

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

224/1

Multicultural voices: attitudes of older adults in the United States of America about elder mistreatment; by Susan M Enguidanos, Marguerite Deliema, Iris Aguilar (et al).: Cambridge University Press.

Ageing and Society, vol 34, no 5, May 2014, pp 877-903.

Despite international growth in policies to increase the identification and response to elder abuse and neglect, there remain considerable barriers to treating the problem. Some of these barriers may be attributed to how older adults from different racial/ethnic backgrounds define, experience and seek to remedy elder mistreatment. Using focus group discussions based on case vignettes, this paper examines how older adults from different racial and ethnic backgrounds in the United States of America perceive elder mistreatment. Five focus groups were conducted with African Americans, English-speaking Latinos, Spanish-speaking Latinos, non-Latino Whites, and African American care-givers for older adults. While similar definitions and meanings of elder abuse were expressed across the different racial/ethnic groups, Latino participants introduced additional themes of machismo, respect, love and early intervention to stop abuse, suggesting that perceptions or beliefs about elder mistreatment are determined by culture and degree of acculturation in addition to race/ethnicity. Most differences in attitudes occurred within groups, demonstrating that perceptions vary by individual as well as by culture. In identifying scenarios that constitute elder mistreatment, some participants felt that certain cases of abuse are actually the persistence of intimate partner violence into old age. Participants also indicated that victims may prefer to tolerate mistreatment in exchange for other perceived benefits (e.g. companionship, security); and out of fear that they could be placed in an institution if mistreatment is reported. Findings suggest the need for person-centred intervention and prevention models that integrate the cultural background, care needs and individual preferences of older adults. (RH)

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From : journals.cambridge.org/aso

ACTIVE AGEING

(See Also 224/72)

224/2

'Women are just more active': gender as a determining factor in involvement in senior centres; by Jaroslava Hasmanova Marhankova.: Cambridge University Press.

Ageing and Society, vol 34, no 9, October 2014, pp 1482-1504.

Although active ageing is now represented by the state and providers of social services as the universally desirable way of ageing, the significantly smaller numbers of male clients was identified as a marked feature of such organisations. A three-year ethnographic study was conducted at two centres in the Czech Republic which offer seniors-only leisure-time activities strongly grounded in the idea of active ageing. The study used participant observation, and 47 in-depth interviews were conducted with the centres' clients and employees. The higher participation by women in the centres and the role they attribute to such organisations in their lives is analysed in the context of their previous gendered biographies. As well as the idea of active ageing itself, the study highlights the embedding of gender patterns in how daily activities at the senior centres are organised.

Despite the seeming invisibility of gender as a principle that structures the way these centres are run, they are in fact gendered organisations, where gender emerges as a basic principle affecting the chances of participating in active ageing as presented by the centres.

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224/3

Capacity building with older people through local authority and third-sector partnerships; by Robert Dalziel, Martin Willis.: Cambridge University Press.

Ageing and Society, vol 35, no 2, February 2015, pp 428-449.

In May 2010, a Conservative and Liberal Democrat Coalition Government was elected in the United Kingdom, which immediately started to plan a programme of wide-ranging cuts in public spending. However, in the face of severe economic problems the new government retained the outgoing government's emphasis on active ageing. This paper examines capacity-building partnerships between local authorities and third-sector organisations in LinkAge Plus (LAP) pilot areas in England, which were set up to find better ways to meet the needs of older people and to empower them to become active citizens. The study on which this paper reports used theory on partnerships and collaboration to interrogate LAP pilot evaluation reports, along with current thinking on capacity building and work designed to improve services and outcomes for older people. The main findings are that capacity building in partnerships stimulated joined up working, which resulted in improved knowledge and skills in providing existing services. At the same time, new services emerged that meant older people were more involved in networking activities; and social capital was created through their engagement in policy making, identifying needs, service design and finding solutions to problems. However, there were few instances of ideological activity that challenged established values and ways of working to go beyond traditional health and social care approaches in the delivery of services for older people. The potential impact of ongoing cuts in public spending are also considered.

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AGEING (GENERAL)

- 224/4 2030 vision: the best - and worst - futures for older people in the UK; by Tim Linehan, Simon Bottery, Andy Kaye (et al), Independent Age; International Longevity Centre UK - ILC-UK. London: Independent Age, 2014, 25 pp.
The House of Lords Select Committee on Public Service and Demographic Change report 'Ready for ageing?' explored what is needed to prepare for and benefit from living longer and with many more older people. This report follows on from 'Ready for ageing?'. It aims to start a debate, to demonstrate that we have a choice, that we can plan for the future. It presents worst case and best case scenarios on a range of themes. The authors imagine the impact of policy failure on money, health and care, relationships, work and learning, lifestyle, and where we live - issues that are key to well-being. It considers what could happen to older people in the next 16 years (by 2030) if political parties cannot agree on how to tackle the demographic changes that are happening now. The best case scenarios will happen if the correct decisions are made, and if the challenges of ageing are approached positively and creatively. (RH)
From : Independent Age, 6 Avonmore Road, London W14 8RL. Website: www.independentage.org
- 224/5 Healthy ageing in the 21st century: the best is yet to come [summary report]; by Steve Field (Chair), Birmingham Policy Commissions, III. Birmingham: University of Birmingham, 2014, 4 pp.
In 2011, the University of Birmingham launched a policy commission on healthy ageing, to explore different expectations for flourishing in later life, and how good health in later life can be promoted. This is a summary of a longer report which urges policy-makers to "recognise and accommodate super-diversity when planning services for an ageing population". It presents seven key findings. First, the experience of ageing is complex, and only loosely associated with how old someone is. Second, different cultures think about ageing in different ways, yet our society does not fully understand these differences. Third, health inequalities associated with socio-economic disadvantage are also found in the older population. Fourth, enabling people to experience healthy ageing is a long-term project, which needs to be planned carefully. Fifth, older people want control and independence, but this can be in tension with their need for security, care and support. Sixth, technological support for older people can contribute to healthy ageing, if the support is sensitively developed and applied. Lastly, older people make a huge contribution to society. Some communities and faith groups draw on this contribution in responding to the needs of all their members. Sharing this good practice presents a real opportunity for communities of all kinds. Seven recommendations are made for healthy ageing in the UK's 21st century super-diverse society. First, when planning services for an ageing population in the UK, cultural sensitivity should be a vital component. Second, the human rights of older people should be at the heart of health and social care policy. Third, a new statutory post of Commissioner for Older People should be created in England. Fourth, reciprocal relationships that bolster healthy ageing should be central to future care and support arrangements. Fifth, policy makers need to design policies that harness people's instinctive behaviours to work towards, rather than against, healthy ageing. Sixth, more effort is needed to give older people a louder voice in respect of their environment and local community. Lastly, ageing in a super-diverse society is a major challenge that society does not yet fully understand; and Research Councils and other research commissioning bodies should prioritise gaining a better understanding. (RH)
From : The University of Birmingham, Edgbaston, Birmingham B15 2TT.
- 224/6 Operational definitions of successful aging: a systematic review; by Theodore D Cosco, A Matthew Prina, Jaime Perales ... (et al): Cambridge University Press. International Psychogeriatrics, vol 26, no 3, March 2014, pp 373-381.
Half a century after the inception of the term 'successful ageing (SA)', a consensus definition has not emerged. The current study aims to provide a comprehensive snapshot of operational definitions of SA. A systematic review across several relevant databases was conducted. Of the 105 operational definitions across 84 included studies using unique models, 92.4% included physiological constructs (e.g. physical functioning), 49.5% (52) engagement constructs (e.g. involvement in voluntary work), 48.6% (51) well-being constructs (e.g. life satisfaction), 25.7% (27) personal resources (e.g. resilience), and 5.7% (6) extrinsic factors (e.g. finances). 34 definitions consisted of a single construct, 28 of two constructs, 27 of three constructs, 13 of four constructs, and two of five constructs. The operational definitions utilised in the included studies identify between 1% and >90% of study participants as successfully ageing. The heterogeneity of these results strongly suggests the multidimensionality of SA and the difficulty in categorising usual versus successful ageing. Although the majority of operationalisations reveal a biomedical focus, studies increasingly use psychosocial and lay components. Lack of consistency in the definition of SA is a fundamental weakness of SA research. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

ARTS AND MUSIC

(See Also 224/23)

- 224/7 Music memories: the importance of live music for elderly people in care; by Marianne Bergesen.: Age UK London.
London Age, Winter 2015, pp 7-9.
Music in Hospitals (MiH) is a registered charity and a leading provider of professionally performed live music to people in care, especially older people. Its Fundraising Manager outlines the ways in which MiH fulfils its overall aim of improving the quality of life of sick and disabled people through its live music projects. (RH)
ISSN: 13571109
From : www.ageuk.org/london

- 224/8 Unexpected turns in lifelong sentimental journeys: redefining love, memory and old age through Alice Munro's 'The Bear Came Over the Mountain' and its film adaptation, *Away from Her*; by Nuria Casado-Gual.: Cambridge University Press.
Ageing and Society, vol 35, no 2, February 2015, pp 389-404.
Alice Munro's 2001 short story 'The Bear Came Over the Mountain' and its 2006 film version, *Away from Her* (directed and adapted for the screen by Sarah Polley), are two interconnected narratives through which diverse (and even divergent) representations of romantic love and memory in later life can be analysed. The two texts are constructed on an apparently simple plot line, which basically depicts the last phase of a 44-year-long marriage. But once the wife, Fiona, presents symptoms of dementia and is interned in a retirement home, they both allow for two contrasted interpretations. As will be demonstrated, these two possible readings unveil different cultural, social and psychological facets of memory in connection with late-life expressions of love. In their own way, each of them contributes to the construction of a dialogical narrative that mediates between the complexities of old age, dementia and gender difference, while at the same time demonstrating the power of literature and the cinema to reflect and refract the complexities of contemporary forms of ageing.
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From : journals.cambridge.org/aso

ASSESSMENT

(See Also 224/25)

- 224/9 Assessing met and unmet needs in the oldest-old and psychometric properties of the German version of the Camberwell Assessment of Need for the Elderly (CANE): a pilot study; by Janine Stein, Melanie Lupp, Hans-Helmut Konig ... (et al.): Cambridge University Press.
International Psychogeriatrics, vol 26, no 2, February 2014, pp 285-295.
Current demographic and social developments in society will lead to a significant increase in treatment and healthcare needs in the future, particularly in the older population. The Camberwell Assessment of Need for the Elderly (CANE) was developed in the United Kingdom to measure physical, psychological and environment-related treatment as well as healthcare needs of older people in order to identify their unmet needs. So far, the German version of the CANE has not been established in health services research. Major reasons for this are a lack of publications of CANE's German version and the missing validation of the instrument. The aims of the present study were to evaluate the currently available German version of the CANE in a sample of older primary care patients. Descriptive statistics and inference-statistical analyses were calculated. Patients reported unmet needs mostly in CANE's following sections: mobility/falls, physical health, continence, company and intimate relationships. Agreement level between patients' and relatives' ratings in CANE was moderate to low. Evidence for the construct validity of CANE was found in terms of significant associations between CANE and other instruments or scores. The study results provide an important basis for studies aiming at the assessment of met and unmet needs in the older population. Using the German version of the CANE may substantially contribute to an effective and good quality health and social care as well as an appropriate allocation of healthcare resources in the older population. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

ATTITUDES TO AGEING

(See Also 224/81)

- 224/10 Age norms for older adults among Koreans: perceptions and influencing factors; by Soondool Chung, Yunkyung Jung.: Cambridge University Press.
Ageing and Society, vol 34, no 8, September 2014, pp 1335-1355.
Despite rapid social change that has influenced the social status of older adults, expectations about their behaviour and whether such expectations differ across generations remain unexplored in Korea. Using the ageing theories of activity, disengagement and modernisation, this study

investigated age norms among Koreans conceptualised as shared expectations of appropriate behaviours of older adults.

It also examined influences of prejudice against older people and generational conflictive perspectives in dealing with issues in an ageing society on these perceptions; also to test potential age group differences in these relationships. Data were analysed from a survey of 1,445 individuals aged 20+ in 16 administrative districts of Korea. Comparisons of age norms across age groups indicated that the older adult group (age 65+) held more restrictive attitudes about social participation and engagement in various behaviours in old age than the middle-aged adults (ages 45-64) and younger adults (ages 20-44). Respondents with more prejudice towards older adults tended to place more restrictions on the behaviour of older adults. (RH)

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From : journals.cambridge.org/aso

224/11

Ageing and the Galenic tradition: a brief overview; by Chriss Gilleard.: Cambridge University Press.

Ageing and Society, vol 35, no 3, March 2015, pp 489-511.

Ageing and longevity have been central to the concerns of Western natural philosophy since their origins in Classical Greece. Greek medicine formulated the idea that the humours constituted the physiological basis of all living beings. Hippocrates identified these as blood, phlegm, black and yellow bile. Several hundred years later, Galen elaborated this Hippocratic doctrine, formulating the outlines of a theory of ageing and a regime to maintain health in old age. Formalised in Alexandria, the Galenic canon was later revised and expanded by physicians and philosophers from the Islamic world. The result was a theoretical superstructure linking together the humours, the elements (air, earth, fire and water) and the four qualities (heat, coldness, moisture and dryness) that constituted the basis of life, its development, decline and end. This 'superstructure' was further refined and revised during the Middle Ages, providing the theoretical basis for regimes for living well in later life that were written and published during the Renaissance. Although the 'scientific revolution' of the 17th century challenged Galenic medicine, many aspects of it survived into the modern period. This paper reviews the rise and demise of this tradition, while also recognising that through much of this period other, more controversial approaches to the problems of ageing were espoused. Continuing points of contact with contemporary gerontological theory are emphasised.

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224/12

Ageing in an aged society: experiences and attitudes of Catholic order members towards population ageing and older people; by Marc Luy, Priska Flandorfer, Paola di Giulio.: Cambridge University Press.

Ageing and Society, vol 35, no 1, January 2015, pp 1-36.

Population ageing occurs in all industrialised societies and is the demographic phenomenon that currently gets the highest attention from scientists, policy makers and the general public. This paper aims to broaden our understanding of the societal consequences of ageing, such as ageism and intergenerational solidarity. The study is based on the investigation in seven European countries, 'Attitudes towards population ageing and older people', by Ronald C Schoenmaeckers et al (European Studies of Population, vol. 16, no. 2, 2008). The authors replicate their analysis in a specific human subpopulation in which the process of population ageing started earlier and is much more advanced than in the general societies: the members of Catholic orders. The study compares the attitudes of 148 nuns and monks from three Bavarian monasteries to those of the western German general population. The authors use descriptive and multivariate analyses in the context of the debate around population ageing in Germany. The study discusses the specific characteristics of order members that might influence their attitudes; and it also take a brief look at their views on possible political strategies to solve the problems connected with the demographic changes. The results confirm the findings of Schoenmaeckers et al, and reveal that worldly and monastic populations show an identical basic pattern of a positive attitude towards older people, while at the same time considering population ageing a worrisome development. However, order members evaluate older people's abilities and their role in society more positively. This result gives rise to the optimistic perspective that in an aged population the younger and older generations can build a well-functioning society. (RH)

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224/13

A cutting critique: transforming 'older' through cosmetic surgery; by Bridget Garnham.: Cambridge University Press.

Ageing and Society, vol 34, no 8, September 2014, pp 1356-1379.

This paper engages with a cultural politics of 'older'. At the centre of this politics are essentialist discourses of corporeal 'ageing' that limit and stigmatise the subjective experience of 'older'. This paper advances the proposition that cosmetic surgery can be re-imagined as an ethical practice of self-care, by drawing together theoretical insights from Foucault's work on care of the self with data from in-depth interviews with 'older' people who have undergone cosmetic surgery and cosmetic surgery practitioners. In order to critique the limitations imposed by 'natural ageing' through an ethic of 'ageing gracefully', the paper explores how older people who have undergone cosmetic surgery stylise the ethical experience of 'older' through active resistance of an 'elderly' identity. It argues that 'older' people using cosmetic surgery constitutes a cutting critique of the

limits of 'older' and an experiment with the possibility of exceeding and ultimately transforming those limits. (RH)
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- 224/14 The representation of older people in television advertisements and social change: the case of Japan; by Michael Prieler, Florian Kohlbacher, Shigeru Hagiwara (et al.): Cambridge University Press.
Ageing and Society, vol 35, no 4, April 2015, pp 865-887.
The representation of social groups in advertising has been a major concern in academia. However, research focusing on older people has been scant and mainly conducted in Western countries. In Japan, the country that has been most affected by demographic change, this area of research has received little attention. Through a content analysis of a systematic sample of 2,972 television advertisements broadcast on the five major commercial television stations in Japan in 1997 and 2007, this paper examines changes in the representation of older people in Japanese television advertising. When comparing 2007 to 1997, it was found that older people appeared more often, were increasingly alone and in major roles, and were portrayed in more favourable ways, which suggests that their status changed. These changes appear to be related to the fact that older people have become more important within Japanese society. However, some aspects have remained unchanged; older people continue to be under-represented, which does not reflect demographic reality, and are used in advertisements for foods and beverages, confirming findings from previous studies. These findings indicate that the representation of older people in Japanese television advertising has changed but remains unrealistic.
ISSN: 0144686X From : journals.cambridge.org/aso

- 224/15 Social representations of older adults [magget] in Dakar; by Enguerran Macia, Priscilla Duroz, Joann M Montepare (et al.): Cambridge University Press.
Ageing and Society, vol 35, no 2, February 2015, pp 405-427.
The objectives of this study in Dakar were twofold: to determine whether the representations of older adults are mainly positive, neutral or negative in the Senegalese capital; and to analyse the emic notions on which these age representations are based. As a first step in understanding how older adults are represented in this contemporary urban African context, a methodology was selected that is both quantitative and qualitative, including closed and open-ended questions to a representative cross-section of the Dakar population aged 20 years and over (N=600). The results indicate that representations of older adults, while heterogeneous, were mainly positive in Dakar: 63.7% reported positive representations of older adults. Conversely, 17.5% believed that older adults were perceived negatively. The other 18.8% reported that they did not perceive positive or negative social views of older adults. Representations of older adults were based on three principal notions: the value of advanced age, social usefulness of older adults, and family ties. These results are discussed in the context of Dakar modernity, in comparison to Western modernity. Dakar society appears to depart from modernisation theory: the experiential wisdom of older adults is still valued (mainly through the importance of oral tradition), and the extended family is upheld (given the permanent economic crisis the country is experiencing).
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BLACK AND MINORITY ETHNIC GROUPS

(See Also 224/1)

- 224/16 Care managers' experiences of cross-cultural needs assessment meetings: the case of late-in-life immigrants; by Emilia Forssell, Sandra Torres, Anna Olaison.: Cambridge University Press.
Ageing and Society, vol 35, no 3, March 2015, pp 576-601.
Research on care managers' experiences of the needs assessment process is scarce, even though the literature on needs assessment practice is relatively extensive. One of the research areas that has not received attention yet is the way in which care managers experience the challenges that are presumably posed by increased ethnic, cultural, linguistic and religious diversity among prospective elder care recipients. This article addresses this research gap. It is based on a project that aims to shed light on care managers' experiences of the needs assessment process in general and cross-cultural needs assessment meetings in particular. The data derive from focus group interviews with 60 care managers in Sweden (N=60). This article focuses on care managers' experiences of needs assessment with older people who have immigrated late-in-life, who come from cultures considered different from the Swedish one and who have not mastered the Swedish language. This was the group of older people that the care managers mostly thought of when asked to describe their experiences of cross-cultural needs assessment meetings. The interviewed care managers discussed the challenges that these meetings present, which were related to communication due to language barriers, different demands and expectations, insecurity regarding what is customary in such meetings, as well as perceived passivity among late-in-life immigrants. The article discusses the contributions of the findings to research on care management practices in general, as well as to needs assessment practice in particular.
ISSN: 0144686X
From : journals.cambridge.org/aso

- 224/17 Living arrangements and loneliness of South Asian immigrant seniors in Edmonton, Canada; by Cheuk Fan Ng, Herbert C Northcott.: Cambridge University Press.
Ageing and Society, vol 35, no 3, March 2015, pp 552-575.
This paper examines the relationships between self-reported loneliness and living arrangements. A structured questionnaire with some open-ended questions was administered face-to-face in English, Hindi or Punjabi to a sample of 161 South Asian immigrants aged 60+ living in Edmonton, Alberta, Canada in 2003. The majority of respondents said that they never felt lonely. More than one in three (37.3%) respondents indicated that they felt lonely occasionally, frequently or all of the time. Those living alone were significantly more likely to report feeling lonely at least occasionally than were those living with others, especially those living with their spouse in an extended family. The fact that South Asian immigrant seniors typically lived with others, often in an extended family with or without their spouse, and rarely lived alone protected them to some extent from loneliness. However, the findings showed that among those living with others, it was the amount of waking time spent alone at home and the quality of family relationships rather than living arrangement per se that significantly predicted self-reported loneliness. Nevertheless, living in a larger household was associated with spending less time alone. The authors discuss plausible influences of culture on expectations regarding family and social relationships and on the meaning of being alone, as well as practical implications for addressing loneliness in a multi-cultural society.
ISSN: 0144686X
From : journals.cambridge.org/aso
- DEMENTIA**
- (See Also 224/80)
- 224/18 'We can't keep going on like this': identifying family storylines in young onset dementia; by Pamela Roach, John Keady, Penny Bee (et al).: Cambridge University Press.
Ageing and Society, vol 34, no 8, September 2014, pp 1397-1426.
The dominant storylines that were embedded in the narratives of younger people with dementia and their nominated family members are identified in this study. The authors used a longitudinal, narrative design underpinned by biographical methods to generate detailed family biographies with five families during repeated and planned research contacts (N=126) over a 12-15-month period in 2009 and 2010. The application of narrative analysis within and between each family biography resulted in the emergence of five family storyline types that were identified as: agreeing; colluding; conflicting; fabricating; and protecting. Whilst families were likely to use each of these storylines at different points and at different times in their exposure to young onset dementia, it was found that families that adopted a predominantly 'agreeing' storyline were more likely to find ways of positively overcoming challenges in their everyday lives. In contrast, families who adopted predominantly 'conflicting' and 'colluding' storylines were more likely to require help to understand family positions and promote change. The findings suggest that the identification of the most dominant and frequently occurring storylines used by families may help to further understand family experience in young onset dementia and thereby assist in planning supportive services. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 224/19 Daring to tell: the importance of telling others about a diagnosis of dementia; by Dot Weaks, Heather Wilkinson, John McLeod.: Cambridge University Press.
Ageing and Society, vol 35, no 4, April 2015, pp 765-784.
Learning to live with a diagnosis of dementia is a complex process. Being able to talk about the diagnosis to others represents a major challenge for some people with dementia. This Scottish study explores the experiences of people with dementia and members of their families, around the task of informing others during the six months immediately following their diagnosis of dementia. Five people with dementia living in the community, and their immediate family members, were recruited into an ethnographic study. Data were collected through recorded interviews and participant observation, and were analysed through a grounded theory method within a continuing iterative process. Findings suggest that participants recognised the need to tell others about their diagnosis, but these conversations were difficult to initiate and manage, and hindered the processing of emotions. Findings are discussed in relation to implications for practice.
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From : journals.cambridge.org/aso
- 224/20 Disruption, control and coping: responses of and to the person with dementia in hospital; by Davina Porock, Philip Clissett, Rowan H Harwood (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 1, January 2015, pp 37-63.
This qualitative study aimed to gain insight into the experience of hospitalisation from the perspectives of the older person with dementia, their family care-giver and other patients sharing the ward (co-patients). Non-participant observation of care on 11 acute hospital wards was supplemented by 39 semi-structured interviews with 35 family care-givers and four co-patients

following discharge. Constant comparative analysis produced the core problem facing all those involved: disruption from normal routine meaning that the experience of hospitalisation was disrupted by the presence and behaviour of the person with dementia. Disruption adversely affected the person with dementia, triggering constructive, disengaged, distressed and neutral behaviours. Using Kitwood's model of person-centred care, these behaviours were interpreted as attempts by the person with dementia at gaining a sense of control over the unfamiliar environment and experience. Family care-givers' lives and experiences both inside and outside the hospital were disrupted by the hospitalisation. They too attempted to gain a sense of control over the experience and to give a sense of control to the patient, co-patients and staff. Co-patients experienced disruption from sharing space with the person with dementia and were left feeling vulnerable and sometimes afraid. They too attempted to gain a sense of control over their situation and give some control by helping the person with dementia, the family care-giver and the staff. (RH)
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

224/21 The emotional labour of health-care assistants in inpatient dementia care; by Simon Bailey, Kezia Scales, Joanne Lloyd (et al.): Cambridge University Press.
Ageing and Society, vol 35, no 2, February 2015, pp 246-269.
Although there is much written on the emotional labour of nursing, there is little research grounded in the experience of so-called 'unqualified' care assistants. This paper is drawn from an ethnographic study conducted with care assistants on three dementia care wards in one mental health trust within the United Kingdom National Health Service (NHS). The authors describe the emotional labour carried out by care assistants in their attempts to provide personalised care for people whose cognitive degeneration renders conventional relationship-building very difficult, produces unpredictable 'challenging behaviour' and calls into question the notion of 'feeling rules'. This context requires the ability to strike a balance between emotional engagement and detachment, and it is the complexities of this relationship that are the focus of this paper, arguing that a degree of detachment is a prerequisite to engagement in this context. The authors conclude that the contribution of care assistants in this context needs to be better acknowledged, supported and remunerated.
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

224/22 Family relationships and dementia: a synthesis of qualitative research including the person with dementia; by Jenny la Fontaine, Jan R Oyeboode.: Cambridge University Press.
Ageing and Society, vol 34, no 7, August 2014, pp 1243-1272.
Family relationships are important for well-being across the lifecourse and are known to be important for people living with dementia, bringing benefits to self-esteem and identity, as well as providing support for people living at home. Recent research has explored the impact of dementia upon relationships. Much of this research is qualitative in nature and rarely included in systematic reviews. However, it has the potential to provide significant contributions to understanding the interplay between family relationships and dementia and to inform interventions. A systematic synthesis of qualitative research concerning the impact of dementia upon family relationships was undertaken, using thematic synthesis. Eleven articles were reviewed, which address the perspectives of people living with dementia and their spouse and/or adult children. The aims of this review are to illuminate what is currently known about the reciprocal influences between family relationships and dementia from the perspectives of the family (including the person with dementia); and to consider the implications of these findings for research and practice. Four super-ordinate themes were identified: a shared history; negotiating the impact of dementia upon the relationship; openness and awareness; and shifting sands. This synthesis contributes to an emerging field, but also highlights gaps in current understanding of the impact of dementia upon relationships and in providing appropriate interventions. Implications for research and practice are considered. (RH)
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224/23 From the medicalisation of dementia to the politics of memory and identity in three Spanish documentary films: Bicicleta, cullera, poma, Las voces de la memoria and Bucarest: la memòria perduda; by Raquel Medina.: Cambridge University Press.
Ageing and Society, vol 34, no 10, November 2014, pp 1688-1710.
This paper explores how the concept of Alzheimer's disease (AD) is constructed through Spanish media and documentary films and how it is represented. The article analyses three documentary films and the cultural and social contexts in and from which they emerged: Solé's Bucarest: la memòria perduda [Bucharest: Memory Lost] (2007); Bosch's Bicicleta, cullera, poma [Bicycle, Spoon, Apple] (2010); and Fabrá, Peris and Badia's Las voces de la memoria [Memory's Voices] (2011). The three documentary films approach AD from different perspectives, creating well-structured discourses of what AD represents for contemporary Spanish society, from medicalisation of AD to issues of personhood and citizenship. These three films are studied from an interdisciplinary perspective, in an effort to strengthen the links between ageing and dementia studies and cultural studies. Examining documentary film representations of AD from these perspectives enables semiotic analyses beyond the aesthetic perspectives of film studies, and the exploration of the articulation of knowledge and power in discourses about AD in contemporary Spain. (RH)
ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

- 224/24 Measuring family caregiver efficacy for managing behavioral and psychological symptoms in dementia: a psychometric evaluation; by Nadia Crellin, Georgina Charlesworth, Martin Orrell.: Cambridge University Press.
International Psychogeriatrics, vol 26, no 1, January 2014, pp 93-103.
Caregiver efficacy for managing the behavioural and psychological symptoms of dementia (BPSD) is an important determinant of family caregiver stress and burden. This study aimed to develop a measure of caregiver efficacy for responding to BPSD and to evaluate its psychometric properties. The Caregiver Efficacy Scale added an item for caregiver confidence in managing BPSD to each domain of the Neuropsychiatric Inventory (NPI). The validity, internal consistency and factor structure of the scale were evaluated in 245 family caregivers. The results provided adequate support for the validity and reliability of the Caregiver Efficacy Scale. The internal consistency was found to be adequate and the scale demonstrated good concurrent, construct and criterion validity. As expected, performance on the Caregiver Efficacy Scale was associated with all dimensions of the NPI, including BPSD frequency and severity and negative outcomes, including negative affect, depression, anxiety and distress. The Caregiver Efficacy Scale might have clinical implications in facilitating the development of improved caregiver interventions for dealing with BPSD, allowing interventions to be tailored according to individual caregiver needs, and also in evaluating the effectiveness of interventions aimed at improving caregiver self-efficacy for managing BPSD. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 224/25 Orally positioning persons with dementia in assessment meetings; by Johannes H Osterholm, Christina Samuelsson.: Cambridge University Press.
Ageing and Society, vol 35, no 2, February 2015, pp 367-388.
The authors study if and how people with dementia are orally positioned by others, and how they position themselves while participating in assessment meetings which order to discuss access to supportive services. The authors analysed five assessment meetings where two older people (one diagnosed with dementia and one without a dementia diagnosis) participated to investigate whether the person with dementia is positioned differently than the other old person. Interactional phenomena used to position the person with dementia were identified by interactional analysis. Six phenomena that positioned the person with dementia as an individual with less interactional competence than the other participants were identified: ignoring the person with dementia; voicing the feelings, capacity or opinion of the person with dementia; posing questions implying lack of competence; others' use of diagnosis; self-(re)positioning; and elderspeak. People with dementia are often orally positioned as less competent, indicating that they suffer further from discrimination than other older persons. The authors suggest that this has an impact on the participation of people with dementia in negotiations regarding their future care. The results indicate that social workers should be made aware that negative positioning exists and how it may affect the ability of people with dementia to contribute to discussions about their everyday life. Social workers should be encouraged to find strategies to reduce negative positioning in interaction.
ISSN: 0144686X From : journals.cambridge.org/aso
- 224/26 Staff attitudes towards sexual relationships among institutionalized people with dementia: does an extreme cautionary stance predominate?; by Feliciano Villar, Montserrat Celdran, Josep Faba ... (et al).: Cambridge University Press.
International Psychogeriatrics, vol 26, no 3, March 2014, pp 403-412.
This study explores whether staff perceptions and reactions to sexual situations involving one or two persons with dementia (PWD) reflect an extreme cautionary stance (an overprotective and paternalist style) or a person-centred model of care (focusing on understanding the residents' perspective and their rights). 53 staff members currently working in residential aged care facilities (RACFs) were purposively selected to participate in the study. Two vignettes describing sexual situations involving PWD were presented to participants. They were asked about their interpretation of the situation and how they would react. Data were analysed using content analysis, aimed at identifying common themes in the responses. When the sexual relationship involved a PWD and a cognitively intact resident, participants tended to define the situation as real (54.7%) or possible (35.8%) abuse, whereas when both parties had dementia it was more frequently conceptualised as a possibly abusive (39.6%) or non-abusive (37.7%) situation. The most frequent reaction to both situations was seeking the advice of other professionals. The interpretation of the first situation is compatible with an extreme cautionary stance, whereas the second scenario is less clearly perceived as an example of abuse. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 224/27 Visualising conversations between care home staff and residents with dementia; by Rosemary Baker, Daniel Angus, Erin R Smith (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 2, February 2015, pp 270-297.
People with dementia living in residential care often face the dual disadvantage of increasing difficulty with communication and reduced opportunities for conversation. Social interaction is

central to well-being of residents with dementia, so it is important that care staff have the skills to engage in conversation with them. Conversations in 20 care staff-resident dyads were studied, to examine conversation structure and content and patterns of engagement within conversations. These include the topics around which engagement occurred, and communication behaviours by care staff that appeared to facilitate (or impede) participation by residents. The transcripts were analysed using Discursis, a computational information visualisation tool that allows interactive visual inspection, in context, of the contributions by each speaker, the turn-taking dynamics, and the content recurring within and between speakers. The authors present case examples: (a) where care staff did most of the talking, initiated topics and were responsible for most recurrence of content; (b) where talk was more evenly shared between partners, with some topics initiated and/or elaborated by participants with dementia; and (c) where participants with dementia talked most, with care staff supporting the conversation. They identified accommodative strategies used by care staff, such as reflecting back the other person's responses to sustain engagement. They also noted care staff behaviours that impeded communication, such as not listening attentively and not allowing sufficient time for responses. The results from this study highlight aspects of social communication within the aged care context, and suggest ways in which rewarding interactions between staff and residents with dementia might be encouraged.

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DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

224/28

The 2015 ageing report: economic and budgetary projections for the 28 EU Member States (2013-2060); by Peter Part (chair), Ageing Working Group - AWG, Directorate-General for Economic and Financial Affairs - DG ECFIN, European Union. Brussels: European Union, Directorate-General for Economic and Financial Affairs, 2015, 424 pp (European Economy series 3/2015).

This is the fifth report with long-term projections of the budgetary impact of population ageing, and covers the 28 EU Member States and Norway for the period 2013-2060. The European Commission has already recognised the need to tackle the impact of ageing populations on the European Social Models. Europe is 'turning increasingly grey' in the coming decades. The demographic old-age dependency ratio (people aged 65+ relative to those aged 15-64) is projected to increase from 27.8% to 50.1% in the EU as a whole over the projection period. This implies that the proportion of working-age people supporting those in retirement will halve from an average of four today, to just two, by 2060. The long-term budgetary projections show that population ageing poses a challenge for the public finances in the EU. The fiscal impact of ageing is projected to be high in most Member States, with effects becoming apparent already during the next decade. The report is arranged in four parts. Part 1 covers underlying demographic and macroeconomic assumptions. Part 2, on long-term projections of age-related expenditure and unemployment benefits, covers aspects of pensions, health care, long-term care, education and unemployment benefits. Parts 3 and 4 are statistical annexes: cross-country, and for each Member State respectively.

Previous titles in the European Economy series can be accessed and downloaded free of charge (see: http://ec.europa.eu/economy_finance/publications/european_economy/index_en.htm). (RH)
From : http://ec.europa.eu/economy_finance/publications/european_economy/2015/ee3_en.htm

224/29

Life-long singlehood: intersections of the past and the present; by Virpi Timonen, Martha Doyle.: Cambridge University Press.

Ageing and Society, vol 34, no 10, November 2014, pp 1749-1770.

This paper examines life-long singlehood (the never-married) and its ramifications in old age among women and men in Ireland. During the life-time of the 26 research participants, Ireland has shifted from the Western European marriage pattern (characterised by high rates of singlehood, late marriage and high fertility), to a declining prevalence of singlehood, higher marriage rates and lower fertility. In-depth interviews were analysed with the help of narrative analysis and grounded theory methods. The authors identified two main pathways into singlehood that had a long-term impact on the participants' lives. The women and men who had chosen singlehood associated this status with independence, self-fulfilment and autonomy throughout their lifecourse, including in old age. In contrast, older adults who had been constrained in their choice of marital status due to poverty, care work, family roles and cultural norms, expressed regret and dissatisfaction with their single status. In the latter group, the ramifications of the inability to actualise the roles of a spouse, parent and grandparent were particularly apposite in later life when many felt the absence of close ties and expressed loneliness. For some of the older adults who had been constrained in their choice of marital status in earlier life, the possibility of entering into a romantic relationship seemed more feasible in later life. How older adults interpret their pathway into the single status in earlier life affects relationship formation and life satisfaction in older age. (RH)

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DIGNITY

224/30

Community-dwelling older adults' perceptions of dignity: core meanings, challenges, supports and opportunities; by Kathy Black, Debra Dobbs.: Cambridge University Press.
Ageing and Society, vol 34, no 8, September 2014, pp 1292-1313.

Dignity is a universally important issue for all people, and particularly vital for older adults who face multiple losses associated with ageing. In the United States of America and beyond, the maintenance of dignity is a key aim of policy and service provision for older people. Yet surprisingly little research has been conducted into the meaning of dignity to community-based older adults in the context of everyday life. As life expectancy continues to increase worldwide, unprecedented numbers of people are living longer than ever before. The majority of older adults will face declining health and other factors that may impact dignity in the course of ageing in their communities. This paper reports on a study in the Southeastern USA that explored older people's understandings and experiences of dignity through focus groups and a survey. Three key components of dignity are identified: autonomy, relational and self-identity. In addition, the paper discusses a range of factors that can facilitate or inhibit a sense of dignity for older people, including long-term health issues, sensory deficits and resilience to life events. Finally, the implications of these findings for policy and practice are considered in the context of American social structures and values. (RH)

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DISABILITY

(See Also 224/92)

224/31

Alternate housing models for older people with disabilities: their clientele, structures and resources in relation to the quality of and satisfaction with care delivery; by Nicole Dubuc, Marie-France Dubois, Louis Demers (et al).: Cambridge University Press.

Ageing and Society, vol 34, no 9, October 2014, pp 1575-1600.

This paper reports on the study of a subsidy programme that was established in Quebec for alternate housing models (AHMs), which allows private and community organisations to offer housing services within the framework of a partnership with public health-care services. The research had three objectives. The first was to compare how facility characteristics and services provided by AHMs and nursing homes (NHs) differ. The second was to examine the personal characteristics of residents living in AHMs. The third was to compare residents with similar characteristics within AHMs and NHs in terms of unmet needs, quality of care, satisfaction with care and services, and psycho-social adaptation to the residence. A cross-sectional study was undertaken with individually matched groups to assess whether AHMs meet older people's needs in a way similar to NHs. Overall, residents in both groups had moderate to severe levels of disability; and about 60 per cent had mild to severe cognitive problems. While their general features were heterogeneous, the AHMs were more comfortable and homelike than the NHs. The quality of and satisfaction with care was appropriate in both settings, though AHMs performed better. However, only a quarter of residents in both settings evidenced a good level of psycho-social adaptation to their residence. This partnership approach is a good strategy in providing a useful range of housing types in communities that can respond to the needs of older people with moderate to severe disabilities. (RH)

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EMPLOYMENT

224/32

Age differences in achievement goals and motivational characteristics of work in an ageing workforce; by Heike Heidemeier, Ursula M Staudinger.: Cambridge University Press.

Ageing and Society, vol 35, no 4, April 2015, pp 809-836.

This study reviews theory and results from developmental psychology to examine age differences in workplace achievement goals. The authors investigated whether goal level decreases with age and, by comparing the relative strength of different goals within individuals, they examined whether dominant achievement goals are related to age. In a large sample of employees (N=747), older workers' higher affective commitment and intrinsic motivation compensated for age-related decline in the importance of achievement goals. Whether learning approach and learning avoidance were dominant goals was not related to age, but rather to skill level, affective commitment and intrinsically satisfying work. Dominant performance approach goals were more common among males. Performance avoidance was most likely to be a dominant goal among older males. Moreover, with age, performance goal orientations had increasingly maladaptive consequences for self-efficacy and affect at work. The study was supported by the German Ministry of Education and Research, and the European Social Fund (grant number 01 FA0712). ISSN: 0144686X

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224/33

Examining the relationship between chronic conditions, multi-morbidity and labour market participation in Canada: 2000-2005; by Peter Smith, Cynthia Chen, Cameron Mustard (et al).: Cambridge University Press.

Ageing and Society, vol 34, no 10, November 2014, pp 1730-1748.

Relatively little attention has been paid to understanding and addressing the potential health-related barriers faced by older workers to stay at work. Using three representative samples

from the Canadian Community Health Survey, the authors examined the relationship between seven physical chronic conditions and labour market participation in Canada between 2000 and 2005. They found that all conditions were associated with an increased probability of not being able to work due to health reasons. In the adjusted models used, heart disease was associated with the greatest probability of not working due to health reasons. Arthritis was associated with the largest population attributable fraction. Other variables associated with not being able to work due to health reasons included older age, female gender and lower educational attainment. The authors also found particular combinations of chronic conditions (heart disease and diabetes; and arthritis and back pain) were associated with a greater risk than the separate effects of each condition independently. The results of this study demonstrate that chronic conditions are associated with labour market participation limitations to differing extents. Strategies to keep older workers in the labour market in Canada will need to address barriers to staying at work that result from the presence of chronic conditions, and particular combinations of conditions. (RH)

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224/34

Job seekers' search intensity and wage flexibility: does age matter?; by An de Coen, Anneleen Forrier, Nele de Cuyper (et al.): Cambridge University Press.

Ageing and Society, vol 35, no 2, February 2015, pp 346-366.

Although studies on job search implicitly presume that relationships between antecedents and indicators of job search are similar for job seekers from different ages, few studies have tested this assumption, even though lifespan theories state that individual motives and behaviour significantly change as people age. From this theoretical perspective, the authors examine how age moderates the relationships between re-employment efficacy, employment commitment and financial hardship, on the one hand, and job search intensity and wage flexibility, on the other hand. Path analysis on a sample of 240 Belgian job seekers who were at the start of an outplacement programme showed that re-employment efficacy relates positively to job search intensity and wage flexibility for older job seekers, while negative relationships for younger job seekers were found. For employment commitment and financial hardship, the authors do not find any interaction effects with age. Employment commitment relates positively to search intensity, whereas financial hardship relates negatively to wage flexibility, irrespective of age. The implications for theory, practice and future research are discussed.

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224/35

Work-related factors as predictors in the retirement decision-making process of older workers in the Netherlands; by Hanna van Solinge, Kene Henkens.: Cambridge University Press.

Ageing and Society, vol 34, no 9, October 2014, pp 1551-1574.

This article examines work-related factors and their impact on the retirement decision-making process. It particularly focuses on organisational human resources policies and whether retirement is encouraged or discouraged. The authors use data from the Netherlands Interdisciplinary Demographic Institute (NIDI) Work and Retirement Panel, a ten-year follow-up study of 1,458 older employees in the Netherlands aged 50-59 at baseline. Results reveal that older workers are sensitive to social approval earned from their co-workers and supervisors. A social climate that supports continuing to work to older ages is an important requisite for reducing the attractiveness of the early retirement option. Retirement intentions, formed in the years prior to retirement, are shaped by workplace norms and supervisors' attitudes. Results indicate that in order to delay retirement, policy initiatives cannot be reduced to altering financial restrictions surrounding retirement. Rather, there is a need to address the forces at the organisational level that channel workers out of employment. (RH)

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END-OF-LIFE CARE

224/36

What's important to me: a review of choice in end of life care; by Choice in End of Life Care Programme Board. London: Choice in End of Life Care Programme Board, 2015, 72 pp.

The Choice in End of Life Care Programme Board was commissioned to provide advice to Government on improving the quality and experience of care for adults at the end of life, their carers and others who are important to them by expanding choice. This report identifies the issues people approaching the end of life are currently facing. It offers a blueprint for how greater choice in end of life care can be achieved. It looks at the context and challenge of providing end of life care. It summarises the findings of a consultation exercise with over 1,000 members of the public and professionals which looked at what kind of choices people wanted to make about their end of life care. The report makes evidence-based recommendations on what a 'national choice offer' should look like. Short case study examples are included throughout. The review also recommends that: 24/7 end of life care for people being cared for outside hospital should be in place across England by 2019; everyone in need of end of life care should have a named senior clinician responsible for their care and preferences and their own care coordinator; a clear Government policy to make access to social care for people at the end of life fast and free; and more honest and open communication about end of life issues, with better support for health and care professionals

and increased awareness raising amongst the public. A final section provides advice to Government on the steps that will need to be put in place to deliver choice in end of life care. (RH)

From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407244/CHOICE_REVIEW_FINAL_for_web.pdf

ETHICAL ISSUES

224/37

The power(s) of observation: theoretical perspectives on surveillance technologies and older people; by W Ben Mortenson, Andrew Sixsmith, Ryan Woolrych.: Cambridge University Press. Ageing and Society, vol 35, no 3, March 2015, pp 512-530.

There is a long history of surveillance of older adults in institutional settings, and it is becoming an increasingly common feature of modern society. New surveillance technologies that include activity monitoring and ubiquitous computing - which are described as ambient assisted living (AAL) - are being developed to provide unobtrusive monitoring and support of activities of daily living (ADLs) and to extend the quality and length of time older people can live in their homes. However, concerns have been raised with how these kinds of technologies may affect user's privacy and autonomy. This paper describes the development of home-based surveillance technologies; and examines how surveillance is being restructured with the use of this technology. The paper also draws on the theoretical work of Foucault and Goffman to explore the potential outcomes associated with the adoption of AAL as a means of surveillance. The discussion suggests that future research needs to consider two key areas beyond the current discourse on technology and ageing, specifically: (a) how the new technology will encroach upon the private lived space of the individual; and (b) how it will affect formal and informal caring relationships. This is critical to ensure that the introduction of AAL does not contribute to the disempowerment of residents who receive this technology.

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FAMILY AND INFORMAL CARE

(See Also 224/22, 224/24, 224/87)

224/38

Characteristics of care-givers and care recipients influencing the impact of paid care services on family care-giver burdens; by Yoshinori Nakagawa, Rina Yamada, Seigo Nasu.: Cambridge University Press.

Ageing and Society, vol 34, no 8, September 2014, pp 1314-1334.

In the last few decades, a number of researchers have attempted to identify the effects of paid care services on alleviating the sense of burden of family care-givers, especially care-givers to people with dementia. However, few researchers have considered the possibility that paid care services alleviate the sense of burden only among those care-givers who possess specific characteristics. Without considering this point, the impact of paid care services would be averaged over an entire sample, and one might overlook the effects on these specific care-givers. With this background, this study examines the relationship between family care-givers' sense of burden and the amount of paid care services in Japan. It identifies groups of care-givers among whom these services are significantly associated with a lesser sense of burden. The sense of burden of 339 family care-givers to older care recipients with dementia was measured using a modified version of the Caregiver Burden Inventory. In order to examine their association with the amount of paid care services received, logistic regression analysis was individually applied to groups of care-givers who exhibit specific characteristics. The results suggest that paid care services alleviated two out of five components of burden, provided the groups to which the analyses are applied are appropriately defined. In particular, two subsets of the entire sample, comprising young care-givers aged 49 or under, and including male care-givers, indicated that their overall sense of social and emotional burden were alleviated by the use of paid care services. The practical implications for policy makers are discussed. (RH)

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224/39

Duty to care?: supporting and involving unpaid carers of people at the end of life; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care, 2014, 26 pp. The Care Bill (2013) proposes that carers in England will have a right to an assessment by local authorities based on the appearance of need.

This is a discussion document based on a conference held on 10th October 2013. It is also a teaching aid based on three scenarios discussed in workshops at the conference, which are also suited for use in training and development in the workplace. The scenarios are on these themes: culture, context and capability; capacity, collusion and choice; and conflict, confidentiality and crisis. The document was produced with supported by the Wellcome Trust and Dying Matters, in partnership with the Carers Trust, Marie Curie Cancer Care, Help the Hospices, Macmillan Cancer Support, and Sue Ryder. (RH)

Price: £5.00

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.ncpc.org.uk

- 224/40 Elasticity of care networks and the gendered division of care; by Wilco Kruijswijk, Barbara da Roit, Marcel Hoogenboom.: Cambridge University Press.
Ageing and Society, vol 35, no 4, April 2015, pp 675-703.
The gender gap in family care-giving is an established research finding: men dedicate less time to care-giving and provide specific gendered types of help. This article argues that in order to grasp men's contribution to care arrangements, one should recognise the multifaceted nature of care and examine care networks beyond the 'care receiver-primary care-giver' dyad with a dynamic perspective. A qualitative analysis of the care networks of three large Dutch families with an older parent in need of care confirms the greater involvement of women in care-giving, and men's tendency to provide specific types of care. However, men also contribute to the elasticity and stability of the care arrangement by filling temporary gaps and supporting the female care-givers. This article puts forward the idea that men's contribution is in turn a factor in the perpetuation of the gendered structure of care-giving.
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From : journals.cambridge.org/aso
- 224/41 The experience of family care-givers and migrant paid care-givers' relief of burden: a contrasted qualitative analysis; by Carmen de la Cuesta Benjumea, Brenda Roe.: Cambridge University Press.
Ageing and Society, vol 34, no 7, August 2014, pp 1219-1242.
Older people are increasingly being cared for in the community across Europe. Dependent care in Spain largely remains a private issue involving family carers and migrant women from developing countries. Qualitative research on respite care has contributed to our understanding of respite as a subjective experience. Nonetheless, how care-givers relieve the burden of care is still not fully understood. Migrant care-givers are present in family life but their need for rest remains unseen. The study presented in this paper contrasts family care-givers and migrant care-givers' strategies for relief from their caring role. Care-givers rest by thinking, doing and being, but in a different manner from that of care-giving - when they are a different person. The general strategy that family care-givers use to rest from their care-giving selves is to leave the life of care-giving, while migrant care-givers turn to their own world to relieve the burden of care. The comparative analysis shows that both strategies have in common the necessity to disconnect from the care-giving identity, and that both migrant and family care-givers employ strategies that are false exits to a care-giving identity - which apparently relieve the burden of care. Respite goes beyond places, times and activities; as family care itself, it requires identity. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 224/42 Gender differences in intergenerational care in European welfare states; by Klaus Haberkern, Tina Schmid, Marc Szydlik.: Cambridge University Press.
Ageing and Society, vol 35, no 2, February 2015, pp 298-320.
Older people with functional limitations are predominantly cared for by family members. Women - spouses and daughters - provide most of this care work. In principle, gender inequality in intergenerational care may have three causes. First, daughters and sons have different resources to provide care. Second, daughters and sons respond differently to the same resources. Third, welfare state programmes and cultural norms affect daughters and sons differently. This paper uses data from the Survey of Health, Ageing and Retirement in Europe (SHARE) to consider whether these three assumed causes are in fact responsible for gender differences in intergenerational care. Empirical analyses reveal that parents in need are in fact more likely to receive care from daughters than from sons. Daughters are more responsive to the needs of their parents than sons and respond differently to the same resources. Gender inequality is highest in countries with a high level of intergenerational care, high public spending on old-age cash-benefits, a low provision of professional care services, high family obligation norms and a high level of gendered division of labour. Welfare state programmes reduce or increase gender inequality in intergenerational care by reducing or increasing the engagement of daughters in intergenerational care. In general, care-giving by sons is hardly influenced by social care policies.
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From : journals.cambridge.org/aso
- 224/43 Older adults' networks and public care receipt: do partners and adult children substitute for unskilled public care?; by Neils Schenk, Pearl Dykstra, Ineke Maas (et al).: Cambridge University Press.
Ageing and Society, vol 34, no 10, November 2014, pp 1711-1729.
This study investigates how the reliance on public care and the type of public care received by older people in the Netherlands depends on the availability of partners and adult children. Older people aged 65 years and older were surveyed in the Netherlands Kinship Panel Study at two time-points. Survey results were linked to registry data on public care receipt at the two time-points. Multilevel models revealed that receiving frequent help in the household from children was not associated with public care receipt. Only men having a partner were less likely to receive public care. Further analyses comparing the receipt of skilled and unskilled forms of public care revealed that female partners are especially important in rendering unskilled care unnecessary compared to skilled care. Two arguments may explain the findings. One is that a

gender bias exists in processing public care requests: men are perceived as less able to provide care to their female partners. Another is that men lack the skills, or perceive themselves as lacking the care skills that female partners have. Caution is advised against introducing policy measures that increase pressure on female partners. (RH)

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GOVERNMENT AND POLICY

(See 224/55)

HEALTH CARE

(See 224/57)

HIV AND AIDS

224/44

Who cares?: Implications of care-giving and -receiving by HIV-infected or -affected older people on functional disability and emotional wellbeing; by M Nyerenda, M Evandrou, P Mutevedzi (et al).: Cambridge University Press.

Ageing and Society, vol 35, no 1, January 2015, pp 169-202.

In developing countries, particularly in Africa, institutional care facilities are lacking. This paper examines how care-giving to adults and/or children and care-receiving is associated with the health and well-being of older people aged 50+ in rural South Africa. Data used are from a cross-sectional survey adapted from the World Health Organization (WHO) Study on Global Ageing and Adult Health (SAGE) conducted in 2009/10 in rural South Africa. Bivariate statistics and multivariate logistical regression were used to assess the relationship between care-giving and/or care-receiving with functional disability, quality of life or emotional well-being, and self-rated health status, adjusted for socio-demographic factors. Of the 422 older people in the survey, 63% were care-givers to at least one young adult or child, 27% were care-givers due to HIV-related reasons in young adults, and 84% of participants were care-recipients mainly from adult children, grandchildren and spouse. In logistic regressions adjusting for sex, age, marital status, education, receipt of grants, household headship, household wealth and HIV status, care-giving was statistically significantly associated with good functional ability as measured by ability to perform activities of daily living (ADLs). This relationship was stronger for older people providing care-giving to adults than to children. In contrast, care-givers were less likely to report good emotional well-being; again the relationship was stronger for care-givers to adults than children. Simultaneous care-giving and -receiving was likewise associated with good functional ability, but with about a 47% lower chance of good emotional well-being. Participants who were HIV-infected were more likely to be in better health, but less likely to be receiving care than those who were HIV-affected. The findings suggest a strong relationship between care-giving and poor emotional well-being via an economic or psychological stressor pathway. Interventions that improve older people's socio-economic circumstances and reduce financial hardship, as well as those that provide social support would go some way towards mitigating this relationship. (RH)

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[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

HOME CARE

224/45

An exploratory qualitative study on relationships between older people and home care workers in South Korea: the view from family carers and service providers; by Yongho Chon.: Cambridge University Press.

Ageing and Society, vol 35, no 3, March 2015, pp 629-652.

Although the proportion of older people using home care services has significantly increased in East Asian countries, the issue of the relationships between older people and home care workers in the East Asian context has received scant attention from scholars. This exploratory qualitative study aims to explore these relationships under the new South Korean long-term care insurance system. Semi-structured in-depth interviews were conducted with 22 family carers and private-sector home care service providers (home care workers and provider managers). The findings show that while the majority of family carers interviewed reported that their relationships were good, the majority of service providers' responses were more negative. Service providers stated that they experienced a number of difficulties that affected their relationships with older clients. These difficulties included excessive demands or sexual harassment by the older people in their care, exposure to unsafe working environments, and poor treatment in terms of pay and conditions. The findings suggest that stable and good relationships between home care workers and their clients have not been secured in South Korea's long-term care system.

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[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

- 224/46 The homecare deficit: a report on the funding of older people's homecare across the United Kingdom; by United Kingdom Homecare Association - UKHCA. Wallington, Surrey: United Kingdom Homecare Association, 2015, 56 pp.
More than 500,000 people each week across the UK receive social care services in their own home (homecare), which supports them to live independently within their local community. This report uses data obtained under freedom of information legislation, to indicate the prices paid by councils in Great Britain and the Health and Social Care Trusts in Northern Ireland for older people's homecare during a sample week in September 2014. Data presented as maps, bar charts and pie charts enables comparisons to be made at national, regional and local authority levels. The report provides information on the average price councils paid for homecare for older people; the numbers of councils paying their local providers sufficient to comply with the National Minimum wage (including careworkers' travel time); and those paying a UK or London Living Wage. It also highlights the risks associated with under-funded care, such as poorer terms and conditions and insufficient training for the workforce, which results in problems in retaining good quality care workers. (RH)
http://www.ukhca.co.uk/pdfs/ukhca_the_homecare_deficit_201502_web_version_in_spreads.pdf
- 224/47 A minimum price for homecare: version 2.1; by Colin Angel, United Kingdom Homecare Association - UKHCA. Wallington, Surrey: United Kingdom Homecare Association, November 2014, 23 pp (UKHCA Briefing).
Earlier in 2014, the United Kingdom Home Care Association published 'A minimum price for homecare' for the first time, which gave an estimated minimum price for homecare services of £15.19 per hour. This updated version provides calculations of a minimum price for homecare services to achieve compliance with the National Minimum Wage (£15.74), the UK Living Wage (£18.59 per hour) and the London Living Wage (£21.33 per hour). The estimates rest on the assumption that the price paid for care must cover the costs of the workforce, including the time spent travelling between service users' homes, holiday pay, and training and supervisory time. (RH)
From : <http://www.ukhca.co.uk/pdfs/AMinimumPriceforHomecareVersion2120141103.pdf>

HOUSING

(See Also 224/31)

- 224/48 Building comfort for older age: designing and managing thermal comfort in low carbon housing for older people; by Simon Guy, Ralf Brand, Victoria Henshaw (et al), School of Environment, Education and Development, University of Manchester. Manchester: School of Environment, Education and Development, University of Manchester, 2014, 16 pp.
This briefing paper summarises research findings and seeks to understand the dynamics and diversity of thermal comfort issues in an ageing society and their implications for current and future energy consumption. The 2-year project was conducted by a multi-disciplinary team of researchers at the University of Manchester, Lancaster University, University of Exeter, Cardiff University and the French energy company EDF. The project examined how older people maintain comfortable living conditions in their houses (including flats, extra care housing and care homes). It also examined how older people's activities change with the introduction of low-carbon technologies. The report includes recommendations for policy makers, design practitioners, building managers, care home staff and occupants to maintain optimum comfort levels while reducing energy consumption. The project was funded by the Engineering and Physical Sciences Research Council (EPSRC), ECLER and EDF and is part of the 'People, Energy, Buildings' collaborative research programme. (RH)
From : School of Environment, Education and Development, University of Manchester, Oxford Road, Manchester M13 9PL. Websites: www.manchester.ac.uk/seed and www.manchester.ac.uk/marc/conditioningdemand

HOUSING WITH CARE

(See Also 224/31)

- 224/49 Exploring the age-friendliness of purpose-built retirement communities: evidence from England; by Jennifer Little, Thomas Scharf, Bernadette Bartlam (et al): Cambridge University Press. Ageing and Society, vol 34, no 9, October 2014, pp 1601-1629.
This article contributes to emerging debates around age-friendly environments, providing empirical evidence concerning the relative age-friendliness of purpose-built retirement communities. Adopting a new definition - 'underpinned by a commitment to respect and social inclusion, an age-friendly community is engaged in a strategic and ongoing process to facilitate active ageing by optimising the community's physical and social environments and its supporting infrastructure' - the article analyses the age-friendliness of one retirement community in England. The Longitudinal Study of Ageing in a Retirement Community (LARC) encompassed two waves of a survey with residents, interviews and focus groups with stakeholders involved in staffing, managing and designing the community, and other qualitative data collected from residents. Reviewing the different data sources, the article argues that purpose-built retirement communities

have the potential to be age-friendly settings but might better involve residents in a regular cycle of planning, implementation, evaluation and continual improvement if they are to facilitate active ageing. In addition, more clarity is needed on how such developments can better fit with the age-friendly agenda, particularly in terms of their capacity to support ageing in place, the accessibility of the wider neighbourhood, opportunities for intergenerational interactions, and the training of staff to work with older people.

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From : journals.cambridge.org/aso

224/50

The rhythm of ageing amongst Chinese elders in sheltered housing; by Siew-Peng Lee.: Cambridge University Press.

Ageing and Society, vol 34, no 9, October 2014, pp 1505-1524.

This paper examines how some older Chinese tenants in a cluster of housing schemes in the north of England differed in their perception, consciousness and management of time. It examines how there was too much or too little time for some of these tenants, and how time played a part in their personal and social identification arising from their experiences of migration. Lefebvre's concept of rhythm analysis is intended to be a transdisciplinary theory that could be used to theorise 'everyday life'. The writer superimposes this concept on the activity and disengagement theories of ageing to add meaning to the ethnographic data gathered, and argues that ageing is not a simple matter of activity or disengagement. These Chinese elders coped with change through a flexible and ongoing process of adapting to different rhythms of life. This paper aims to contribute to the empirical understanding of ageing for a minority in Britain, and to present a novel theoretical perspective on research approaches to ageing. (RH)

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From : journals.cambridge.org/aso

INCOME AND PERSONAL FINANCE

224/51

Financial resilience in later life; by Financial Services Commission, Age UK. London: Age UK, 2014, 61 pp.

In its report in 2013, the House of Lords Select Committee on Public Service and Demographic Change concluded that 'we are woefully under prepared' for our ageing society. In an era of economic uncertainty, Age UK held a Financial Services Commission to examine how older people's financial resilience can be improved. This report summarises emerging themes, such as planning for the whole of later life, including possible care needs. Other sections consider approaching retirement; decision-making in retirement; and staying in control in later old age. The report makes recommendations on: information, advice and guidance; financial products; and building trust. (RH)

From : Age UK, Tavistock House, 1-6 Tavistock Square, London WC1H 9NA.

Also available as download: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Consumer-issues/fsc_ageuk_financial_resilience_in_later_life_250614.pdf?dtrk=true

224/52

Pursuing security: economic resources and the ontological security of older New Zealanders; by Juliana Mansvelt, Mary Breheny, Christine Stephens.: Cambridge University Press.

Ageing and Society, vol 34, no 10, November 2014, pp 1666-1687.

Access to economic resources influences the material conditions of life for older people, as well as their freedom and capacity to achieve the kind of lives they value. Security is one aspect of later life valued by older people. Ontological security provides a sense of order and continuity, and needs to be understood in terms of the situated life experiences and circumstances of older people. The study reported in this paper analysed 145 qualitative interviews with New Zealanders aged 63-93 in order to explore how participants understand ontological security. Varying levels of access to economic resources were associated with differing abilities of participants to manage the unpredictability of everyday life. Among the wealthy, security was strongly connected to the freedoms provided by ample financial resources. Contrary to what might be expected, those with the lowest levels of economic resources did not express higher levels of insecurity, but instead drew upon life experiences of managing and making do to construct a trajectory of security. Those with mid-range levels of economic resources expressed most insecurity, including anxiety over changing economic conditions and concerns over their ability to manage reductions in economic resources. The paper highlights the need to recognise ways in which access to economic resources intersect with life circumstances, past experiences and future social expectations to provide opportunities for all older people to pursue security as they strive to age well. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

INHERITANCE

- 224/53 Deathbed wills: assessing testamentary capacity in the dying patient; by C Peisah, J Luxenberg, B Liptzin ... (et al.): Cambridge University Press.
International Psychogeriatrics, vol 26, no 2, February 2014, pp 209-216.
Deathbed wills are by their nature susceptible to challenge. Clinicians are frequently invited to give expert opinion about a dying testator's testamentary capacity and/or vulnerability to undue influence either contemporaneously, when the will is made, or retrospectively upon a subsequent challenge, yet there is minimal discourse in this area to assist practice. In the present study the International Psychogeriatric Association Taskforce (IPA) on Capacity explored the issue of deathbed wills to provide clinicians with an approach to the assessment of testamentary capacity at the end of life. A systematic review using the terms: 'deathbed and wills', 'deathbed and testamentary capacity' and 'dying and testamentary capacity' yielded one English-language paper. A search of the individual terms 'testamentary capacity' and 'deathbed' yielded one additional relevant paper. A focused selective review was conducted using these papers and related terms such as 'delirium and palliative care'. The authors present two cases to illustrate some key issues. Study findings show that dying testators are vulnerable to delirium and other physical and psychological comorbidities. Delirium, highly prevalent amongst terminal patients and manifesting as either a hyperactive or hypoactive state, is commonly missed and poorly documented. Whether the person has testamentary capacity depends on whether they satisfy the Banks v Goodfellow legal criteria and whether they are free from undue influence. Regardless of the clinical diagnosis, the ultimate question is can the testator execute a specific will with due consideration to its complexity and the person's circumstances? Dual ethical principles of promoting autonomy of older people with mental disorders whilst protecting them against abuse and exploitation are at stake here. To date there has been scant discourse in the scientific literature regarding this issue. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg

INTERGENERATIONAL ISSUES

(See 224/42)

INTERNATIONAL AND COMPARATIVE

(See Also 224/1, 224/10, 224/15, 224/17, 224/28, 224/33, 224/42, 224/45, 224/50, 224/52, 224/83)

- 224/54 Everyday mobilisations among grandmothers in South Africa: survival, support and social change in the era of HIV/AIDS; by May Chazan.: Cambridge University Press.
Ageing and Society, vol 34, no 10, November 2014, pp 1641-1665.
In many sub-Saharan African communities, caring for vulnerable children in the era of HIV/AIDS appears to be creating deep financial, physical and psychological strains for care-givers, the great majority of whom are ageing women or 'grandmothers'. Yet, limited primary research has been carried out with older women in specific communities; and therefore grandmothers' collective responses, sources of support, complex lived experiences, and diverse family situations are not well understood. This paper presents the findings of research undertaken in four communities in KwaZulu-Natal, South Africa, between 2006 and 2010. The aim is to understand the daily stresses, collective responses and mobilisations of older women in these communities. The research involved repeated focus groups, interviews and participant observation involving approximately 100 older women. In the analysis, attention is given to the diversities among participants, the ways in which HIV/AIDS intermingles with other stresses in their lives to drive their mobilisations, and their collective responses, even in highly constrained conditions. The paper illuminates how older women in these communities are organising in response to the combined, devastating and diverse effects of HIV/AIDS, poverty, violence and illness. Counter to some stereotyping of 'African grandmothers' as frail or passive, it also suggests that these women are forming associations in order to generate incomes, resist stigma, connect with broader support networks, and provide care to hundreds in their communities. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

- 224/55 Older-age care politics, policy and institutional reforms in Lithuania; by Arunas Juska, Gabrieli Ciciurkaite.: Cambridge University Press.
Ageing and Society, vol 35, no 4, April 2015, pp 725-749.
This study investigates the dynamics of policy reforms pertaining to care for older adults in post-socialist Lithuania. In the Soviet era, social services in Lithuania were in a rudimentary stage of development. By the early 1990s, a combination of long-term demographic trends (Such as ageing, a decline in fertility rates and an increase in divorce rates), and the impact of radical neo-liberal reforms significantly increased the number of older individuals living alone and in poverty. In response, a number of measures were undertaken to reform older-age care, resulting in decentralisation, institutional layering and institutional recalibration of social services. It is

argued that the historical legacy has proved to be especially significant in the institutional development of social services by reproducing a State-centred system, although with a growing trend towards the privatisation and marketisation of social care. The role of various organised interests and civic groups, policy makers and international organisations, as well as ideologies and broader sets of cultural values in shaping social services pertaining to the care of older adults are discussed.

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From : journals.cambridge.org/aso

224/56

Social capital and self-rated health among older adults: a comparative analysis of Finland, Poland and Spain; by Eleni Koutsogeorgou, Fredrica Nyqvist, Mikael Nygard (et al): Cambridge University Press.

Ageing and Society, vol 35, no 3, March 2015, pp 653-667.

This paper investigates the association between structural and cognitive aspects of social capital and self-rated health among adults aged 50+, living in three countries: Finland, Poland and Spain. The study, which was based on data from the European Social Survey (2008/09), was a part of the EU research project COURAGE in Europe. More specifically, the paper assesses the association between social capital indicators - informal social network and general trust - and good self-rated health through single-level and joint effects analyses. The results show Finland to be a country of high social capital, in terms of both social networks and general trust, while Spain shows low levels of general trust, and Poland low levels of informal social networks. As to the association between social capital and self-rated health, high levels of general trust and high networks were found to be associated with good health among all countries' respondents. Older people living in partnerships, with higher education, higher levels of engagement in informal networks and general trust, were found to be more likely to show good self-rated health. These comparative analyses revealed different associations between social capital and health according to country. (RH)

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From : journals.cambridge.org/aso

LEARNING DIFFICULTIES

224/57

Exploring the experiences of people with mild cognitive impairment and their caregivers with particular reference to healthcare: a qualitative study; by Katherine Dean, Crispin Jenkinson, Gordon Wilcock ... (et al): Cambridge University Press.

International Psychogeriatrics, vol 26, no 3, March 2014, pp 475-485.

The aim of this study was to investigate the experiences of people with mild cognitive impairment (PWMCI) and their 'advocates', particularly within healthcare services. Semi-structured interviews were conducted with 23 PWMCI diagnosed recently and 20 advocates recruited via patients. The resulting data were content-analysed. Findings revealed that PWMCI interviewed rarely reported negative impressions of their general practitioner (GP). Reports regarding memory services were more mixed: positive impressions related to finding the service to be 'well run' and the staff 'pleasant', negative ones to the assessment process or a perceived lack of feedback. Aside from improved information provision, most PWMCI had no suggestions for improvements to their healthcare. However, these results should be interpreted with caution as many of the PWMCI interviewed displayed evidence of impaired recall and/or insight relating to their condition and healthcare. Advocates generally reported more negative impressions of both contact with the PWMCI's GP (most commonly reporting a 'dismissive' attitude) and memory services (with common complaints relating to the assessments used in clinics and lengthy waiting times). This group generally had suggestions for improvements to services - particularly regarding information provision, changes in the assessment process and improvements in communication by services. This is the first in-depth study of the difficulties experienced by PWMCI and their advocates which includes the context of healthcare provision. The specific needs of these groups, as described here, as well as those of people with dementia, should be considered when designing memory clinics and other related services. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

224/58

Lived experiences of ageing and later life in older people with intellectual disabilities; by Ida Kahlin, Anette Kjellberg, Catharina Nord (et al): Cambridge University Press.

Ageing and Society, vol 35, no 3, March 2015, pp 602-628.

Intellectual disability (ID) can be understood as an incomplete development of the brain in the prenatal, perinatal or postnatal period before the age of 18. This article aims to explore how older people with ID living in group accommodation describe their lived experience in relation to ageing and later life. The article is based on a study with a phenomenological approach, grounded on the concept of life-world. Individual, qualitative interviews were conducted with 12 people with ID (five men, seven women), between the ages of 48 and 71 (mean=64), who lived in four different group accommodation units in southern Sweden. A descriptive phenomenological analysis method was used, which disclosed a structure consisting of themes and sub-themes. The findings reveal the informants' lived experience of ageing and later life as a multifaceted phenomenon, expressed through the two themes, 'age as a process of change' and 'existential aspects of ageing', each with three sub-themes. The body is an essential element in their

experience of ageing and growing old, and in how this experience is expressed. The study also found social, cultural and historical dimensions of the life-world to be important in the informants' experience of ageing and later life. This supports understanding of the existence of a collective life-world for older people with ID, the unique experiences the informants share because of their disability and its consequences for their lifecourse.

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From : journals.cambridge.org/aso

LEGAL ISSUES

- 224/59 The Care Act 2014: consultation on draft regulations and guidance to implement the cap on care costs and policy proposals for a new appeals system for care and support; by Department of Health - DH.: Department of Health - DH, 2015, 116 pp.
This consultation seeks stakeholders' views on funding reform under the Care Act 2014, focusing on draft regulations and guidance that will introduce a cap of £72,000 on care costs and other changes for 2016. In addition, the document seeks stakeholders' views on appeals policy proposals for a new system of appeals for care and support. The document contains the draft guidance and examines key aspects of the reform, including: measuring what counts towards the cap; care accounts; cap on care costs for working age adults; daily living costs; first party top-up payments; and extension to means-tested support. The consultation period ends on 30 March 2015.
From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/400757/2903104_Care_Act_Consultation_Accessible_All.pdf

LONELINESS AND SOCIAL ISOLATION

(See Also 224/67, 224/72)

- 224/60 Isolation: the emerging crisis for older men: a report exploring experiences of social isolation and loneliness among older men in England; by Brian Beach, Sally-Marie Bamford, Independent Age; International Longevity Centre UK - ILC-UK. London: Independent Age, 2014, 56 pp.
Despite a growth in activity from across the ageing sector to tackle the challenge of loneliness and social isolation amongst older people, this report illustrates why services still need to adapt to meet the unique needs of older men. The population of older men growing faster than that of women, so it is important that we understand how and why older men's experiences of loneliness and social isolation differ from women's and how, as a society, we need to respond. The report outlines the literature on how men and women differ regarding social isolation and loneliness. It considers these factors which characterise older men's experiences of social isolation and loneliness: socio-economic circumstances; age; partnerships; family and friends; informal care provision; and physical and mental health. It provides examples of interventions and services aimed at preventing social isolation and loneliness among older men, such as Men in Sheds. The report finds that older men are more isolated than older women; and loneliness is not an inevitable consequence of age, but is driven by poor health and low income. It recommends that men approaching later life need to make efforts to retain and build their social network among friends, families and interest groups. Service providers should routinely monitor use by gender and address any gaps in the numbers of older men accessing their service. The Department of Health (DH) must prioritise the development of a new measure that will help us to understand the real scale of loneliness and how the problem affects older men. (RH)
From : Independent Age, 6 Avonmore Road, London W14 8RL.
Website: www.independentage.org http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Loneliness_in_older_men_report.pdf
- 224/61 Promising approaches to reducing loneliness and isolation in later life; by Age UK; Campaign to End Loneliness. London: Age UK; Campaign to End Loneliness, 2015, 67 pp.
In recent years, there has been growing public attention to loneliness in later life and its impact, particularly for mental and physical health. This report aims to reflect those initiatives which show promise in tackling what is a serious public health issue. It covers: the foundation services (reaching, understanding and supporting individuals); the types of intervention that are most likely to meet older people's need for social contact; how technology and transport can facilitate social connection; and 'structural enablers' (neighbourhood approaches, asset based community development, volunteering, and age positive approaches). It also highlights areas where a greater understanding is needed of how to tackle loneliness within the older community: care settings; in black and minority ethnic groups; and with lesbian, gay, bisexual and trans older people (LGBT). Case studies demonstrate some of the solutions needed for an effective response to reducing loneliness and isolation in later life. (RH)
From : Age UK, Tavis House, 1-6 Tavistock Square, London WC1H 9NA. Website: www.ageuk.org.uk Campaign to End Loneliness, 3 Rufus Street, London N1 6PE. Website: www.campaigntoendloneliness.org

LONG TERM CARE

- 224/62 Decentralisation of long-term care in the Netherlands: the case of the day care at green care farms for people with dementia; by Stephanie J M Nowak, Claudia C M Molema, Caroline A Baan (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 4, April 2015, pp 704-724.
Responsibility for health and social care services is being delegated from central to local authorities in an increasing number of countries. In the Netherlands, the planned transfer of responsibility for day care for people with dementia from the central government to municipalities is a case in point. The impacts of this decentralisation process for innovative care concepts such as day care at green care farms are largely unknown. The authors interviewed representatives of municipalities and green care farms to explore what consequences they expected of decentralisation for their organisations and people with dementia. The study shows that communication and collaboration between municipalities and green care farms is relatively limited. Consequently, municipalities are insufficiently aware of how green care farms can help them to perform their new tasks; and green care farmers know little about what municipalities expect from them in the new situation. The authors recommend that municipalities and green care farms keep each other informed about their responsibilities, duties and activities to ensure a tailored package of future municipal services for people with dementia. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

- 224/63 Mandatory aged care insurance: a case for Australia; by Francesco Paolucci, Przemyslaw M Sowa, Manual Garcia-Goni (et al).: Cambridge University Press.
Ageing and Society, vol 35, no 2, February 2015, pp 231-245.
This paper assesses the feasibility and welfare-improving potential of an insurance market for aged care expenses in Australia. As in many other countries, demographic dynamics coupled with an upward trend in costs of personal care result in consumer co-contributions imposing a risk of expenses that could constitute a significant proportion of lifetime savings, in spite of the presence of a government-run aged care scheme. We explore issues around the development of an insurance market in this particular setting, considering adverse selection, moral hazard, timing of purchase, transaction costs and correlation of risks, as well as such contextual factors as longevity and aged care cost determinants. The analysis indicates aged care insurance is both feasible and welfare-enhancing, thus providing a gainful alternative to the aged care reform proposed by the Productivity Commission in 2011. However, while the insurance market would benefit the ageing Australian population, it is unlikely to emerge spontaneously because of the problem of myopic individual perceptions of long-term goals. Consequently, we recommend regulatory action to trigger the market development.
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From : journals.cambridge.org/aso

MENTAL HEALTH

(See Also 224/53, 224/57)

- 224/64 Time since birth and time left to live: opposing forces in constructing psychological wellbeing; by Bercu Demiray, Susan Bluck.: Cambridge University Press.
Ageing and Society, vol 34, no 7, August 2014, pp 1193-1218.
By definition, ageing involves moving across lived time. This study is grounded in developmental psychology, particularly lifespan developmental theory. It examines two time-related factors that may affect psychological well-being in adulthood: chronological age and perceived time left to live (i.e. future time perspective). These factors are predicted to act as opposing forces in the construction of psychological well-being. 285 young adults (aged 19-29 years) and 135 middle-aged adults (aged 47-64 years) self-reported their current psychological well-being (across six dimensions) and their sense of future time perspective. As predicted, mediation analyses show that higher levels of chronological age (being in midlife), and having a more open-ended, positive future time perspective are both related to higher psychological well-being. Note, however, that being in midlife is related to a more limited and negative future time perspective. While both age and future perspective are measures of time in a general sense, analyses show that they act as unique, opposing forces in the construction of psychological well-being - confirming the authors' conceptual argument. The current research suggests that individuals can optimise psychological well-being to the extent that they maintain an open-ended and positive sense of the future. (RH)
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From : journals.cambridge.org/aso

- 224/65 Wartime experiences and their implications for the everyday lives of older people; by Judith Sixsmith, Andrew Sixsmith, Matthew Callender (et al).: Cambridge University Press.
Ageing and Society, vol 34, no 9, October 2014, pp 1457-1481.
Past research has documented the influences that 'traumatic' memories of war have on older people's mental health (e.g. post-traumatic stress disorder or PTSD). However, fewer studies have explored the longer-term implications of wartime experiences for older men's and women's

everyday lives. This article explores the impact of Second World War experiences on older men and women living in the United Kingdom (UK), to provide an insight into how such experiences influence how they construct their daily lives. Forty UK-based participants born between 1914 and 1923 were interviewed as part of the ENABLE-AGE project that was undertaken in five European countries. The key concepts underpinning the interview schedule were: home, independence, participation, health and well-being, and societal supports. The data were analysed using a grounded theory approach. Participants emphasised how wartime experiences continue to hold significance within their lives and settings some 60 years later. Seven themes emerged from the analysis. Four of these reflect the way wartime experiences remain important influences on participants' present-day social worlds: comradeship, storytelling about the war, community and alienation, and long-term physical effects. A further three themes reflect how skills and personal characteristics defined by wartime experiences are embedded in the way many older people continue to negotiate and structure their practical lives: managing, resilience and adaptability, and independence. (RH)

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MENTAL HEALTH SERVICES

224/66

General practitioners' assessment of, and treatment decisions regarding, common mental disorder in older adults: thematic analysis of interview data; by Jennifer Strachan, Gill Yellowlees, April Quigley.: Cambridge University Press.

Ageing and Society, vol 35, no 1, January 2015, pp 150-168.

Primary and secondary care services are charged with failing to adequately detect and treat mental disorder in older adults due to the 'understandability phenomenon' - the belief that mental disorder in old age is inevitable and therefore not worthy of intervention. Quantitative data appear to support this hypothesis, but lack the explanatory power of detailed accounts. Nine general practitioners (GPs) participated in group interviews about their assessment and treatment of older patients, and their expectations and experience of referral to secondary care. Resulting transcripts were subject to Thematic Analysis. Respondents recognised the unique features of these clients, and their impact on the detailed, recursive processes of assessment, clinical decision-making and intervention. GPs described confidence in managing most cases of mental disorder, describing the role of secondary care as one of consultancy in extreme or unusual cases. GPs did view mental disorder as commonly originating in adverse circumstances, and queried the validity of pharmacological or psychological interventions in these cases. However, they did not equate understandability with acceptability, and called for social interventions to be integrated with health-care interventions to tackle the cause of mental disorder in older adults. At a wider level, findings highlight the discrepancy between assumptions about GP attitudes and actions, and their own accounts. At a local level, findings will assist in focusing secondary care service development where need is perceived, into consultancy and training. (RH)

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[From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

MIGRATION

224/67

Immigration and loneliness in later life; by Zheng Wu, Margaret Penning.: Cambridge University Press.

Ageing and Society, vol 35, no 1, January 2015, pp 64-95.

Although the loneliness of both older adults and immigrants is frequently asserted, knowledge regarding the implications of immigration for loneliness in later life is limited. In particular, little attention has been directed to the impact of factors that might differentiate individuals within the immigrant population. Using data from the 2007 General Social Survey (GSS-21) conducted by Statistics Canada, this study examined the effects of immigrant status as well as immigrant generation, length of residence in Canada and race/ethnicity on loneliness among adults aged 60 and over (N=10,553). Regression analyses (ordinary least squares) estimating both the general and age-specific effects of immigrant experience on loneliness, indicated that immigrants report higher levels of loneliness than native-born Canadians, that race/ethnicity influenced loneliness particularly among immigrants, and that generational status as well as length of residence also had an impact, but one that differed across age groups. Immigration-related variables appeared less consequential for loneliness in the oldest-old (aged 80+) than in younger elderly age groups. These findings attest to the significance of immigrant status for an understanding of loneliness in later life, but suggest a need to acknowledge the diversity of immigrant experiences associated with lifecourse and other factors. (RH)

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NEIGHBOURHOODS AND COMMUNITIES

(See Also 224/72)

- 224/68 Architecture and the Swedish welfare state: three architectural competitions that innovated space for dependent and frail older people; by Jonas E Andersson.: Cambridge University Press. Ageing and Society, vol 35, no 4, April 2015, pp 837-864.
In 2012, three architectural competitions were held as part of the strategic programme 'Living Well, Growing Old', launched by the Swedish government in 2010. The intention was to use the innovative quality of the architectural competition, in order to conceive future-oriented built environments for the ageing Swedish society. In Sweden, several architectural competitions with a focus on space for dependent and frail older people have been organised over the past century. Architectural design has been incorporated into reforms for social care of older people. This study focuses on the relationship between architecture and socio-political visions in three architectural competitions, realised in 1907, 1948 and 1979. The study demonstrates that architectural competitions within this field are more than a list of functional and spatial requirements for architects to respect. Instead, they are socio-political statements that define spatial frameworks within an ideological view on how ethically to provide care for dependent and frail older people in a welfare regime.
ISSN: 0144686X
From : journals.cambridge.org/aso
- 224/69 How 'age-friendly' are rural communities and what community characteristics are related to age-friendliness?: The case of rural Manitoba, Canada; by Verena H Menec, Louise Hutton, Nancy Newall (et al).: Cambridge University Press. Ageing and Society, vol 35, no 1, January 2015, pp 203-223.
Since the World Health Organization (WHO) introduced the concept of 'age-friendly' communities in 2006, there has been rapidly growing interest in making communities more age-friendly on the part of policy makers world-wide. So far, there is a paucity of research that has examined age-friendliness in diverse communities, particularly in rural communities. The main objective of the study reported was to examine whether age-friendliness varies across community characteristics, such as a population size. The study was based on surveys administered in 56 communities throughout Manitoba, a mid-Western Canadian province, in the context of a needs assessment process for communities that are part of the Age-Friendly Manitoba Initiative. A total of 1,373 individuals completed a survey developed to measure age-friendliness. Domains included the physical environment; housing options; the social environment; opportunities for participation; community supports and health-care services; transport options; and communication and information. Community characteristics were derived from census data. Multi-level regression analysis indicated that the higher the percentage of residents aged 65 or older, the higher the ratings of age-friendliness overall and, specifically, ratings of the social environment, opportunities for participation, and communication and information. Moreover, small communities located within a census metropolitan area and remote communities in the far north of the province emerged as having the lowest age-friendliness ratings. These findings suggest that communities are generally responsive to the needs of their older residents. That different results were obtained for the various age-friendly domains underscores the importance of considering age-friendliness in a holistic way and measuring it in terms of a range of community features. The study further highlights the importance of differentiating between degrees of rurality, as different patterns emerged for communities of different sizes and proximity to a larger urban centre. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 224/70 Moving beyond 'ageing in place': older people's dislikes about their home and neighbourhood environments as a motive for wishing to move; by Sarah Hillcoat-Nalletamby, Jim Ogg.: Cambridge University Press. Ageing and Society, vol 34, no 10, November 2014, pp 1771-1796.
Ageing in place has been promoted by policy makers as the optimal residential solution for later life, and is premised on older people's reluctance to contemplate relocation, their declining residential mobility, and high levels of residential satisfaction. This paper takes a critical perspective to the notion of ageing in place by examining older people's dislikes about, rather than levels of satisfaction with their home and neighbourhood environments, and establishing whether such dislikes influence a desire to move. Analysis of the 2004 Living in Wales Survey shows that despite high levels of residential satisfaction, a significant proportion of older people do wish to move. Logistic regression results indicate this desire is strongly associated with dislikes about their immediate home environment, more than neighbourhood factors. Contemplating a move in later life may be shaped more by a desire to 'attach' to people, than to remain in situ to preserve an attachment to place. (RH)
ISSN: 0144686X
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OLDER MEN

(See Also 224/60)

- 224/71 The experiences of older male adults throughout their involvement in a community programme for men; by Kristin A Reynolds, Corey S Mackenzie, Maria Medved (et al): Cambridge University Press.
Ageing and Society, vol 35, no 3, March 2015, pp 531-551.
Community programmes have been shown to provide social and emotional benefits for older adults. The vast majority of community programmes for older adults are either mixed-sex or female-oriented in their activities and composition. As such, there is a scarcity of both opportunities for, and research focusing on, older male adults' participation in community programmes geared towards men. The present study describes the experiences of older male adults throughout their involvement in a male-oriented community programme. Participants described their involvement in the community programme on the basis of their characteristics and experiences that preceded their involvement, the characteristics of their current involvement, and aspects of the programme and their participation that promoted their continued involvement. The findings of this study have potential utility for community organisations aiming to increase the involvement of older men in their programmes. Furthermore, the findings indicate that community programme participation has the potential to promote social engagement and healthy, active ageing among older men.
ISSN: 0144686X From : journals.cambridge.org/aso
- 224/72 Place and wellbeing: shedding light on activity interventions for older men; by C Milligan, S Payne, A Bingley (et al): Cambridge University Press.
Ageing and Society, vol 35, no 1, January 2015, pp 124-149.
In the United Kingdom, one in five of the population are older men, many of whom live alone. Loneliness and social isolation is a growing issue for many of these older men, one that has been associated with elevated blood pressure, poor physical health, increased mortality and mental ill-health, including depression, suicide and dementia. Living alone and social isolation have tended to be viewed largely as issues affecting older women due to their greater life expectancy (LE); but the LE gap between men and women is closing, presenting new challenges for the health and well-being of older men. This is not unique to the United Kingdom. Although inclusionary social spaces and supportive social ties can be important for enhancing physical and mental wellbeing amongst older people, evidence suggests that lone-dwelling older men can experience greater difficulty in accessing effective social support, relative to older women. Understanding those spaces of communal activity that are likely to be successful in promoting health and wellbeing amongst older men is thus important if we are to improve their quality of life. This paper draws on research with a 'Men in Sheds' pilot programme in the UK, to illustrate how everyday spaces within local communities might be designed to both promote and maintain older men's health and well-being. In doing so, the authors aim to offer insights into how Sheds, as created and gendered spaces, may not only engage older men in ways that help to maintain their perceived health and well-being, but also provide sites within which older men can perform and reaffirm their masculinity. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso
- 224/73 Studies Of ageing masculinities: still in their infancy?; by Anna Tarrant, Jacqueline H Watts (eds), Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing - CPA, 2014, 87 pp (The representation of older people in ageing research series, no 14).
The papers in this collection focus on some of the pioneering theoretical and methodological work that is contributing to the development of a research agenda that seeks to draw attention to, and enhance our understandings of, the complexities of the lives of older and ageing men. Four of the papers are revisions of those first presented at a seminar organised by the Centre for Policy on Ageing (CPA) and Open University Centre for Ageing and Biographical Studies (CABS). The seminar aimed to bring together scholars and interested parties from different universities and sectors, career stages, and disciplines to explore and examine how the study of men's experiences of ageing as men has progressed in recent years. Kate Davidson explores social networks of older divorced and never married men, by reference to qualitative and quantitative research at the Centre for Research and Ageing and Gender (CRAG).
Kate Bennett provides insight into how older widowers reconstruct their masculinity after bereavement. Anna Tarrant reflects on the role of the body in grandfathers' practices with their grandchildren. At the seminar, Paul Simpson had talked about how middle-aged gay men (late 30s to early 60s) in Manchester respond to growing older and (gay) ageism. His presentation is replaced by a paper by David Jackson, who critically argues for methodological and theoretical innovation in the study of older men's lives; he also advocates autobiographical methods and biographical enquiry as ways of engaging older men in such research. In 'The impotence of earnestness and the importance of being earnest: recruiting older men for interview', Robin Hadley explores some of the challenges he has faced in finding and recruiting older men who were willing to talk about their involuntary childlessness. (RH)
Price: £10.00 + p&p From : Central Books, 99 Wallis Road, London E9 5LN.

OLDER WOMEN

224/74

Remembering the past, looking to the future: Christmas as a symbol of change in later life widowhood; by Tracy Collins.: Cambridge University Press.

Ageing and Society, vol 34, no 9, October 2014, pp 1525-1549.

Many older women experience the loss of a spouse or partner in later life. This paper explores older women's experiences of Christmas, in order to locate process and meaning in relation to the transition of later life widowhood. Drawing on longitudinal data, derived from three in-depth interviews conducted over 18 months with 26 older widows, this paper presents a number of themes from the women's accounts of their Christmas celebrations and their Christmas cards. The importance of continuity, social relations and autonomy is situated in three emergent themes: 'Family, intergenerational ties and tradition'; 'Friendships, organisational ties and reciprocity'; and 'Personal continuity and activation'. The significance of discontinuity, change and mediation is illustrated through three emergent themes: 'Christmas as a catalyst for change'; 'We are all widows'; and 'Negotiating change with others'. The findings, including the positive aspects of continuity and discontinuity, demonstrate that Christmas is a potent symbol of both personal and social transformation during later life widowhood, and that the management of transition incorporates not only social relations, but also personal agency and flexibility. This paper further challenges the predominantly negative stereotype of older widows; it illustrates their resilience and growth in the later stages of life. (RH)

ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

PAIN

224/75

'Keeping going': chronic joint pain in older people who describe their health as good; by Jane C Richardson, Janet C Grime, Bie Nio Ong.: Cambridge University Press.

Ageing and Society, vol 34, no 8, September 2014, pp 1380-1396.

It is common for people with chronic conditions to report their health as good, although models of healthy ageing do not account for this. The concept of successful ageing focuses on overcoming problems, in contrast to the concept of resilience which can acknowledge vulnerability. Osteoarthritis (OA) is the main cause of joint pain in older people, but research in this area has tended to focus on OA as an illness. Consequently, this research aimed to explore OA from the perspective of wellness. The authors undertook a longitudinal qualitative study to explore 'wellness and resilience' in a group of older people who reported chronic joint pain and considered themselves healthy. They interviewed 27 people and followed them up with monthly diary sheets. The participants could respond by answering the questions on the contact sheet, or could ask for further contact with the researcher. This article focuses on how resilience relates to how people consider themselves to be well. Participants' experience of the adversity of their pain varied, and was influenced by context and meaning. Participants described 'keeping going' in body, mind and everyday life. Flexibility and pragmatism were key aspects of keeping going. The findings support a broader version of resilience that incorporates vulnerabilities. In the context of health care, the authors suggest that treating the frail body should not come at the expense of undermining an older person's sense of a resilient self. (RH)

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PALLIATIVE CARE

224/76

Impact of community based, specialist palliative care teams on hospitalisations and emergency department visits late in life and hospital deaths: a pooled analysis; by Helen Seow, Kevin Brazil, Jonathan Sussman (et al).

BMJ 2014;348:g3496, 6 June 2014, 10 pp.

This pooled analysis of an Ontario, Canada retrospective cohort study found that 3109 patients treated by 11 community based specialist palliative care teams had a reduced risk of being in hospital or having an emergency department visit in the last 2 weeks of life compared to 3109 patients receiving usual care. The palliative care teams studied served different geographies and varied in team composition and size, but had the same core team members and role: a core group of palliative care physicians, nurses and family physicians who provided integrated palliative care to patients in their homes. The teams role was to manage symptoms, provide education and care, coordinate services, and be available without interruption regardless of time of day. In both care groups, about 80% had cancer and 78% received end of life homecare services for the same average duration. Across all palliative care teams (970 (31.2%) of the exposed group were in hospital and 896 (28.9%) had an emergency department visit in the last two weeks of life respectively, compared with 1219 (39.3%) and 1070 (34.5%) of the unexposed group. Despite variation in team composition and geographies, community based specialist palliative care teams were effective in reducing acute care use and hospital deaths at the end of life. (RH)

[From : http://www.bmj.com/content/348/bmj.g3496](http://www.bmj.com/content/348/bmj.g3496)

PARTICIPATION

(See 224/82)

PENSIONS AND BENEFITS

- 224/77 Beyond April 2015: the long view on UK pension reform; by Reform; Just Retirement. London: Reform, 2015, 16 pp.
On 10 February 2015, Reform held a conference in partnership with Just Retirement on the future of UK pension policy. This publication sets out the views of speakers at the conference and some international contributors on delivering security throughout retirement, the long-term outlook for UK pensions, and international trends and consumer behaviour. (RH)
From : Reform, 46 Great Peer Street, London SW1P 3LT. website: www.reform.co.uk Download: http://www.reform.co.uk/wp-content/uploads/2015/02/Beyond-April-2015_V3-FINAL.pdf
- 224/78 Making the system fit for purpose: how consumer appetite for secure retirement income could be supported by the pension reforms; by Ben Franklin, Helen Creighton, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, January 2015, 23 pp.
ILC-UK research finds that the majority of people approaching retirement want to use their pension pots to deliver a secure guaranteed income for life, with inflation protection being very important. However, many may be too confused to know how to go about achieving this goal. This report finds that consumers approaching retirement are ill-equipped for the new pension freedoms announced by George Osborne in his 2014 Budget. The report has been supported by a consortium of industry partners (EY, Just Retirement, Key Retirement, LV= and Partnership) and guided by pensions and retirement expert, Ros Altmann. The research incorporates a representative survey of 5000 people aged 55-70 who are yet to retire or draw on their private pension wealth. The main themes that emerge include: secure income in retirement is preferred; older consumers are risk averse; withdrawing everything from the pension could result in retirement funding shortfalls; and advice is favoured, but trust issues could lead to an advice gap. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download also available; see: http://www.ilcuk.org.uk/index.php/publications/publication_details/making_the_system_fit_for_purpose

PERSON CENTRED CARE

- 224/79 An evaluation of a person-centred care programme for long-term care facilities; by Jaime Williams, Thomas Hadjistavropoulos, Omeed O Ghandehart (et al.): Cambridge University Press. Ageing and Society, vol 35, no 3, March 2015, pp 457-488.
Person-centred approaches in long-term care focus on providing holistic care to residents in order to improve quality of life, enhance resident wellbeing and autonomy, and mitigate behavioural and/or other symptoms. The results of research on person-centred approaches to care are mixed, with very few high-quality empirical studies examining resident outcomes specifically. A person-centred care programme implemented in three Canadian long-term care facilities is investigated to determine its effect on resident outcomes, approach to care and maintenance of the programme three years after implementation. Using the Resident Assessment Instrument Minimum Data Set (RAI-MDS) scale scores and quality indicators, the authors retrospectively examined resident outcomes before, after and six months following the initiation of the programme, using three additional facilities as control. No effects on resident outcomes were found. Focus group interviews with facility staff revealed no systematic differences between the programme and control facilities in their approach to care. All facilities supported aspects of a person-centred philosophy. Focus group interview data from the programme facilities indicated partial maintenance in two facilities and more complete maintenance in one facility. Although staff members supported the programme, implementation and maintenance proved difficult; and effectiveness on resident outcomes was not indicated in this research. Additional controlled studies are needed.
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PHYSICAL ACTIVITY

- 224/80 The effect of exercise interventions on cognitive outcome in Alzheimer's disease: a systematic review; by Nicolas Farina, Jennifer Rusted, Naji Tabet.: Cambridge University Press. International Psychogeriatrics, vol 26, no 1, January 2014, pp 9-18.
Non-pharmacological interventions may have a role in both the prevention and slowing down of disease progression in Alzheimer's disease (AD). The role of exercise in disease prevention, for example, has been extensively evaluated in large epidemiological studies. Much less is known about the potential benefit of exercise in patients already diagnosed with AD. It was therefore the aim of this systematic review to assess the effectiveness of exercise in attenuating cognitive decline within AD. A systematic review was conducted statistically accompanied by a meta-analysis. Publications between January 1991 and October 2012 were identified by searching a range of relevant databases. Selected studies required AD patients to take part in an exercise-based randomised controlled trial (RCT) and have a cognitive outcome measure. Six

RCTs were identified that exclusively considered the effect of exercise in AD patients. Exercise generally had a positive effect on rate of cognitive decline in AD. A meta-analysis found that exercise interventions have a positive effect on global cognitive function. From the six studies reviewed the evidence suggests that exercise can have a positive effect on rate of cognitive decline in AD. However the variation between study designs makes conclusions regarding the optimum intervention on cognitive outcome in AD difficult. Well-designed and powered RCTs are still needed to ascertain the efficacy of exercise in slowing down cognitive impairment in AD patients. However a positive initial indication for exercise efficacy justifies such efforts. (JL)
ISSN: 10416102 [From : journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)

RELIGION AND SPIRITUALITY

(See 224/12)

RESEARCH

(See Also 224/73)

- 224/81 Imagining futures: methodological issues for research into ageing; by Rebecca L Jones, Joanna Bornat (eds), Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing - CPA, 2014, 87 pp (The representation of older people in ageing research series, no 13).
Older people are sometimes assumed not to be future-oriented, while younger people often assume that to talk about the future in the presence of an older person is either insensitive or irrelevant. Evidence from research suggests that such assumptions are far off the mark. Nevertheless, they affect how the future is spoken of and engaged with by researchers. An introduction by the editors considers the future as a topic in ageing research. The four papers in this volume focus on methodological issues arising from asking people to imagine the future and their own ageing. The papers are revisions of those first presented in February 2010 at the 'Imagining futures' seminar organised by the Centre for Policy on Ageing (CPA) and Open University Centre for Ageing and Biographical Studies (CABS). (RH)
[Price: £10.00 + p&p](#) [From : Central Books, 99 Wallis Road, London E9 5LN.](#)

RESIDENTIAL AND NURSING HOME CARE

(See 224/27)

RESILIENCE

(See 224/75)

RETIREMENT

(See Also 224/35)

- 224/82 So now what?: Effects of retirement on civic engagement; by Levi van den Bogaard, Kene Henkens, Matthijs Kammijn.: Cambridge University Press.
Ageing and Society, vol 34, no 7, August 2014, pp 1170-1192.
Retirement is an event that often brings about great changes in a person's personal and social life. For many people, work is not only a way to fill time and earn money, but also important for their identity and meaning in life. After retirement, these benefits of work are lost, and it is expected that people will seek substitutes for this loss. This paper focuses on the effects of retirement on informal civic activities, such as the support given to family and friends as well as more formal types such as volunteering and organisational involvement. Using two waves from the Netherlands Kinship Panel Study, a conditional change model is employed. Two groups are compared: men and women who kept working; and men and women who retired. Results show that following retirement, people appear to change the nature of some relationships by providing more instrumental support. Furthermore, retirees seem to start spending more time volunteering after retirement, and they increase their organisational memberships. Implications, strengths and limitations of the study are discussed. (RH)
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SEXUALITY

(See Also 224/26)

- 224/83 Sex in older age in rural Malawi; by Emily K Freeman, Ernestina Coast.: Cambridge University Press.
Ageing and Society, vol 34, no 7, August 2014, pp 1118-1141.
This paper examines how older adults living in rural Malawi explain and understand their sex lives. Sexuality and sexual behaviours are considered in relation to how broader understandings

of ageing, aged identities, and conceptions of personhood or adulthood in older age are played out and constructed. Qualitative data were collected from men (N=20) and women (N=23) aged 50 to around 90 using in-depth multiple dependent interviews (N=135) between 2008 and 2010. The giving and receipt of sexual pleasure was considered natural and God-given. Primarily understood as a matter of 'power', on the one hand sex was beneficial to older bodies, but on the other not accessible to such bodies. Declining frequency of sex was associated with declining desire for sex, or frustration stemming from continued desire for sex. These discourses emerged from the way the ageing body was constructed as a weakened body, incompatible with understandings of adulthood based on physical productivity. Older men and women used sex to discursively respond to these challenges to their adulthood in two ways. Firstly, sex was used to confirm strength, physical productivity, and therefore, identity as an 'adult'. Secondly, adulthood itself was redefined as being based on moral rather than physical productivity; and refraining from sex was used to demonstrate wisdom, self-control and therefore their 'adult' identity. Results of this study provide in-depth understanding of the ways constructions of ageing and sex can influence complex experiences of marital and non-marital sex in older age. The study contributes to debates on sexuality in the gerontological literature, by moving discussion beyond the presentation of continued sexuality as somehow exceptional or an indicator of successful ageing. Finally, in a country with considerable HIV prevalence at older ages, the results challenge a preoccupation with fertility and chronological age in the collection of sexual health data in Africa. (RH)

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SOCIAL CARE

224/84

The determinants of receiving social care in later life in England; by A Vlachantoni, R J Shaw, M Evandrou (et al.): Cambridge University Press.

Ageing and Society, vol 35, no 2, February 2015, pp 321-345.

Demographic change and policy changes in social care provision can affect the type of social care support received by older people, whether through informal, formal state or formal paid-for sources. This paper analyses the English Longitudinal Study of Ageing data (ELSA, wave 4) in order to examine the relationship between demographic and socio-economic characteristics, and the receipt of support from different sources by older people who report difficulty with daily activities. The research outlines three key results with implications for the future organisation of social care for older people. Firstly, the number of instrumental activities of daily living (IADLs) an older person reports having difficulty with, followed by the number of activities of daily living (ADLs) are the strongest determinants of receiving support from any source. Secondly, there are significant gender differences in the factors associated with receiving support from different sources; for example, physical health is a strong determinant of informal support receipt by men, while mental health status is a strong determinant of informal support receipt by women. Finally, the research shows that different kinds of impediments in everyday life are associated with receiving support from different sources. This 'link' between particular types of difficulties and support receipt from particular sources raises questions about the way social care provision can or should be organised in the future.

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From : journals.cambridge.org/aso

224/85

Feeling in control: comparing older people's experiences in different care settings; by Lisa Callaghan, Ann-Marie Towers.: Cambridge University Press.

Ageing and Society, vol 34, no 8, September 2014, pp 1427-1451.

The promotion of choice and control for older people is a policy priority for social care services in the United Kingdom and is at the heart of recent drives to personalise services. Increasingly, we are seeing a move away from institutionalised care (e.g. in care homes) towards enablement, with more services being delivered in community-based settings. Extra care housing has been promoted as a purpose-built, community-based alternative to residential care for older people. However, whilst accounts of users' experiences in particular service types are plentiful, the use of different instrumentation and measures makes comparison between settings difficult. The authors combined data from four studies where participants were older people either living in care homes or extra care housing, or receiving care at home. All of these studies asked participants to rate their control over daily life, using the Adult Social Care Outcomes Toolkit (ASCOT). This paper presents the results of an ordinal logistic regression analysis indicating that, after controlling for differences in age, ability to perform activities of daily living (ADLs) and self-rated health, setting had a significant effect on older people's sense of control. Residents in care homes and extra care housing report similar levels of control over daily life, but consistently report feeling more in control than older people receiving care at home. Implications for policy and practice are discussed. (RH)

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From : journals.cambridge.org/aso

224/86

A growing care gap?: The supply of unpaid care for older people by their adult children in England to 2032; by Linda Pickard.: Cambridge University Press.

Ageing and Society, vol 35, no 1, January 2015, pp 96-123.

A key feature of population ageing in Europe and other more economically developed countries is the projected unprecedented rise in need for long-term care in the next two decades. However, there is considerable uncertainty over the future supply of unpaid care for older people by their adult children. The future of family care is particularly important in countries planning to reform their long-term care systems, as is the case in England. This article makes new projections of the supply of intense unpaid care for parents aged 65 and over in England to 2032. It compares these projections with existing projections of demand for unpaid care by older people with disabilities from their children. The results show that the supply of unpaid care to older people with disabilities by their adult children in England is unlikely to keep pace with demand in future. By 2032, there is projected to be a shortfall of 160,000 care-givers in England. Demand for unpaid care will begin to exceed supply by 2017 and the unpaid 'care gap' will grow rapidly from then onwards. The article concludes by examining how far this unpaid 'care gap' is likely to be met by other sources of unpaid care or by developments in new technology. The implications of the findings for long-term care policy are examined. (RH)

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SOCIAL NETWORKS

224/87

A support network typology for application in older populations with a preponderance of multigenerational households; by Vanessa Burholt, Christine Dobbs.: Cambridge University Press. *Ageing and Society*, vol 34, no 7, August 2014, pp 1142-1169.

Current common typologies of support networks may not be sensitive to differences within and between different cultures. This paper considers the support networks of older people in populations with a preponderance of multigenerational households, and examines the most vulnerable network types in terms of loneliness and isolation. It uses cross-sectional data drawn from 590 elders (Gujaratis, Punjabis and Sylhetis) living in the United Kingdom and South Asia. Six variables were used in K-means cluster analysis to establish a new network typology. Two logistic regression models using loneliness and isolation as dependent variables assessed the contribution of the new network type to well-being. Four support networks were identified: Multigenerational Households; Older Integrated Networks; Multigenerational Households; Younger Family Networks; Family and Friends Integrated Networks; and Non-kin Restricted Networks. Older South Asians with Non-kin Restricted Networks were more likely to be lonely and isolated compared to others. Using network typologies developed with individualistically oriented cultures, distributions are skewed towards more robust network types and could underestimate the support needs of older people from familistic cultures, who may be isolated and lonely and with limited informal sources of help. The new typology identifies different network types within multigenerational households, identifies a greater proportion of older people with vulnerable networks, and could positively contribute to service planning. (RH)

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SOCIAL POLICY AND THEORY

224/88

Biology as destiny?: Rethinking embodiment in 'deep' old age; by Susan Pickard.: Cambridge University Press.

Ageing and Society, vol 34, no 8, September 2014, pp 1279-1291.

Despite sociological understanding that bodies are social and morphological, material and discursive, there is a persistent, prevailing tendency within sociology to approach the old body - particularly in 'deep old age' - as non-social. No longer amenable either to reflexive (consumerist) choice, or expressive of the self, it is viewed rather through a biomedical explanatory framework in which it is held to succumb to 'natural' physiological processes of decline that lie outside culture. This paper critically questions such assumptions which it links to sociology's acquiescing in modernity's age ideology rather than taking it as a starting point for critique. This means that sociology's sensitivity towards ageing is displayed, not in challenging models of the older body, but in diverting attention away from the body altogether and focusing on structural and cultural determinants which are not considered to encompass physiology. Arguing that biology and society do not exist on separate plains, and that the body in deep old age is, like other bodies, first and foremost a social body, the paper draws upon feminist methodology and epistemology for the purpose of dismantling such essentialism. It suggests that the sociological imagination will benefit from the eradication of age ideology through a clearer understanding not just of ageing but of embodiment at all stages of the lifecourse.

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224/89

Civic Socialising: a revealing new theory about older people's social relationships; by Joan Stewart, Colette Browning, Jane Sims.: Cambridge University Press.

Ageing and Society, vol 35, no 4, April 2015, pp 750-764.

The research reported in this article investigated the nature and the purpose of older people's social interactions in their local neighbourhood shops. Data were collected through face-to-face

interviews with and observation of 11 shoppers, aged 67 years and older, and six shopkeepers. Classic grounded theory analysis method revealed a previously uncharted psycho-social process associated with these interactions entitled by the authors as Civic Socialising. It highlights that older people's interactions in their local neighbourhood shops embody authentication of themselves as individuals and as community members. The new conceptual theory Civic Socialising highlights that older people can be proactive and resilient, demonstrating that older people can play an active role in their communities where the environment is enabling. The new conceptual theory Civic Socialising has significance for the way we determine and view older people's social relationships. Crucially, in light of a burgeoning older population world-wide, it is clear that policy makers and social planners must ensure that older people can continue to interact in their communities if ageing in place is to be a satisfying and cost-effective experience. Without such consideration, ageing in place could well create dependency and despondency.

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SUICIDE

224/90 Path analysis of suicide ideation in older people; by Seolmin Kim, Jee Hyun Ha, Jaehak Yu ... (et al.): Cambridge University Press.

International Psychogeriatrics, vol 26, no 3, March 2014, pp 509-515.

Suicide among older people is one of the most rapidly emerging healthcare issues. The objective of this study was to identify factors associated with suicide ideation in the aged population in South Korea. The study recruited 684 subjects aged over 65 (147 men and 537 women, mean age 78.20 years), and trained interviewers performed the interviews. The study was performed as part of a community mental health suicide prevention programme. The subjects' socio-demographic data, physical health, alcohol problems, social relationships, psychological well-being and depression severity were all considered. The Korean version of the Beck Scale for Suicide Ideation (K-BSI) was used to evaluate the intensity of suicide ideation. Correlation and hierarchical multiple regression analyses were performed to identify the factors associated with the K-BSI. The study results were tested using a path analysis. Depression severity was found to be positively correlated with suicide ideation, and economic status, psychological well-being, and social relationships were negatively correlated with suicide ideation. Depression severity had the largest direct impact, and economic status and social relationships had indirect impacts on suicide ideation. Psychological well-being exerted both direct and indirect influences. Overall depression severity was the most important predictor of suicide ideation. Other direct and indirect factors played secondary roles. Effective suicide prevention strategies should focus on early detection and active intervention for depression. Socio-economic programmes may also indirectly reduce suicide ideation among the aged population. (JL)

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TRANSPORT

224/91 Antecedents of self-regulation in driving among older drivers; by Sara Carmel, Talya B Rechavi, Yosefa Ben-Moshe.: Cambridge University Press.

Ageing and Society, vol 34, no 7, August 2014, pp 1097-1117.

Understanding antecedents of driving-related self-regulation is important for designing interventions to preserve safe driving in old age. This paper reports on a study that investigated factors associated with two forms of self-regulation in driving (SRD) with a sample of 860 Israeli drivers aged 70+: avoidance of difficult driving conditions, and voluntary cessation of driving. The authors examined roles of health, vision, driving experience, driving-related self-efficacy (DRSE) and global self-esteem in SRD. Health and DRSE had direct effects on SRD, and effects of vision and driving experience were mediated by DRSE. Participants who had ceased driving were older, with poorer vision and health, and less driving confidence and experience than active drivers. Statistical analyses demonstrated that SRD is affected by a reduced sense of confidence due to an initial lower level of driving experience, compounded by deteriorating vision; and that older drivers are sensitive to factors affecting their ability to drive safely. The results demonstrate that older drivers tend to self-regulate their driving. Programmes for older adults can be introduced for diagnosing driving capabilities, improving skills and confidence, and/or helping to develop self-regulation habits of avoiding driving in difficult conditions, and assisting drivers who must adjust to driving cessation. (RH)

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224/92 Mobility and out-of-home activities of older people living in suburban environments: 'Because I'm a driver, I don't have a problem'; by Elisabeth Zeitler, Laurie Buys.: Cambridge University Press. Ageing and Society, vol 35, no 4, April 2015, pp 785-808.

Governments are challenged by the need to ensure that ageing populations stay active and engaged as they age. Therefore, it is critical to investigate the role of mobility in older people's engagement in out-of-home activities, and to identify the experiences they have within their communities. This

research investigates older people's use of transport and its implications for their out-of-home activities within suburban environments. The qualitative, mixed-method approach employed data collection methods which included a daily travel diary (including a questionnaire), Global Positioning System (GPS) tracking, and semi-structured interviews with older people living in suburban environments in Brisbane, Australia. Results show that older people are mobile throughout the city, and their car provides them with that opportunity to access desired destinations. This ability to drive allows older people to live independently and to assist others who do not drive, particularly where transport alternatives are not as accessible. The ability to transport goods and other people is a significant advantage of the private car over other transport options. People with no access to private transportation who live in low-density environments are disadvantaged when it comes to participation within the community. Further research is needed to better understand the relationship between transport and participation within the community environment, to assist policy makers and city and transport planners to develop strategies for age-friendly environments within the community.

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