

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

241/1

Development and validation of a screening questionnaire of family mistreatment against older adults for use in primary care settings in Mexico; by Maria Guadalupe Ruelas-Gonzalez, Bianca Estela Pelcastre-Villafurte, Eric Monterubio-Flores (et al): Wiley.

Health and Social Care in the Community, vol 26, no 1, January 2018, pp 102-112.

The abuse of older adults is a serious public health issue that can be difficult to identify at the first level of care. Medical and nursing personnel are sometimes unable to identify older adults who suffer family mistreatment. This can occur when victims feel shame or as a result of cultural factors. In the light of this, healthcare personnel require a screening tool that can be used to identify signs of mistreatment. The aim of this study was to develop and validate a screening tool for detecting the familial mistreatment of older adults in primary care settings. A mixed method cross-sectional study was carried out in three phases between 2009 and 2012 in Mexico. The formative phase involved using a qualitative methodology to identify terms that older adults use to identify practices defined as forms of mistreatment. On this basis, the second phase involved the design of a screening tool through the formation of items in collaboration with a panel of experts. These items were tested on older adults to ensure their intelligibility. Finally, validity and reliability levels were evaluated through the application of the screening tool to a sample of older adults at a primary care facility and at a legal centre. These findings were discussed with gerontologists, and the data were analysed through an exploratory factor analysis with orthogonal rotation and Cronbach's alpha using STATA v13. From the results, the authors generated a screening tool that is culturally and socially tailored to older adults in Mexico. The tool has a Cronbach's alpha of 0.89, a sensitivity value of 86% (p .05) and a specificity value of 90% (p .05) for positive answers to the tool's 15 items. Applying this tool at the first level of care could limit damage to older adults' health, and could lower the frequency of emergency room use in hospitals. (RH)

ISSN: 09660410

From : <http://wileyonlinelibrary.com/journal/hsc>

241/2

Helpless helpers: primary care therapist self-efficacy working with intimate partner violence and ageing women; by Carlie Watson, Nikki Carthy, Sue Becker.: Emerald.

Quality in Ageing and Older Adults, vol 18, no 4, 2017, pp 222-234.

The authors explore primary care psychological therapists' experiences of working with mid-life and older women presenting with intimate partner violence (IPV). They conducted interviews with 17 practitioners. The data analysis was informed by a grounded theory approach, which requires three states of data coding: open, axial and selective. Data codes were thematically sorted into causal, contextual, strategic, intervening, interactional and consequential conditions. A core state of therapist helplessness was uncovered. The framework developed demonstrates that psychological therapists can doubt their ability to work meaningfully with women aged over 45 who were experiencing IPV. To avoid the core state of helplessness, therapists use strategies such as avoiding asking questions about partner violence, making assumptions of how patients interpret their own experiences, addressing symptoms rather than the root cause, and going above and beyond in attempts to rescue patients. The consequence of therapists' helplessness often results in burnout. The framework identifies barriers in working effectively with IPV and women in the mid to older-aged populations. This study is the first to suggest a framework that is grounded in practitioner experience, with capability to transfer to a range of professionals working with middle-aged to older women, such as forensic, medical and specialist psychologists. (RH)

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From : <http://www.emeraldinsight.com/loi/qaoa>

ACTIVE AGEING

(See 241/98, 241/99, 241/100)

AGEISM AND AGE DISCRIMINATION

(See 241/36, 241/55)

AGEING (GENERAL)

241/3

How will we disrupt aging before aging disrupts economic growth? Building an engaged aging strategy: [and] Investing for the longevity dividend: realizing an engaged aging strategy; by EY [formerly Ernst and Young]: Ernst & Young Global Limited, 2017, 15 pp.

Ageing is seen as a "disruptive force" in 'How will we disrupt aging before aging disrupts economic growth? Building an engaged aging strategy' (Blog with link to report, <http://www.ey.com/gl/en/industries/health/ey-health-reimagined-how-will-we-disrupt-aging-before-aging-disrupts-economic-growth>). A second report, 'Investing for the longevity dividend: realizing an engaged aging strategy'.(Blog with link to report, <http://www.ey.com/gl/en/industries/health/ey-health-reimagined-investing-for-the-longevity-d>

ividend), is included. Its starting point is that "the characterization of those later years as a period of retirement and slow, inexorable decline has prevented us from having the needed conversations about living a life of purpose in these later years." Also included is an item reporting EY's The Engaged Aging Summit [sic] in Washington, DC on 11 May 2017, attended by executives from the health, life sciences, technology, mobility and insurance industries, along with government leaders and academics. The question discussed was, how can we frame healthy ageing as a societal asset worthy of investment? (RH)

ANXIETY

(See Also 241/113)

- 241/4 Stress and subjective age: those with greater financial stress look older; by Stefan Agrigoroaei, Angela Lee-Attardo, Margie E Lachman.: Sage.
Research on Aging, vol 39, no 10, December 2017, pp 1075-1099.
Subjective indicators of age add to our understanding of the ageing process beyond the role of chronological age. The authors examined whether financial stress contributes to subjective age as rated by others and the self. The 228 participants (aged 26-75) were from a Boston area satellite of the Midlife in the United States (MIDUS) longitudinal study. Participants reported how old they felt and how old they thought they looked. Observers assessed the participants' age based on photographs from two different times, an average of 10 years apart. Financial stress was measured at Time 1. Controlling for income, general stress, health and attractiveness, participants who reported higher levels of financial stress were perceived as older than their actual age to a greater extent, and showed larger increases in other-look age over time. The authors consider the results on accelerated ageing of appearance with regard to their implications for interpersonal interactions and in relation to health. (RH)
ISSN: 01640275
From : <http://journals.sagepub.com/doi/abs/10.1177/0164027516658502?journalCode=roaa>

ARTS, CRAFT AND MUSIC

- 241/5 The Best Exotic Marigold Hotel: international retirement migration on film: forum article; by Claudia Bell.: Cambridge University Press.
Ageing and Society, vol 37, no 10, November 2017, pp 1975-1986.
The two movies about The Best Exotic Marigold Hotel (2012 and 2015) were directed by John Madden. Starring a cast of famous British older actors, the narratives are set in a faded hotel in India. These are individuals who have relocated because their retirement dreams cannot be realised in their home country. They reflect the growing phenomenon of international retirement migration (IRM), the quickly growing upsurge of financially independent individuals seeking an affordable old age. In India, they can claim a position of relative comfort and privilege. For a generation that grew up in a consumerist culture, upward mobility in the later stages of life has become a purchasable commodity through exodus to a developing country. When compared to previous generations of older people, this generation of retirees is generally in better health and with a longer life expectancy. Many have a background of travel experience, and an ethos that places their own pleasures in life as pivotal. While global numbers are unavailable, it is estimated that there are millions of retirees relocating to less-developed countries for an affordable retirement. At retirement locations such as the Marigold Hotel, the discrepancies that continue between nations, and local poverty, enable this practice. The events in these movies might be read as a recapitulation of imperialism, expressed through retirement migration. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X1600057X>

- 241/6 Towards the end: the Baring Foundation's Arts and Older People Programme 2010-2017; by David Cutler, Baring Foundation. London: Baring Foundation, November 2017, 52 pp.
This report explains why the Baring Foundation has been funding arts activities for older people. It describes what the Foundation has funded during the first eight years of grant making, and its value to and for creative ageing. The focus extends from work with care homes and people living with dementia, to dance, digital arts, singing, music, festivals, drama, the spoken word, visual arts, galleries and museums. The report lists all grants to organisations that were approved 2010-2017. (RH)
From : The Baring Foundation, 8-10 Moorgate, London EC2R 6DA. Link to download: <http://ageofcreativity.co.uk/items/view/1838>

ASSISTIVE TECHNOLOGY

- 241/7 How do we understand partnership working?: Experiences from a telecare project; by Mari S Berge.: Wiley.
Social Policy and Administration, vol 52, no 1, January 2018, pp 50-66.
Implementing telecare requires experience and knowledge from different disciplines and sectors: business, technology and care. The uptake of telecare has been slow, which is assumed to be

caused by difficulties in co-operation within telecare partnerships. This article presents a new approach to improve understanding of telecare partnerships. The approach builds on theories of trust and partnership working and is informed by rational choice theory. In this article, the approach is applied to recent experiences from a telecare project in Norway, to demonstrate how different ways of interpreting the complex social interactions in telecare partnerships yield new insight and understanding. The project partnership included a telecare company delivering the technology, a municipality implementing telecare in its community care services, and an academic institution conducting the evaluation. Examples from the Norwegian project illustrate how different understandings of actions and choices affected trust and caused either improved or deteriorated co-operation in the partnership. The partners that were able to develop trust through a common evaluation of the problems co-operated better. However, when partners lacked or had insufficient knowledge, either of each other or of the situation, this led to disparate understandings that threatened trust and affected further co-operation. The new approach presented here is helpful in analysing and understanding the actions of different partners within a telecare partnership and identifying why things worked well or went wrong. The approach may have wider relevance for other partnerships. (RH)

ISSN: 01445596

From : <http://wileyonlinelibrary.com/journal/spol>

241/8

Online gerontechnological resources analysis for active aging; by Cristina Diaz-Preito, Jesus-Nicasio Garcia-Sanchez.: Hipatia Press.

Research on Ageing and Social Policy, vol 5, no 2, July 2017, pp 155-180.

Gerontechnology has become a new field of interest in ageing, showing the potential of these new tools to promote older people's well-being and active ageing. However, few studies have focused on analysing the online resources available for this purpose, which are identified and analysed in this article. The authors focus on some of the main areas of interest in active ageing according to its main characteristics, as well as aspects of accessibility, use and quality; emphasis is on those resources aimed specifically at older people. The authors identified and coded 557 links, which focus on seven dimensions of active ageing. Descriptive and multivariate analyses show a lack of online resources aimed specifically at older people, especially in relation to psychosocial and emotional variables. The authors have found significant limitations of accessibility, use and quality of resources. They conclude that there needs to be greater institutional, social and scientific involvement to maximize the possibilities offered by the Internet, and to overcome the limitations found that might be the causes of the existing generational digital divide. (RH)

ISSN: 20146728

From : <http://dx.doi.org/10.17583/rasp.2017.2193>

ATTITUDES TO AGEING

(See Also 241/5, 241/26, 241/37, 241/55)

241/9

The 1960s baby boomers: future needs and preferences; by Aideen Young, Anthea Tinker.: Emerald.

Working with Older People, vol 21, no 4, 2017, pp 215-223.

The authors consider the likely needs and priorities of the 1960s baby boomers in later life (those born in the UK 1960-1969), based on the characteristics outlined in their other article, 'Who are the baby boomers of the 1960s?' They conducted a non-systematic search of academic and grey literature, plus key policy and statistical data from sources including the Office for National Statistics (ONS), to identify studies and data relevant to people born in the 1960s in the UK. The 1960s baby boomers are characterised by high levels of education and technological proficiency and a youthful self-image. They have longer working lives and display greater levels of consumption than previous cohorts. These attributes will likely make this a highly demanding group of older people. Maintaining their health and function is important to this group, so there is a scope for products that enable active and healthy ageing. Relatively high levels of childlessness may give rise to innovative housing solutions. At the same time, products that help the baby boomers stay independent at home will help alleviate pressure on social care. There has been little examination of the needs of the 1960s baby boomers in the UK. Given that they stand on the brink of later life, it is timely to consider their likely needs as older people. In view of the size of this cohort, this group's requirements in later life provide a significant opportunity for businesses to fill the current gaps in the market. Moreover, in the context of increasing neoliberalism, innovations that reduce the dependence of this large cohort on the state and facilitate self-reliance will benefit individuals and society. (RH)

ISSN: 13663666 From : <http://www.emeraldinsight.com/loi/wwop>

241/10

Old age expectations are related to how long people want to live; by Catherine E Bowen, Vegard Skirbekk.: Cambridge University Press.

Ageing and Society, vol 37, no 9, October 2017, pp 1898-1923.

How long do people want to live? Why do some people want to live a very long time, and others would rather die relatively young? In this study, the authors examine the extent to which the

preference to die young ((80 years, less than average life expectancy) or to live somewhat longer or much longer than average life expectancy (90-99 years or 100+ years, respectively) is related to a person's positive and negative expectations of what their life will be like in old age. The authors use multinomial regression analysis based on survey data from a large sample of younger and middle-aged adults in the United States of America (USA) (N = 1,631, age 18-64 years). The analysis statistically controls for socio-demographic characteristics as well as self-reported happiness and health. The study finds that having fewer positive expectations for their own old age distinguishes people who prefer to die relatively young, while having fewer negative expectations distinguishes people who want to live beyond current levels of life expectancy. The results provide evidence that pessimistic expectations of life in old age can undermine the desire to live up to and beyond current average life expectancy. The study also provides descriptive data about how young and middle-aged adults in the USA anticipate their own ageing. (RH)

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From : <https://doi.org/10.1017/S0144686X16000726>

BLACK AND MINORITY ETHNIC GROUPS

(See 241/80)

CARERS AND CARING

(See Also 241/33, 241/43, 241/44, 241/45, 241/46)

- 241/11 "We don't do it for the money ...": The scale and reasons of poverty-pay among frontline long-term care workers in England; by Shereen Hussein.: Wiley. Health and Social Care in the Community, vol 25, no 6, November 2017, pp 1817-1826. Demographic trends escalate the demands for formal long term care (LTC) in the majority of the developed world. The LTC workforce is characterised by its very low wages, the actual scale of which is less well known. This article investigates the scale of poverty pay in the feminised LTC sector and attempts to understand the perceived reasons behind persisting low wages in the sector. The analysis makes use of large national workforce pay data and a longitudinal survey of care workers, as well as interviews with key stakeholders in the sector. The analysis suggests that there are at least between 10% and 13% of care workers who are effectively being paid under the National Minimum Wage in England. Thematic qualitative analysis of 300 interviews with employers, care workers and service users highlight three key explanatory factors for low pay: the intrinsic nature of LTC work; the value of caring for older people; and marketisation and outsourcing of services. (RH)
ISSN: 09660410 From : <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12455/full>
- 241/12 Gender and sex differences in carers' health, burden and work outcomes: Canadian carers of community-dwelling older people with multiple chronic conditions; by Allison Williams, Li Wang, Wendy Duggleby, Maureen Markle-Reid, Jenny Ploeg.: Policy Press. International Journal of Care and Caring, vol 1, no 3, October 2017, pp 331-349. Using two waves of survey data on family carers caring for older adults with multiple chronic conditions in Ontario and Alberta, this article provides a sex and gender analysis of 194 carers' health outcomes. Gender and sex differences were examined on the following health outcomes: general self-efficacy; physical and mental health composite scores; overall quality of life; and the Zarit Burden Inventory. Also examined were experiences with work interference for carer-employees. Multivariate ordinary least squares linear regressions were used to estimate the effects of sex and gender, controlling for the carer's socio-demographic and geographic characteristics, as well as for the characteristics of the care recipients. Sex and gender were found to have differentiated effects on each health outcome examined, providing evidence for specifically targeting health interventions by sex and gender. First, sex matters, as illustrated by the fact that female carers were found to be experiencing more negative health impacts than male carers (shown in the physical composite score and the quality of life score). This suggests that health-related interventions need to be targeted at female carers. Further, male carers are more likely to experience less carer burden, and more work interference, than female carers. Second, gender matters, as illustrated by the fact that masculine and androgynous genders showed significantly positive associations with general self-efficacy. This suggests that carers with feminine and undifferentiated gender roles experience more challenges with general self-efficacy: they could benefit from training and educational interventions to enhance their confidence in the caring role. (RH)
ISSN: 23978821 From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 241/13 The treatment of informal care-related risks as social risks: an analysis of the English care policy system; by Fiona Morgan.: Cambridge University Press. Journal of Social Policy, vol 47, no 1, January 2018, pp 179-196. The social risk literature examines the extent to which states have provided social protection against the 'old' social risks of the post-war era and the 'new' social risks which affect

post-industrial capitalist states. The author discusses the contingency of the provision of informal care to people aged 65+. The concept of social risk is deconstructed, to determine the characteristics and processes contributing to states recognising specific contingencies as social risks which require social protection. This conceptualisation is applied to make the case that care-related risks associated with the informal care of older people should be recognised and treated as social risks by states. Data from a qualitative study of the English care policy system provide empirical evidence that informal care-related risks are recognised, but not treated, as social risks in England. The findings reveal that informal carers (and the older people they care for) receive inadequate and inconsistent statutory protection against the poverty and welfare risks they face. Furthermore, the design and operationalising of the English care policy system generates risks for care relationships. (RH)

ISSN: 00472794

From : <https://doi.org/10.1017/S0047279417000265>

CENTENARIANS

241/14

Chronic conditions and use of health care service among German centenarians; by Petra Von Berenberg, Dagmar Dräger, Thomas Zahn (et al.): Oxford University Press.

Age and Ageing, vol 46, no 6, November 2017, pp 939-945.

There is limited data comparing conditions and health service use across care settings in centenarians. To improve health service delivery in centenarians, the aim of this study was to compare the proportion of centenarians who have chronic conditions, take medication and use health care services across different care settings. This cohort study used routine data from a major health insurance company serving Berlin, Germany and the surrounding region, containing almost complete information on health care transactions. The sample comprised 1,121 insured individuals aged 100 years and older. Community-dwelling and institutionalised individuals were included. Charlson comorbidity index was based on 5 years of recordings. Hospital stays, medical specialist visits and medication prescribed in the previous year were analysed. While 6% of the centenarians did not receive any support, 45% received family homecare or homecare by professional care services, and 49% were in long-term care. The most frequent conditions were dementia and rheumatic disease/arthritis, with the highest prevalence found among long-term care residents. A total of 97% of the centenarians saw a general practitioner in the previous year. Women were more often in long-term care and less often without any care. Centenarians with long-term care showed higher proportions of comorbidities, greater medication use and more visits to medical specialists compared with centenarians in other care settings. The higher prevalence of dementia and rheumatic disease/arthritis in long-term care compared to other care settings emphasises the role of these diseases in relation to the loss of physical and cognitive functioning. (JL)

ISSN: 00020729 From : <https://doi.org/10.1093/ageing/afx008>

CONTINENCE

(See 241/25)

CRIME

241/15

Protecting pensions against scams: priorities for the Financial Guidance and Claims Bill: third report of Session 2017-19: Report, together with formal minutes relating to the report; by Work and Pensions Committee, House of Commons - HoC.

Pension savings will be the largest financial asset held by most individuals in their lifetime.

However, the threat to pension savings from scams has become more pronounced since the 2015 pension freedoms reforms gave people more flexibility over access to their defined contribution pension pots. In this report, the Work and Pensions Committee calls on the Government to take urgent legislative action through the Financial Guidance and Claims Bill. This Bill has just been introduced to the House of Commons, having completed its passage through the Lords. The Committee is concerned that Clause 4 of the Bill is flawed: there is a lack of urgency in introducing a ban on cold calling. The other focus is on the free and impartial guidance that is available through Pension Wise. Default guidance would promote shopping around, better informed decision-making, and protection against scams. Combined with a ban on cold calling, it would represent a great step forward in consumer protection in the era of pension freedoms. (RH)

From : <https://publications.parliament.uk/pa/cm201719/cmselect/cmworpen/404/404.pdf>

DEATH AND DYING

241/16

Every third thought: on life, death and the endgame; by Robert McCrum. London: Picador, 2017, 145 pp.

In 1995, at the age of 42, the author suffered a near-fatal stroke. Since this life-changing event, McCrum has become aware of his own mortality. More than twenty years later, he is noticing that, for his contemporaries, death has become their "every third thought". This book explores his

journey through a year, towards a better understanding of death. He recounts the experiences of others, also those working in hospices and other specialist areas of health care relating to death and dying. (RH)

Price: £14.99

DEMENTIA

- 241/17 Aging, memory loss, and Alzheimer's disease: what do refugees from the former Soviet Union think?; by Madelyn Iris, Robert W Schrauf.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 130-146.
Since the mid-1970s, approximately 700,000 émigrés from the former Soviet Union (FSU), most of Jewish descent, settled in the United States. Now, 25 or more years post-emigration, they have 'aged in place' in the United States, but their values, beliefs and attitudes about growing old, memory changes and Alzheimer's disease remain grounded in their earlier life experiences. Based on findings from a study of the social and cultural factors affecting beliefs about Alzheimer's disease, ageing and memory loss, this study looked at how past life experiences, the immigration experience and cultural values affect Russian-speaking refugees' beliefs and views about ageing, memory loss and Alzheimer's disease. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/18 Free will perceptions, religious coping, and other mental health outcomes in caregivers of individuals with dementia; by Amy Weisman de Mamani, Marc J Weintraub, Kayla Gurak ... (et al).: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, no 4, October-December 2017, pp 226-247.
Caring for a person with dementia often results in depression, anxiety and reduced quality of life (QoL). Pinpointing beliefs and practices that reduce this distress is imperative. The current study tested the hypotheses that greater free will perceptions and religious coping would be associated with greater QoL and other mental health indicators in a sample of 107 dementia caregivers. The results of regression and content analyses supported the expectation that free will and religious coping would be associated with greater QoL. Relationships also emerged among free will perceptions, religious coping, anxiety and depression. Clinical implications are discussed. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/19 Revealing gendered identity and agency in dementia; by Geraldine Boyle.: Wiley.
Health and Social Care in the Community, vol 25, no 6, November 2017, pp 1787-1793.
The author has previously referred to agency, that it "involves engaging socio-emotionally with the lives and concerns of ourselves and others". As identity and agency are central to the well-being of people with dementia, this paper explores whether their dialogue conveys a gendered sense of identity and agency. The author discusses whether they demonstrate not just a subjective sense of being, but also an understanding of their relational selves. Findings are presented from a qualitative study in the North of England which examined the everyday decisions made by married couples when one partner had dementia. Ethnographic methods were used, including participant observation and interviews. While analysis of dialogue usually centres on the subjective self, it was also used to examine intersubjectivity. Comparisons are made between the dialogue of women and men in order to draw conclusions about the gendered nature of identity and agency. The study found that the women and men defined themselves according to their social and gender identities. The literature had suggested that agency might be a gendered concept. The study confirmed that men were somewhat individualistic and rational in their concerns, whereas women were more relational and even spiritual. Yet, women and men demonstrated emotional reflexivity. As national and international health policy prioritises living well with dementia, more systematic attention should be given to the role of gender in influencing well-being in dementia. Health and social care staff should recognise and facilitate the gender identity and related social roles of people with dementia (e.g. parent, carer and worker) in order to enhance their quality of life. (RH)
ISSN: 09660410
From : <http://wileyonlinelibrary.com/journal/hsc>

DEMENTIA CARE

- 241/20 Decision trajectories in dementia care networks: decisions and related key events; by Leontine Groen-van de Ven, Carolien Smits, Karen Oldewarris (et al).: Sage.
Research on Aging, vol 39, no 9, October 2017, pp 1039-1071.
This prospective multi-perspective study provides insight into the decision trajectories of people with dementia by studying the decisions made and related key events. This study includes three waves of interviews, conducted between July 2010 and July 2012, with 113 purposefully selected respondents in the Netherlands (people with beginning to advanced stages of dementia and their informal and professional caregivers) completed in 12 months (285 interviews). A multi-layered

qualitative analysis comprises content analysis, timeline methods and constant comparison. Four decision themes emerged: managing daily life, arranging support, community living, and preparing for the future. Eight key events delineate the decision trajectories of people with dementia. Decisions and key events differ between people with dementia living alone and those living with a caregiver. This study clarifies that decisions relate not only to the disease but also to living with the dementia. Individual differences in decision content and sequence may affect shared decision-making and advance care planning.

ISSN: 01640275

From : <http://journals.sagepub.com/home/roa>

241/21

Dementia cafes: recommendations from interviews with informal carers; by Farrukh Akhtar, Nan Greenwood, Raymond Smith, Angela Richardson.: Emerald.

Working with Older People, vol 21, no 4, 2017, pp 236-242.

Dementia cafes (also known as Alzheimer's or memory cafes) have been running in the UK since 2000. This paper reports on recommendations from recent research that interviewed family carers on their experiences of using the cafes. The research was carried out in cafes in and around London, and focussed on informal, unpaid carers' experiences of using them. In total, 11 carers from five different dementia cafes were interviewed, using semi-structured questionnaires. The results were thematically analysed. The findings showed that carers had an overwhelming appreciation of the cafes and what they offered. Some of the findings led to the recommendations about the recruitment and training of cafe co-ordinators, how cafes present themselves and their services, and how they can offer dedicated support to informal carers. Given the dearth of information currently available, these recommendations will be of use to cafe organisers and commissioners. (RH)

ISSN: 13663666

From : <http://www.emeraldinsight.com/doi/abs/10.1108/WWOP-07-2017-0018>

241/22

Dementia peer support: service delivery for the people, by the people; by Clementine Femiola, Mary Tilki.: Emerald.

Working with Older People, vol 21, no 4, 2017, pp 243-250.

This paper describes a community-based peer support project in the London Borough of Brent, led by people living with dementia for people living with dementia. The Brent Dementia Peer Support Project is a collaboration between a social movement Community Action on Dementia Brent, Brent CCG, Brent Council, third-sector organisations and faith communities. Ethnographic research highlighted the need to support people living with dementia, especially by people who understand that experience. The findings also demonstrated the abilities and skills retained by people living with dementia, their wish to help others to contribute, and to remain connected with their communities. This is an account of one pilot project in a London borough, but is broadly applicable elsewhere. Further research is needed into the values and practicalities of peer support by and for people living with dementia. Practical implications: People with dementia and their carers lack accessible information and empathetic support to cope with the condition and live independently. This can be offered through dementia peer support services. There are growing numbers of people living with dementia who are motivated to share their knowledge, skills and experiences to improve the lives of other people with dementia. This paper describes how people with dementia can be enabled to design, inform and deliver support to other people with the condition. (RH)

ISSN: 13663666

From : <http://www.emeraldinsight.com/loi/wwop>

241/23

Gender, citizenship and dementia care: a scoping review of studies to inform policy and future research; by Ruth Bartlett, Trude Gjernes, Ann-Therese Lotherington, Aud Obstfelder.: Wiley. Health and Social Care in the Community, vol 26, no 1, January 2018, pp 14-26.

Gender is a neglected dimension in public discourse related to people with dementia. Those living with this condition are typically portrayed in policies and strategies in gender neutral terms as 'people with dementia' and 'family carers' as if gender does not matter, when clearly it does. This scoping review aimed to take stock of knowledge about gender differences in relation to dementia care to inform policy and future research. The work is grounded in a feminist perspective to citizenship, as this provides a lens with which to expose and examine gendered assumptions within dementia studies. A search of four databases (CINAHL, Web of Science, Medline and Cochrane) was conducted using systematic techniques between May and July 2014. A repeat search was conducted in February 2015. The authors found a significant amount of valuable research concerned with gender differences in relation to dementia care published from 1990 to 2014, the majority of which lacks a feminist citizenship perspective. Moreover, a disproportionate number of studies focused solely on caregivers rather than citizens with dementia. As such, questions about gender equality are not being raised, and the voices of men and women with dementia are silent. The authors therefore argue for increased gender sensitivity in policy making: they recommend that social scientists inject a feminist citizenship perspective into their work. (RH)

ISSN: 09660410

From : <http://wileyonlinelibrary.com/journal/hsc>

- 241/24 The impact of the physical home environment for family carers of people with dementia: a qualitative study; by Dia Soilemezi, Phevos Kallitsis, Amy Drahota (et al.): Taylor and Francis. *Journal of Housing for the Elderly*, vol 31, no 4, October-December 2017, pp 303-333. Most people with dementia are cared for by their families at home. This study aimed to elicit family carers' perceptions on home environmental aspects and strategies, with the view to identifying barriers and facilitators when caring for a person with dementia at home. Thirteen co-resident family carers in Portsmouth and surrounding area were engaged in semi-structured in-depth walking interviews, which were recorded, transcribed and analysed using thematic analysis. The study found that home environments can pose a number of challenges and opportunities. Aspects of the architectural and interior environment (e.g. size, condition, layout, accessibility and familiarity) are perceived as important (Theme 1) as well as a plethora of environmental strategies that encourage independence and comfort at home (Theme 2). Carers' scepticism, timing, costs, property characteristics and mistrust in services are barriers to implementing environmental strategies (Theme 3). Carers improvised and used trial and error to find solutions. They need further education on strategies to create an enabling and comfortable home environment. (RH)
ISSN: 02763893
From : <https://doi.org/10.1080/02763893.2017.1335666>
- 241/25 Meeting the needs of older people living at home with dementia who have problems with continence; by Vari M Drennan, Jill Manthorpe, Steve Little.: Emerald. *Quality in Ageing and Older Adults*, vol 18, no 4, 2017, pp 246-253. The authors discuss the question of how to meet the needs of older people living at home with dementia who have problems with continence. Their paper focuses on social care workers who are at the frontline of practice (including personal assistants and carers). The focus is on social care practice in community settings, and draws on the authors' research and experiences in clinical care, workforce development and service improvement. It summarises research on incontinence and its negative effects on quality of life and care relationships. It describes the impact of incontinence in terms of social embarrassment, restricted social activity, extra work (such as laundry) and costs, but also distress. It links research with care practice, with a focus on people with dementia who may be at particular risk of both continence problems and of assumptions that nothing can be done to assist them. This paper provides questions that could be addressed in commissioning and provision of services, and argues that they need to be informed by care practitioners' experiences. The paper provides details of sources of support that are available at national and local levels. This paper thus draws together research on continence and social care practice, to provide a series of self-assessment questions for local services. (RH)
ISSN: 14717794
From : <http://eprints.kingston.ac.uk/39705/1/Drennan-V-39705-AAM.pdf>
- 241/26 Multidisciplinary attitudes to people with dementia: training and environmental factors play a role in caring for people with dementia in a Cardiac Catheterisation Laboratory; by Karen Ainsworth, Cliff Richardson.: Emerald. *Quality in Ageing and Older Adults*, vol 18, no 4, 2017, pp 235-245. Multidisciplinary attitudes and environmental factors affecting dementia care in the Cardiac Catheter Laboratory (CCL) were explored in a hospital CCL in the North of England. The authors utilised the Dementia Attitudes Scale, which incorporates two subscales: Social Comfort and Dementia Knowledge. In addition, a newly devised questionnaire asking about perceptions of how the CCL environment affected care of patients with dementia was added. 87 questionnaires were distributed, and 62 were returned (71% response rate). Years' experience in the CCL was associated with lower Social Comfort scores. Dementia training was associated with higher mean Dementia Attitudes Scale and Social Comfort scores. Participants who had undertaken "professional studies" had higher Dementia Attitudes Scale and Dementia Knowledge mean scores but "on-the-job" training was perceived as most beneficial. Unit co-ordinators and nurses felt the CCL was an unfavourable environment for patients with dementia. Care was perceived to be impaired by environmental functionality, equipment and the presence of ionising radiation. The small sample limits generalisability. Although the Dementia Attitudes Scale is a validated questionnaire, it has not been widely used, so reliability of these results is unclear. Caring for patients with dementia has unique challenges, especially in areas like the CCL. These results suggest that practical experience and training can affect the perception of staff to patients with dementia; hence, there may be a need to assess what would be the most appropriate training to give health professionals in the future. The authors believe this to be the first multi-professional research study into care of patients with dementia in a specialised acute unit. This was the most diverse sample known to have attitudes to dementia measured quantitatively in an acute hospital department. The results need to be replicated before practice should be changed. (RH)
ISSN: 14717794
From : <http://www.emeraldinsight.com/loi/qaoo>

241/27

Risk factors related to the admission of people with dementia into a long-term care institution in Spain: an explorative study; by Ester Risco, Esther Cabrera, M Carme Alvira (et al): Cambridge University Press.

Ageing and Society, vol 38, no 1, January 2018, pp 192-211.

Risk factors associated with admission of people with dementia to long-term care institutions need to be identified to support health-care professionals in dementia care at home. An exploratory study, combining quantitative and qualitative data collection methods, was performed with people with dementia in Spain as part of the RightTimePlaceCare project. The samples comprised 175 people with dementia receiving formal care from health-care professionals but at risk of institutionalisation and their informal care-givers, and 115 people with dementia recently admitted to a long-term care institution and their informal care-givers, who were interviewed between November 2010 and April 2012. Perceived reasons for admission were determined through an open-ended question put to both groups. Presumed risk factors were collected with validated questionnaires and analysed using bivariate analysis. Reasons given by the institutionalised group were mostly related to the level of dependency of the person with dementia. People recently admitted to a long-term care institution had more cognitive impairment, a greater degree of dependency and poorer quality of life than those still living at home. Home-care services in Spain need to develop or improve interventions based on the risk factors identified in this study: informal care-giver profile, high cognitive impairment, high level of dependency, and the poor quality of life of the person with dementia. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16000970>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 241/137)

241/28

Who are the baby boomers of the 1960s?; by Aideen Young, Anthea Tinker.: Emerald.

Working with Older People, vol 21, no 4, 2017, pp 197-205.

The 8.3 million babies who were born during the 1960s in the UK are now 48 to 57 years old. With growing concern about population ageing and the oldest of this large cohort on the brink of later life, it is timely to provide an overview of selected characteristics of this cohort, to help predict likely needs and choices for services and products in later life. This paper aims to discuss these issues. A synthesis (non-systematic) of the academic and grey literature, plus data from various sources including the Office for National Statistics (ONS) was used to construct a picture of the 1960s baby boomer. Characteristics with the potential to signify lifestyle changes in this cohort (compared with previous cohorts of older people) include: a higher probability of living alone in old age due to high rates of childlessness and divorce; a possibly larger proportion of their lives spent with one or more chronic conditions (although the prevalence of disability affecting activities of daily living is lower than for previous cohorts); high levels of home ownership; increased rates of employment at older ages; and reduced wealth compared with previous cohorts. The term 'baby boomer' is generally used to denote people born in the undifferentiated surge of births that occurred in the USA between 1946 and 1964. In the UK, the post Second World War spike in births was followed by a separate, broad surge in births across the 1960s, but there has been very little analysis specifically of the 1960s cohort in this country. This paper addresses that gap, by bringing together the available evidence and data on this specific cohort in the UK. (RH)

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DIET AND NUTRITION

241/29

Malnutrition risk of older people across district health board community, hospital and residential care settings in New Zealand; by Carol Wham, Emily Fraser, Julia Buhs-Catterall ... (et al): Wiley. Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 205-211.

This New Zealand study aimed to determine the prevalence of malnutrition risk in older people across three settings. Older people from Maori and non-Maori backgrounds living in the community or newly admitted to hospital or residential care were assessed for malnutrition risk using the validated Mini-Nutritional Assessment - Short Form and dysphagia risk using the Eating Assessment Tool-10. Demographic, physical and health data were collected. Of 167 participants, 23% were malnourished and 35% were at high risk of malnutrition. Those recently admitted to residential care versus a hospital or living in the community had a higher prevalence of malnourishment (47% vs 23% and 2%). Risk of dysphagia differed with settings, with highest risk in residential care. Hospitalised and residential care participants were significantly more likely to have four or more comorbidities, take five or more medications and have below normal cognition compared to community participants. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

241/30

The meal as a performance: food and meal practices beyond health and nutrition; by Maria Nyberg, Viktoria Olsson, Gerd Ortman (et al.): Cambridge University Press. Ageing and Society, vol 38, no 1, January 2018, pp 83-107.

The proportion of older people in the population is increasing, presenting a number of new challenges in society. This qualitative study is part of the Swedish project Food and Eating Aids for Independent Ageing, and investigates how older people with motoric eating difficulties perceive and perform their food and meal practices in everyday life. By using Goffman's concept of performance as a theoretical framework together with Bourdieu's thinking on habitus, a deeper understanding of food and meal practices is obtained. Semi-structured interviews were conducted with 14 older people (aged 67-87 years); meal observations were carried out with 11 of these people. Participants were found to manage food and meal practices, by continuously adjusting and adapting to the new conditions arising as a result of eating difficulties. This was displayed by conscious planning of what to eat and when, avoiding certain foods and beverages, using simple eating aids, but also withdrawing socially during the meals. All these adjustments were important, in order to be able to demonstrate proper food and meal behaviour, to maintain the façade, and to act according to the perceived norms. As well as being a pleasurable event, food and meals were also perceived in terms of being important for maintaining health and as 'fuel', where the main purpose is to sustain life. This was strongly connected to the social context and the ability to enjoy food and meals with family members and friends, which appeared to be particularly crucial due to the impending risk of failing the meal performance. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

DISABILITY

241/31

Disability trends among older adults in ten European countries over 2004-2013, using various indicators and Survey of Health, Ageing and Retirement in Europe (SHARE) data; by Georgia Verropoulou, Cleon Tsimbos.: Cambridge University Press.

Ageing and Society, vol 37, no 10, November 2017, pp 2152-2182.

In the context of the prospective increase in the numbers of older adults in Europe and of conflicting findings regarding recent disability trends, the present study uses cross-sectional data from four waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), covering the period 2004-2013. The aim is to assess of trends in disability by sex and broad age group (50-64, and 65 and over) for the ten countries participating in all waves, based on four different measures: limitations in activities of daily living (ADLs); limitations in instrumental ADLs; mobility difficulties; and the Global Activity Limitation Indicator. The analysis uses logistic regression models adjusted for age, and subsequently also for chronic conditions. The findings indicate improvements both in mild to moderate activity restrictions and in functional limitations for several countries, especially among men and women aged 65 and over. Regarding severe disability (ADLs), there is mostly a lack of any significant trend and only a few declines. In several instances, the observed trends are linked to changes in chronic conditions. Significant improvements net of chronic conditions are found mainly in Sweden, but also in the Netherlands, Austria, Germany, Italy and France. Overall, the estimated trends often differentiate by country, age group and sex, while they depend on the specificities of the measures used in the analysis. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16000842>

ECONOMIC ISSUES

(See 241/72, 241/102)

EMPLOYMENT

(See Also 241/45)

241/32

Addressing worklessness and job insecurity amongst people aged 50 and over in Greater Manchester; by Centre for Ageing Better; Centre for Local Economic Strategies - CLES; Learning and Work Institute. London: Centre for Ageing Better, November 2017, 34 pp.

In 2016, the Centre for Ageing Better commissioned the Centre for Local Economic Strategies (CLES) and the Learning and Work Institute to conduct qualitative research into the experience of people aged over 50 who are out of work or in insecure work across Greater Manchester. The focus was on five neighbourhoods across five local authorities: Eccles, Salford; Brinnington, Stockport; Bickershaw, Wigan; Werneth, Oldham; and Gorse Hill, Trafford. This report outlines insights gained from workshops attended by more than 60 residents and local service providers. Individual stories illustrate the barriers encountered by over 50s getting back into work: lack of personal identity documents; long-term health conditions; caring responsibilities; suitability of work offered; ageism; and employability. Further barriers were inflexibility in the design of local services, and in national policies as encountered in the benefits system and procedures at

JobCentre Plus. Employability and employment should be better tailored to meet older jobseekers' needs, and to recognise their skills and experience. (RH)

From : <https://www.ageing-better.org.uk/wp-content/uploads/2017/11/Addressing-worklessness-and-job-insecurity-amongst-people-aged-50-and-over-in-Greater-Manchester.pdf>

241/33

The business case for employers supporting carers: reflecting on a UK model; by Ian Peters, Katherine Wilson.: Policy Press.

International Journal of Care and Caring, vol 1, no 3, October 2017, pp 415-420.

Recruiting, retaining and returning carers to the workplace have already been identified as major economic and social issues in the UK. This article sets out the current and future context regarding working carers, as well as the business response in terms on policy and practice. It highlights what has been achieved and what has yet to be dealt with. A particular focus is on the work of Employers for Carers (EfC), a membership forum of UK employers committed to supporting carers. (RH)

ISSN: 23978821

From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

241/34

The dynamics of paid and unpaid activities among people aged 50-69 in Denmark, France, Italy, and England; by Giorgio Di Gessa, Emily Grundy.: Sage.

Research on Ageing, vol 39, no 9, October 2017, pp 1013-1038.

In the context of the current policy emphasis on extending working lives, the authors investigate whether the relationship between participation in paid work, or other formal and informal activities among people aged 50-69 is complementary or competitive. They also investigate differences in associations between countries using comparable longitudinal data from Denmark, France, Italy and England: the Survey of Health, Ageing and Retirement in Europe (SHARE), and the English Longitudinal Study of Ageing (ELSA). They find positive associations between informal and formal engagement in cross-sectional and longitudinal analyses. Paid work was negatively associated with formal and informal engagement, and respondents who stopped working were more likely to be engaged in formal (Denmark and France) and informal activities (England and Italy) at follow-up than respondents who continued working. However, the strongest predictor of formal and informal engagement at follow-up was baseline engagement. In the context of policy aims to extend working lives and broaden older people's participation in other productive activities, new balances between work and other forms of engagement are still to be found. (RH)

ISSN: 01640275

From : <http://journals.sagepub.com/doi/full/10.1177/0164027516654521>

241/35

Evidence for strategies that improve recruitment and retention of adults aged 65 years and over in randomised trials and observational studies: a systematic review; by Rosie J Lacey, Ross Wilkie, Gwenllian Wynne-Jones (et al).: Oxford University Press.

Age and Ageing, vol 46, no 6, November 2017, pp 895-903.

Adults aged 65 years or more are often excluded from health research studies. Lack of representation reduces generalisability of treatments for this age group. The objective of this study was to evaluate the effectiveness of strategies that improve recruitment and retention of adults aged 65 and above in observational studies and randomised controlled trials (RCTs). Searches were conducted across 10 databases for RCTs of recruitment and retention strategies in RCTs or observational studies. Two reviewers screened abstracts and full-text articles for eligibility and extracted data. Studies without separate data for adults aged over 65 were discarded. Risk of bias was assessed using the Cochrane Risk of Bias tool. Results were synthesised narratively. 32 studies were included in the review. 12 studies had low risk of bias, and 10 of them had successful recruitment and retention strategies. Risk of bias was either high or unclear for studies in which incentives or shorter length questionnaires increased response. In low risk of bias studies, few of the strategies that improved participation in older adults had been tested in more than one study. Opt-out and advance notification strategies improved recruitment and retention respectively, although an opt-out approach may have ethical limitations. Evidence from single studies limits the generalisability of other strategies. (JL)

ISSN: 00020729 From : <https://academic.oup.com/ageing>

241/36

Interpersonal work context as a possible buffer against age-related stereotyping; by Beatrice I J M van der Heijden.: Cambridge University Press.

Ageing and Society, vol 38, no 1, January 2018, pp 129-165.

This study deals with the impact of relational demography on occupational expertise ratings, and possible moderating effects of interpersonal work context factors in a large Dutch company. The results revealed support for a decrease in supervisor ratings of occupational expertise of their subordinates as an effect of age difference (status incongruence, situations in which supervisors are younger than their subordinates). Moreover, it appeared that transformational leadership style could not moderate this effect. Dyadic tenure appeared to strengthen the negative effect of status incongruence, but only in the case of a longer duration of the relationship between employee and supervisor. Theoretical and practical implications of these outcomes are discussed. (RH)

ISSN: 0144686X From : <http://www.cambridge.org/aso>

- 241/37 Reliable and unproductive?: Stereotypes of older employees in corporate and news media; by Anne C Kroon, Martine van Selm, Claartje L ter Hoeven, Rens Vliegenthart.: Cambridge University Press.
Ageing and Society, vol 38, no 1, January 2018, pp 166-191.
Older employees face a severe employability problem, partly because of dominant stereotypes about them. This study investigates stereotypes of older employees in corporate and news media. Drawing on the Stereotype Content Model, the authors conducted content analysis of coverage by newspapers and corporate media of 50 large-scale Dutch organisations, published between 2006 and 2013. The data revealed that stereotypical portrayals of older employees are more common in news media than in corporate media, and are mixed in terms of valency. Specifically, older employees were positively portrayed with regard to warmth stereotypes, such as trustworthiness, but negatively with regard to competence stereotypes, such as technological competence and adaptability. Additionally, stereotypical portrayals that do not clearly belong to warmth or competence dimensions are found, such as the mentoring role stereotype and the costly stereotype. Because competence stereotypes weigh more heavily in employers' productivity perceptions, these media portrayals might contribute to the employability problem of older employees. The authors suggest that older employees could benefit from a more realistic media debate about their skills and capacities. (RH)
ISSN: 0144686X From : <http://www.cambridge.org/aso>
- 241/38 Supporting mid-life development survey: evaluation report; by Unionlearn, Trades Union Congress - TUC. London: Unionlearn, 2017, 28 pp.
In 2013, unionlearn in conjunction with the National Institute of Adult and Continuing Education (NIACE, now the Learning and Work Institute England) developed and piloted a government-funded Mid-life Career Review process.
Evaluation and feedback from these pilots in which 15 unions participated found that unions were well-placed to support individuals, because of their unique network of active union learning reps (ULRs). Since the pilot stage, unions have continued to be the largest provider of workplace mid-life career reviews. In late 2016, unionlearn conducted a survey into mid-life development reviews (MLDRs) and older workers to assess how unions were continuing to take forward this important agenda. This report highlights the survey findings. It includes examples of the effective ULR role in engaging employers and staff to meet the needs of mid-life and older workers. (RH)
From : Unionlearn, Congress House, Great Russell Street, London WC1B 3LS. Website: www.unionlearn.org.uk
- 241/39 Working for everyone: addressing barriers and inequalities in the extended working lives agenda; by George Holley-Moore, Dean Hochlaf, Anna Riaz, International Longevity Centre UK - ILC-UK; renEWL (research consortium on extending working lives), University College London - UCL. London: ILC-UK, December 2017, 36 pp.
There is growing evidence of the need to extend working lives in the UK, given increasing life expectancy. In a relatively short time, public policy has shifted from encouraging older workers to retire earlier, to encouraging them to work beyond retirement age. This report presents research from the renEWL research consortium on extending working lives beyond the age of 50. It is arranged in three thematic chapters: economy, working conditions and occupational group; health; and caring responsibilities and family structure. Each chapter covers the policy context; summarises the research published by renEWL; and looks at how the results interlink, and the implications of findings for public policy. The report finds that inequality is prominent throughout many areas of the extending working lives agenda; and for this to be a success, policies must not only focus on employment, but also provide the interventions and support before late adulthood to make that possible. (RH)
From: http://www.ilcuk.org.uk/index.php/publications/publication_details/working_for_everyone
ILC-UK, 11 Tufton Street, London SW1P 3QB.

END-OF-LIFE CARE

- 241/40 What is the impact of population ageing on the future provision of end-of-life care? Population-based projections of place of death; by Anna E Bone, Barbara Gomes, Simon N Etkind (et al).
Palliative Medicine, 2017, 8 pp.
Population ageing represents a global challenge for future provision of health, social and end-of-life care. There has been a recent rise in the number of deaths at home (where most people would prefer to die) and a fall in deaths in hospital. However, given other new trends on place of death, where the rising number of deaths will occur in future years and the implications for health and social care will need to be examined. Using Office for National Statistics (ONS) data for England and Wales on place of registration for all deaths for 2004-2014, and predicted deaths for 2015-2040 from official population forecasts, the authors make projections on where people will die from 2015 to 2040 across all care settings. They applied age- and gender-specific proportions of deaths in hospital, care home, home, hospice and 'other' to numbers of expected future deaths.

They estimate that annual deaths are projected to increase from 501,424 in 2014 (38.8% aged 85 years and over) to 635,814 in 2040 (53.6% aged 85 years and over). Between 2004 and 2014, the proportions of home and care home deaths both increased (18.3% to 22.9%, and 16.7% to 21.2% respectively), while hospital deaths declined (57.9% to 48.1%). If current trends continue, numbers of deaths in care homes and homes will increase by 108.1% and 88.6% respectively; and by 2040, the care home will be the most common place of death. However, if care home capacity does not expand and additional deaths occur in hospital, then hospital deaths will start to rise by 2023. Therefore, to sustain current trends, end-of-life care provision in care homes and the community needs to double by 2040. An infrastructure across care settings that supports rising annual deaths is urgently needed. Otherwise, hospital deaths will increase. (OFFPRINT.) (RH)
ISSN: 1477030X From : <http://journals.sagepub.com/doi/pdf/10.1177/0269216317734435>

FALLS

241/41

Does pride really come before a fall?: Longitudinal analysis of older English adults; by D McMinn, S J Fergusson, M Daly.

BMJ 2017;359:j5451, 20 November 2017, 6 pp.

The fifth wave of the English Longitudinal Study of Ageing (ELSA, 2010/11) measured levels of pride in the self-completion questionnaire with this question: "During the past 30 days, to what degree did you feel proud?" The authors tested whether high levels of reported pride are associated with subsequent falls, using data for the 4964 participants available for follow-up at wave 7 of ELSA (2014/15). Their findings did not support the contention that "pride comes before a fall". Unadjusted estimates indicate that the odds of reported falls were significantly lower for people with high pride levels, compared with those who had low pride (odds ratio 0.69, 95% confidence interval 0.58 to 0.81, PP0.001). This association remained after adjusting for age, sex, household wealth, and history of falls (odds ratio 0.81, 0.68 to 0.97, PP0.05). It was partially attenuated after further adjustment for mobility problems, eyesight problems, the presence of a limiting long-term illness, a diagnosis of arthritis or osteoporosis, medication use, cognitive function, and pain and depression (odds ratio 0.86, 0.72 to 1.03, PP0.1). Because the confidence interval exceeded 1 in the final model, it remains possible that pride may not be an independent predictor of falls when known risk factors are considered. People with moderate pride did not have lower odds of having fallen than those with low pride in adjusted models. Participants lost to follow-up did not differ from those retained in terms of key variables, and weighting the analyses to account for selective attrition did not produce different results. People with higher levels of pride seem to be at lower risk of falling, so that these findings suggest that pride may actually be a protective factor against falling in older adults, rather than an antecedent. (RH)

From : <http://www.bmj.com/content/bmj/359/bmj.j5451.full.pdf>

241/42

Environmental and behavioral circumstances and consequences of falls in a senior living development; by Daejin Kim, Sherry Ahrentzen.: Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 3, July-September 2017, pp 286-301.

This article investigated the role of environmental and behavioural factors surrounding fall incidents in a senior living community in Florida offering three types of residential settings: independent living, assisted living, and memory support living. Using a mixed-methods approach, this research included both a retrospective analysis of fall reports and interviews with residents. The quantitative analysis showed falls in the bedroom and bathroom were more likely to happen between 12 am and 8 am. Falls in the bathroom were more likely to result in severe injuries compared to falls in other rooms. The qualitative analysis identified three types of fall-related activity (transfer, ambulation, standing), and five behavioural factors surrounding fall incidents (transferring, slipping, misjudged behaviour, tripping, health issues). (RH)

ISSN: 02763893 From : <http://tandf.com>

FAMILY AND INFORMAL CARE

(See Also 241/13, 241/24, 241/76, 241/77)

241/43

The cost of care: the financial and emotional impact of providing social care for family members; by Centre for the Modern Family; Scottish Widows. Edinburgh: Scottish Widows; Centre for the Modern Family, [2017], 9 pp.

The Centre for the Modern Family is a think tank which was set up by Scottish Widows, to examine and improve our understanding of the family in the 21st century. This report explores the growing pressure on families and individuals to provide support to older relatives who need practical and financial care. Indications are that that people in the UK are underestimating the costs of care for older people by £7bn every year. One in four (25%) people admit they have no idea how they would cover these costs for themselves or a relative. Among recommendations are to consider automatic enrolment to include income protection and care insurance in addition to work place pensions (as in Germany and Australia); and to encourage families to discuss their care needs, to improve their awareness of the issues. (RH)

From : <http://reference.scottishwidows.co.uk/docs/socialcare.pdf>

- 241/44 Defining and profiling family carers: reflections from Ireland; by Zoe Hughes, Liam O'Sullivan.: Policy Press.
International Journal of Care and Caring, vol 1, no 3, October 2017, pp 421-427.
The word "carer", meaning family carer, is now widely used, especially in Western cultures. However, it is open to interpretation, is employed differently, depending on circumstance, sector and setting, is at times resisted as a label by carers themselves, and is evolving as a term and role. This article reviews the term "carer" and how it is understood, with particular reference to Ireland. It starts with a brief overview of evidence about the profile of carers in Ireland, including who they support. It discusses data from a survey of family carers conducted by Care Alliance Ireland. The survey specifically explored the term "carer" and how it is deployed. Implications of the findings for the provision of support to carers in Ireland are considered. (RH)
ISSN: 23978821
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 241/45 Examining coping style and the relationship between stress and subjective well-being in Australia's 'sandwich generation'; by Jade E Gillett, Dimity A Crisp.: Wiley.
Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 222-227.
The sandwich generation represents adults, often in midlife, who care for both children and ageing parents/relatives. While the stress they experience has received some attention, little research has investigated the subjective well-being (SWB) of this population. This study examined the relationship between perceived stress and SWB and the moderating effect of coping style. 93 participants (including 80 women) aged 23-63 years completed an online survey measuring perceived stress, coping strategies, life satisfaction and positive and negative affect. Stress was negatively associated with SWB. While emotion- and problem-focused coping were directly associated with SWB outcomes, the only moderating effect found was for avoidance-focused coping (AFC). Specifically, AFC was associated with higher positive affect for those reporting lower stress. This study highlights the need to recognise the distinct circumstances that exist for the sandwich generation. Limitations and suggestions for future research are discussed. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 241/46 Health effects of informal caring in New Zealand: longitudinal findings from the Health, Work and Retirement study; by Fiona Alpass, Agnes Szabo, Joanne Allen, Christine Stevens.: Policy Press.
International Journal of Care and Caring, vol 1, no 3, October 2017, pp 309-329.
This study investigates changes in the mental and physical health of carers compared to non-carers over 10 years in a sample of New Zealanders aged 54-70. Mental health increased slightly over time for all participants; but with the exception of those who stopped caring, there was no difference in trajectory change based on carer status. No significant differences were found in physical health or differences in trajectory change for physical health across time based on caregiver status. Results provide some support for a health selection bias into caring and the adaptation hypothesis of caring across time. (RH)
ISSN: 23978821
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>
- 241/47 InformCare: the European information hub on family care; by Giovanni Lamura, Arianna Poli, Stecy Yghemonos, Francesco Barbabella.: Policy Press.
International Journal of Care and Caring, vol 1, no 3, October 2017, pp 409-413.
InformCare was launched during 2012-2015 as a Europe-wide web platform and information hub on family care, as part of the wider European Union (EU) funded INNOVAGE project (Eurocarers 2017). The aim was to allow carers from any EU country to benefit from a "minimum kit" of information and support services in their own language. In selected countries, resources were also made available to meet the information needs of care professionals and employers on family care-related issues. This article outlines InformCare's development, pilot testing and implementation. It also considers the web platform's future sustainability. The list of references includes the weblink (<http://www.eurocarers.org/InformCare>), which has information on InformCare and related projects. (RH)
ISSN: 23978821
From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

FRAILTY

- 241/48 Comprehensive care: older people living with frailty in hospitals; by National Institute for Health Research - NIHR; NIHR Dissemination Centre.: National Institute for Health Research, November 2017, 46 pp (Themed review).
Although people are living longer and many enjoy healthy lives, a significant proportion of older people can be quite vulnerable to relatively minor changes in their circumstances, which can lead to deterioration in their health and the ability to live independently. A hospital stay can trigger a crisis. This review looks at the concept of 'frailty' in older people, and what can be done to raise

awareness of hospital staff to identify and manage the needs of this group of people. Four key aspects are covered: assessment; identifying and managing symptoms associated with frailty in hospital; discharge planning; and caring environments. Among assessment tools considered are the Comprehensive Geriatric Assessment (CGA) and the Frailty Index. The review features and provides summaries of 53 studies funded by the National Institute of Health Research (NIHR), 33 of which have been published and have already changed how hospital staff care for older people living with frailty. It also notes areas requiring further investigation. (RH)

From : <http://www.dc.nihr.ac.uk/themed-reviews/Comprehensive-Care-final.pdf>

241/49

Frailty and social care: over- or under-familiar terms?; by Jill Manthorpe, Steve Iliffe, Jess Harris, Jo Moriarty, Martin Stevens.: Cambridge University Press.

Social Policy and Society, vol 17, no 1, January 2018, pp 23-33.

Definitions of frailty are much debated. The focus of this article is on the representation of frailty: who employs the terms 'frail' or 'frailty' in social care, about whom and with what meanings? The authors report secondary analysis of interview data from two waves of the Longitudinal Care Work study starting in 2008. Study participants were 240 social care managers or practitioners working in four English localities. Social care managers and practitioners did not talk at length about frailty as characterising the increasing needs of care users. The minority who talked about frailty used the term in three ways: describing a physical state not including dementia; describing a stable state, as distinct from those dying; and as a combination of physical and mental disabilities (i.e. dementia). Differences among the participants in this study about the meaning of frailty could have implications for policy makers and for communication with other staff, health professionals, older people and their relatives. (RH)

ISSN: 14747464

From : <https://doi.org/10.1017/S1474746416000427>

GOVERNMENT AND POLICY

(See 241/13, 241/129, 241/131)

GRANDPARENTS

241/50

Kinship care: state of the nation 2017; by Grandparents Plus. London: Grandparents Plus, 2017, 10 pp.

Analysis of 2011 Census data indicates that some 153,000 children in England are being raised by a family member: 51% living with a grandparent, 23% with an older sibling, and the rest living with aunts, uncles, cousins and other relatives. This report is based on responses to a survey from 671 kinship carers living in England and Wales. It finds that although many carers step in to care for children who would have otherwise gone into local authority care, 47% say they do not receive the financial support they need, including 28% who feel very poorly supported. Among other findings are that: 52% of the children in kinship care have experienced abuse or neglect; the average household income for kinship families is just £17,316 (the national average being £27,200); and 65% of carers say they need more emotional support. The report makes recommendations for policy and practice, including: reviewing the status of children in kinship care to be closer to that of looked after children; advice and support for kinship carers; improving financial, practical and emotional support; and increased awareness of the situation of young people in kinship care. (RH)

From : <https://www.grandparentsplus.org.uk/kinship-care-state-of-the-nation-2016>

HEALTH AND WELLBEING

(See Also 241/113)

241/51

Direct and indirect influences of socio-economic position on the wellbeing of older adults: a structural equation model using data from the first wave of the Irish Longitudinal Study on Ageing; by Jonathan Pratschke, Trutz Haase, Kieran McKeown.: Cambridge University Press.

Ageing and Society, vol 37, no 9, October 2017, pp 1770-1797.

The Irish Longitudinal Study on Ageing (TILDA) is a rich source of data on people aged over 50 and living in private households. The authors use Structural Equation Modelling techniques to analyse the determinants of well-being amongst older adults with data from the first wave (2009-2011) of the Irish Longitudinal Study on Ageing (TILDA). The analysis uses a two-group linear statistical model to explore the influence of socio-economic position on men's and women's well-being, with Full Information Maximum Likelihood estimation to handle missing data. The fit indices for the final model are highly satisfactory and the measurement structure is invariant by gender and age. The results indicate that socio-economic position has a significant direct influence on well-being and a strong indirect influence which is mediated by health status and lifestyle. The total standardised effect of Socio-economic Position on Socio-emotional Wellbeing is statistically significant ($p < 0.05$) and equal to 0.32 (men) and 0.43 (women), a very strong influence, which risks being underestimated in standard multivariate models. The authors conclude that health, cognitive functioning and well-being reflect not just the ageing process, but

also the impact of social inequalities across the life-course and how they are transmitted across different life spheres. These results can help to orient future research on factors which mediate between socio-economic position and well-being, an important policy-related issue. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X1600060X>

241/52

Effects of karate training versus mindfulness training on emotional well-being and cognitive performance in later life; by Petra Jansen, Katharina Dahmen-Zimmer, Brigitte M Kudielica, Anja Schulz.: Sage.

Research on Aging, vol 39, no 10, December 2017, pp 1118-1144.

In a randomised controlled trial (RCT), the authors investigated the effects of karate versus a mindfulness-based stress reduction (MBSR) intervention on well-being and cognitive functioning in older adults. Fifty-five adults (aged 52-81) participated in twice-weekly karate versus MBSR sessions or no training for 8 weeks. In pre- and post-assessments, subjective well-being, health, cognitive functioning and chronic stress were measured. Pre-assessment hair cortisol served as physiological stress marker. The results showed an improvement for the karate group (but not the MBSR and control group) in subjective mental health and anxiety, as well as cognitive processing speed. The MBSR group showed by trend as a decrease in stress. No significant correlation between pre-assessment hair cortisol and post-assessment outcomes could be established. But the higher the level of baseline self-reported perceived stress, the higher the increase in depression, anxiety, and chronic stress. Generally, it can be assumed that karate and MBSR showed only small training effects concerning the assessed emotional and cognitive parameters. (RH)

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From : <https://pdfs.semanticscholar.org/b58f/428e90f38f29a1be8073ab14a189d2fefbba.pdf>

241/53

Exploring the relationships among age, spiritual struggles, and health; by Neal Krause, Kenneth I Pargament, Peter C Hill ... (et al.): Taylor and Francis.

Journal of Religion, Spirituality and Aging, vol 29, no 4, October-December 2017, pp 266-285.

The purpose of this study was to address two issues. Firstly it aimed to investigate whether there are age differences in the prevalence of spiritual struggles. Secondly tests were performed to find out whether age differences exist in the relationship between spiritual struggles and physical health. Data from a recent nationwide survey revealed that younger adults reported that they encountered more spiritual struggles than either middle-aged or older adults. The findings further indicate that the negative relationship between spiritual struggles and health tends to become more pronounced at successively older ages. (JL)

ISSN: 15528030

From : <http://tandf.com>

241/54

A summary of Age UK's Index of Wellbeing in Later Life; by Marcus Green, Jose Iparraguirre, Susan Davidson (et al), Age UK; University of Southampton. London: Age UK, February 2017, 15 pp.

Although there is a close link between how satisfied older people feel about their lives and how they are actually doing in important areas of life, this does not tell the whole story. Age UK and Asghar Zaidi of the University of Southampton developed this Index of Wellbeing in Later Life, to examine 40 indicators across five domains: personal, social, health, resources, and local environment. It looks at older people's well-being across the whole population, and who is struggling and who is doing well based on these indicators and domains. The research and findings emphasise the multifaceted nature of well-being: it is important to think about the person, not just one single area of life. Optimistically, the Index suggests that older people who face particular challenges can also feel sustained, provided other aspects of their lives are going well. These include the quality of relationships, a positive outlook, the willingness and ability to keep active, and a strong sense of purpose. The reader is also directed to updates on this work on the Age UK website (see: www.ageuk.org.uk/wellbeingresearch). (RH)

From : Age UK, Tavis House, 1-6 Tavistock Square, London WC1H 9NA. Download at: <https://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/AgeUK-Wellbeing-Index-Summary-web.pdf?dtrk=true>

HEALTH CARE

(See Also 241/59, 241/82)

241/55

Factors related to medical students' and doctors' attitudes towards older patients: a systematic review; by Rajvinder Samra, Tom Cox, Adam Lee Gordon (et al.): Oxford University Press.

Age and Ageing, vol 46, no 6, November 2017, pp 911-919.

Studies have sought to identify the possible determinants of medical students' and doctors' attitudes towards older patients by examining links to a variety of factors: demographic, educational/training, exposure to older people, personality/cognitive and job/career factors. The purpose of this review was to collate and synthesise such findings. An electronic search of 10

databases was performed covering the period to February 2017. The main search identified 2,332 articles; of these, 37 studies met the eligibility criteria set. All included studies analysed self-reported attitudes based on correlational analyses or difference testing, therefore causation could not be determined. However self-reported positive attitudes towards older patients were related to: (i) intrinsic motivation for studying medicine, (ii) increased preference for working with older patients and (iii) good previous relationships with older people. Additionally more positive attitudes were reported in those with higher knowledge scores but these may relate to the use of a knowledge assessment which is an indirect measure of attitudes (i.e. Palmore's Facts on Aging Quizzes). Four out of the five high quality studies included in the review reported more positive attitudes in females compared to males. This article identifies factors associated with medical students' and doctors' positive attitudes towards older patients. Future research could bring greater clarity to the relationship between knowledge and attitudes by using a knowledge measure which is distinct from attitudes and also measures knowledge that is relevant to clinical care. (JL) ISSN: 00020729 From : <https://academic.oup.com/ageing/article/46/6/911/3787763>

241/56 Intelligent kindness: reforming the culture of healthcare; by John Ballatt, Penelope Campling, Royal College of Psychiatrists - RCP. London: RCPsych Publications, 2011, 200 pp. Aspects of kindness appear in various forms across UK healthcare policy. While this is to be celebrated, the authors see kindness as "the junior partner alongside ideologies and goals"; but whether kindness is helped and hindered by these other aspects of policy and reform is seldom considered. The authors argue that the NHS is a system that invites society to value and attend to its deepest common interests: it is a vital expression of community and one that can improve if society, patients and staff can reconnect to these deeper values. To do so, will improve quality and patient experience, as well as morale, effectiveness, efficiency and value for money. Relentless regulatory and structural NHS 'reforms' have failed to avert scandals, and left many health service staff feeling alienated. Whatever their merits, industrial and market approaches to reform urgently need to be balanced by an applied understanding of what motivates and assures compassionate practice. The authors examine this topic from perspectives which include psychoanalytic thinking, group relations, neuropsychology, social psychology and ethology. They call on policymakers, managers, educators and clinical staff to apply and nurture intelligent kindness in the organisation and delivery of care, and offer advice as to what this approach means in practice. (RH) From : Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB. www.rcpsych.ac.uk

241/57 The state of health care and adult social care in England 2016/17: presented to Parliament pursuant to section 83(4)(a) of the Health and Social Care Act 2008; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission, October 2017, 130 pp (HC 2017/19 377). The health and adult social care system continues to struggle with increasingly complex demand, and its future is seen as precarious. Despite such challenges, the quality of care has been maintained, and most of us are receiving good, safe care. Many services that were previously rated inadequate have recognised previous Care Quality Commission (CQC) inspection findings, made the necessary changes, and improved. Part 1 of this annual report describes a health and care system that is at full stretch. Given an ageing population with increasingly complex health conditions, the ability to meet this demand is under severe pressure. Such is the case in the adult social care sector, where capacity continues to shrink. Part 2 considers the sectors regulated by the CQC: adult social care; hospitals, community health services and ambulance services; mental health; primary medical services; equality in health and social care; and the Deprivation of Liberty Safeguards. Reports since 2010 can be found on the National Archives website (http://webarchive.nationalarchives.gov.uk/*/http://www.cqc.org.uk/stateofcare). (RH) From : <http://www.cqc.org.uk/publications/major-report/state-care>

HEALTH SERVICES

241/58 Discourses of joint commissioning; by Ailsa Cameron, Emer Brangan, John Gabbay (et al): Wiley. Health and Social Care in the Community, vol 26, no 1, January 2018, pp 65-71. Increasing attention has been focused on the role of joint commissioning in health and social care policy and practice in England. This paper provides an empirical examination of the three discourses of joint commissioning developed from an interpretative analysis of documents by Dickinson et al (Making sense of joint commissioning: three discourses of prevention, empowerment and efficiency, 2013; BMC Health Services Research, 13) and applied to data from the authors' study exploring the role of knowledge in commissioning in England. Based on interviews with 92 participants undertaken between 2011 and 2013, their analysis confirms that the three discourses of prevention or empowerment or efficiency are used by professionals from across health and social care organisations to frame their experiences of joint commissioning. However, contrary to Dickinson et al, the authors also demonstrate that commissioners and other stakeholders combine and trade off these different discourses in unexpected ways. Moreover, at sites where the service user experience was central to the commissioning process (joint commissioning as empowerment), a greater sense of agreement about commissioning decisions appeared to have been established, even when the other discourses were also in play. (RH) ISSN: 09660410 From : <http://wileyonlinelibrary.com/journal/hsc>

241/59

Evaluation of telephone first approach to demand management in English general practice: observational study; by Jennifer Newbould, Gary Abel, Sarah Ball (et al).
BMJ 2017;358:j4197, 27 September 2017, 9 pp.

This article evaluates a "telephone first" approach, in which all patients wanting to see a general practitioner (GP) are asked to speak to a GP on the phone before being given an appointment for a face-to-face consultation. 147 general practices adopting the telephone first approach (provided by two commercial companies) were compared with a 10% random sample of other practices in England. After the introduction of the telephone first approach, face-to-face consultations decreased considerably. An average practice experienced a 12-fold increase in telephone consultations. The average duration of both telephone and face-to-face consultations decreased, but there was an overall increase of 8% in the mean time spent consulting by GPs, albeit with large uncertainty on this estimate. These average workload figures mask wide variation between practices, with some practices experiencing a substantial reduction in workload and others a large increase. Compared with other English practices in the national GP Patient Survey, in practices using the telephone first approach there was a large (20.0 percentage points) improvement in length of time to be seen. In contrast, other scores on the GP Patient Survey were slightly more negative. Introduction of the telephone first approach was followed by a small (2.0%) increase in hospital admissions, no initial change in emergency department attendance, but a small (2% per year) decrease in the subsequent rate of rise of emergency department attendance (1% to 3%). There was a small net increase in secondary care costs. The study concludes that the telephone first approach shows that many problems in general practice can be dealt with over the phone. The approach does not suit all patients or practices and is not a panacea for meeting demand. There was no evidence to support claims that the approach would, on average, save costs or reduce use of secondary care. (RH)

From : <https://doi.org/10.1136/bmj.j4197>

HIV AND AIDS

241/60

'I'm happy in my life now, I'm a positive person': approaches to successful ageing in older adults living with HIV in Ontario, Canada; by Charles A Emler, Lesley Harris, Charles Furlotte, David J Brennan, Christina Pierpaoli.: Cambridge University Press.

Ageing and Society, vol 37, no 10, November 2017, pp 2128-2151.

Worldwide, approximately 3.6 million people aged 50 and older are living and ageing with the human immunodeficiency virus (HIV). Few studies have explored successful ageing from the insider perspective of those living well and ageing with HIV. This study draws on the lived experience and wisdom of older, HIV-positive adults living in Ontario, Canada, to understand their views and strategies for successful ageing. This qualitative study involved semi-structured interviews with 30 individuals age 50 years and older who are HIV-positive. Purposive sampling techniques were used to recruit individuals who shared their experiences of successful ageing. Constructivist grounded theory coding techniques were used for analysis. Themes related to successful ageing included resilience strategies and challenges, social support and environmental context. Stigma and struggles to maintain health were identified as impediments to successful ageing. Models of successful ageing must take into account the potential for a subjective appraisal of success in populations suffering from chronic and life-threatening illnesses including HIV. Practitioners can draw upon organically existent strengths in this population, to provide intervention development for older adults around the world who are struggling to manage their HIV. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

HOME CARE

(See Also 241/25, 241/64, 241/67)

241/61

Adaptation to care dependency in community care; by Emme-Li Vingare, Oie Umb Carlsson.: Emerald.

Quality in Ageing and Older Adults, vol 18, no 4, 2017, pp 254-264.

The lived experiences of adapting to care dependency among adults receiving health and social care in ordinary housing are explored. The authors conducted a phenomenological study, by interviewing ten adults in receipt of home care services in ordinary housing. It was found that participants not only adapted by becoming "good patients", but they also used four strategies - sociability, distance, competence and compliance - contributing to a sense of dignity and personal safety. Further research is needed regarding how to preserve quality of care with adults with various ways of adapting to care dependency. The relationship between professionals and adults in care dependency is a dynamic process, where a need for understanding different modes of adaptation is vital. Good treatment and quality care may be different things to different adults, depending on what aspects of the process of adaptation concern them the most, and depending on their individual adaptation strategy. This paper contributes to the understanding of modes of

adaptation to care dependency from the perspective of adults, indicating that person-centred care may include respecting strategies not traditionally being associated with "the good patient". (RH)
ISSN: 14717794

From : <http://www.emeraldinsight.com/doi/pdfplus/10.1108/QAOA-05-2017-0016>

241/62

Satisfaction and difficulties of French professional home caregivers in supporting older people with Alzheimer's disease or alcohol misuse; by Alba Moscato, Isabelle Varescon.: Wiley.

Health and Social Care in the Community, vol 26, no 1, January 2018, pp 27-34.

In France, few studies have examined home care when it comes to ageing support, and even fewer have considered alcohol misuse in this context. The studies also show that being old and having alcohol use disorders are two unfavourable conditions for receiving help, whereas for Alzheimer's disease, there is a clear need for optimal care. The authors study professional home caregivers' perceptions of their job, along with their difficulties and satisfactions in supporting older people with Alzheimer's disease or alcohol misuse. Of 23 professionals approached, 17 took part in a research interview between October 2013 and January 2014. All interviews were recorded, fully transcribed and lexically analysed with Alceste software. Five classes were identified from 63% of the initial data: the nature of the associated pathologies encountered during support; perceptions and satisfaction related to professional support; their adaptive skills; the difficulties related to the life context and family relationships of the older person; and the older person's wine consumption. The lexical discourse analysis shows that the professional home caregivers are involved in looking after not only people with Alzheimer's disease, but also those with alcohol misuse. However, despite the difficulties and satisfactions encountered, adaptation to the older people seems to be their priority, and one of the many skills that they have acquired during their professionalisation. Most of the older people who are helped are women; and the difficulties mentioned by their caregivers usually arise at the time of their death. Lastly, when caring for alcohol misusers, they describe negative attitudes in their support. While research in this area is rare and home care for the older person, whatever the pathology, is increasing, professionals need to be supported by the organisations that employ them and should be trained to help them provide the appropriate care. (RH)

ISSN: 09660410

From : <http://wileyonlinelibrary.com/journal/hsc>

HOSPITAL CARE

(See 241/48)

HOSPITAL DISCHARGE

241/63

Mediators of marginalisation in discharge planning with older adults; by Evelyne Durocher, Barbara E Gibson, Susan Rappolt.: Cambridge University Press.

Ageing and Society, vol 37, no 9, October 2017, pp 1747-1769.

Returning home or moving to a more supportive setting on discharge from inpatient health-care services can have a tremendous impact on the lives of older adults and their families. Institutional concerns with patient safety and expedience can overshadow health-care professionals' commitments to collaborative discharge planning. In light of many competing demands and agendas, it can be unclear what is driving discharge planning processes and outcomes. This paper presents the results of a study examining discharge planning in an older adult rehabilitation unit in a Canadian urban setting. Using micro-ethnographic case studies, the authors explored the perspectives of older adults, family members and health-care professionals. Drawing on concepts of relational autonomy to guide the analysis, they found that discourses of ageing-as-decline, beliefs privileging health-care professionals' expertise and conventions guiding discharge planning intersected to marginalise older patients in discharge planning decision making. Discharge planning in the research setting was driven by norms of 'protecting physical safety' at the expense of older adults' self-declared interests and values. Such practices resulted in frequent recommendations of 24-hour care, which have significant personal, social and financial implications for older adults and their families, and ultimately might undermine clients' or health-care systems' aims. The analysis revealed social, political and institutional biases that diminish older people's rights and autonomy. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

HOUSING

241/64

Home environment and its relation with quality of life of older people; by Mehdi Nakhodaezadah, Mohammad Asghari Jafarabadi, Hamid Allahverdipour (et al.): Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 3, July-September 2017, pp 272-285.

In this cross-sectional study, the authors tested the relationship between sociophysical environment, quality of life (QOL), and perceived social support among older people in Iran. The sample includes 128 participants recruited in the city of Shahrekord, Iran. The authors measured

Evaluation of Older People Living Environment (EVOLVE); Control, Autonomy, Self-realization and Pleasure scale (CASP-19) and Multidimensional Scale of Perceived Social Support (MSPSS) tools respectively, through home-based observation and interview. A significant relationship was found between several domains of home environment, QOL and perceived social support. The interaction effect of the home environment and gender in relation to QOL and perceived social support was statistically significant. The results support the notion that the home physical environment may not be considered a strong predictor of QOL among the Iranian older people. (RH)

ISSN: 02763893 [From : http://tandf.com](http://tandf.com)

241/65

Housing governance and senses of home in older age: the provider scale; by Emma R Power.: Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 3, July-September 2017, pp 193-212.

There is extensive research examines senses of home in ageing which focuses on built and care environments. In parallel is a body of work which examines housing governance, reviewing degrees of resident satisfaction. However, there is little crossover between this work: governance research only rarely considers senses of home. This article argues for attention to the interconnections between provider-scale housing governance and senses of home in older age. It argues that governance mechanisms structure the housing context and provide the framework through which home is experienced and lived. This article uses a case study of a small, affordable housing community in Sydney, Australia, to show that housing governance can profoundly shape senses of home in ageing, both contributing to and diminishing senses of home. Further, the article points to a connection between housing governance and housing design, with different housing typologies associated with different ageing bodies and forms of management practice, which have profound implications for residents' senses of home. (RH)

ISSN: 02763893 [From : http://tandf.com](http://tandf.com)

241/66

Off the radar?: Addressing housing disrepair to improve health in later life; by Susan Marie Adams.: Emerald.

Working with Older People, vol 21, no 4, 2017, pp 224-228.

This paper aims to highlight the pivotal role of initiatives that address housing disrepair, home improvements and adaptations as a way of improving health, independence and quality of life in older age. The author uses data from housing and health, combined with her experience of policy formulation as well as working with older people and developing practical services, particularly those which address private sector housing stock condition. As well as its massive economic impact, housing greatly affects people's health and well-being, not only in later life but across the life course. In England, there is a long history of systematic, government backed action to improve and maintain housing stock condition. There are significant economic and social gains from a coherent national response to addressing private sector housing disrepair, including creation of employment opportunities, economic stimulus through enabling best use of assets, as well as health and social care gains. In addition to increasing housing supply through building much needed new homes, existing housing stock disrepair needs once again to be "on the radar" of policy makers operating across health, social care and housing. Concerted action to make homes safe, healthy places to live in later life, whatever an older person's tenure, requires vision and innovation and is an essential element in the integration of health, social care - and housing. With significant funding constraints in local authorities, especially for adult social care, and in the context of growing pressures on the NHS, sustaining good health in later life is more important than ever. There is a compelling case for cross-sector action to reduce health hazards in ordinary, private housing, given that 79 per cent of older people who live in non-decent homes are owner occupiers. This is an opportune moment for Health and Wellbeing Boards to take a lead on this issue at a local level, as well as time to put housing stock condition back "On the Radar" of national government policy. In order to extend healthy later life for the majority of older people who live in mainstream housing, there is a need to embed practical housing services in the emerging integrated health and care systems. (RH)

ISSN: 13663666

[From : http://www.emeraldinsight.com/doi/abs/10.1108/WWOP-06-2017-0014](http://www.emeraldinsight.com/doi/abs/10.1108/WWOP-06-2017-0014)

241/67

Preferences and predictors of aging in place: longitudinal evidence from Melbourne, Australia; by Hal Kendig, Cathy Honge-Gong, Lisa Cannon, Colette Browning.: Taylor and Francis.

Journal of Housing for the Elderly, vol 31, no 3, July-September 2017, pp 259-271.

This article reports older Australians' preferences for ageing in place and predictors of their subsequent experiences, drawing on findings from the Melbourne Longitudinal Studies on Health Ageing (MELSHA) survey (1994-2010). At baseline, 40% had lived in their homes for 30 or more years, and the majority had preference for ageing in place. However, the proportion continuing to do so was lower, with reducing independence being a major barrier. Women, renters, those not living with a partner, or those with depressive symptoms were most vulnerable. Home ownership, socioeconomic resources, neighbourhood satisfaction, and home modifications were positively associated with ageing in place. (RH)

ISSN: 02763893 [From : http://tandf.com](http://tandf.com)

HOUSING WITH CARE

(See Also 241/64, 241/127)

241/68

Active and non-active agents: residents' agency in assisted living; by Jari Pirhonen, Ileka Pietela.: Cambridge University Press.

Ageing and Society, vol 38, no 1, January 2018, pp 19-36.

Culturally, institutional care has been seen to strip older people of their status as full adult members of society and turn them into 'have nots' in terms of agency. The substantial emphasis in gerontology of measuring older people's activity and functional ability has unintentionally fostered these stereotypes, as have traditional definitions of agency that emphasise individuals' choices and capacities. The aim of this paper is to discover what kind of opportunities to feel agentic exist for people who have reduced functional abilities and therefore reside in assisted living. In this paper, agency is approached empirically from the viewpoint of Finnish sheltered housing residents. The data were gathered using participant observation and thematic interviews. This study suggests that even people with substantial declines in their functional abilities may feel more or less agentic depending on their functional and material surroundings and the support they receive from the staff, relatives and other residents. The perception that residents' agency in assisted living cannot be reduced to measurable activity has methodological implications for gerontological research on agency. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

241/69

Enjoying the third age!: Discourse, identity and liminality in extra-care communities; by Karen West, Rachel Shaw, Barbara Hagger, Carol Holland.: Cambridge University Press.

Ageing and Society, vol 37, no 9, October 2017, pp 1874-1897.

Extra-care housing has been an important and growing element of housing and care for older people in the United Kingdom since the 1990s. Previous studies have examined specific features and programmes within extra-care locations, but few have studied how residents negotiate social life and identity. Those that have, have noted that while extra care brings many health-related and social benefits, extra-care communities can also be difficult affective terrain. Given that many residents are now 'ageing in place' in extra care, it is timely to revisit these questions of identity and affect. The authors draw on the qualitative element of a three-year, mixed-method study of 14 extra-care villages and schemes run by the ExtraCare Charitable Trust. They follow M W Alemàn in regarding residents' ambivalent accounts of life in ExtraCare as important windows on the way in which liminal residents negotiate the dialectics of dependence and independence. However, they suggest that the dialectic of interest here is that of the third and fourth age, as described by Chris Gilleard and Paul Higgs in 2010. The authors set that dialectic within a post-structuralist / Lacanian framework, in order to examine the different modes of enjoyment that liminal residents procure in ExtraCare's third age public spaces and ideals. The authors suggest that residents' complaints can be read in three ways: as statements about altered material conditions; as inter-subjective bolstering of group identity; and as fantasmatic support for liminal identities. Finally, the authors examine the implications that this latter psycho-social reading of residents' complaints has for enhancing and supporting residents' well-being. (RH)

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INCOME AND PERSONAL FINANCE

(See Also 241/102)

241/70

As good as it gets?: The adequacy of retirement income for current and future generations of pensioners; by David Finch, Laura Gardiner, Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, November 2017, 86 pp (Wealth series).

Recent strong growth in the incomes of pensioner households and reductions in pensioner poverty are to be welcomed. Set against this are the weaker incomes of working age households, and the challenges faced by younger generations in accumulating wealth. This twelfth report by the Resolution Foundation for the Intergenerational Commission presents findings on the adequacy of retirement incomes for recent cohorts of retirees in Great Britain. It gives projections on the future adequacy of pensions both across and within generations for all of today's working age adults. It focuses on: retirement income levels, and the extent to which they fall below minimum acceptable standards; and earnings replacement rates (the extent to which post-retirement income replaces pre-retirement earnings) assessed against the benchmarks established by the Pensions Commission.

The report uses data sources such as the British Household Panel Survey (BHPS; succeeded by Understanding Society, USoc), and the Annual Survey of Hours and Earnings (Office for National Statistics, ONS). Annexes provide more detail on the methods for analysis of earnings replacement rates for recent retirees, and of future retirement income adequacy. (RH)

From : <http://www.resolutionfoundation.org/app/uploads/2017/11/Pensions.pdf>

INEQUALITY AND HUMAN RIGHTS

- 241/71 Inequalities in later life: the issue and the implications for policy and practice; by Centre for Ageing Better. London: Centre for Ageing Better, December 2017, 16 pp.
The Centre for Ageing Better commissioned a scoping review on the nature of inequalities in later life in England. The review was conducted by Thomas Scharf and Caroline Shaw from Newcastle University Institute of Ageing and Institute of Health and Society, with Sally-Marie Bamford, Brian Beach and Dean Hochiaf from the International Longevity Centre UK (ILC-UK). This short report sets out key insights from the review and the Centre for Ageing Better's view on their implications. The review illustrates stark contrasts in people's experiences of later life in terms of health, financial security and social connections. It also reports a lack of evidence in respect of black and minority ethnic groups (BME), lesbian, gay, bisexual and transgender (LGBT) communities, and those with disabilities. Failure to tackle the inequalities highlighted risks a future where smaller groups of people experience a good later life, on which this report aims to stimulate debate and action. (RH)
From : <https://www.ageing-better.org.uk/wp-content/uploads/2017/12/Inequalities-insight-report.pdf>
- 241/72 Inequalities in later life: [scoping review]; by Thomas Scharf, Caroline Shaw, Sally-Marie Bamford, Brian Beach, Dean Hochiaf, Institute of Ageing, Newcastle University; Institute of Health and Society, Newcastle University; International Longevity Centre UK - ILC-UK; Centre for Ageing Better. London: Centre for Ageing Better, December 2017, 127 pp.
The Centre for Ageing Better commissioned this review from Thomas Scharf and Caroline Shaw from Newcastle University Institute of Ageing and Institute of Health and Society, with Sally-Marie Bamford, Brian Beach and Dean Hochiaf from the International Longevity Centre UK (ILC-UK). The aim was to understand the main factors that influence inequalities in later life and the nature of inequalities related to six identified outcomes: subjective well-being; physical and mental health; life expectancy and healthy life expectancy; financial security; social connections; and living environment (home and neighbourhood). For each outcome, inequalities were considered in respect of gender (including transgender), race, age, disability, sexual orientation, religion or beliefs, socioeconomic status, place of residence, and status as an informal carer. The report reviews research published from 2006 to 2016 inclusive relating to England only. Data published by national or local government departments and third sector organisations is not included. Methodology and search strategy used are covered in appendices. Overall, the evidence identified was of varying depth and quality. For example, on socioeconomic factors, only a few papers explored ethnicity; and there was little on the financial experiences of black and minority ethnic groups (BME), lesbian, gay, bisexual and transgender (LGBT) communities, those with disabilities, or with informal caring responsibilities. There was also a limited body of evidence on living environments: of 3,717 studies identified in the database search, 46 satisfied criteria for full text review, of which only 12 were included in the scoping review. These and the results for each of the other five outcomes are listed at the end of each section. (RH)
From : <https://www.ageing-better.org.uk/wp-content/uploads/2017/12/Inequalities-scoping-review-full-report.pdf>

- 241/73 Why it's time for a convention on the rights of older people; by HelpAge International. London: HelpAge International, [2009], 8 pp (HelpAge position paper).
This position paper shows how older people's rights are being violated, and why existing rights mechanisms are failing older people. It draws attention to the Universal Declaration of Human Rights (UDHR, 1948) and other subsequent international and regional conventions and charters. HelpAge International therefore calls for the appointment of a UN special rapporteur on the rights of older people to act as a focal point. (RH)
ISBN: 1872590462

INFORMATION AND COMMUNICATION TECHNOLOGY

- 241/74 Effects of digital engagement on the quality of life of older people; by Jacqueline Damant, Martin Knapp, Paul Freddolino, Daniel Lombard.: Wiley.
Health and Social Care in the Community, vol 25, no 6, November 2017, pp 1679-1703.
It is often asserted that older people's quality of life (QOL) is improved when they adopt information and communication technology (ICT) such as the Internet, mobile phones and computers. Similar assumptions are made about older people's use of ICT-based care such as telecare and telehealth. To examine the evidence around these claims, the authors conducted a scoping review of the academic and grey literature, covering the period January 2007 to August 2014. A framework analysis approach, based on six domains of QOL derived from the Adult Social Care Outcomes Toolkit (ASCOT) and World Health Organization Quality of Life (WHOQOL) models, was adopted to deductively code and analyse relevant literature. The review revealed mixed results. Older people's use of ICT in both mainstream and care contexts has been shown to have both positive and negative impacts on several aspects of QOL. Studies which have

rigorously assessed the impact of older people's use of ICT on their QOL mostly demonstrate little effect. A number of qualitative studies have reported on the positive effects for older people who use ICT such as email or Skype to keep in touch with family and friends. Overall, the review unearthed several inconsistencies around the effects of older people's ICT use on their QOL, suggesting that implicit agreement is needed on the best research methods and instrumentation to adequately describe older people's experiences in today's digital age. Moreover, the available evidence does not consider the large number of older people who do not use ICT and how non-use affects QOL. (RH)

ISSN: 09660410

From : http://eprints.lse.ac.uk/65650/1/Damant_Effects%20of%20digital%20engagement%20on%20the%20quality.pdf

INTERGENERATIONAL ISSUES

241/75

The generational welfare contract: justice, institutions and outcomes; by Simon Birnbaum, Tommy Ferranini, Kenneth Nelson, Joakim Palme. Cheltenham: Edward Elgar, 2017, 182 pp.

Western societies are ageing rapidly; and poor economic growth and high unemployment rates further contribute to further reducing the proportion of the economically active. The authors analyse how different welfare states respond to age-related social risks. They identify three dimensions of generational justice in relation to the welfare state: a life-span approach; relational equality; and just savings for future generations. They discuss the moral significance of generational welfare contracts, which they consider in relation to: poverty reduction; life satisfaction and happiness; political and social trust; employment; and politics and policy-making. Welfare states in which age-related social protection is more evenly distributed across different stages of life, would be to the advantage of all age groups, more sustainable, and contribute to social justice. (RH)

Price: £70.00

From : Marston Book Services Ltd, 160 Eastern Avenue, Milton Park, Abingdon, Oxfordshire OX14 4SB.

241/76

The impact of education and health heterogeneity on generational support ratios: a cross-national comparison between Mexico and Korea; by Erika Arenas, Bongoh Kye, Graciela Teruel, Luis Rubalcava.: Cambridge University Press.

Ageing and Society, vol 37, no 9, October 2017, pp 1924-1961.

Policy makers are concerned about the socio-economic consequences of population ageing. Policies often rely on estimations of support ratios based solely on the population age structure. The authors estimate Generational Support Ratios (GSRs), considering health heterogeneity of the population age 60+ and education heterogeneity of their offspring. They explore the effect of a public policy that changes the education of a targeted sub-group of women when they are young on their health once they become older, taking into account changes in demographic processes (i.e. marriage, fertility, offspring's education). They used the model presented by Kye et al for the Korean context and examine the Mexican context. Their paper has three objectives. First, by applying this framework to the Mexican context, they aim to find that improvements in women's education may mitigate the negative consequences of population ageing directly and indirectly through subsequent demographic behaviours that altogether affect GSRs. Second, by making a cross-national comparison between Korea and Mexico, they aim to quantify how policies of educational expansion have different impacts in contexts in which the population age 60+ have universal access to health care, compared to contexts in which access to health care is selective. Third, by comparing cross-nationally they aim to show how differences in family processes across countries alter the pathways through which improvements in education affect GSRs. (RH)

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241/77

Living arrangements and intergenerational monetary transfers of older Chinese; by Taichang Chen, George W Leeson, Changping Liu.: Cambridge University Press.

Ageing and Society, vol 37, no 9, October 2017, pp 1798-1823.

Previous studies show a decline in parent-child co-residence among older people. This study examined the effect of living away from adult children on upward intergenerational monetary transfers. It analyses data from the Follow-up Sampling Survey of the Aged Population in Urban/Rural China (FUSSAPUR), a 2006 survey of 19,947 people aged 60 and over selected from 20 provinces in China. Results indicate that older people who were not co-residing but had at least one adult child living in another community or village within the city or county were likely to receive more intergenerational monetary transfers than those who were living with children. Living close to children, rather than co-residing with them, might be the primary living arrangement for older Chinese people in the foreseeable future. The findings have important programme and policy implications for countries such as China, which has the largest population older people in the world. There is a strong need for the development of specific public care support systems focused on older people in general, and older people in rural areas in particular. (RH)

ISSN: 0144686X From : <http://www.cambridge.org/aso>

241/78

The moral economy of intergenerational redistribution in an ageing society: a qualitative analysis of young adults' beliefs in the United States; by Katrin Prinzen.: Wiley.

Social Policy and Administration, vol 51, no 7, December 2017, pp 1267-1286.

The baby boomers, the largest generation in the USA, is currently retiring and increasingly drawing from Old Age Social Security. In this context, young generations are said to be disadvantaged: they have to support a growing number of pensioners, while expecting much lower pensions themselves. Drawing on 14 semi-structured interviews with young US citizens aged 20-36, this study analyses the moral economy of intergenerational redistribution - defined as normative beliefs and justifications of a just distribution of contributions and benefits between generations. The qualitative content analysis resorts to the four constituent institutional principles of intergenerational redistribution: deservingness (being qualified to receive support); reciprocity (mutual support between generations); equity (relation between inputs and outputs for one generation); and equality (corresponding conditions for different generations). The first main finding is that the young hold multiple normative beliefs in favour of intergenerational redistribution. The second main finding is that different normative beliefs and justifications can compensate for feelings of injustice attributable to the consequences of an ageing society. Implications for public support for intergenerational redistribution in the ageing society of the USA and other countries are discussed. (RH)

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241/79

Older people's relationships with their adult children in multicultural Australia: a comparison of Australian-born people and Chinese immigrants; by Xiaoping Lin, Christina Bryant, Jennifer Boldero, Briony Dow.: Cambridge University Press.

Ageing and Society, vol 37, no 10, November 2017, pp 2103-2127.

Against the background of population ageing and increasing cultural diversity in many Western countries, this study examined differences and similarities between Australian-born people and Chinese immigrants in their relationships with adult children. The specific research questions were: (a) are there differences between these groups in the nature of parent-child relationships; and (b) if there were differences, did these differences reflect the Confucian concept of filial piety among older Chinese immigrants? The solidarity-conflict model and the concept of ambivalence were used to quantify parent-child relationships. Data from 122 community-dwelling people aged 65 and over (60 Australian-born and 62 Chinese-born people) were collected using standardised interviews. There were significant differences between the two groups for all relationship dimensions except associative solidarity. Compared to Australian participants, Chinese participants were more likely to live with their children. However, when they did not live with their children, they lived further away. They were also more likely to receive, but less likely to provide, instrumental help. Finally, they reported higher levels of normative solidarity, conflict and ambivalence, and lower levels of affectual and consensual solidarity. The differences in solidarity dimensions persisted when socio-demographic variables were controlled for. The study revealed complex differences in the nature of older parent-child relationships between Australian-born people and Chinese immigrants. Some of these differences, such as more prevalent multigenerational living among older Chinese immigrants, likely reflect the strong influence of filial piety among this group. However, differences in other dimensions, such as lower levels of consensual solidarity, might be associated with the Chinese participants' experience as immigrants. This study also highlights the usefulness of the solidarity-conflict model as a theoretical framework to understand the nature of parent-child relationships among older Chinese immigrants. (RH)

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INTERNATIONAL AND COMPARATIVE

(See Also 241/1, 241/76, 241/77, 241/79, 241/84, 241/101, 241/103, 241/131, 241/133)

241/80

Community demographics, socio-economic and health status among older Australian residents of Japanese origin living in New South Wales, Australia; by Yuriko Watanabe, Kazuma Honda.: Wiley.

Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 238-242.

This study aimed to describe demographic and socio-economic characteristics and to assess baseline health status and care needs among Japanese residents aged 60 years and over living in New South Wales, Australia. A postal questionnaire was used to survey older community-dwelling Japanese residents recruited from a number of different sources. 82 residents responded to the questionnaire (mean age: 70.5 years, range 60_85), and 56 (68.3%) were female. The respondents appeared to be socio-economically comfortable. While 63.4% of respondents noticed reduced strength and balance, and 45% had at least one chronic medical condition, the majority did not require help with personal care or domestic chores. However there were respondents who were considered at risk of subsequent development of major mobility limitations. Overall the respondents in the study demonstrated good function. There may be a role for interventional programmes aimed at maintaining functional independence. (JL)

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- 241/81 It was all planned ... now what?: Claiming agency in later life in reforming China; by Jiayin Liang, Baozhen Luo.: Cambridge University Press.
Ageing and Society, vol 37, no 10, November 2017, pp 2074-2102.
This study explores the social construction of agency and well-being among 20 Chinese urban retirees aged 50-82 (mean age 67), with a special focus on the impact of earlier life experiences in shaping later-life pathways. Today's retirees in urban China have experienced the communist collectivist ideology during the Mao era as well as the changes to everyday life brought about by the economic transformation from centrally planned socialism to a market-orientated economy. Thereby, life in retirement for Chinese elders becomes more than just an issue of dealing with increases in discretionary time after exit from full-time work, but also one of making sense of their earlier life experiences in the midst of dramatic social changes. A grounded theory approach with semi-structured, in-depth, face-to-face interviews was used for data collection and analysis. Three interrelated themes emerged: reminiscence as a mechanism of meaning-making; discovery and exercise of agency in later life in contrast to a rigidly structured earlier life; and varying pathways to constructing the life-stage of retirement. The findings have refuted gerontological literature and public discourse that often portray Chinese elders as passive care recipients or helpless dependants. Further, the present study has practical implications for developing policies, designing programmes and providing services to improve the quality of life for today's older Chinese people. (RH)
ISSN: 0144686X From : <http://www.cambridge.org/aso>
- 241/82 Protecting older adults in the Israeli health system: cross-cultural interactions involved in legal and social elder abuse interventions; by Mara Schecter.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 191-207.
In 2002 the World Health Organization published a categorical definition of 'Elder Abuse' but the relevant social and legal interventions differed markedly even among Western-oriented countries. The aim of this article was to compare and contrast approaches to this widespread and very serious problem in the New York City and the Israeli health care systems. Study findings showed that in today's world family members do not all necessarily live on the same continent, so professionals must be aware of the way things are done in countries other than their own. The differences in the interventions employed, or not employed, in these two specific systems highlight the need to understand not only how elder abuse is dealt with in each place, but the conceptual framework that governs it. The present article can serve as a guide for American professionals and others concerned with the problems of elder abuse who function within the Israeli health care system. (JL)
ISSN: 15528030 From : <http://tandf.com>
- 241/83 Village senior centres and the living arrangements of older people in rural China: considerations of health, land, migration and intergenerational support; by Huijun Liu, Karen N Eggleston, Yan Min.: Cambridge University Press.
Ageing and Society, vol 37, no 10, November 2017, pp 2044-2073.
China is experiencing rapid urbanisation and population ageing, alongside sometimes contentious rural land consolidation. These on-going social, economic, political and demographic changes are especially problematic for older people in rural areas. In these regions, social and institutional support arrangements are less developed than in urban areas; older people have few options for resettlement, but are resistant to or incapable of adjusting to high-rise apartment living. In 2012-13, the authors gathered rich qualitative and quantitative data on over 600 older residents in 12 villages under the jurisdiction of City L in north-east coastal China to analyse residents' living arrangement choices during the village renovation process. Villages with and without senior centres were compared, to shed light on the correlates of co-residence and independent living. Senior centres play a role in balancing the burden on rural Chinese families, resulting from population ageing, smaller families, widespread migration for work, and the rapid urbanisation that is restructuring land rights and social support arrangements. (RH)
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LEISURE

(See Also 241/138)

- 241/84 The role of travel in enhancing life satisfaction among Chinese older adults in Hong Kong; by Xue Bai, Kam Hung, Faniel W L Lai.: Cambridge University Press.
Ageing and Society, vol 37, no 9, October 2017, pp 1824-1848.
Life satisfaction is an important indicator of well-being and successful ageing, while boosting life satisfaction in later life has long been a policy and service challenge. Based on a questionnaire survey with 415 Chinese older adults aged 60 years and over in Hong Kong, this study examined how older adults' travel motivations influenced their travel actions and how the travel affected their life satisfaction using structural equation modelling. A proposed 'travel motivation action life satisfaction' model showed an acceptable fit with the data. It was found that travel motivations

stimulated older adults' travel actions, while their travels further contributed to greater life satisfaction. The findings of this study indicated the need for improved knowledge and understanding of older adults' travel preferences and requirements. The findings also highlight the importance of enhancing awareness among professionals and service providers about the benefit of travelling in enhancing older people's life satisfaction. (RH)

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From : <http://www.cambridge.org/aso>

LGBT

241/85 Developing inclusive care homes for older people who identify as lesbian, gay, bisexual and trans (LGBT): Paul Willis, Trish Hafford-Letchfield, Kathryn Almack, Paul Simpson; by School for Policy Studies, University of Bristol; Department of Mental Health Social Work and Interprofessional Learning, Middlesex University. Bristol: University of Bristol, November 2017, 2 pp (PolicyBristol Policy briefing, 53).

Care home staff and managers often lack knowledge about the delivery of personalised care to older lesbian, gay, bisexual and trans (LGBT) residents, which was the motivation for this action research project. The researchers worked with a large care home provider and six care homes in England to increase awareness and knowledge amongst staff about sexual and gender diversity and social inclusion. Using a co-productive approach, they recruited eight volunteer LGBT Community Advisors (CAs) to work with them in carrying out an audit of care homes on LGBT inclusion. An audit and assessment tool to assist CAs with gathering key information was devised. While the evaluation showed clear evidence of gains in awareness and changes in attitudes by managers and staff during and after the intervention, concerns remained about the invisibility of bisexual and trans residents who are often wrongly subsumed under the labels 'lesbian' and 'gay'. (RH)

From : http://bristol.ac.uk/media-library/sites/policybristol/documents/PolicyBristol_Briefing_November_2017_Inclusive_Care_Homes.pdf

241/86 Moving forward: working with and for older lesbians, gay men, bisexuals and transgendered people: training and resource pack; by Steve Pugh, Willie McCartney, Julia Ryan, Older Lesbian, Gay, Bisexual and Transgendered Peoples Network; University of Salford. [Salford]: Older Lesbian, Gay, Bisexual and Transgendered Peoples Network, [2006?], 79 pp.

Based in the North West of England, the Older Lesbian, Gay, Bisexual and Transgendered Peoples Network produced this training and resource pack in association with the University of Salford. The aim is to explore LGBT people's contacts with health and social services, not always a positive experience. It explores the inclusion and exclusion of older LGBT people, the main explanations for exclusion being ageism and homophobia. It provides an overview of the literature relating to older LGBT people; also plans for training sessions, which draw on material in the pack and can be used in training health and social care staff. (RH)

241/87 Religion, sexuality, and (in)equality in the lives of older lesbian, gay, and bisexual people in the United Kingdom; by Sue Westwood.: Taylor and Francis.

Journal of Religion, Spirituality and Aging, vol 29, no 1, January-March 2017, pp 47-69.

This article explores how older lesbian, gay and bisexual (LGB) people in the United Kingdom engage with religion in later life. Drawing on research with older persons who are LGB and with activists, it explores religious spaces as sites of both inclusion and exclusion, historically and in the present day. Particular consideration is given to the equality implications, in the form of parity of participation, including in the context of religious-based social care provision for older people. Future research implications are addressed. (JL)

ISSN: 15528030

From : <http://tandf.com>

LONELINESS AND SOCIAL ISOLATION

241/88 The effectiveness of e-Interventions on reducing social isolation in older persons: a systematic review of systematic reviews; by Jennifer Chipps, Mary Ann Jarvis, Suvira Ramiall.

Journal of Telemedicine and Telecare, vol 23, no 10, December 2017, pp 817-827.

As the older adult population group has been increasing in size, there has been evidence of growing social isolation and loneliness in their lives. The increased use of information communication technology (ICT) and Internet-supported interventions has stimulated an interest in the benefits of e-Interventions for older people, and specifically in having a role in increasing social networks and decreasing loneliness. A systematic review of e-Interventions to reduce loneliness in older people was conducted, with the aim of synthesising high quality evidence on the effectiveness of eInterventions in decreasing social isolation or loneliness for older people living in the community or residential care. A systematic search of 12 databases for reviews published between 2000-2017 was conducted using search term synonyms for older people, social isolation and interventions. Three independent researchers screened articles and two reviewers extracted data. The Revised Assessment of Multiple Systematic Reviews was used to assess the

quality of reviews. The final search identified 12 reviews, which included 22 unique primary research studies evaluating e-Interventions for social isolation or loneliness. The reviews were of moderate quality, and the primary studies showed a lack of rigour. Loneliness was most frequently measured using the University of California Los Angeles Loneliness Scale. Despite the limitations of the reviewed studies, there is inconsistent and weak evidence on using e-Interventions for loneliness in older people. (OFFPRINT) (RH)

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241/89

Gender differences in the correlates of loneliness among Japanese persons aged 50-70; by Thijs van den Broek.: Wiley.

Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 234-237.

This study aimed to explore gender differences in the correlates of loneliness among Japanese people aged between 50 and 70. Logistic regression models were estimated on cross-sectional Japanese Generations and Gender Survey data of 4,057 people within this age range. Loneliness was measured as having a score of 2 or higher on the shortened De Jong Gierveld loneliness scale. For more than half of the respondents, De Jong Gierveld loneliness scores exceeded the threshold of 2. Loneliness was more prevalent among men than among women. Living without a spouse or partner was more strongly associated with loneliness for men than for women. Childlessness was more strongly associated with loneliness for women than for men. A large proportion of Japanese people between 50 and 70, particularly men, are lonely. Programmes aimed at reducing loneliness should acknowledge that antecedents of loneliness differ between women and men. (JL)

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241/90

Predictors of loneliness and different types of social isolation of rural-living older adults in the United Kingdom; by Jolanthe Louise de Koning, Afroditi Stathi, Suzanne Richards.: Cambridge University Press.

Ageing and Society, vol 37, no 10, November 2017, pp 2012-2043.

Loneliness and social isolation are recognised, conceptually distinct threats to health and well-being in older age, but limited evidence is available on their predictors in rural populations. This study performed logistical regression modelling to explore the predictors of loneliness, isolation from one's family and isolation from one's community in 884 British rural-living older adults (57.9% female; mean age 71.5, standard deviation = 8.1 years) within the Grey and Pleasant Land data-set (GaPL). The participants were from three rural communities in South Wales and three in South West England. While 13 per cent of participants reported feeling lonely, 49 per cent reported isolation from their family and 9 per cent reported isolation from their community. Minimal cross-over between groups was observed. Widowhood, financial difficulties, area deprivation, and self-reported impairments in physical and mental health predicted loneliness. Greater financial difficulty gave lower odds of isolation from one's family, and higher levels of community engagement gave lower odds of isolation from the community. Ageing in place (longer residency) was the only common predictor for all three dependent variables. Initiatives aimed at tackling loneliness and social isolation in rural-living older people must recognise that the two concepts are distinct, affecting different population sub-groups with mostly different risk factor profiles. Future interventions and policies should clearly identify whether their target is loneliness or social isolation and tailor their interventions appropriately. (RH)

ISSN: 0144686X

From : http://opus.bath.ac.uk/50465/1/Ageing_and_Society_GaPL_manuscript_accepted_PURE_version_08.06.2016_PDF.pdf

241/91

What do older people experiencing loneliness think about primary care or community based interventions to reduce loneliness?: A qualitative study in England; by Kalpa Kharicha, Steve Iliffe, Jill Manthorpe (et al).: Wiley.

Health and Social Care in the Community, vol 25, no 6, November 2017, pp 1733-1742.

Loneliness in later life is a common problem with poor health outcomes. However, interventions to prevent or ameliorate loneliness have a weak evidence base. The views of older people experiencing or at risk of loneliness in the community are important in identifying features of potential support, but have been little studied. Twenty-eight community dwelling people, aged 65+ who reported being 'lonely much of the time' or identified as lonely from the de Jong Gierveld six-item Loneliness Scale in a larger study, participated in in-depth interviews, between June 2013 and May 2014. Views and experiences on seeking support from primary care and community based one-to-one and group-based activities, including social and shared interest groups, were explored. Interviews were recorded and transcribed. Thematic analysis was conducted by a multidisciplinary team, including older people. Using two different measures of loneliness enabled a spectrum of loneliness experience to be explored. Two-thirds of the participants were the 'younger old' and all were able to leave their homes independently. Older people with characteristics of loneliness were generally knowledgeable about local social and community resources but, for the majority, community and primary care based services for their loneliness were not considered desirable or helpful at this point in their lives. However, group based activities with a shared interest were

thought preferable to one-to-one support (befriending) or groups with a social focus. Descriptions of support as being for loneliness and specific to older people discouraged engagement. Older people experiencing or at risk of loneliness did not consider that primary care has a role in alleviating loneliness because it is not an illness. They thought primary care practitioners lack understanding of non-physical problems and that a good relationship was necessary to discuss sensitive issues like loneliness. For many, loneliness was a complex and private matter that they wished to manage without external support. (RH)

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LONG TERM CARE

(See Also 241/93)

- 241/92 Holocaust survivors in long-term care; by Allen Glicksman.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 177-190.
Little research exists on the experience of older trauma survivors in long-term care settings. This study examined the experience of Holocaust survivors in community-based and facility-based long-term care. The study sought to ascertain whether Holocaust survivors had a systematically different experience in such settings compared to persons without a trauma experience in their backgrounds. Through interviews with survivors, American-born Jews in the same settings, family members and professional staff, it was found that there were differences in certain aspects of mental health and emotional well-being. These differences were associated with the relative lack of a network of family members as compared to American-born Jews. (JL)
ISSN: 15528030 [From](http://tandf.com) : <http://tandf.com>

LONG TERM CONDITIONS

- 241/93 New horizons in multimorbidity in older adults; by Alison J Yarnall, Avan A Sayer, Andrew Clegg (et al.): Oxford University Press.
Age and Ageing, vol 46, no 6, November 2017, pp 882-888.
The concept of multimorbidity has attracted growing interest over recent years, and more latterly with the publication of specific guidelines on multimorbidity by the National Institute for Health and Care Excellence (NICE). Increasingly it is recognised that this is of particular relevance to practitioners caring for older adults, where multimorbidity may be more complex due to the overlap of physical and mental health disorders, frailty and polypharmacy. The overlap of frailty and multimorbidity in particular is likely to be due to the widespread health deficit accumulation, leading in some cases to functional impairment. The NICE guidelines identify 'target groups' who may benefit from a tailored approach to care that takes their multimorbidity into account, and make a number of research recommendations. Management includes a proactive individualised assessment and care plan, which improves quality of life by reducing treatment burden, adverse events, and unplanned or uncoordinated care. (JL)
ISSN: 00020729
[From](https://pdfs.semanticscholar.org/8b60/2c415725c00716c8df397ee6cbf394888b1e.pdf) : <https://pdfs.semanticscholar.org/8b60/2c415725c00716c8df397ee6cbf394888b1e.pdf>

MENTAL HEALTH

(See 241/4)

MIGRATION

- 241/94 Social protection without borders?: The use of social services by retirement migrants living in Spain; by Ines Calzada.: Cambridge University Press.
Journal of Social Policy, vol 47, no 1, January 2018, pp 21-37.
The extent to which international retirement migrants (IRMs) living in Spain make use of public care services for older people is examined, also how public officials deal with their demands. Qualitative interviews were conducted with 19 social workers in ten communities characterised by a sizeable population of retirement migrants. The authors found that substantial numbers of retirement migrants remain in Spain well after dependency sets in. This necessitates the development of complex strategies to obtain care by means of social networks, voluntary associations and private care providers. A certain reluctance to engage with Spanish social services may explain the fact that these services are accessed only as a last resort when all other options have failed. However, the entire process of evaluating the needs of, and granting public care services to, retirement migrants is plagued by difficulties. Social workers cite the lack of a common language as a significant obstacle, together with insufficient information on claimants' health, economic and family situations (many IRMs are not registered as residents in Spain). Further barriers to the adequate protection of IRMs are the rules governing Spanish social services as they relate to families, and the recent reductions in public budgets due to the economic crisis. (RH)
ISSN: 00472794 [From](https://doi.org/10.1017/S0047279417000101) : <https://doi.org/10.1017/S0047279417000101>

NEIGHBOURHOODS AND COMMUNITIES

- 241/95 Older generations to rescue the high street; by Centre for Future Studies, Kent University; Anchor. Canterbury: Centre for Future Studies, Kent University, November 2017, 38 pp. Anchor commissioned this report from the Centre for Future Studies (CFS; www.futurestudies.co.uk). It builds on findings from the ILC-UK's 'The missing £billions: the economic cost of failing to adapt our high street to respond to demographic change' (Dec 2016). The CFS estimates that in the next ten years, almost two-thirds of all retail spending growth will come from those aged 55+. However, retailers will have to respond positively to the demand for age-friendly shopping environments. This report projects likely demographic trends between now and 2030, when successful retailers will be those who have recognised that 'business as usual' is no longer a viable strategy. It looks at the current demise of the high street and the adverse effects - such as loneliness - on many aspects of social life. While a lack of age-friendly shops could be costing retailers billions, the baby boomer generation could be the force to be reckoned with, and could help reinvent the high street. However, for this to happen, changes that are affecting the high street (e.g. the impact of e-commerce and on-line shopping) will need to be recognised and acted upon. (RH)
From : <http://www.anchor.org.uk/media-centre/latest-news/45bn-annual-high-street-losses-predicted-2030-retailers-fail-attract-grey>

PENSIONS AND BENEFITS

(See Also 241/15)

- 241/96 Public/private pension mix, income inequality and poverty among the elderly in Europe: an empirical analysis using new and revised OECD data; by Jim Been, Karen Caminada, Kees Goudswaard, Olaf van Vliet.: Wiley. Social Policy and Administration, vol 51, no 7, December 2017, pp 1079-1100. Previous studies have suggested that higher public pensions are associated with lower income inequality among older people. whereas the reverse is true for private pensions. In 2012, van Vliet et al used panel data from the OECD SOCX (Social Expenditure) and the EU-SILC (European Union Statistics on Income and Living Conditions) databases, to empirically test whether relative shifts from public to private pension schemes entail higher levels of income inequality among older people. Contrasting earlier empirical studies using either cross-sectional or time-series data, they do not find evidence that shifts from public to private pension provision are associated with higher levels of income inequality or poverty among older people. This article aims to extend the analysis of van Vliet et al by: adding additional countries; adding additionally available years; and using revised OECD SOCX data. In contrast to van Vliet et al, the authors find that a greater relative importance of private pensions is associated with higher levels of income inequality and poverty among older people. A central explanation of the difference in conclusions stems from the revision of OECD SOCX data. (RH)
ISSN: 01445596
From : https://www.netspar.nl/assets/uploads/P20160826_dp028_Been.pdf

PERSONALISATION

- 241/97 Will direct payments make adult residential care more personalized?: Views and experiences of social care staff in the direct payments in residential care trailblazers; by Lorraine Williams, Stefanie Ettelt, Margaret Perkins (et al).: Wiley. Social Policy and Administration, vol 51, no 7, December 2017, pp 1060-1078. Direct payments, i.e. cash payments made directly to the individual in lieu of social care services, have become an established option in council-funded domiciliary care as a means to better personalise care and support. As part of its agenda to modernise social care, the Government tested their use in long-term residential care with 18 trailblazing councils in England. This article presents findings from the independent evaluation of this initiative. Interviews were conducted between September 2014 and November 2015 with project leads seconded to the programme in all participating councils, and with council and care home staff involved in implementing direct payments in residential care in five of the areas. The interviews explored professionals' views and experiences of personalisation in residential care, and their thoughts on the potential contribution of direct payments in promoting personalisation. Whilst there was agreement that good care takes personal preferences into account and that many care homes could provide a more personalized service, doubts were voiced about whether direct payments were an appropriate mechanism to achieve this aim. This was seen as particularly pertinent in relation to residents with very high care needs and limited capacity to exercise choice and control. Interviewees also identified a number of risks and challenges to implementation, including financial risks to care homes. The findings from these interviews suggest that the contribution of direct payments to personalising residential care may be more modest than expected. (RH)
ISSN: 01445596 From : <http://www.wileyonlinelibrary.com/journal/spol>

PHYSICAL ACTIVITY

241/98

Focus on physical activity can help avoid unnecessary social care; by Scarlett McNally, David Nunan, Anna Dixon, Mahiben Maruthappu, Kenny Butler and Muir Gray.
BMJ [2017](#);359:j4609, October 2017.

The drastic loss of ability that many older people experience is not an inevitable part of ageing. Ageing is a normal biological process that leads to a decline in vision, hearing, skin elasticity, immune function, and resilience but the common decline in fitness that occurs with age is different, starting around 30 years of age and accelerating more rapidly after age 45. At any age and with any combination of health problems, exercise may reverse this decline and keep a person above the threshold for needing increased care. The UK chief medical officer's guidelines recommend 150 minutes a week of moderate physical activity plus twice weekly strength and balance training for adults of all ages. Any physical activity for at least 10 minutes that gets someone slightly out of breath, contributes to the 150 minute weekly minimum target and there is a dose-response effect. Health services which encourage a patient to stay in bed, or on a chair next to the bed, may aggravate the problem. Local authorities spend £8.8bn a year on care for the over 65s in England. Remaining active will reduce the need for social care. The gap between the best possible level of ability and actual ability can be reduced at any age, no matter how many long term conditions the person may have. (NL)

From : https://www.ageing-better.org.uk/sites/default/files/2017-12/Focus-on-physical-activity_0.pdf

241/99

Older people's adherence to community-based group exercise programmes: a multiple-case study; by Clare Killingback, Fotini Tsofliou, Carol Clark.

BMC Public Health [2017](#) 17:115, 25 January 2017, 12 pp.

Community-based group exercise programmes (CBGEP) utilising social supports have been shown to be one means of not only increasing activity levels for older people, but of also sustaining physical activity. A gap in the literature was identified concerning older people's long-term adherence to real-life CBGEP within a UK context. This study sought to address this gap, by understanding older people's ongoing adherence to CBGEP, with a view to gaining further insight about which factors contribute to enabling people to sustain their physical activity levels. The authors used a multiple case study research design, to understand adherence by 27 older people (age 60+) to three current CBGEP in the South-West of England. Qualitative data (participant observation, focus groups, documents and interviews) were collected and analysed using inductive thematic analysis, followed by the analytic technique of explanation building. Quantitative data were analysed using descriptive statistics and used to set the context of the study. This study offers five insights into real-life programmes which have been successful in helping older people maintain adherence for a year or longer. These included: factors relating to the individual; the instructor (particularly personality, professionalism and humanised approach); programme design (including location, affordability, the use of music, and adaptable exercise content); social features which supported a sense of belonging; and participant perceived benefits (physical and psycho-social). These all served to explain older people's adherence to CBGEP. These factors related to participant adherence of CBGEP must be considered if we wish to support older people in sustaining a physically active lifestyle as they age. These findings are of interest to practitioners and policy makers in how CBGEPs serve to aid older people in maintaining a physically active lifestyle, with a view to preventing non-communicable diseases and in maintaining social connectivity. (RH)

From : <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4049-6>

241/100

Physical activity promotion in care homes; by Lindsay Turpie, Sandy Whitelaw, Christopher Topping.: Emerald.

Working with Older People, vol [21](#), no 4, 2017, pp 206-214.

This article reports on the implementation of a physical activity (PA) scheme - Let's Motivate (LM) - within private care homes (CHs) in Dumfries and Galloway (D&G), Scotland. The aim is to provide an insight into the different factors which might contribute to the scheme's success and further sustainability. A qualitative study is described in which one-to-one semi-structured interviews were carried out with eight key staff involved in implementing the project within two purposively sampled CHs, in order to explore their views and experiences of implementation. The study provides an insight into the different factors which stand to both promote and impede the successful implementation of LM within the two CHs involved. Studies exploring the factors which can both promote and impede implementation are important, as they can help to usefully inform the implementation and sustainability of initiatives. (RH)

ISSN: 13663666

From : <http://www.emeraldinsight.com/loi/wwop>

POVERTY

- 241/101 Poverty in old age: evidence from Hong Kong; by Lih-Shing Chan, Kee-Lee Chou.: Cambridge University Press.
Ageing and Society, vol 38, no 1, January 2018, pp 37-55.
The Hong Kong population will age rapidly over the next three decades. The problem of old-age poverty will test the Hong Kong government, which has been using a solely income-based measurement. This study aims to assess poverty rates among Hong Kong's older population in terms of both income and consumption-based measurements, by using both relative and absolute concepts of poverty. It also examines the association of socio-economic and household characteristics with poverty rates among older people. A two-stage stratified sample design was adopted, in which a total of 4,306 older adults were personally interviewed in their homes (response rate 66.2 per cent). This study contributes to the larger study on poverty in Hong Kong, by revealing how income and consumption poverty rates may differ among older adults. Older adults who were both income and consumption poor were more likely to be female, widowed, living alone and to have received less than an elementary school-level education. They possessed very few assets and were most likely financially dependent on family support and welfare payments. To fully understand older people's economic well-being in Hong Kong, this study proposes that joint distribution of income and consumption poverty can better identify and explain the demographic characteristics of poor older people. Implications of the study are discussed based on the neo-liberalist approach that the Hong Kong government has taken in welfare provisions. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

- 241/102 UK poverty 2017: summary; by Helen Barnard, Ashwin Kumar, Andrew Wenham (et al), Analysis Unit, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation, December 2017, 4 pp (Inspiring social change; Ref 3272).
Over the last 20 years, the UK has seen very significant falls in poverty among children and pensioners. In 1994/95, 28% of pensioners lived in poverty, falling to 13% in 2011/12. However, poverty rates have started to rise again, to 16% for pensioners in 2015/16. This is summary of the main report, 'UK poverty 2017: a comprehensive analysis of poverty trends and figures' (113 pp). It is based on analysis of a range of household surveys and published statistics, and examines how UK poverty has changed in the last 20 years, as well as more recent developments. Among key points are that around one in six pensioners in the poorest fifth of the population, are socially isolated; and 70% of people in work are not contributing to a pension. The main fall in the pensioner poverty rate was among single pensioners between 1998/99 and 2004/05. This was helped by increased state support for low-income pensioners through the Pension Credit Guarantee (previously the Minimum Income Guarantee - MIG) and rising home ownership, which reduced the proportion having to meet rising rents. However, the Pension Credit Guarantee has failed to keep up with prices; and housing costs for those pensioners still renting have risen. (RH)
From : Link to download: <https://www.jrf.org.uk/report/uk-poverty-2017>

QUALITY OF LIFE

- 241/103 Quality of urban life among older adults in the world major metropolises: a cross-cultural comparative study; by Xi Fan, Jasleen Chahal, Rose Marie Ward.: Cambridge University Press.
Ageing and Society, vol 38, no 1, January 2018, pp 108-128.
The concept of quality of urban life (QoUL) can be interpreted quite differently across different cultures. Little evidence has shown that the measure of QoUL, which is based on Western culture, can be applied to populations cross-culturally. In the current study, the authors use data from the 2006 Assessing Happiness and Competitiveness of World Major Metropolises study to identify underlying factors associated with QoUL, as well as to assess the consistency of the QoUL measurement among adults aged 60 and older, in ten world major metropolises (i.e. New York City, Toronto, London, Paris, Milan, Berlin, Stockholm, Beijing, Tokyo and Seoul). Exploratory factor analysis and multiple-group confirmatory factor analysis (CFA) are used to analyse the data. Study findings suggest that the measure of QoUL is sensitive to socio-cultural differences. Community factor and intra-personal factor are two underlying structures that are related to QoUL among older adults in ten metropolises cross-culturally. Results from the CFA indicate that Toronto is comparable with Beijing, New York City, Paris, Milan and Stockholm in QoUL, while other cities are not. The results provide insights into the development of current urban policy and promotion of quality of life among older residents in major metropolitan areas. Future researchers should continue to explore the relationship between QoUL and socio-cultural differences within international urban settings, while remaining cautious when making cross-cultural comparisons. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

RELATIONSHIPS (PERSONAL)

(See 241/125)

RELIGION AND SPIRITUALITY

(See Also 241/18, 241/53, 241/87, 241/92)

- 241/104 "I believe...": a qualitative study of older adults; by Bruce A Stevens.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, no 4, October-December 2017, pp 286-298.
The purpose of the present study was to examine the concept of beliefs and believing. The author argues that neither are static over a lifetime, but asks what is stable and what is fluid. It makes sense to start with the aged, whose beliefs have been tested by a lifetime of experience. This qualitative study of 15 older adults used a grounded theology methodology to develop a model of what influences the views of a range of Christian and agnostic subjects. The study identified two sources in life learning and spiritual learning that influence agnostic, more liberal or conservative beliefs. This emergent model is contrasted with the approach of leading theologian Graham Ward. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/105 "The Vietnamese have a better understanding of yidishkeit than the Jewish Federation officials": a senior day center in historical perspective; by Rakhmiel Peltz.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 164-176.
In 2011 a Jewish-sponsored senior centre, the Jacob and Esther Stiffel Senior Center in South Philadelphia, was forced to close. The centre had served older Jews and non-Jews for decades, tracing its roots to 1875 and its building to 1928. This article describes the meaning of the senior centre to its participants and the impact of its closing on its members. The closing of the centre raises larger questions about the potential role of older adults in the life of the larger community and how the loss of such institutions can inhibit the ability of older adults to contribute to and enrich the lives of all members of their communities. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/106 "We have answered their prayer": American Jewish old age homes as guardians of religious tradition; by Edna Friedberg.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 147-163.
The old age home was the major American Jewish communal response to aged poverty during the late nineteenth and early twentieth centuries. The first homes offered a self-conscious projection of their sponsors as socially progressive and compassionate in a new landscape. For a religious community increasingly distanced from formal hierarchies of traditional religious practice, the highly visible performance of good deeds under explicitly Jewish auspices became central to its communal identity. Acting on a combination of compassion and the perceived moral imperative of providing a Jewish environment, the founders and supporters of these homes recast Judaism and Jewish identity through an idealised image of aged piety. (JL)
ISSN: 15528030 From : <http://tandf.com>
- 241/107 Nurturing spiritual well-being among older people in Australia: drawing on Indigenous and non-Indigenous way of knowing; by Pettina Love, Melissa Moore, Jeni Warburton.: Wiley.
Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 179-185.
The meaning of spiritual wellbeing as a health dimension is often contested and neglected in policy and practice. This paper looked at spiritual wellbeing from the perspective of both Indigenous and non-Indigenous populations across Australia. The study drew on Indigenous and non-Indigenous methodologies to explore the existing knowledge around spiritual wellbeing and its relationship with health. The Indigenous perspective proposed that spiritual wellbeing is founded in The Dreaming, which informs everyday relationships and can impact on health. The non-Indigenous perspective suggested that spiritual wellbeing is shaped by culture and religion, is of increased importance as one ages, and can improve coping and resilience stressors. Situating these perspectives side by side allows us to learn from both, and understand the importance of spirituality in people's lives. Further research is required to better address the spiritual wellbeing/health connection in policy and practice. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 241/108 The older American-Jewish population: findings from the Pew study; by Allen Glicksman, Tanya Koropecj-Cox.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 75-85.
The 2013 Pew Research Center survey of American Jews provided an opportunity to examine trends in identity and identification among older American Jews. By comparing findings from this survey to findings from similar surveys in 1990 and 2000/2001, the present study was able to

identify patterns of continuing integration into the American religious mainstream and away from more traditional religious and ethnic ways of expressing their Jewish identity. (JL)

ISSN: 15528030

From : <http://tandf.com>

- 241/109 Religiosity and well-being among older Jewish Israelis: findings from SHARE; by Howard Litwin, Ella Schwartz, Dana Avital.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 208-223.
This study examined the correlates of religiosity among Jewish Israelis aged 50 and older. Based on the second wave of the Survey of Health, Ageing, and Retirement in Europe (SHARE), the findings showed that almost half the Jewish respondents never pray and that, on average, prayer frequency is lower among Jewish Israelis than it is among most of their European counterparts. Multivariate logistic analyses revealed that those who pray more often have more health conditions, are less able to make ends meet financially, and have fewer years of education. However when facing ill health those who pray more often display a relatively lesser decline in their sense of wellbeing. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/110 Retirement among members of the clergy: findings from a Protestant fellowship; by James L Knapp, Charlie D Pruett.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, no 1, January-March 2017, pp 33-46.
In 2009 Knapp, Pruett, and Hicks published an exploratory study that focused on the financial and housing options that would be available to members of the clergy of a nondenominational fellowship on reaching the age of retirement. The present study built on that foundation and expanded the sample to include ministers within Churches of Christ from multiple U.S. states. The results were consistent with the exploratory study and indicated that financial preparedness varied greatly based on factors such as age, years in ministry, size of the church being served, and whether one intended to fully retire. Similarly, housing options varied greatly and were related to financial wellbeing. These findings reinforce the need for pre-retirement education for members of the clergy, especially for those who minister in churches that exist outside of a denominational structure that could assist with the entrance into retirement. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/111 The role of religion when crisis looms: a church community at a crossroads; by Lauren Trueman, Odette N Gould.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, no 1, January-March 2017, pp 18-32.
The present study examined the relationship between religion and wellbeing in older adults during a time of financial difficulty within their religious community. Focus group and one-on-one interviews were carried out with 39 participants sampled from three Anglican parishes in eastern Canada during a financial crisis that was likely to lead to the closing of two churches. Three main themes emerged from the analyses: crisis, transition and status quo. The financial situation was discussed as a crisis; other issues were viewed as opportunities for transition, and personal faith was perceived as being stable and constant. The results of the present study suggest that for older adults, the more internal and faith-based aspects of religiosity have a stronger impact on wellbeing than do changes that revolve around the external or religious aspects of church participation. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/112 Seeking sacred pathways: how ritual is being used as a means for spiritual support; by Richard F Address.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 86-96.
Baby boomers among the Jewish community are confronting new life stages as they navigate the revolution in longevity. Emerging in this journey are new rituals and reinterpretations of old ones that speak to these new life stages. These rituals help provide a grounding and guide to create moments of meaning as they come to terms with their ageing. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/113 Spirituality promotes better health outcomes and lowers anxiety about aging: the importance of spiritual dimensions for baby boomers as they enter older adulthood; by Elizabeth MacKinlay, Richard Burns.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, no 4, October-December 2017, pp 248-265.
Baby boomers present unique challenges to aged care service provision. Like previous generations baby boomers face challenges of ageing. Spirituality in later life, understood largely as meaning in life, is crucial to wellbeing. Little has been studied about this dimension of ageing for baby boomers. This mixed methods study used survey and focus groups methods to

investigate spirituality in a sample of 143 baby boomers. Participants comprised staff, children of adults in care and Uniting Church congregational members. The study examined associations between physical and mental health, and ageing anxiety with spirituality and whether baby boomer spirituality buffered the impact of negative life events. Focus groups revealed fears of future frailty, loss and fears of dementia. Religious affiliation in the study was lower, yet spirituality was important, even with those without religious affiliation. Closeness of association of staff with older people in their care seemed to account for lower levels of fear of older people amongst staff, but higher fears of future loss compared with the other groups. Higher levels of spirituality were related to better mental and physical health and lower anxiety about and fear of ageing, and buffered the impact of negative life events where they occurred. (JL)
ISSN: 15528030 From : <http://www.tandfonline.com/doi/abs/10.1080/15528030.2016.1264345>

241/114

We used to say "Zei gezunt!" (Be well!): do American Jews still exhibit distinctive health behaviours?; by Gail Gaisin Glicksman, Allen Glicksman.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 97-104.
A survey that included a representative sample of 3,219 older adults aged 60 and above living in the Philadelphia area was used to determine whether health status and health behaviours of older Jews differed from that of non-Jews. The survey included questions about health status and health behaviours as well as sociodemographic characteristics. Responses of self-identified Jews, Catholics and Protestants were compared. With only two exceptions there were no differences between Jews and non-Jews on questions about health status. In regard to health behaviours, Jews were more likely to follow standard recommendations such as seeing their physician on a regular basis or yearly screenings for certain cancers. The study completed stepwise regressions with measures of socioeconomic status entered first and then Jewish status, as socioeconomic status was closely associated with health outcomes. Being Jewish continued to explain differences in health behaviours even when controlling for socioeconomic status. The study also looked at the relation between attending religious services and health behaviours. Self-rated health was correlated with attendance for Protestants and for Catholics but was not correlated with self-rated health for Jews. All findings suggest the need for further study of the reason for the relation of health behaviour to being Jewish. (JL)
ISSN: 15528030 From : <http://tandf.com>

RESIDENTIAL AND NURSING HOME CARE

(See Also 241/27, 241/85, 241/100, 241/105, 241/106)

241/115

Care homes market study: summary of final report; by Competition and Markets Authority - CMA.: Competition and Markets Authority, 30 November 2017, 13 pp.
The Competition and Markets Authority (CMA) launched this market study on 2 December 2016, with the aim of understanding why the care home market may not be working well for residents and their families. This is a summary of the final report (221 pp) of the CMA's market study, which identifies two main problem areas, the first being that those requiring care need greater support in choosing a care home, and greater protections when they are residents. The second is that the current model of service provision cannot be sustained without additional public funding: local authority (LA) payments made on behalf of the residents they fund are unlikely to make care homes or nursing homes be sustainable at current levels. Significant reforms will be needed to enable the sector to grow to meet the expected substantial increase in care needs. The weblink for the final report (<https://www.gov.uk/cma-cases/care-homes-market-study#final-report>) also has links to other material gathered by the CMA during the study, including short summaries for each nation, consumer research by Ipsos-MORI, and responses by individuals and providers. The CMA concludes that its analysis and recommendations should help to shape the care and support for older people Green Paper (to be published by summer 2018). (RH)
From : <https://www.gov.uk/government/publications/care-homes-market-study-summary-of-final-report/care-homes-market-study-summary-of-final-report>

241/116

Delirium in a residential care facility: an exploratory study of staff knowledge; by Amy Buettel, Michelle Cleary, Marguerite Bramble.: Wiley.
Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 228-233.
The purpose of this study was to explore staff knowledge of delirium by eliciting meaning through descriptions of their experiences within a residential aged care facility (RACF).
Six staff from one RACF in Australia participated in this qualitative study. Semi-structured individual interviews were conducted and analysed using Colaizzi's analytical framework.
The analysis revealed four themes: (i) absence of the word delirium; (ii) care based on intuition and automated actions; (iii) reliance on teamwork; and (iv) confusing delirium, depression and dementia. Overall the study found that delirium was absent from clinical discourse in the RACF. Although participants concluded that delirium was common, lack of knowledge led to under-assessment. Findings emphasise the need for staff education, informed assessment and clinical guidelines to better support staff care for residents. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

- 241/117 Factors influencing family-member perception of "homelikeness" in long-term care homes; by Stephanie A Chamberlain, Lori E Weeks, Janice Keefe.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 4, October-December 2017, pp 394-409.
A number of long-term care homes in Nova Scotia, Canada, have been built or redesigned with new models of care with expanded care aide scope of practice and neighbourhood-style layouts. This study examined what physical characteristics (bed size, owner-operator), model of care, and relational (family-staff relationship, perceived staff-resident relationship) factors were associated with increased family-member perception of homelikeness in long-term care homes. The authors analysed surveys collected from 273 family members from 23 long-term care homes in Nova Scotia, Canada. A multivariate linear regression was conducted to assess variables associated with increased family-member perception of homelikeness. The authors found that relationships between family and staff, perceived resident-to-resident relationships, and family involvement in decision making were positively associated with increased family perception of homelikeness. No significant associations were found between model of care or physical characteristics and increased family perception of homelikeness. Relationships between family members, residents and staff are integral to family members feeling at home in their loved one's long-term care home. Feeling at home in long-term care is largely related to family member perception of meaningful social interactions between family and staff, and between residents. (RH)
ISSN: 02763893
From : <https://doi.org/10.1080/02763893.2017.1335672>
- 241/118 Nursing-home resident quality of life: a longitudinal case study approach; by Robin L Stadnyk, Stephanie A Chamberlain, Grace Warner (et al.): Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 3, July-September 2017, pp 243-258.
Longitudinal quality of life (QOL) research incorporating multiple perspectives can add to knowledge about how nursing home residents experience QOL, but these methods are seldom used. This study employed interviews and participant observation to conduct multiple-perspective, longitudinal case studies of six nursing home residents in Nova Scotia, Canada. Close, reciprocal relationships with staff members, staff knowledge of residents, and autonomy were fundamental to QOL. Autonomy was experienced through choice and self-advocacy. Changes in QOL over time related to changes in resident health status, acclimatisation to the setting, and family member availability. Study results may have implications for staffing and staff training. (RH)
ISSN: 02763893
From : <http://tandf.com>
- RESILIENCE**
- (See Also 241/92)
- 241/119 Challenges for aging Holocaust survivors and their children: the impact of early trauma on aging; by Nancy Isserman, Bea Hollander-Goldfein, S Nechama Horwitz.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 29, nos 2-3, April-September 2017, pp 105-129.
As Holocaust survivors age a question arises about the impact of the trauma on their experiences of the ageing process. Is the impact of early trauma continually present or does the negative psychological impact disappear when survivors are younger and then reappear as they age? In Transcending Trauma Project interviews survivors noted the impact of the Holocaust was always present but some stated that it increased as they aged. A small number of children of survivors interviewed observed a dependence upon defence mechanisms to cope with ageing which differed from the survivors' identification of using active and family coping strategies during the war and postwar years. Though children who experienced positive parent-child relationships mentioned the negative coping strategies, they also spoke positively of the impact of their parents in their own lives and expressed empathy for their parents. In the families where tensions existed between the survivors and their children, the children did not express empathy for their ageing parents. Several studies supported the importance of family relationships in the ageing process. This secondary analysis study further explored the impact of the Holocaust in ageing survivors and the views of some children of survivors on ageing. (JL)
ISSN: 15528030
From : <http://tandf.com>
- 241/120 Improving later life: vulnerability and resilience in older people; by Susan Davidson, Phil Rossall (eds), Age UK. London: Age UK, [2015], 86 pp.
Eminent gerontologists present their observations on the key aspects of vulnerability in later life in respect of: social engagement; resources (financial, housing and age-friendly neighbourhoods); health and disability; cognitive and mental health; and cross-cutting themes (including carers and resilience). Among suggestions made is that, in general, we can all adopt a holistic view of all kinds of vulnerability in later life as the main focus, rather concentrating on parts of the problem or parts of the body. Also recommended are: making better use of the research evidence to

identify problems earlier and to target resources; concentrating more on combating the effects of neighbourhood deprivation; working towards providing an age-friendly environment; facilitating home adaptations, aids and a better range of housing options; and rooting out ageism among professionals and society in general. (RH)

From : Age UK, Tavistock House, 1-6 Tavistock Square, London WC1H 9NA. Website: www.ageuk.org.uk

241/121 Narrative construction of resilience: stories of older Czech adults; by Eva Dubovska, Vladimir Chrz, Peter Tavel (et al.): Cambridge University Press.

Ageing and Society, vol 37, no 9, October 2017, pp 1849-1873.

Some older adults handle the pitfalls of ageing better than others. One explanation emerges from the concept of resilience, the ability to bounce back from the adversities of later life. In this study, the authors approached resilience from the narrative perspective. This study is a part of a project based on the DIPEX qualitative methodology, focused on different aspects of ageing. A combination of narrative and semi-structured interviews was conducted with 50 older adults (aged 75 and over). From the total number of interviews, a sub-group of 11 resilient participants was selected on the basis of the criteria set for resilience: past exposure to adversity; and positive adaptation to this adversity in terms of quality of life, happiness and activity. The results of the analysis are presented in the framework of five categories: thematic lines; agency and positioning; values and beliefs; reflections and perspectives; and plot and genre. Both agency and reflections point to actively resisting old age as an important characteristic of resilient older people in the Czech Republic. This resistance is often allied with irony, but the authors have also found genres of heroic coping and affirmation of lucky moments. Key thematic lines were love of life, emphasis on the importance of movement, and positive social relationships. Key values expressed by the participants were relational, existential and spiritual. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16000581>

RETIREMENT

(See Also 241/110)

241/122 Evaluation of pilot projects: supporting people through the transition into retirement; by Centre for Ageing Better; Calouste Gulbenkian Foundation. London: Calouste Gulbenkian Foundation, UK Branch; Centre for Ageing Better, [2017], 7 pp.

The Transitions in Later Life programme is based on the premise that transitions (e.g. retirement) provide an important opportunity to engage people in support and to ensure positive experiences in later life. This short report summarises the findings of an evaluation of seven pilot projects relating to the Transitions in Later Life programme. These group-based courses were aimed at building the resilience and emotional wellbeing of people aged 50 and over who are approaching retirement. An appendix in the detailed report, 'Evaluation of transitions in later life pilot projects' provides an overview of the projects which were undertaken by: Age and Opportunity; Beth Johnson Foundation, in partnership with Ageing Without Children; the Centre for Policy on Ageing (CPA); Manchester MIND; NHS Cheshire and Wirral Partnership Foundation Trust; Positive Ageing Associates; and the Workers Educational Association (WEA). (RH)

From : <https://16881-presscdn-0-15-pagely.netdna-ssl.com/wp-content/uploads/2017/10/TILL-Insight-report.pdf>

Calouste Gulbenkian Foundation (UK Branch), 50 Hoxton Square, London N1 6PB.

241/123 Evaluation of Transitions in Later Life pilot projects: executive summary and full report; by Centre for Ageing Better; Calouste Gulbenkian Foundation. London: Calouste Gulbenkian Foundation, UK Branch; Centre for Ageing Better, [2017], 39 pp.

The Transitions in Later Life programme is based on the premise that transitions (e.g. retirement) provide an important opportunity to engage people in support and to ensure positive experiences in later life. This evaluation by the Centre for Ageing Better and the Calouste Gulbenkian Foundation considers seven projects which delivered short courses (mostly one-day) to older people. The projects evaluated were undertaken by: Age and Opportunity; Beth Johnson Foundation, in partnership with Ageing Without Children; the Centre for Policy on Ageing (CPA); Manchester MIND; NHS Cheshire and Wirral Partnership Foundation Trust; Positive Ageing Associates; and the Workers Educational Association (WEA). The evaluation covers the difference that courses (and particular aspects thereof) make for participants; who participated and why; operational lessons learned; and the difference that each programme makes to the delivery organisation. This report has not evaluated the specific outcomes from individual projects. An appendix provides an overview of each project. (RH)

From : <https://www.ageing-better.org.uk/news/transitions-in-later-life-pilot-projects/> Calouste Gulbenkian Foundation (UK Branch), 50 Hoxton Square, London N1 6PB.

- 241/124 Retirement plans and active ageing: perspectives in three countries; by Andrea Principi, Sara Santini, Marco Socci (et al.): Cambridge University Press.
Ageing and Society, vol 38, no 1, January 2018, pp 56-82.
A study carried out in Italy, England and the United States of America (USA) explores whether the plans of older workers on the cusp of retirement are in line with the active ageing agenda set by policy makers in Europe. A total of 133 older workers who planned to retire within the next 10-12 months (55 in England, 40 in Italy and 38 in the USA) were interviewed between May 2014 and early 2015 using common semi-structured questions. Active Ageing Index dimensions were used to gauge the orientation of older people towards their retirement. The results suggest that, with some differences, interviewees' retirement plans were substantially consistent with the active ageing perspective. However, some challenges were highlighted, including the need for governments to do more to promote genuine freedom of choice in relation to leaving the labour market, and to provide greater support for informal family carers. Findings also pointed to the need to measure active ageing in connection with individual well-being, e.g. by including indicators of leisure activities, and by considering the re-weighting of employment and informal care dimensions. Companies could also provide more support during the retirement transition, with opportunities for maintained social connection with former colleagues, and help in making and fulfilling retirement plans. (RH)
ISSN: 0144686X
From : <http://westminsterresearch.wmin.ac.uk/20284/1/Principi%20et%20al%20Retirement%20plans%20and%20active%20ageing%20perspectives%20in%203%20countries%20%281%29-1.pdf>
- 241/125 Social capital and unretirement: exploring the bonding, bridging, and linking aspects of social relationships; by Ernest Gonzales, W Benjamin Nowell.: Sage.
Research on Aging, vol 39, no 10, December 2017, pp 1100-1117.
Working longer is an important area of research, given extended life expectancy, shortfalls of retirement income, desires to remain socially engaged, and solvency concerns of social insurance programs. This longitudinal population-based study of older adults examines how different types of social resources (social bonding, bridging and linking) relate to returning to work after retirement. Data were drawn from the US Health and Retirement Study (HRS) of fully retired older adults aged 62+ in 1998 (N = 8,334) and followed to 2008. After controlling for a comprehensive set of fixed and time-varying covariates, findings suggest that social bridging (informal volunteering) and social linking (formal volunteering, partnered with an employed spouse) were strongly and positively related to returning to work (Hazard Ratio [HR]: 1.49, p .001; HR: 1.58, p .0001; and HR: 1.75, p .0001, respectively). Social bonding resources were not significantly associated with returning to work. Implications for social policy are discussed. (RH)
ISSN: 01640275
From : <http://journals.sagepub.com/doi/abs/10.1177/0164027516664569?journalCode=roaa>
- 241/126 When I'm 64: the ILC-UK factpack on retirement transitions; by Dean Hochlaf, Ben Franklin, International Longevity Centre UK - ILC-UK. London: ILC-UK, November 2017, 25 pp.
Fifty years since the Beatles' song, 'When I'm 64', this IKC-UK factpack focuses on an age group at the stage where retirement becomes an increasingly important consideration, and decisions are being made about leaving or planning to leave the workforce. The authors use and analyse key official statistics to answer pertinent questions on themes including: how long will this group of people live; what does work look like for them; what are their current living arrangements and how will these change; and what will their income sources in retirement be, and how will their consumption patterns change? The authors also provide evidence that those currently aged 55-64 are increasingly "internet savvy". They conclude with an observation on the need to support healthy, productive ageing. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. www.ilcuk.org.uk

RETIREMENT COMMUNITIES

- 241/127 Living in a retirement village: choice, contracts, and constraints; by Maree Petersen, Cheryl Tilse, Tina Cockburn.: Taylor and Francis.
Journal of Housing for the Elderly, vol 31, no 3, July-September 2017, pp 229-242.
Retirement village living is a growing housing option for older people. Research to date has focused primarily on the social milieu of the village, with limited attention to the legal and financial obligations associated with this form of specialised housing for older people. Using data from a pilot survey of 312 Australian residents, this article suggests while residents place financial and legal obligations at the forefront when considering relocation and during residency, there is variability in professional advice and constraints on choices when needs and capacities change. The distinctive obligations associated with retirement village living require greater attention, to ensure an informed lifestyle decision. (RH)
ISSN: 02763893
From : <http://tandf.com>

- 241/128 Participation in community activities through Naturally Occurring Retirement Community (NORC) Supportive Service Programs; by Emily A Greenfield, Rebecca L Mauldin.: Cambridge University Press.
Ageing and Society, vol 37, no 10, November 2017, pp 1987-2011.
Naturally Occurring Retirement Community Supportive Service Programs (NORC Programs) constitute a national model in the United States of America that aims to benefit older adults ageing in place in their own homes and communities. One central aspect of NORC Programs is the provision of community activities to facilitate older adults' connections with others. Guided by ecological systems theory, the authors explored from older adults' perspectives what influences their participation in the community activities offered by NORC Programs, as well as the meaning of the social contact that such participation affords. An in-depth interview study with 41 older residents across seven NORC Program sites in the greater New York City area provided the data. Themes regarding influences on participation included individual circumstances (personal desire for social activity and health status), programmatic factors (relationships with staff and appeal of the activities) and community contexts (appeal of the other attendees). Perceptions of other attendees also emerged as an influence on the social effects of participation, which ranged from experiencing social contact alone to creating independent friendships. Overall, findings indicate that programme features combine with individual and community contexts to influence diverse experiences of community activities. In addition to implications for organisational practice, the authors interpret the results in terms of directions for future research regarding how community-based organisations can influence social integration in later life. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- SEXUALITY**
- (See 241/87)
- SOCIAL CARE**
- (See Also 241/11, 241/49, 241/57, 241/58)
- 241/129 Doing care differently; by Catherine Seymour, Andrew Kaye, Simon Bottery, Independent Age. London: Independent Age, December 2017, 41 pp.
Following the Government announcement that a Green Paper will be published on older people's care and support by summer 2018, this report provides a comprehensive summary of what needs to be considered. It brings together the ideas and suggestions of more than 30 individuals and organisations from across the care sector, who contributed to Independent Age's 'Doing care differently' blog (summer, 2017). The report examines six areas which encapsulate the social care reform agenda. First, meeting future demand, for example when 65% of people over 65, and 82% of those aged over 85 are living with two or more long-term conditions. The other five are: funding and responsibility; the power of quality care; achieving integration in care; the role of technology in caring; and sustainability and value for money. However, we all need to think and plan ahead to our own old age. (RH)
<https://www.independentage.org/policy-and-research/research-reports/doing-care-differently>
- 241/130 Interinstitutional networks and democratization of services in social intervention with older people in Portugal; by Isabella Paoletti, Alda Goncalvez.: Hipatia Press.
Research on Ageing and Social Policy, vol 5, no 2, July 2017, pp 109-137.
The authors provide information about an inter-institutional network supporting older people in Portugal, and a policy document that institutionalised this type of inter-institutional practices. The information forms part of a large corpus collected in the course of interdisciplinary research, 'Ageing, poverty and social exclusion: an interdisciplinary study on innovative support services.' (<https://apseclunl.wordpress.com/>). The aim of the research project was to gather documentation on good practice in interventions with older people at risk of exclusion. The information collected includes: interviews, observation and recordings of inter-institutional meetings. In the light of the relevant literature, the study discusses the ethnographic account in relation to relevant policy documents ('Rede Social' Interinstitutional Network Program RCM no 197/97, of 18 November). The article describes the main aspects of the intervention strategies with the older population. It documents the value of these experiences and the approach in policies for the democratisation of services, and the inclusion of citizens participating in decision making about delivery of services and the promotion of inclusive societies. (RH)
ISSN: 20146728 From : <http://dx.doi.org/10.17583/rasp.2017.2103>
- 241/131 The political construction of elder care markets: comparing Denmark, Finland and Italy; by Viola Burau, Minna Zechner, Hanne Marlene Dahl, Constanzo Ranci.: Wiley.
Social Policy and Administration, vol 51, no 7, December 2017, pp 1023-1041.
In Europe over the last two decades, marketisation has become an important policy option in elder care. Comparative studies predominantly adopt an institutional perspective and analyse the

politics and policies of marketisation. This analysis takes a step back and examines the fundamental ideas underpinning the policies of marketisation, using the 'What's the problem?' approach by Carol Bacchi (2009). The central question is how the market was discursively framed as the solution to the perceived problems of three different systems of elder care, and how such processes are similar or different across the three countries. The analysis includes two extreme types of elder care systems: the Nordic public systems in Denmark and Finland, and the Southern European family-based model in Italy. Empirically, the analysis offers interesting insights into processes of constructing and legitimating markets at the level of discourse; this occurs by defining specific problem representations, underlying assumptions and silences. In all three countries, marketisation is presented as a solution which builds on rather than challenges dominant ideas of care. Conceptually, in addition to its institutions, it is crucial to understand the ideas behind the marketisation of elder care. Ideas emerge as a key leverage for making policies and practices of marketisation acceptable, and which decision makers and other influential political or societal actors use in policy and public debates. The importance of ideas is further underlined by the fact that they do not necessarily relate to the institutions of elder care systems in a linear way. (RH)

ISSN: 01445596

From : <http://www.wileyonlinelibrary.com/journal/spol>

241/132

Power to people: proposals to reboot adult care and support in NI: executive summary; by Des Kelly, John Kennedy, Expert Advisory Panel on Adult Care and Support, Department of Health, Northern Ireland. Belfast: Department of Health, Northern Ireland, 2017, 16 pp.

This review is part of the wider Reform of Adult Care and Support project in Northern Ireland. Each section considers the areas in need of reform, and analyses a key theme pertinent to the effective delivery of adult care and support. Interspersed in the report are 16 proposals for change on the following themes: the value of social care; the citizen at the heart (i.e. person-centred, and giving control to service users); family carers - vital partners for social care; building resilient communities; the professional workforce in social care; the market for care; system alignment - making integration meaningful; and towards a new Concordat. The report calls for improved conditions for the social care workforce, and for an appraisal of the true cost of providing care and support. These reforms should be considered in the context of a society-wide debate on the roles and responsibilities of individuals, families, communities and government within a reformed system of support. Three versions of this report are available: the full report (120 pp); an executive summary (16 pp); and an easy read version, 'What we want to do to improve adult care and support' (24 pp). (RH)

From : <https://www.health-ni.gov.uk/news/publication-final-report-by-expert-advisory-panel-adult-care-and-support>

241/133

Relationships in consumer-directed care: an integrative literature review; by Tracee Cash, Wendy Moyle, Siobhan O'Dwyer.: Wiley.

Australasian Journal on Ageing, vol 36, no 3, September 2017, pp 193-204.

The purpose of this study was to undertake an integrative review of the literature on relationships between community aged care recipients, family carers and care providers under consumer-directed care (CDC). Seven databases were systematically searched. Peer-reviewed and grey literature on CDC between 1998 and 2014 were assessed using an integrative literature review (ILR) framework. Search terms included CDC, self-directed care, direct payments, community aged care, community dwelling and older adults. 15 studies met the inclusion criteria. This ILR found no research with a specific focus on caregiving relationships for older adults. The literature did however identify relational issues such as support, planning and provider attitude as fundamental to the success of CDC. Relationships within the caregiving triad have important implications for the way CDC is enacted, particularly when the care recipient has dementia, suggesting this population as a priority for future research. (JL)

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From : <http://www.wileyonlinelibrary.com/journal/ajag>

241/134

Saving social care: a fair funding settlement for the future; by Harry Quilter-Pinner, Charlotte Snelling, Andrew Kaye, Kate Jopling, Institute for Public Policy Research - IPPR; Independent Age. London: Independent Age, November 2017, 48 pp.

Since the onset of austerity, the cumulative cut to adult social care amounts to 17% of spend since its peak in 2009/10; and there is likely to be a £2.7 billion funding gap by 2020/21. Cuts are having increasingly severe consequences for frontline provision including: significant increases in unmet need; a greater reliance on unpaid carers; strains on quality and safety; and growing gaps in the workforce. This report presents evidence on social care funding and the scale of the funding gap. It considers potential sources of government spending (e.g. winter fuel payments) which could be re-directed; and methods whereby new revenues (National Insurance, wealth taxes) could be raised. The politics of social care funding and reform since 1997 is considered in the context of three focus group conducted by the Institute for Public Policy Research (IPPR) and Independent Age, to assess people's perceptions of the sufficiency and fairness of future possible changes to the funding of social care. The qualitative findings suggest that people may be willing to consider

paying more tax or (to a lesser extent) forgo benefits. Annexes present the calculations undertaken. Government must come up with a long-term sustainable solution to the funding gap that is sufficient, fair, and politically feasible. (RH)

From : <https://www.independentage.org/policy-and-research/research-reports/saving-social-care-a-fair-funding-settlement-for-future>

241/135

Socio-demographic, socio-economic and health need differences between types of care use in community-dwelling older adults; by Bram Fret, Deborah Lambotte, Sofie van Regenmortel (et al.): Policy Press.

International Journal of Care and Caring, vol 1, no 3, October 2017, pp 351-366.

This article aims to identify relations between socio-demographic and socio-economic characteristics and the use of informal and formal care. All analyses were performed on data from the Belgian Ageing Studies (BAS), a survey among community-dwelling older people (age 60+) in Belgium. Latent class analyses were used to identify types of care use; and bivariate analyses were used to assess differences within these types. Eight different types were identified. Results demonstrate that the use of formal care increases with age and is not related to socio-economic status. The conclusion highlights how the complexity of different types of care use might be a challenge for our ageing society. (RH)

ISSN: 23978821

From : <http://policypress.co.uk/journals/international-journal-of-care-and-caring>

SOCIAL INCLUSION

241/136

The oldest old and the risk of social exclusion; by Wesley Key, Martin Culliney.: Cambridge University Press.

Social Policy and Society, vol 17, no 1, January 2018, pp 47-63.

This article examines whether people aged 85 and over, referred to throughout as 'The Oldest Old', are more likely to suffer from social exclusion than people aged 65 to 84. Social Exclusion is defined according to the four dimensions identified in the 1999 Poverty and Social Exclusion Survey. Using data from Understanding Society (the UK Household Longitudinal Study, UKHLS), the analysis finds that the Oldest Old have a higher likelihood of experiencing social exclusion than people aged 65 to 84. These findings illustrate the risks facing the Oldest Old, and highlight the policy challenges presented by ageing western populations. (RH)

ISSN: 14747464

From : <http://shura.shu.ac.uk/14239/1/Culliney%20-%20oldest%20old%20and%20the%20risk%20of%20social%20exclusion.pdf>

SOCIAL NETWORKS

(See 241/125)

SOCIAL SERVICES

(See 241/94)

STATISTICS

241/137

People and places: a 21st century atlas of the UK; by Daniel Dorling, Bethan Thomas. Bristol: Policy Press, 2016, 278 pp.

'People and places: a 21st century atlas of the UK' is an atlas which uses population cartograms to show how the country's social geography is changing. Data from its main source, the 2011 Census, is compared with those in the 2001 Census, and with more recent data on trends published up to and including 2015. An introduction looks at developments in computer and Census mapping, and maps of the UK's regions and districts, and on aspects of the population in general. The sections that follow present maps, charts and commentaries around seven themes: sex, age and marriage; religion and ethnicity; birthplace and nationality; qualifications and employment; occupation and industry; families, caring and health; and homes and community. An appendix provides tables which rank local authority districts by wealth and poverty of households. As with the two previous publications (A new social atlas of Britain, 1995; and People and places: a 2001 Census atlas of the UK, 2004), this atlas of national and trends provides analysis of their implications for future policy. (RH)

Price: £22.99

From : Policy Press, University of Bristol, 1-9 Old Park Hill, Bristol BS2 8BB. www.policypress.co.uk

TRANSPORT

- 241/138 Assumptions about later-life travel and their implications: pushing people around? Forum article; by Russell Hitchings, Susan Venn, Rosie Day.: Cambridge University Press.
Ageing and Society, vol 38, no 1, January 2018, pp 1-18.
Taking four assumptions in turn, this review article considers some of the lenses through which researchers might look at later-life leisure travel and the implications of adopting each of them. First, the authors consider the 'active ageing' agenda and what this means for how leisure travel may be thought about in academia and beyond. Second, they turn to studies which are underpinned by worries about the appetite for significant consumption, thought to typify the 'baby-boomer' generation. They question whether these studies could inadvertently be promoting the very future that the baby boomers hope to avoid. Third, they explore how research on the benefits of everyday 'mobility' in later life may have morphed into a more general belief about the value of travel in older age. Finally, they reflect on how relevant studies of tourism are often underpinned by an argument about the financial rewards that now await those ready to target the older traveller. The overall contention is that, though for different reasons, all four could be serving to encourage more later-life travel. Whilst for some this prospect is not at all troubling, the spectre of adverse energy demand consequences leads the authors to explore a more critical view. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

VOLUNTEERING AND THE VOLUNTARY SECTOR

(See Also 241/34)

- 241/139 Hospice volunteers: bridging the gap to the community?; by Sara M Morris, Sheila Payne, Nick Ockenden, Matthew Hill.: Wiley.
Health and Social Care in the Community, vol 25, no 6, November 2017, pp 1704-1713.
Current demographic, policy and management changes are a challenge to hospices to develop their volunteering practices. A team from the International Observatory on End of Life Care and the Institute for Volunteering Research researched volunteering in British hospices, to explore good practice in volunteer involvement and to identify ways of improving care through developing volunteering. This project comprised a narrative literature review, a survey of volunteer managers, and organisational case studies selected through purposive diversity sampling criteria. A total of 205 staff, volunteers, patients and relatives were interviewed across 11 sites in England in 2012. This article focuses on one of the findings - the place that volunteers occupy between the hospice and the community beyond its walls. External changes and pressures in society were affecting volunteer management, but were viewed as requiring a careful balancing act to retain the 'spirit' of the hospice philosophy. Honouring the developmental history of the hospice was vital to many respondents, but viewed less positively by those who wished to modernise. Hospices tend to be somewhat secluded organisations in Britain, and external links and networks were mostly within the end-of-life care arena, with few referring to the wider volunteering and community fields. Volunteers were seen as an informal and symbolic 'link' to the local community, both in terms of their 'normalising' roles in the hospice, and as providing a two-way flow of information with the external environment where knowledge of hospice activities remains poor. The diversity of the community is not fully represented among hospice volunteers. A few hospices had deliberately tried to forge stronger interfaces with their localities, but these ventures were often controversial. The evidence suggests that there is substantial scope for hospices to develop the strategic aspects of volunteering through greater community engagement and involvement, and by increasing diversity and exploiting volunteers' 'boundary' position more systematically to educate, recruit and raise awareness. (RH)
ISSN: 09660410
From : <http://wileyonlinelibrary.com/journal/hsc>

- 241/140 Volunteering with older people in a care home; by Anthea Tinker, Victoria Berdugo, Michael Buckland (et al.): Emerald.
Working with Older People, vol 21, no 4, 2017, pp 229-235.
This paper investigates the influence that volunteering in a care home has on students' perceptions of older people before starting at medical school. Eight medical students answered an anonymous questionnaire relating to their experiences of volunteering in a care home before medical school. This was combined with an analysis of the relevant literature. All the students had initially volunteered, to enhance their CV for medical school. After volunteering, they had a greater realisation of the variety of older people. They also gained a number of transferable skills related to communicating with older people, especially those with cognitive impairment. The greatest learning experience was around issues to do with dementia. The authors of this article observe that it would be beneficial if care homes could be more proactive in encouraging prospective medical students to volunteer. Medical schools could also provide clearer advice or take a more active stance, such as encouraging prospective students to volunteer with older

people. Further research should be conducted with a larger sample, to gain insight into varying perspectives. It would also be useful to conduct research into older adults' attitudes towards the contribution of potential medical students to their own lives and to the home. Volunteering before medical school should be encouraged: it could enhance the chances of getting a place as well as being an eye-opening experience and equipping the students with lifelong skills. (RH)
ISSN: 13663666 From : <http://www.emeraldinsight.com/loi/wwop>

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