like family or friends. That creates another level of risk, which policymakers need to be aware of."



“

If you have an indication of what we call ‘persistent unmet need’, that gives you a sense of where the social policy mechanisms have failed.”

Professor Athina Vlachantoni

The results showed that for some people unmet need had decreased between 2017 and 2019, indicating that some needs for social care may be fulfilled with a delay. However, 28 per cent experienced repeated or persistent unmet needs. These individuals were likely to be relatively young (under 80), widowed, divorced or single, whose ability to perform daily activities had reduced over the two years.

The findings also showed that newly arisen care needs were associated with increased frailty and with a change in living arrangements, for example due to the death of a partner.

The team found that it was not individuals assessed as most vulnerable who were most at risk of having unmet social care needs. “Actually, it’s people who fall just below the threshold of being picked up by social services,” said Athina. “What we call ‘young old men,’ under 80, living alone. They may have someone popping in once or twice a week, but when asked if they have an unmet need with bathing or eating, they will say yes. They don’t have a systematic lack of support, but they do report a persistent unmet need.

“Our findings could help social services assess need at the first point of contact, looking out for red flags and helping to make sure that people who might be at risk of developing an unmet need in future don’t fall through the net.”

By providing evidence around changing patterns of unmet need, the research highlights the importance of regularly assessing older persons’ needs and considering not only an individual’s ability to perform daily tasks, but also their living arrangements, and sources of support.

Interacting with practitioners and policy

“This work has been a good example of liaising with real policymakers at the local level to inform our statistical models with nationally representative data,” commented Athina. Throughout the research, the team has communicated with Hampshire County Council’s adult social care team, using their insights to help design the study and sharing the results.

They have also contributed evidence to the Government’s cross-party Health and Social Care Committee. “We are beginning to make a real contribution. This empirical data is important for policymakers,” Athina concluded.

The team is waiting for the next wave of ELSA data to be released which will allow them to explore policy implications.

“So far, we have focused on the micro impacts of unmet need and on characteristics of individuals at risk. If you take a step back and look at the aggregate level of unmet need



Professor Athina Vlachantoni

over time and you map it against government spending or cuts, you might be able to identify a link.”

Athina also hopes to explore different sources of care, and the interaction between them.

“Even though people might report an unmet need with a specific activity, they might not want a stranger coming into their home to help them with it,” she said. “One side of the story is talking about unmet need, but the other side is talking to older persons themselves about their preferences for receiving support for specific tasks.”

MAKING MENOPAUSE WORK

The link between menopausal transition and changing employment

Around 4.5 million women aged 50 to 64 are currently in work in the UK, a rise of more than 20 per cent in the last 30 years. The average age of the onset of natural menopause is 50 to 51 and the menopausal transition can last four to five years. As a result, more working women than ever are experiencing the menopause, yet little is known about how its sometimes debilitating symptoms can affect their employment.

Research from ESRC Connecting Generations at the University of Southampton, led by Professor Maria Evandrou and Professor Jane Falkingham CBE, with Professor Athina Vlachantoni and Dr Min Qin, is the first study to address this research gap using nationally representative data. “We set out to look at the impact of menopausal symptoms on changes in employment, be that a change in work hours, or an exit from the labour market,” explained Maria.

Their ground-breaking research examined data on 3,000 women nationwide. It showed that for some women in mid-life, acute menopausal symptoms can pose obstacles to remaining in full-time work, with potential long-term consequences for their financial security, and the loss of valuable employees to the workforce.

“Our research found those experiencing acute issues had a significantly higher chance of employment exit or reducing their hours by age 55,” commented Jane.

Their findings are now informing government and employers’ menopause policies.

The research

The National Child Development Study (NCDS) follows all children born in Britain in a single week in March 1958, surveying them at intervals throughout their lives. The Southampton research team analysed NCDS data for 3,000 women collected in 2008/09 and in 2013/14, when the women were 50 and 55 years old. For the study they selected women who were employed at the age of 50.

The women were asked questions by the NCDS on 20 different symptoms of menopausal transition: if they had experienced them, and the degree to which they had been affected by them in the last 12 months (‘not bothered’, ‘bothered a little’, ‘bothered a lot’). The symptoms included trouble with sleeping, joint aches and pains, hot flushes, night sweats, anxiety or depression, and tearfulness.

Continued on page 24 →







Mims Davies MP & the Rt Hon Caroline Nokes MP with researchers and business leaders at a menopause and employment roundtable facilitated by Public Policy Southampton in 2023.

The team examined the responses, alongside the women's demographic and socioeconomic data, including marital and employment status, attitudes towards their job, health, whether they were taking Hormone Replacement Therapy (HRT) at 50, and their partner's economic activity. Their analysis showed that more than half of women employed in the UK experienced at least one severe menopausal symptom during their early fifties.

"We found that women who reported at least one 'disruptive' menopausal symptom at the age of 50 were 43 per cent more likely to have left their job by the age of 55 [than those reporting no severe symptoms]. They were also more likely to have reduced their work hours," said Maria. "This was the first piece of empirical research that evidenced this direct link."

By breaking down the data into individual symptoms, the Southampton researchers were able to quantify the effects of each symptom on employment outcomes. Their findings suggest that it is the presence of a combination of menopausal symptoms which is associated with a change in employment status, rather than a specific symptom.

The results also showed that women's likelihood of exiting employment due to severe menopausal symptoms was affected by their partner's employment. Women whose partner was not working were much less likely to leave work, indicating that women in mid-life may be prioritising household financial security over their own wellbeing. This

highlighted that menopause symptoms occur against a backdrop of other mid-life changes, such as caring responsibilities for parents or grandchildren, the cost of adult children's university education, work pressures, pension benefits access, and household finance sufficiency.

Influencing policy and practice

The Southampton menopause research has attracted attention from government and the media, including the New York Times. The findings were cited in written evidence to the UK Parliament and included in the House of Commons Women and Equalities Committee report 'Menopause and the workplace' (2022).

Mims Davies MP, then Minister for Disabled People, Health and Work, hosted a policy and practice roundtable meeting at the University of Southampton in 2023, where Jane shared the research findings. The event was attended by the Rt Hon Caroline Nokes MP (Chair of the Common's Women and Equalities Select Committee under the previous Government), and regional business, public sector, and charity leaders. Jane was then invited to attend an event on employer support for menopause at 10 Downing Street, hosted by Minister Davies in March 2024.

Since their findings were published, the team's research has informed workplace recommendations by the European Menopause and Andropause Society (EMAS). It has also inspired a training course on menopause at work for University of

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Our research found those experiencing acute issues had a significantly higher chance of employment exit or reducing their hours by age 55.”

Professor Jane Falkingham



4.5 MILLION

Around 4.5 million women aged 50 to 64 are currently in work in the UK, a rise of more than 20% in the last 30 years.

Southampton staff, and a staff survey, report, and recommendations within the Faculty of Medicine. The Faculty will share findings and best practice with colleagues from UK universities and allied health sectors, in an online workshop in March 2025.

In early 2024, the Bank of Canada invited Maria and Jane to speak at a panel discussion about the potential impact on women's financial security of cutting their hours or exiting the labour market because of menopausal symptoms.

"The key issue is the loss of current earnings and future contributions to your pension," Maria explained. The event explored the role of business in supporting women and what financial institutions could do to help women to plan their finances.

As more data become available, the research team plans to follow younger women, 40+, through the menopause and beyond, to

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We set out to look at the impact of menopausal symptoms on changes in employment.”

Professor Maria Evandrou

better understand the impact of HRT, and look at what happens to women once they stop taking HRT.

Improving understanding

This research shows that it is not experiencing the menopause transition itself which affects mid-life women's employment status, but the nature and severity of symptoms, often

in combination with other factors such as financial security.

With women over 50 representing an important and growing part of the workforce, and governments focusing on extending working lives, "making workplaces more 'menopause friendly' (with, for example, tailored absence policies, flexible hours, and environmental changes) will support more mid-life women to remain in work, and in doing so enable more to reach retirement with sufficient pension contributions for an adequate income in later life," said Jane.

"Improving understanding among women, their families and wider society of what to expect during the menopause" is also key to preventing the loss of valuable experienced employees from the workforce, concluded Maria.

This research was funded by the Economic and Social Research Council (ESRC).



ALUMNI SPOTLIGHT

RACHEL LANKESTER: CHANGING THE NARRATIVE

Rachel Lankester is an author, podcaster and founder of *Magnificent Midlife*, an online hub helping women thrive through the middle of life. Her *Magnificent Midlife* podcast was recommended by *The Sunday Times* and her book, *Magnificent Midlife: Transform Your Middle Years, Menopause and Beyond*, was included in *The New York Times* top seven books about menopause. Rachel has recently completed a Masters in Gerontology at the University of Southampton.

After being given a “devastating” diagnosis of early menopause at 41, Rachel began to learn more about the menopause transition. “I couldn’t find resources to help me, so I created them. I didn’t want women to arrive in perimenopause as unprepared, disconcerted and sad as me.”

Women are bombarded with the message that their value lies in being young, said Rachel, and as they reach mid-life they face an intersection of sexism and ageism. “I started out just wanting to challenge the idea that menopause was the end of a meaningful life, but I’ve become an activist,” she said. “I’m passionate about changing the narratives around women and age.”

She welcomes the fact that more people are talking about the menopause, but she believes that negative narratives are being manipulated by the ‘menopause industry’.

“There is a lot of scaremongering around menopause which drives sales of products and services,” she explained. The menopause industry – offering everything from face cream and supplements to drugs, menopause

health insurance, and menopause workplace consultants – is worth an estimated £450bn.

Menopause and its symptoms are increasingly presented as a hormone ‘deficiency’ which can be fixed by Hormone Replacement Therapy (HRT), with other symptom management strategies (such as diet and exercise) receiving far less attention. Rachel is concerned that parts of the industry are now suggesting that women should take HRT indefinitely. “There is no way that the NHS can afford that, so people will be forced to go private. And we don’t know the effects of taking HRT long-term. I am not anti-HRT,” she said, “but I am anti creating a climate of fear to drive revenue.”

The statistic that 900,000 women have quit their jobs because of the menopause in the UK is widely quoted. Conducting her own research, Rachel found that it came from a survey of just 1,000 women by a private health insurance company. The study had extrapolated data from a non-representative sample, with survey respondents asked to consider not just menopause but also periods, fertility problems and pregnancy.



“

I started out just wanting to challenge the idea that menopause was the end of a meaningful life, but I’ve become an activist.”



The figure should, Rachel said, have been closer to “150,000 women of menopause age (defined by the survey as starting in the early forties) having quit a job due to one or more of these issues.”

After widespread coverage for their apparently alarming ‘research’ finding, the company launched a new menopause health insurance plan. Rachel’s investigation into the origin of this statistic has been quoted in an Australian Senate inquiry on menopause.

A link is also frequently made between the menopause and the increase in suicides in women between the ages of 45 and 54. “I think that is fundamentally irresponsible,”

said Rachel. The Samaritans, which collates suicide statistics for the UK, does not attribute this increase to the menopause, pointing out that suicide is complex and rarely the result of one thing, and that there is limited evidence on this issue.

To challenge misinformation and the misuse of data on menopause, Rachel founded MenoClarity, a global forum including authors, doctors, journalists, professionals and academics, which aims to provide evidence-based information on menopause. She is also a member of the advisory board for InTune, a national menopause support and education programme led by Professor Joyce Harper of University College London.

Taking advantage of the distance learning option offered at Southampton, Rachel continued her work on menopause awareness while she completed her MSc in Gerontology. “I was interested in how the world responds to older people, so gerontology seemed like a natural fit.”

She plans to bring her learnings from the Master’s to a second book, and to evolve her podcast to incorporate aspects of gerontology relevant to people in their fifties and beyond – including digital exclusion, caring and dementia.

 **Find out more:**
magnificentmidlife.com





STILL CITIZENS: BELONGING AND TAKING PART WITH DEMENTIA

Our understanding of citizenship often revolves around someone's ability to exercise their rights and responsibilities: reasoning, reflecting, communicating, and taking action. But what does it mean to be a citizen for someone with dementia – a disability that threatens these faculties and is often seen by others as completely debilitating?

“Social citizenship is about the extent to which someone has control over their life, particularly over their decisions,” said Professor Ruth Bartlett. Ruth is co-lead of the University of Southampton's Ageing and Dementia Research Group and National Lead for the Ageing and Dementia Applied Research Collaboration at the National Institute for Health and Care Research. “It's about having opportunities to take part in everyday life and being seen as a valuable member of society.”

Initially qualifying as a mental health nurse, Ruth began her career nursing people with dementia, and studying for a Master's in Cultural Politics. She went on to do a sociology PhD looking at the experiences of people with dementia living in care homes, and her research since has sought to bring a citizenship lens to our understanding of dementia.

Autonomy and agency

“People with dementia are often seen as passive recipients of care, as patients who have things done to them,” said Ruth. “But we all need to be able to influence our

environment – to have a sense of autonomy and agency.”

The foundation of her research is the positioning of people with dementia as “potentially capable and influential, with certain rights and responsibilities.” Exactly what this looks like, she said, will depend on an individual's capacity and circumstances. “My first research study involved people with dementia who were campaigning for social change, but for those with more advanced dementia, their contribution might be something as small as influencing a change of menu at their care home, or having a choice over who cares for them, and how.”

Ruth adapts her research methods to enable participation for those who might struggle to participate in traditional ways. “Not everyone is able to sit and talk face-to-face in an ordinary research interview format. Even something as simple as walking or moving while talking can enable a person with dementia to take part in research.”

Continued on page 30 →



Access to social farms

One of Ruth's recent projects (2023–2024) looked at an alternative form of care provision, social farms, which offer supported opportunities for people with dementia to participate in daily farming activities. "Being in nature, being active, interacting with farm staff and with animals, these activities can be really beneficial to wellbeing. From a citizenship perspective, social farms offer an opportunity for people with dementia to contribute. So, it's an important service. We wanted to look into who gets access, and how this could be improved."

The project was funded by the National Institute for Health and Care Research (NIHR) Three Schools Dementia Programme, a collaboration between the UK's leading academic centres in primary care, public health, and social care research.

There are over 400 social farms in the UK, 32 of which took part in the study. Ruth and her team used the Levesque framework, a conceptual model for patient-centred access to healthcare, to look at five dimensions of accessibility: Approachability (services must be identifiable and reachable); Acceptability (services must be culturally and socially acceptable to users); Availability and Accommodation (services must be accessible both physically and in a timely manner); Affordability (services must be economically feasible for users); and Appropriateness (services must meet the users' needs and be adequate).

"One of our findings was that the Levesque framework can and should be used more within social care settings, as well as for healthcare," said Ruth. "We also found where nuance was needed within the framework. For example, you have to think not only about whether a service is reachable – are people being supported to get to these rural locations? – but whether it's physically accessible once they're there, if pathways are suitable for those with limited mobility, and so on."

To examine the 'Acceptability' dimension, the researchers recruited study participants from Pakistani, Bangladeshi and Indian backgrounds who had not previously accessed social farms. Through interviews and a farm visit, "we were able to explore how cultural background influenced their perception of this kind of care." Religious practices (such as religious meanings of particular animals) and dietary needs were found to be crucial factors in perceived acceptability, along with the lack of diversity in the social farm workforce. "This might add to the misconception that this service is predominately aimed at white men."





Professor Ruth Bartlett



Social citizenship is about the extent to which someone has control over their life, particularly over their decisions. It's about having the opportunities to take part in everyday life and being seen as a valuable member of society."



**THERE ARE
OVER 400
SOCIAL FARMS
IN THE UK,**

32 of which took part in the study.



The research team have links with social prescribers who can help to signpost social farms as a service for people with dementia. Ruth hopes that the study will ultimately result in more people from different backgrounds hearing about, and getting access to, social farms.

Looking at live-in care

Ruth's current project focuses on another area where people with dementia can exercise control: their choice of care.

The number of people aged 85+ who need 24-hour care is likely to double by 2035, and care homes are often seen as the only viable option. "People with dementia are five times more likely to move into a care home than people with any other condition. We want to raise awareness of live-in care as an alternative to moving into a care home for people if they have the space and resources."

The option of live-in care, she said, can support 'Ageing in Place' (AiP), where people grow older in their own homes for as long as they wish to.

Research conducted in Europe has focused on the experience of live-in care workers themselves, highlighting the risk of exploitation of migrant workers. Ruth's project will involve the perspectives of people living with dementia, including family members, as well as that of live-in care workers. It is the first study of its kind conducted in England.

"We're planning to do a survey of all the commissioners in the 42 integrated care boards across England, as well as surveying private providers of live-in care, to find

out how many people are receiving this kind of service. We also want to recruit 10 households who employ a live-in carer for someone with dementia and spend time within those households."

Researchers will carry out interviews and observations of daily life, with methods varying according to individuals' capacities and interests. "For example, the photo diary method might be useful for enabling participation and engagement for someone without language."

Ruth hopes that the project will address a major evidence gap, perhaps leading to changes in commissioning practice and the updating of quality standards for home care (which don't currently include live-in care). "We're also planning to co-produce a resource with people living with dementia and community care staff, to help people make more informed decisions about long-term care."

Healthy ageing, she said, is often about being able to live with an element of independence – with "choice and control about the kind of care that you receive and your life arrangements."

Professor Ruth Bartlett's project 'Examining Access To Social Farms For People With Dementia' was funded by the National Institute for Health and Care Research (NIHR) Three Schools Dementia Programme. Her current project 'Understanding how and why live-in care packages are arranged and sustained when dementia is the primary support need: A mixed method project' is funded by the National Institute of Health and Care Research. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

ALUMNI SPOTLIGHT

MATT SINGLETON: BRINGING JOY TO READERS THROUGH COGNITIVE BOOKS

For alumnus Matt Singleton, studying Gerontology at the University of Southampton enabled a midlife career-change – and the birth of an impactful dementia initiative.

Having begun his career in marketing and communications roles in the reinsurance industry, Matt found himself increasingly interested in the interaction of health and finance in later life. His employer, Swiss Re, sponsored him to undertake a part-time Master's in 2011. Matt chose Southampton because “the distance learning option (a rarity at the time) allowed me the flexibility to be a full-time worker, as well as a dad of young children.”

Studying at what was then the Centre for Research on Ageing (now the Department of Gerontology), Matt went on to strategic roles at Swiss Re, developing new products and solutions in the area of ageing. In the meantime, an area he'd covered in depth during his studies – dementia – impacted his personal life in a poignant way. Matt's father, Brian, was diagnosed with Alzheimer's in 2017, with the disease leaving his favourite hobby – reading – by the wayside.

Innovation process

“I'd always bought him books, and I was so saddened that I couldn't do that anymore. People with dementia struggle with focusing on the evolving plot of a story. So, I wanted to have a go at writing one he might be able to read.” Matt and his wife put together and printed their own short one-off book about The Beatles, since Brian had always loved the band. “It was just a bit of fun, but months later my stepmum said to me, ‘He can't put it down!’”

This remark, Matt said, caused his Gerontology training to kick in. “I thought, is there more I can do with this?” He added a section with Cognitive Stimulation exercises – quizzes, games and more, designed to help people with dementia maintain memory and mental functioning. During lockdown, he developed his Beatles book further, this time incorporating professional illustrations and design. “Without knowing it, I was following an innovation process and building a Minimum Viable Proposition (MVP).”



Matt Singleton



“

I'd always bought him books, and I was so saddened that I couldn't do that anymore. People with dementia struggle with focusing on the evolving plot of a story. So, I wanted to have a go at writing one he might be able to read.”

Matt Singleton

Left: Brian Singleton, the inspiration behind Cognitive Books, with his wife Colleen

He showed this MVP to leading dementia expert Professor Gill Livingston at University College London, and on her recommendation entered the Alzheimer's Society Accelerator Programme. This provided not only funds, but crucial access to expertise and lived experience – a panel of people willing to share their firsthand experiences of dementia. “That's where this idea I'd developed for my dad began to take on a bigger and more exciting life.”

Shaped by lived experience

The input of the lived experience panel shaped everything from the colour and tactile feel of the book's cover to the decision to create an accompanying audio version, which was ultimately narrated by actor Bill Nighy. Feedback also led Matt to incorporate music into the audio content, given its power to evoke ‘memory by association’ in people with dementia. “All of this comes from speaking to people with dementia and asking what might make a difference to their reading experience.”

Cognitive Books is now a registered company (run by Matt alongside his continuing role with Swiss Re), and as well as the Beatles book, has published titles on the 1966 football World Cup and on classic episodes and characters of Coronation Street. These familiar themes are explored using techniques from Reminiscence Therapy. The books are adapted to help overcome barriers for readers with dementia, including large text presented in digestible chunks and easy to turn pages.

“Human, loved, and full of life”

Matt has seen the impact of the books on individual readers and their carers via a flood of positive reviews and personal messages. But he said that he has been surprised and moved by the impact in care homes, where activities coordinators have used the books as a springboard for creative activities, ranging from dressing up to dancing and sing-alongs. “People with dementia are often forgotten about by society – perceived as zombies, almost. And that's just not the case. These

people are human, they're loved, and they are full of joy and life. This can be enhanced with stimulative exercises, and the books are helping to do that.”

He has ideas for further titles in the pipeline, with the hope of seeing the books' impact extend to even more readers.

Looking back at the road to this ground-breaking initiative, Matt says he is grateful to the University of Southampton for facilitating his pursuit of his passion for Gerontology. “Changing career in the middle of your life is not easy, and it was the University that enabled it for me.”

Find out more:
cognitivebooks.co.uk/home

LISTENING TO THE DATA ON HEARING LOSS

Hearing loss, we often assume, just goes hand-in-hand with ageing. This belief is so widely accepted that in the UK, hearing healthcare resources are allocated based on population age projections. But Dr Dalia Tsimpida, a Lecturer in Gerontology at the University of Southampton, is challenging this simplistic view of who experiences hearing loss and why.

An estimated 9 million adults in England are impacted by hearing loss, costing the English economy £25bn per year through productivity loss and unemployment. Hearing loss is linked to chronic health conditions including depression and is the largest potentially modifiable risk factor for dementia.

A Chartered Psychologist fascinated by human behaviour, Dalia approaches hearing loss from a psychosocial rather than medical perspective. Her personal interest in the subject began at home: “Two members of my family lived with hearing loss, and I witnessed firsthand the specific barriers people faced, even when it came to basic necessities such as arranging a doctor’s appointment.”

Hearing loss matters, said Dalia, because for those not natively fluent in sign language, the ability to hear “is central to the sharing of ideas, emotions and events, and is very

closely linked to our cognitive, emotional and behavioural well-being.”

Dalia is a Special Advisor at the World Hearing Forum (WHF) and a consultant to the World Health Organization (WHO), where she contributes to informing global hearing health strategies. Over the last ten years, her research has focused on public health and socioeconomic aspects of hearing loss, looking at the inequalities that can exacerbate both the condition and its psychosocial fallout.

Preventable factors

Dalia has developed a conceptual model to understand the “preventable factors that interact during the life course,” looking particularly at how the effects of low socioeconomic position can accumulate over time.

Continued on page 36 →

“

Two members of my family lived with hearing loss, and I witnessed firsthand the specific barriers people faced, even when it came to basic necessities such as arranging a doctor’s appointment.”

Dr Dalia Tsimpida





Dr Dalia Tsimpida



**Hearing loss can
relegate people to
lower-paid manual
jobs, which expose
them to a high level
of occupational noise.
This is a factor for
both further hearing
damage and related
mental health issues.”**

“For example, children from a low socioeconomic background are more likely to experience illness and injuries, and the antibiotics used in treatment can potentially affect hearing ability.” This can then lead to lower educational attainment, she said, which impacts employment opportunities. “Hearing loss can relegate people to lower-paid manual jobs, which expose them to a high level of occupational noise. This is a factor for both further hearing damage and related mental health issues.”

As people age, these effects complicate their access to healthcare such as hearing aids. “This can result in people retiring early, as their hearing loss affects their ability to continue working or to advance occupationally – which pushes them further down the social ladder.”

Health inequalities

In a 2023 study funded by UKRI, in partnership with the University of Liverpool, Dalia set out to demonstrate the shortcomings of conceptualising hearing loss as solely age-related. The project looked at anonymised data from 2.7 million individuals over a 10-year period in nine local authorities within the Cheshire and Merseyside integrated care system, comparing the results with the age-based projections currently used to estimate hearing loss prevalence.

The data about diagnosed cases of hearing loss were analysed against the deprivation of

the neighbourhoods where individuals lived. “We looked at trends amongst people of a similar age, to see whether factors other than age could explain the differences.”

Before this study, an exploration of the actual severity of hearing loss using real-world data had not been carried out in England or globally to the team’s knowledge.

The results showed an increasing trend in hearing loss prevalence (the number of cases in a specific population over a particular time period) and incidence (the rate of new cases occurring in a specific population over a particular time period). Outcomes for people with similar age profiles were worsening faster in more deprived areas – some of which, noted Dalia, were industrial, with people exposed to higher levels of environmental noise.

In fact, there was a significant association between hearing health and socioeconomic conditions. Based on the observed trends, these inequalities in hearing health were forecast to widen substantially over the next five years.

“There was a huge difference compared to the current data that the NHS holds about these areas, which underestimated the magnitude of both prevalence and incidence,” said Dalia. “For policymakers these insights could be key to creating context-sensitive strategies to address inequalities in hearing health.”

“Not inevitable”

The project was co-produced with the Place Directors of the integrated care system in the nine local authorities concerned, who met with Dalia from the start to share their perspectives and priorities. “Initially they were surprised to find us looking into hearing loss in this way,” said Dalia. “But with other linked conditions like depression and diabetes, it’s assumed that public health professionals will look into the actual needs of the population so they can understand the patterns and identify preventable factors.”

She has since received Impact Acceleration funding to develop this work further and has also produced a policy brief. The brief’s recommendations were heeded by the Chief Medical Officer’s annual report in November 2023, which included a call for the monitoring of real hearing loss data, rather than relying on age-based projections.

In March 2024, Dalia also took part in a consultation about the Department of Health & Social Care’s statistical outputs, recommending the inclusion of hearing loss data in the public health outcomes framework, a proposal which is now being considered.

She is currently working on a project funded by the University’s Sustainability and Resilience Institute (SRI), looking at residents’ lived experiences of transportation noise pollution in Hampshire and the Isle of Wight. The research will guide the creation of healthier urban spaces, particularly for marginalised groups facing disproportionate exposure to environmental hazards like noise.

By understanding hearing loss as a “lifestyle disease, not necessarily an inevitable accompaniment of the ageing process,” Dalia hopes that we can better identify and address preventable factors. With the right interventions it might be possible to maintain healthy hearing, and the better quality of life that it supports, further into old age.

Dr Dalia Tsimpida’s project ‘Investigating socio-spatial hearing health inequality in Cheshire and Merseyside Integrated Care System (ICS) to support evidence-based policy making’ was funded by UKRI Research England. Her current project ‘Environmental Health and Wellbeing Dynamics: Mapping High-Exposure Neighbourhoods and Assessing Transportation Noise Pollution’s Impact on Population Health’ is funded by the University of Southampton Sustainability and Resilience Institute (SRI).

Impact of hearing loss in England

Estimated **9 million** adults in England impacted



The nine local authorities of the research study

- | | |
|-----------------|--------------|
| 1 Cheshire East | 6 Sefton |
| 2 Cheshire West | 7 St. Helens |
| 3 Halton | 8 Warrington |
| 4 Knowsley | 9 Wirral |
| 5 Liverpool | |



Recommendations to address hearing loss and improve public health outcomes

Strategies:

- **Integrate ear and hearing care** into national health policies and strategies.
- **Follow international recommendations** for a systematic method to collect, analyse and interpret available hearing-related data.
- **Incorporate hearing health indicators** into the Public Health Outcomes Framework.
- **Quantify and monitor** local and national hearing loss trends.





UNEXPECTED ITEM: VIRTUAL REALITY FOR SILVER SHOPPERS

Why should older people be excluded from the technological future?

As new technologies reshape the way we interact with the world, Professor Yuanyuan Yin from Winchester School of Art (WSA) is working to ensure they are designed with inclusion in mind. Yuanyuan is the Director of the Global Smart Lab at WSA, which develops technology-based solutions for health and well-being. Her 2010–2017 ‘Silver Shoppers’ work on smart technology for older supermarket customers inspired Yuanyuan to look at a different kind of shopping experience – one based in Virtual Reality (VR).

Virtual space

“From the Silver Shoppers project, we had evidence about the physical store environment and the challenges it posed for older people,” said Yuanyuan. Although grocery shopping has been identified as one of the most important services in older people’s day-to-day lives and has a significant impact on health, most retailers fail to provide them with a satisfying shopping experience. One in five (19 per cent of) people aged 80–84 have difficulty shopping for groceries, rising to 60 per cent for those aged over 90. The main challenges that older shoppers face during grocery shopping include accessibility (including product accessibility), store layout, customer services, instore navigation, checkout, and transportation. There is also another set of challenges around how shopping habits impact healthy ageing, including

factors like food choices, social isolation, and low levels of physical activity.

Conventional online shopping is not a straightforward alternative. “We have research showing that the older demographic can be overwhelmed by conventional online shopping experiences, where you’re given vast lists of products to choose from.” The evidence base around older people’s engagement with technology in general, however, tells a somewhat different story. In contrast to stereotypes about people rejecting new technology in later life, there appears to be increasing acceptance of, and competence in, the online world – a trend accelerated by the pandemic.

Continued on page 40 →



Professor Yuanyuan Yin



In contrast to stereotypes about people rejecting new technology in later life, there appears to be increasing acceptance of, and competence in, the online world.”



ONE IN FIVE

One in five (19%) people aged 80–84 have difficulty shopping for groceries, rising to 60% for those aged over 90.

To see whether this openness would extend to VR, Yuanyuan’s preliminary study recruited 15 people aged 65+ to try a VR shopping experience. They were invited to explore a prototype replica of a physical store environment, including aisles, shelves, and product categories, which also integrated VR-specific features such as interactive displays and dynamic navigation aids. Yuanyuan and her team were looking to find out “if the participants could feel comfortable and confident in the virtual space.”

One participant had eyesight issues and had never used a smartphone; the oldest participant was 91 years old. Initially the team were prepared for the participants to experience some difficulties, including dizziness (which can commonly result from using VR headsets) and issues with the controller, which was a standard VR gaming console not yet adapted for older people. However, most adapted very quickly and could manage the controller “after a five-minute demonstration.”

All in all, said Yuanyuan, the response was extremely positive. Most participants expressed a strong sense of presence and immersion in the VR environment, as well as

a willingness to try VR-based shopping if such a service were available. Even though it may seem like a flashy technology in comparison with conventional online shopping apps, Yuanyuan concluded, “VR is actually very intuitive because it recreates reality.”

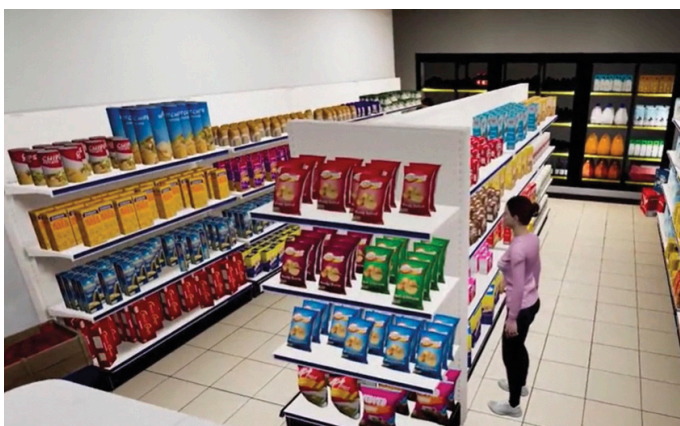
Design adaptations

There has been little research yet into the specific benefits of VR for older people, but Yuanyuan sees great potential. For example, VR could return older people to personally significant places that no longer exist, or where they can’t physically go due to mobility issues. “They could be transported to these locations by a multi-sensory, immersive experience.”

VR environments could also help promote healthy ageing. “For example, in a VR supermarket when someone picks up an item they could get nutritional information, allergy warnings, recipes, cooking instructions. There could be breakout rooms for exercise classes. There’s so much we can add in this virtual space to make it a platform for healthy ageing.”

The preliminary study was mainly focused on gauging older people’s general responses to VR, rather than testing specific design





“

We'll be able to scan people and replicate their bodies in the digital space, with the help of AI – not just their appearance but the way they move.”

Professor Yuanyuan Yin

adaptations. The team has already been incorporating helpful features, though. In many VR experiences the user is 'floating', said Yuanyuan, only able to see their hands and the controller, which can increase dizziness – but they have added “a full body. If you look down, you will see your legs and your feet on the floor. We're trying to simulate the physical experience as much as possible to let people to feel confidence in the virtual space.”

A more sophisticated version of this feature is in development. “We'll be able to scan people and replicate their bodies in the digital space, with the help of AI – not just their appearance but the way they move. This will increase people's immersive experience, especially during interactions. They will feel like they're talking to real people rather than digital avatars.”

Improving interaction with others in the VR environment will be the next frontier, said Yuanyuan, after the environment itself has been fine-tuned for older users. “Older people will be able to go VR shopping with their friends and feel that they're really together.” Smart textiles and multi-sensory technologies will work to mirror real-world interactions: for example, if two friends give each other a hug in the virtual environment, a smart jumper could simulate the sensation by providing a gentle squeeze and a warming effect, enhancing the sense of connection and physical presence.

VR revolution

Having validated their concept, Yuanyuan and her team are now applying for external funding to develop it further. The trial has

already attracted attention, with the team presenting a paper at the IEEE Conference on Virtual Reality and 3D User Interfaces in March 2025. “We'd also like to work with a retail partner to trial the virtual shop with their real product database.”

Yuanyuan said that her work is not about VR shopping replacing physical shopping for older customers. Rather, since VR technology will one day be as ubiquitous in daily life as mobile phones are today, it's vital that inclusive design is incorporated from the get-go. “The ageing population is an important user group. It's not enough to wait until these services are everywhere and then discover that older people can't use them!”

Neither does she view the physical-digital divide as binary. “We still need to ensure that physical environments are ageing-friendly. My team are also thinking about how we can combine physical and virtual shopping to maximise the benefits for older people.”

Future research will focus on the potential of VR technology to revolutionise grocery shopping for older adults, ultimately promoting both healthy ageing and social inclusion.

FROM THE GROUND UP

Building digital accessibility skills in the tech sector



Dr Sarah Lewthwaite



We are developing a research-based understanding of the characteristics of effective accessibility education, so that teachers and trainers in academia and industry have evidence-based resources to draw on.”

Digital technologies now mediate access to work, education, health and the benefits of economic growth and innovation. They have the potential to widen access for marginalised groups, through adaptability, flexibility and assistive technologies. However, many digital tools and services are not accessible to people with disabilities or age-related impairments, creating digital divides that impact millions of citizens globally.

Digital accessibility is the practice of designing and developing digital content, websites, tools, platforms and applications in a way that ensures they can be used by people of all abilities, with a specific focus on people with disabilities. The UK, in common with many other countries, has a significant skills gap when it comes to creating accessible digital tools and services, despite increasing demand. The University of Southampton's Dr Sarah Lewthwaite is investigating the crucial role of digital accessibility education in plugging this gap.

“We are developing a research-based understanding of the characteristics of effective accessibility education, so that teachers and trainers in academia and industry have evidence-based resources to draw on,” said Sarah. In a project funded by UK Research and Innovation (UKRI), Sarah and colleagues in the Centre for Research Inclusion in the Southampton Education School, are exploring how digital accessibility

education can be effectively taught and embedded in both higher education and technology professionals' workplace training. They are working to establish accessibility education as a field of study and research, taking it from an anecdotal 'what works' approach to robust research-led insights.

Understanding accessibility

Previous research has found that many technology professionals lack the skills and awareness to create a more inclusive digital world. Accessibility education is often limited to a single lecture or optional module in human-computer interaction and computer science degrees. Within workplaces, accessibility training is similarly patchy.

The need to improve is pressing. Digital exclusion has legal, societal and economic implications. The public sector and industries such as banking must already comply with European legal frameworks on digital accessibility, and later this year, the European



Accessibility Act comes into force, covering digital products in the private sector.

“There has been a lot of discussion about what should be taught, but when we began there wasn’t a great deal available to teachers on how any agreed curricula could be taught effectively,” commented Sarah.

The research identifies three components required in teaching digital accessibility: the conceptual, the procedural, and the technical.

The conceptual aspect – the complexity and fluidity of digital accessibility – is a key challenge. Sarah explained that “technologically focused” students may come with a “medical view” of disability and age-related impairments. Helping students to engage with disabled people’s perspectives is crucial, so they can enable users, rather than attempting to design a ‘fix’ for an impairment that they may perceive as a ‘deficit’.

The ‘procedural’ element involves developing students’ understanding of what accessibility looks like in practice, for example, exploring decision-making during the design process, what to prioritise, managing workflow, and budget and time constraints.

The final dimension is equipping students with the technical skills, including coding, to build accessible tools and platforms, and to work with assistive technologies.

A key competency is “being comfortable with uncertainty: our conception of disability changes, technology changes, the standards

and legal frameworks change – this is a shifting landscape,” said Sarah.

“We are not trying to suggest that there is one best practice, but to recognise the diversity that’s so inherent in this topic.”

Different perspectives

The researchers collaborated with outstanding accessibility educators from international higher education, the public sector and the technology industry, including firms such as Google, Microsoft and Ubisoft, to develop a clear picture of what knowledge is needed, and how to teach it. “We are trying to bring forward different perspectives, and a breadth of experience and expertise,” said Sarah.

The results have led them to create a ‘pedagogy wayfinder’ – an online professional development tool that will allow teachers to explore the research findings on approaches, teaching strategies, tactics and tasks, and how they interrelate. This is due for launch in 2025. Alongside research papers and edited collections, a series of well-received and widely shared ‘Quick Start Guides’ also introduce different aspects of accessibility.

Throughout the research Sarah has engaged with world-leading accessibility education non-profit, Teach Access, including hosting a visit by their Chief Executive Kate Sonka for lectures and workshops in Southampton. The team is working with the US-based organisation to co-develop a series of online workshops, and UK and European initiatives in this space.

During the project, findings have been fed back to educators in different disciplines. In January 2025, the team welcomed international research leaders and educators in fields including robotics, software engineering and education, to the inaugural Southampton International Symposium on Accessibility Education, “the first major event focused solely on digital accessibility teaching.”

In the next phase of the research, Sarah is turning her attention to the learner experience in accessibility education, including trying to get accessibility recognised within UK computer science degrees.

“We are also interested in peer learning and self-directed learning, which is where the majority of accessibility expertise is built; and in what AI means for digital accessibility education.”

Their ultimate aim, said Sarah, is to support educators to develop their teaching “to make sure graduates and professionals are equipped with knowledge of how to design in accessible ways so that digital tools and services will better serve disabled people and older people.”

Dr Sarah Lewthwaite holds a UK Research and Innovation (UKRI) Future Leaders Fellowship. Between 2019 and 2025 this project has been awarded £1.39million from UKRI.

 **Find out more:**
teachingaccessibility.ac.uk

RESEARCH AWARD HIGHLIGHTS

This list encompasses a selection of awards logged with University of Southampton Finance from September to December 2024 that are not considered commercially sensitive.

FACULTY OF ARTS AND HUMANITIES

Prof Joanna Sofaer; School of Humanities

Mansbridge Heritage Project

Abri Group Ltd; £12,402 over 12 months

Dr Matthew Hunt; School of Humanities

Gender Penalty: Sociolinguistic Evaluations of Female Football Commentators

British Academy; £10,000 over 24 months, as part of a larger award shared with the University of Glasgow

Dr Sami Everett; Winchester School of Art (Co-I) and Parkes Institute

Liminal Waterway Countercultures

AHRC; £138,372 over 24 months

Dr Siddharth Soni; School of Humanities

Materialising Open Research Practices in the Humanities and Social Sciences (MORPHSS)

Research England; £111,578 over 24 months, part of a £800k project co-funded by Wellcome Trust, Research England, and Arts and Humanities Research Council, led at University of Cambridge, with Southampton, Sheffield, and Coventry

Dr Neil Williams; School of Humanities

A Meeting of Rivers: Exploring the Rights of Nature in the UK

AHRC; £83,096 over 45 months

FACULTY OF ENGINEERING AND PHYSICAL SCIENCES

Prof John McBride and Dr Tom Bull; School of Engineering

Scaling Up High-Performance Hybrid Microbial Fuel Cells for Sustainable Energy Recovery from Petroleum Wastewater: A Pilot-Scale Demonstration

British Council; £79,998 over 24 months

Dr Sergio Vernuccio; School of Chemistry

Rational catalyst screening for continuous semi-hydrogenation of alkynes
Royal Academy of Engineering Industrial Fellowships: Academia to Industry; £76,878 over 24 months

Prof Neil Sandham; School of Engineering

Martian re-entry flows over aerodynamically rough surfaces

European Space Agency; £61,334 over 15 months

Prof Neil Sandham; School of Engineering

CCP Turbulence bridging funding

Science And Technology Facilities Council; £18,742 over 24 months

Prof Kevin MacDonald; Optoelectronics Research Centre

Intelligent Nanofabrication for Nanophotonic Devices

EPSRC; £714,057 over 36 months

Prof Simon Hettrick; School of Electronics and Computer Science

Embedding Trust in Evaluation

Research England; £3,434,642 over 66 months

Prof Malcolm Levitt; School of Chemistry

Water Inside A Superconductor? An Exploration Of Superconducting Endofullerides

Leverhulme Trust; £410,007 over 36 months

Prof Anna Peacock; Optoelectronics Research Centre

Functional, Non-Toxic Perovskite Optical Fibres

EPSRC; £174,005 over 36 months

Prof Hywel Morgan; School of Electronics and Computer Science

Horizon Europe – AQUAMON – Advanced QUALITY MONitoring system of water in urbaN areas

European Commission; £232,843 over 42 months

Prof Mark Spearing; Faculty of Engineering and Physical Sciences – Central

EPSRC Core Equipment 2024

EPSRC; £1,349,327 over 18 months

Prof Senthil Murugan Ganapathy; Optoelectronics Research Centre

Efficient Photoelectrochemical Green Energy System Based on Hematite Photoanodes Heterostructured with Selected 2D Transitional Metal Dichalcogenides

Science And Technology Facilities Council; £525,062 over 24 months

Dr Afaf El-Sagheer; School of Chemistry

A new class of simple and efficient mRNA priming modifications

Royal Society; £19,998 over 12 months

Prof Xunli Zhang; School of Engineering

Microscale thermal dynamic insights for microreactor-based process intensification towards sustainable chemical manufacturing

Royal Society; £11,999 over 24 months

Prof Simon Blainey; School of Engineering

Cross-Sector Transferability of Infrastructure Resilience Interventions
UK Research and Innovation; £37,852 over 9 months

Dr Rich McIlroy; School of Engineering

Mobility as a Service for disabled travellers

Motability Foundation; £197,174 over 18 months

Dr Basel Halak; School of Electronics and Computer Science

Security of Deep Learning Accelerator in Heterogeneous Edge Computing Devices (RISC-V based)

Alan Turing Institute; £92,111 over 6 months

Prof David Thomson; Optoelectronics Research Centre

Tunnel Epitaxy Of III-V On Silicon For Ultralow Power Silicon Photonic Waveguide Based Modulation Device

EPSRC; £1,718,389 over 36 months

Dr Giacomo Squicciarini; School of Engineering

Echoes of the past: advanced sound synthesis of early pianos

Leverhulme Trust; £455,325 over 48 months

Dr Xu Fang; School of Electronics and Computer Science

Metasurface technologies for next generation automotive sensors

EPSRC; £27,791 over 3 months

Associate Prof Davide Lasagna; School of Engineering

Sensitivity of Turbulence using Recurrent Flows

Leverhulme Trust; £133,377 over 30 months

Dr Lucy Oswald; School of Physics and Astronomy

The pulsar population: revealing the extreme physics of neutron stars at the intersection of statistics, citizen science and machine-learning

UK Research and Innovation; £352,371 over 36 months

Dr Matthias Baud; School of Chemistry

Optimising Therapeutic Agents to Treat Multiple Sulfatase Deficiency by Combining DNA Encoded Chemical Libraries and Fragments

MSD Action Foundation; £137,121 over 18 months

Dr Susmita Naskar; School of Engineering

Reinforcement Learning for Bio-Inspired Metamaterials: Shaping Future Innovation

British Council; £180,000 over 24 months

Dr Shelly Vishwakarma; School of Electronics and Computer Science

RADAR-SIGN-BRIDGE “Advancing British Sign Language Recognition and Translation through Non-Intrusive Radar Technology”

EPSRC; £510,202 over 27 months

Dr Dikai Guan; School of Engineering

Development of strong, formable, stainless and low-cost magnesium alloys for next generation cars

UKRI Future Leaders Fellowship Renewal; £566,927 over 36 months

Dr Kai Wen; School of Engineering

High Cycle Loading Responses of Micropile Anchors for Floating Offshore Wind

EPSRC- Supergen ORE Hub; £4,000 over 9 months

Dr Rujie Sun; School of Electronics and Computer Science

SMARTPatch for Enhanced Nanoparticle Delivery in Cardiac Repairing

Royal Society; £224,481 over 36 months

Dr Rujie Sun; School of Electronics and Computer Science

Reconfigurable Microrobot Swarm (RMS) for Controllable Drug Release

Royal Society; £19,865 over 12 months

Dr Rujie Sun; School of Electronics and Computer Science

Reconfigurable microrobots for active drug delivery: from rational design to in vitro demonstration

Royal Society; £12,000 over 24 months

Prof Bo Chen; School of Engineering

Accelerated Design and Qualification of Austenitic Steels for Creep-Fatigue (ADEQUACy)

EPSRC; £249,858 over 21 months

Prof Eileen Yu; School of Chemistry

UK-Japan collaboration for artificial photosynthetic cell systems.

Universities of Oxford, Cambridge, Glasgow, Birmingham and Southampton, in collaboration with University of Tokyo and University Nagoya.

BBSRC Japan-UK engineering biology for discovery research and cross-cutting technologies; £159,941 over 36 months

FACULTY OF ENVIRONMENTAL AND LIFE SCIENCES

Prof Paul Skipp; School of Biological Sciences

miONCO-Dx : A novel multi cancer early diagnostic test

National Institute for Health and Care Research; £390,308 over 36 months, as part of a £2.5million grant awarded to a partnership of the University of Southampton and Xgenera.

Prof Tim Wildschut; School of Psychology

Dyadic Nostalgia in Couple Relationships

ESRC; £139,255 over 48 months

Prof Nick Clarke; School of Geography and Environmental Science

The making of ‘grey power’: Political understandings over the life course

Leverhulme Trust; £21,157 over 24 months, as part of a total award of £142,997 shared with the University of Sussex

Dr Booker Ogutu; School of Geography and Environmental Science

Exploring Copernicus Expansion Missions For Advancing Measurement, Reporting, and Verification (MRV) of Carbon from European Forests

European Space Agency; £142,866 over 24 months

Prof Denis Drieghe; School of Psychology

Documenting Eye Movements during Reading in Ex-Illiterates

Leverhulme Trust; £175,668 over 36 months

Prof Ivo Tews; School of Biological Sciences

CCP4: Computing for Integrative Biosciences

Science And Technology Facilities Council; £132,231 over 24 months

Dr Gareth Roberts; School of Geography and Environmental Science

Fiducial Reference Measurements for Fire (FRM4FIRE)

European Space Agency; £38,461 over 18 months

Research award highlights

Prof Ruth Bartlett; School of Health Sciences

Understanding how and why live-in care packages are arranged and sustained, when dementia is the primary support need: A mixed methods study.

National Institute for Health and Care Research; £515,575 over 30 months

Dr Mariana Vargas-Caballero; School of Biological Sciences

Equipment grant: contribution towards a stereotaxic frame for neuroplasticity and neuronal excitability studies

Alzheimers Research UK; £4,500 over 12 months

Prof Andrew Tatem; School of Geography and Environmental Science

Machine learning for blue line tracing and wastewater surveillance

Bill & Melinda Gates Foundation; £247,049 over 24 months

Prof Cathy Murphy and Dr Barbara Bradbury; School of Health Sciences

The co-production, evaluation and provision of web-based toilet-use and continence care interventions for people living at home with dementia (DemCon2)

National Institute for Health and Care Research; £330,481 over 24 months

Dr Christina Saville; School of Health Sciences

Predicting nurse staffing requirements from routinely collected data (PREDICT-NURSE)

National Institute for Health and Care Research; £981,111 over 30 months

Dr Yihua Wang; School of Biological Sciences

Identification of potential therapeutics for MYCN non-amplified neuroblastoma

Neuroblastoma UK; £5,000 over 12 months

Dr Paul Hurley; School of Geography and Environmental Science

FSRN Food Safety at Home: Food Science Facts and Fictions

BBSRC; £9,850 over 3 months

Dr Valerie Brandt; School of Psychology

International tic partnership for advancement and alignment of neurophysiological research

MRC; £36,647 over 24 months

Prof Max Crispin; School of Biological Sciences

A Collaborative Network for the Analysis of HIV-1 Immunogen Glycosylation

Bill & Melinda Gates Foundation; £1,024,546 over 33 months

Dr Amber Annett; School of Ocean and Earth Science

Polar Ocean Mixing by Internal Tsunamis

Natural Environment Research Council (NERC); £94,359 over 60 months

Dr Sien Van Der Plank; School of Geography and Environmental Science

Morecambe Bay Oral Histories Project (Marine NCEA)

Natural England; £15,429 over 12 months

Dr Owen Rackham; School of Biological Sciences

Cancer data-driven detection

Cancer Research UK; £318,452 over 60 months

Dr Bieito Fernandez Castro; School of Ocean and Earth Science

HORIZON EUROPE – REMIX -TUNE – Redefining the role of mixing in ocean overturning and ventilation

European Commission; £2,305,512 over 60 months

Dr Daniel Kaganovich; School of Biological Sciences

STXBP1 Moonshot

Merit Spread Foundation LTD (Rafa's Moonshot); £43,839 over 12 months

Dr Alessio Bellato; School of Psychology

Waiting Well: A mixed-methods study to evaluate the potential for a digital psychoeducation tool to support adults on the waiting list for ADHD diagnostic assessment

National Institute for Health and Care Research; £3,592 over 12 months. This is part of a larger award managed by the University of Nottingham

Dr Kathryn Gunn; School of Ocean and Earth Science

The Origins, Characteristics and Processes of Antarctic FRESHwater: A New, International Capability for Ongoing Measurements of the Ross Sea (FRESH)

Natural Environment Research Council (NERC); £81,835 over 24 months

Dr Nela Nikolic; School of Biological Sciences

Phage therapy to treat urinary tract infections

Wessex Medical Research; £19,990 over 24 months

Prof Sarah Ennis; Human Development and Health

Refining the use of Xenopus for rare disease diagnosis

MRC; £209,052 over 36 months

Prof Delphine Boche; Clinical and Experimental Sciences

Immune cells in Cerebral Amyloid Angiopathy-Related Inflammation – Spatial Transcriptomics on human biopsies

Pathological Society of Great Britain & Ireland; £5,000 over 12 months

FACULTY OF MEDICINE

Prof Richard Holt; Human Development and Health

Metformin & Psychosis weight management trial

National Institute for Health and Care Research; £123,246 over 48 months

Prof Simon Crabb; Cancer Sciences

A Phase III randomised control clinical trial of radiotherapy with radiosensitisation versus intravesical Bacillus Calmette-Guerin therapy for high-risk non-muscle invasive bladder cancer – TRAIN

National Institute for Health and Care Research; £1,515,597 over 78 months

Prof Simon Crabb; Cancer Sciences

UH-CAN (LUNG) – Home Urine Collection for Lung Cancer Screening (JM)

The Jon Moulton Charity Trust; £149,130 over 12 months

Prof Saul Faust; Clinical and Experimental Sciences

Steroids in Neonatal Meningitis

National Institute for Health and Care Research; £27,217 over 96 months

Dr Rebecca Moon; Human Development and Health

The effect of glucagon-like peptide-1 receptor agonists on musculoskeletal health in adolescents living with obesity

British Society for Paediatric Endocrinology and Diabetes Research and Innovation Award; £15,000 over 24 months

Dr Helena Fisk; Human Development and Health

Weathering the ‘inflammopause’ storm: A dietary approach to lifelong health for women

Imperial College; £5,000 over 9 months

Dr Helena Fisk; Human Development and Health

Establishing a cell model of obesity to test anti-inflammatory actions of specialised pro-resolving mediator enriched long chain omega-3 polyunsaturated oil (Lipinova®).

BBSRC; £46,637 over 9 months

Prof Gareth Griffiths; Cancer Sciences

A phase IIA clinical trial to evaluate the efficacy, cellular and molecular correlates of sensitivity to MRTX1719 in patients MTAP deleted, relapsed mesothelioma – SELECT meso 1

Asthma and Lung UK; £418,971.74, over 39 months

Mr Malcolm West; Cancer Sciences

REMACS – Understanding the impact of perineal Reconstruction after Extended MArgin Cancer Surgery on longer-term quality of life, morbidity and health economic outcomes – a prospective longitudinal cohort study

NIHR National Institute for Health and Care Research – Research for Patient Benefit; £254,131 over 31 months.

Dr Aravinthan Varatharaj; Clinical and Experimental Sciences

Study Using Neurovascular Longitudinal Insights to Guide Head injury Treatment

RFU Injured Players Foundation; £22,270 over 36 months

Dr Ben Gaastra; Clinical and Experimental Sciences

A metabolomic study of cerebrospinal fluid from patients with subarachnoid haemorrhage

Ferblanc; £15,250 over 24 months

Dr Htoo Wai; Human Development and Health

Retinal specific oligonucleotide development through chemical modification.

Fight for Sight; £15,000 over 12 months

Prof Nick Francis; Primary Care, Population Sciences and Medical Education

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