

A group of elderly people, mostly women, are standing in a brightly lit hallway. They are smiling and appear to be in a relaxed, social setting. Some have their hands on their hips. The background shows a hallway with doors and a sign.

Insights on navigating a changing research landscape

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Four topics

1. Aims of talk, assumptions and parameters
2. Navigation: the tasks
3. Employment and career opportunities
4. Making the journey:

Developing specialist expertise

Acquiring skills

Gaining experience

Getting known and building contacts



Aim, assumptions and caveats

Aim

To provide a personal guide to ways in which you can improve your credentials for employment as a researcher in gerontology.

Assumptions

You have experience as an independent researcher

You already have one or more specialist interests

You have limited experience of only a few of the many available research approaches and methodologies

Caveats

Academic and applied gerontology pursues a vast range of topics, interests and research questions – this review has to be selective, and selections are subjective

My comments seek to be multinational but inevitably will be Eurocentric and UK-biased

Career navigation

Two elements of the journey:

Selecting the destination(s)

Planning the route

Two main influences on the decisions:

Your interests and ambitions

Foreseeable and presenting opportunities

Employers and job types 1

University research career paths:

- Career academic – also important to gain teaching experience and skills
- Full-time project researcher – generally only possible with fixed, short-term contracts, difficult to sustain for more than, say, 6 years except in centres of applied research, which are growing in some applied areas but generally few in the field.

During the last decade in the UK/Europe, health-services research and migration studies centres have prospered while topics that attracted centre funding in the past have faltered, e.g. urban/housing studies and medical sociology.

Employers and job types 2

Research/management posts in:

- **Central/local government**
- **Commercial/industrial/consultancy**
- **Non-profit housing/social care organisations**
- **Think tank/advocacy organisations**

Four postgrads who found non-university research-related employment

Thesis topic	Employment
Retirement migration	Nationwide developer of retirement housing
Retirement migration	Regional manager, national older people's advocacy organisation
Assistive technology (home-monitoring of biomarkers)	National supplier of telecare equipment
Population projections for metropolitan areas	Audit Commission

Making the journey

- * Developing specialist expertise**
- * Acquiring skills**
- * Gaining experience**
- * Getting known and building contacts**

Developing specialist expertise

Try to identify challenging, neglected topics, issues and research questions, being mindful of:

- * Issues of concern to government (pensions, health services, social care, housing subsidies)
- * Issues of concern to professional practice (medicine, social work/services, law, financial services)
- * Issues that most excite leading academics (heads of department, journal and book editors, those obtaining grants for international workshops)
- * The potential theoretical intellectual contribution

Upcoming topics and issues in social gerontology

- **Minority group older people**
- * **Intergenerational exchanges: monetary, in-kind, emotional**
- * **Voluntary, community roles of older people**
- * **Activities, time-use of older people**
- * **Older people in low-income and rapid economic transition countries**

Add your own

Upcoming topics in health-services research

- * Care and support of people with dementia**
- * Obesity, nutrition**
- * Illicit drug dependency in old age**
- * Assistive technologies (of care and self-care)**
- * Polypharmacy (e.g. improving self-administration of drugs, family doctors' prescribing)**
- * Predictive gene tests**

Add your own



Polypharmacy is the use of multiple medications by a patient, especially when too many forms of medication are used by a patient, when more drugs are prescribed than is clinically warranted, or even when all prescribed medications are clinically indicated but there are too many pills to take (pill burden). Furthermore, a portion of the treatments may not be evidence-based. The most common results of polypharmacy are increased adverse drug-drug interactions and higher costs. Polypharmacy is most common in the elderly (*sic*) but is also widespread in the general population.

Upcoming topics in adult social care/support

- **Older people managing care budgets (self-directed care)**
- * **Promoting dependent older people's self-reliance in the Activities of Daily Living**
- * **Privately-employed and live-in carers**
- * **Quality of personal care and training issues (developing the social care workforce)**
- * **Developing new roles or services in residential-care**
- * **New forms of residential care that raise the quality of care**

Add your own

**The lessons of a new funding opportunity –
a rare event in the last few years**

**Research opportunities that may be created by
the rising awareness of the wellbeing and cost
implications of dementia**

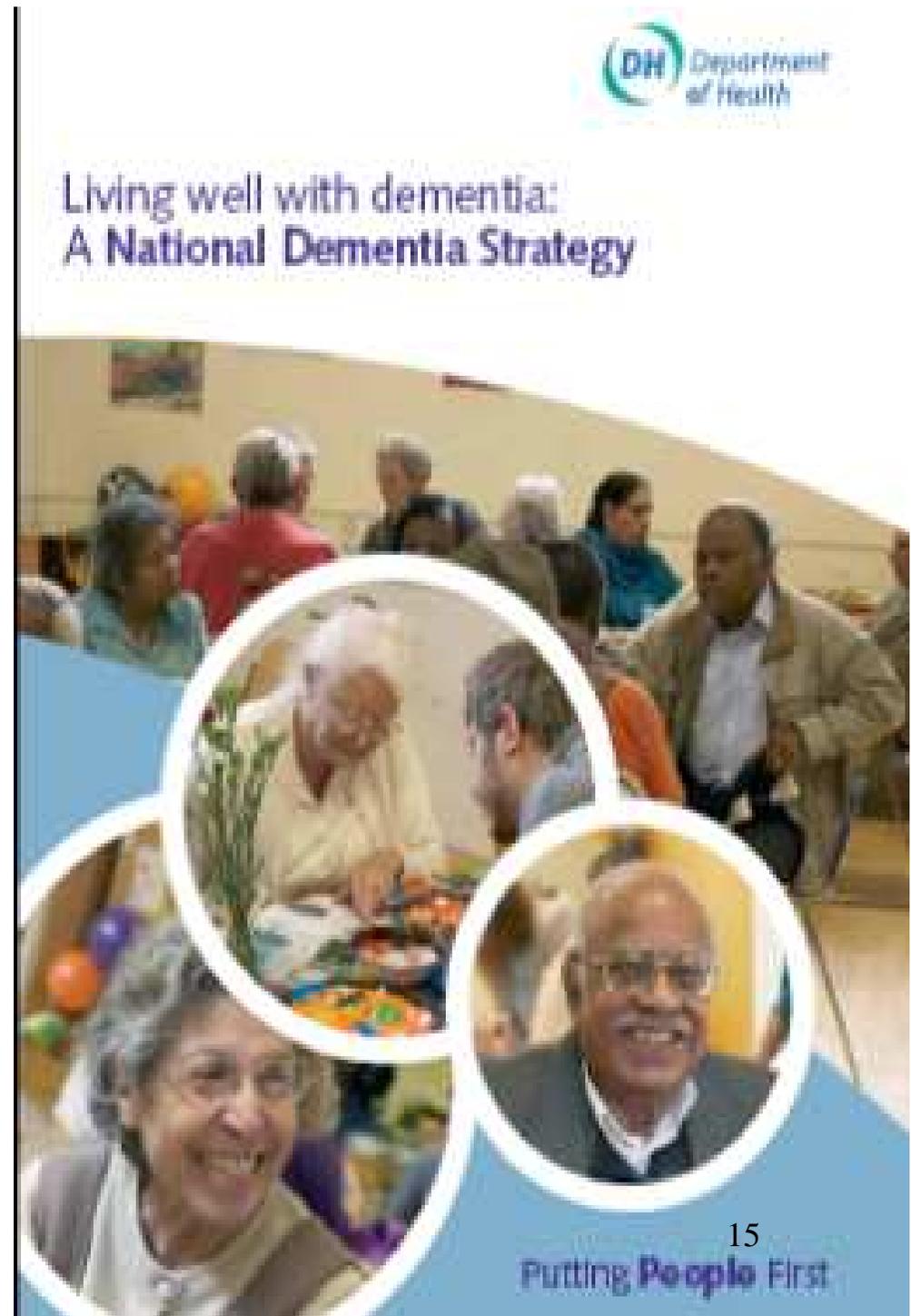
**Growing public awareness (celebrities, media
coverage, experience of extended families)**

Rising political awareness → new policies

Increases in research funding and posts

A new funding opportunity?

Strategy published December 2009





National Institute for Health Research

Dementia Themed Call: Specification Document Applied Health Research on Dementia

The National Institute for Health Research (NIHR) will issue a call for research on dementia in **March 2011**. The call will extend across the translational pathway, covering the fields of cause, cure and care, including prevention. This early advance notice of the intention to call will allow adequate time for the dementia research community to prepare high quality applications. Seven of the NIHR managed research programmes will be participating.

This call supports the NIHR response to *‘Living well with Dementia – A National Dementia Strategy’*, published in February 2009. It also supports the work of the Ministerial Advisory Group on Dementia Research (MAGDR) on ways to improve the volume and impact of dementia research. Reports from the MAGDR subgroups should be available in late March and applicants will need to consider their recommendations, carefully, particularly in respect of topic priorities and better ways of working.

Research proposals should relate to dementia and must be within the remit of one of the **seven participating programmes**. Applications which support **multi-disciplinary and cross-professional collaborations** are particularly encouraged. In addition:

Department of Health : More Funding for Dementia Research

28 June 2011: More money and expertise will be ploughed in to dementia research in the hope of moving closer to finding a cure or better treatment for the millions of families affected by this devastating condition, the Care Services Minister announced today.

DH today launched a 'Route Map for Dementia Research' which: pledges up to £20 million over five years for four new National Institute for Health Research (NIHR) Biomedical Research Units; and

- * commits the Medical Research Council to increase funding for neurodegeneration research by 10% to £150million over the next four years to 2015;**
- * boosts the number of experts in the dementia field through new Academic Clinical Fellowships;**
- * strengthens links between public and private research sectors to identify new opportunities for partnership**

Acquiring skills

- **Established data sources**
- **Approaches to collecting data**
- **Methods of analysis**
- **Presenting results, writing, reporting and dissemination**
- **Raising grant money**
- **Running large projects**



SHARE Research Data Center

The SHARE data are distributed through our Research Data Center which is physically located at CentERdata on the Tilburg University campus in the Netherlands. The SHARE Research Data Center complies with the [Criteria of the German Council for Social and Economic Data](#) (document in German language) for providing access to microdata.

SHARE Data Access Rules

The SHARE data can be [downloaded](#) from the SHARE Research Data Center under the following conditions: Applicants must have a scientific affiliation and have to sign a statement confirming that under no circumstances the data will be used for other than purely scientific purposes.

<http://www.share-project.org/>



ESS is a biennial multi-country survey covering over 30 nations. Its aim is to measure and explain trends in attitudes, beliefs and values across countries in Europe and its close neighbours. The first four rounds were fielded in 2002/2003, 2004/2005, 2006/2007 and 2008/2009.

The project is funded by the EC, the European Science Foundation, academic funding bodies and National Science Foundations in each participating country. The project is directed by a Central Co-ordinating Team at the Centre for Comparative Social Surveys at City University, London, and the UK component is funded by the Economic and Social Research Council (ESRC). More information is available at: www.europeansocialsurvey.org

HEALTH AND RETIREMENT STUDY

A Longitudinal Study of Health, Retirement, and Aging

Sponsored by the National Institute on Aging



The University of Michigan *Health and Retirement Study* (HRS) surveys more than 22,000 Americans over the age of 50 every two years. Supported by the National Institute on Aging (NIA U01AG009740) and the Social Security Administration, the HRS is a large-scale longitudinal project that studies the labor force participation and health transitions that individuals undergo toward the end of their work lives and in the years that follow.

Since its launch in 1992, the study has collected information about income, work, assets, pension plans, health insurance, disability, physical health and functioning, cognitive functioning, and health care expenditures. Through its unique and in-depth interviews with a nationally representative sample of adults over the age of 50, the HRS provides an invaluable, growing body of multidisciplinary data to help researchers address the challenges and opportunities of aging.

Health and Retirement Study [data products](#) are available without cost to researchers and analysts; certain [Conditions of Use](#) apply. [Registration](#) is required in order to download files.

<http://hrsonline.isr.umich.edu/>

Developing your analytical skills

- Try to develop a broad awareness of the strengths and limitations of different approaches to tackling a research question, from ethnography to multivariate modelling
- Talk about scientific method with your fellow students and colleagues

Alan Chalmers, *What Is This Thing Called Science? An Assessment of the Nature and Status of Science and its Methods*, third edition, University of Queensland Press, Brisbane, 2009

- Develop expertise in one or more particular methods of analysis
- Sign up for courses ... on methods of analysis, about specialist data sources. Find out about courses; find out about sources of financial support

Gaining experience

- * Develop your writing skills by submitting short pieces to newsletters and academic magazines, offering to be a referee for a good peer-reviewed journal, to do book reviews**
- Give conference presentations**
- Convene and propose symposia at conferences**
- Develop proposals for funded workshops, e.g. European Science Foundation Exploratory Workshops**

Final thoughts



Final thoughts

Consider the longer-term possibilities – where do you want to be in 10 years time?

Recognise the security of working with and in established teams of applied researchers. If you choose this destination, work out a strategy for developing collaborative working with such teams

Recognise the ‘efficiencies’ of working with substantial, validated existing data sources

Recognise that funding priorities and fashions change – try to give yourself options

Try to be systematic about developing your skills toolkit

Good luck and every success

Tony Warnes

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