

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

- 242/1 Assessment of older adults' satisfaction with adult protective services investigation and assistance; by James G Booker, Mary Breaux, Sharon Abada (et al.): Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 1, January-February 2018, pp 64-74.
In the US, Adult Protective Services (APS) agencies are responsible for investigating and intervening in cases of domestic abuse, neglect and exploitation in adults aged 18+. This study examined client satisfaction with services relating to elder self-neglect provided by an APS in Texas. Participants were 77 community-dwelling older adults with APS-substantiated self-neglect who responded to the standardised and widely used 8-item Client Satisfaction Questionnaire (CSQ-8). Approximately 75% of the participants reported being satisfied with the overall services. They felt that the services provided were responsive to their need(s) and helped them deal with their problem(s). More than 80% responded that they would refer a friend, would use APS in the future if necessary, and were at least satisfied with the amount of help received. The extent to which their needs were met received the lowest satisfaction scores (65% were satisfied with the service). Future studies are needed to examine elder self-neglect client satisfaction in relation to specific services. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 242/2 Building the adult protective services system of tomorrow: the role of the APS national voluntary consensus guidelines; by Julie Bobitt, Jamie Kuhne, Julie Carter (et al.): Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 1, January-February 2018, pp 93-101.
In 2015, the United States Administration for Community Living (ACL) established the first federal "home" for Adult Protective Services (APS). This leadership has included working collaboratively with State Adult Protective Service systems, to ensure that older adults and adults with disabilities are afforded the same protections against abuse, neglect and financial exploitation, regardless of where in the country they live. As part of that leadership, the ACL created draft Voluntary Consensus Guidelines for State APS Systems. The ACL undertook a process of public and stakeholder engagement and analysed the resulting comments to improve the initial draft, to arrive at the final version. This article examines the comments, including concerns raised about specific areas of the Guidelines, areas identified for future research, and reflections and opinions on the role of the federal government in guiding development of the field of adult protection. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 242/3 Cultural and ethical considerations in late-life polyvictimization; by Kathleen Quinn.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 29, no 5, November-December 2017, pp 327-338.
This article examines the cultural and ethical considerations for professionals working with older adults who experience polyvictimisation. Drawing from the US Department of Justice training program, Polyvictimization in Later Life (OVC/TTAC, 2017), topics include cultural competencies, ethical standards, personal and professional ethics, and ethical considerations when working in teams. Also described are specific suggestions and recommendations to ensure sensitive and ethical responses when working with cases involving polyvictimisation. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 242/4 Engaging with the new system of safeguarding adults reviews concerning care homes for older people; by Jill Manthorpe, Stephen Martineau.: Oxford University Press.
British Journal of Social Work, vol 47, no 7, October 2017, pp 2086-2099.
Adult Serious Case Reviews (SCRs) investigate situations in which harm to or death of a vulnerable adult has occurred, or where abuse or neglect was suspected and local agencies' responses were deemed in need of scrutiny. Under the Care Act 2014, SCRs have moved to a statutory footing in England, being renamed Safeguarding Adults Reviews (SARs). This paper reports an analysis of SCRs concerning older residents of care homes conducted in 2015. While there is a clear forensic methodology for investigating single cases that indicate multi-agency failings of safeguarding, 'whole home' or 'collective abuse' investigations are difficult to undertake, requiring review of numerous records and consultations. Failure to recognise abuse may reflect professionals' uncertainties about thresholds for action when encountering poor care quality or abuse, and the exclusion of social workers from involvement with the care and support of care home residents. SCRs sometimes comment on sub-optimal support for care home residents from local social work practitioners, or hint at missed opportunities. Reflections on what needs to change in local systems of care and support may include new scope for the development of gerontological social work practice. (RH)
ISSN: 00453102 From : <https://academic.oup.com/bjsw>
- 242/5 A framework for polyvictimization in later life; by Pamela B Teaster.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 29, no 5, November-December 2017, pp 289-298.
This article provides a context and overview for what is known about polyvictimisation in later life. Drawing from previous literature, the article includes a definition of the phenomenon, as well as theoretical constructs by which it may be understood. In the context of elder abuse, polyvictimisation

is also referred to "multi-faceted abuse", "multiple victimisation" or "hybrid co-occurring forms of elder abuse". It can therefore variously include any physical, sexual or psychological abuse, as well as neglect, abandonment and financial exploitation of an older person by another person or entity; and it can occur in any setting. The author places other forms of polyvictimisation within the context of elder abuse, recognises frameworks for conceptualising polyvictimisation in later life, and distinguishes between polyvictimisation at younger ages and polyvictimisation in later life. The paper concludes with implications of the framework for research, practice, and policy. (RH)

ISSN: 08946566

From : <http://www.tandfonline.com>

242/6 Moving forward: recommendations for advancing late-life polyvictimization practice, policy, and research; by Candace J Heisler.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 29, no 5, November-December 2017, pp 351-363.

This article synthesises what has been learned from the entire polyvictimisation in later-life project conducted by the US National Committee for the Prevention of Elder Abuse (NCPEA). It offers five categories of recommendations for addressing polyvictimisation and its older victims through practice, policy and research. These five recommendations relate to definitions and frameworks, practice, training and education, research and evidence-based interventions, and prevention. Specifically, this article focuses on changes to improve identification, development of policies and practices, and research priorities. (RH)

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From : <http://www.tandfonline.com>

242/7 The Norwegian police and victims of elder abuse in close and familial relationships; by Geir Aas.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 30, no 1, January-February 2018, pp 20-41.

Over recent decades in Norway, domestic violence or family violence, violence against women and child abuse has received much attention in the media, political discourse and social research. However, abuse of older adults arouses limited interest. In government action against domestic violence and in police guidance manuals, older people receive little attention. The aim of this article is primarily to demonstrate how the police in Norway attempt to prevent elder abuse in close relationships, especially in parent-child relationships. The article highlights some contradictions between the need of the police to produce criminal cases (often contrary to the interests of the victims) on the one hand, and the police's duty to prevent further abuse on the other. Research has documented that help and prevention measures in question make the situation even worse for the victims they are meant to help. (RH)

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From : <http://www.tandfonline.com>

242/8 Older adults affected by polyvictimization: a review of early research; by Holly Ramsey-Klawnsnik.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 29, no 5, November-December 2017, pp 299-312.

In contrast to work within the child-abuse field, polyvictimisation of older adults did not become a focus of professional attention until this decade. Despite this lack of formal identification, a search of the research and practice literature revealed that prior research investigating single forms of or other elder abuse issues contained evidence of what was variously termed "multiple", "multi-faceted", "co-occurring", or "hybrid" elder abuse. A wide range of victims (1.4%-89.7%) identified in existing elder abuse studies was found to have experienced what constitutes "polyvictimisation". This late-life polyvictimisation evidence, the contexts in which victims are harmed, and information regarding the impact of multifaceted elder abuse are all presented and discussed in this article. Selected published cases illustrate the clinical dynamics operating in late-life polyvictimisation situations. (RH)

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From : <http://www.tandfonline.com>

242/9 Perpetrators of late life polyvictimization; by Karen A Roberto.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 29, no 5, November-December 2017, pp 313-326.

Most available data about perpetrators of elder abuse are included as part of the description of abuse experienced by older adults. Embedded within this literature is some evidence that perpetrators of elder abuse are involved in polyvictimisation. This article draws on prior empirical research of apparent cases of polyvictimisation. It focuses on what is known about the personal characteristics of perpetrators of polyvictimisation, highlights the context of the relationship between perpetrators of polyvictimisation and their older adult victims, addresses the potential consequences for perpetrators of polyvictimisation, and provides recommendations for future research and practice. Findings elucidate characteristics of and potential outcomes for perpetrators of late life polyvictimisation. (RH)

ISSN: 08946566

From : <http://www.tandfonline.com>

- 242/10 Polyvictimization in later life: trauma-informed best practices; by Holly Ramsey-Klawnsnik, Erin Miller.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 29, no 5, November-December 2017, pp 339-350.
This article provides a summary of salient trauma findings, and conveys the dearth of research pertaining specifically to the trauma of elder abuse. In conjunction with the information in other articles in this special issue of Journal of Elder Abuse and Neglect, this material lays the foundation for advancing a trauma-informed approach to assisting older adults who have experienced polyvictimisation. Informed by the findings presented and their extensive clinical experience with victims of violence, the authors suggest steps for providing a trauma-informed and victim-centred response to older adults who have suffered polyvictimisation. These steps are then illustrated with an in-depth late-life polyvictimisation case analysis. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>

ACTIVE AGEING

(See 242/113)

AGEING (GENERAL)

- 242/11 The end of age: [subtitle on cover]: why everything about ageing is changing; by Tom Kirkwood, Reith Lectures, BBC Radio 4. London: BBC, in association with Profile Books, 2003, 129 pp.
Dramatic increases in life expectancy are shaking the structure of societies around the world and profoundly altering our perceptions of life and death. Not only are we living longer, but the evidence of recent decades shows that old age is itself being transformed. In addition to the text of the five Reith Lectures, broadcast by the author on BBC Radio 4 in 2001, this book includes a detailed discussion on ageing as depicted in the British press, and 'Miranda's tale', a short story which examines the implications of a world without age. (RH)

AGEING WITHOUT CHILDREN

- 242/12 Going solo: findings from a survey of women aging without a partner and who do not have children; by Trish Hafford-Letchfield, Nicky Lambert, Ellouise Long, Dominique Brady.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 4, 2017, pp 321-333.
Greater longevity in the UK population has led to the increasing diversity of women experiencing ageing in a multitude of ways. Internationally, gender inequalities in ageing are still relatively invisible within both government policy and everyday life for particular groups of women. This article explores the concept of women growing older "solo" _ by which the authors mean women who find themselves without a partner and ageing without children as they move into later life. The authors report on the findings from a mixed-methods survey of 76 solo women in the UK aged 50 years and over. The survey results provide a broader overview of the issues and challenges faced by these women as they move into later life. Qualitative data from the survey captured respondents' perspectives about the links between their relationships status and well-being in later life. The survey data also highlighted specific cumulative disadvantages emerging for some women as a result of their solo lifestyles. The authors discuss two key themes that were identified, "solo-loneliness" and "meaningful futures", in conjunction with the relevant literature. They make suggestions for future research within gender and ageing studies that could enhance more positive approaches to solo lifestyles. (RH)
ISSN: 08952841
http://eprints.mdx.ac.uk/19437/1/Accepted_Version_9_March_GoingSoloFindingsFromASurveyOfWomenAgeingWithoutAPartnerAndWithoutChildren.pdf

ALTERNATIVE THERAPIES

(See 242/114)

ARTS, CRAFT AND MUSIC

- 242/13 'Writing to make ageing new': Dutch poets' understanding of late-life creativity; by Aagje Swinnen.: Cambridge University Press.
Ageing and Society, vol 38, no 3, March 2018, pp 543-567.
This article presents the results of a study that examines how older professional writers experience and understand creativity in later life, something that is still under-explored In psychological, humanities' and gerontological approaches to ageing and creativity. The study's data-set consists of transcriptions of lengthy interviews conducted in spring 2015 with five Dutch poets aged over 65 who have achieved some eminence in the field. By means of interpretative phenomenological analysis, three superordinate and 12 subordinate themes came to the fore that offer an account of the ideas, thoughts and feelings characteristic of the way these writers perceive the later stages in their career. The first superordinate theme, Securing Sustainable Writing Practices, comprises the subordinate themes of: maintaining continuity in writing approach; drawing on wealth of experience; emancipating from earlier literary

conceptions; and reinventing oneself as artist throughout the years. The second superordinate theme, Negotiating the Literary Field, encompasses the following subordinate themes: challenges regarding finding or keeping a publisher in later life; developing self-acceptance and relativising literary awards; handling continuity of reception, or the way literary work is pigeonholed by critics; and staying visible in the literary scene. The third and final superordinate theme, Writing as Art of Living, refers to: not feeling old(er); writing as a practice of good living; writing as a way to recreate what is lost or unknown; and confronting cognitive decline. Together, these superordinate and subordinate themes diversify ideas of late-life creativity that are based on questionable generalising conceptualisations of the psychology of later life and artistic careers. (RH)

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

ASSESSMENT

- 242/14 Assessing wellness outcomes for participants in adult day services; by Jodi Teitelman, Gabrielle Hartman, John Moossa, Kristy Uhl, Elissa Vizzier.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 3, 2017, pp 258-267.
Activity professionals are integrally involved with programming for participants in adult day services (ADS) designed to promote health and function. Because little guidance currently exists, this study aimed to systematically identify assessments suitable for measuring ADS wellness programme outcomes. Systematic literature review methods identified 57 assessments in six domains: cognitive; mood; energy, activity or participation; motor; balance; and overall health or wellness. Each assessment was evaluated for psychometric properties, practical considerations, and suitability depending on various cognitive and ambulatory levels, and group administration. Each assessment was rated from 1 (not suitable) to 4 (highly suitable), and an informational matrix was constructed to include assessments receiving scores of 3 or 4. Nine appropriate outcomes measures were identified, and two cognitive assessment for pre-programme screening were identified. The matrix can be used by activity professionals as a practical, empirically-derived guide to ADS wellness programme planning and evaluation. (RH)
ISSN: 01924788 From : <http://www.tandfonline.com>
- 242/15 The Herbert Protocol for people at risk; by Rachel Good.: Hawker Publications.
Journal of Dementia Care, vol 26, no 1, January-February 2018, pp 14-15.
The author describes an early intervention scheme, the Herbert Protocol, designed to help locate vulnerable people deemed to be at risk of going missing. Norfolk Police developed the Protocol, which was named after a war veteran with dementia who had gone missing from his care home in Norfolk in 2011, and died whilst he was searching for his childhood home. The article demonstrates the Protocol's value in gathering information for a vulnerable person's needs assessment and care planning process, and can be used to support multi-agency working between care professionals, local police, and in some cases volunteers from Lowland Rescue, a national charity, thus contributing to the safety of people at risk. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 242/16 What is Comprehensive Geriatric Assessment (CGA)?: An umbrella review; by S G Parker, P McCue, K Phelps (et al).: Oxford University Press.
Age and Ageing, vol 47, no 1, January 2018, pp 149-155.
Comprehensive Geriatric Assessment (CGA) is now the accepted gold standard for caring for frail older people in hospital. However there is uncertainty about identifying and targeting suitable recipients and which patients benefit the most. The objectives of this study were to describe the key elements, principal measures of outcome and the characteristics of the main beneficiaries of in-patient CGA. The study used the Joanna Briggs Institute umbrella review method, and a literature search was carried out across a range of databases. 1,010 titles were screened and 419 abstracts were evaluated for eligibility. 143 full articles were then screened for relevance and of these, 24 were included in a final quality and relevance check. 13 studies, reported in 15 papers, were selected for review. The most widely used definition of CGA was: 'a multidimensional, multidisciplinary process which identifies medical, social and functional needs, and the development of an integrated/co-ordinated care plan to meet those needs'. Key clinical outcomes included mortality, activities of daily living and dependency. The main beneficiaries were people aged 55 years or more in receipt of acute care. Frailty in CGA recipients and patient related outcomes were not usually reported. Finally the authors confirmed a widely used definition of CGA. Key outcomes were death, disability and institutionalisation. The main beneficiaries in hospital were older people with acute illness. The presence of frailty has not been widely examined as a determinant of CGA outcome. (JL)
ISSN: 10062801 From : <https://academic.oup.com/ageing>

ASSISTIVE TECHNOLOGY

- 242/17 The UTOPIA project: using telecare for older people in adult social care: the findings of a 2016-17 national survey of local authority telecare provision for older people in England; by John Woolham, Nicola Steils, Malcolm Fisk, Jeremy Porteus, Kirsty Forsyth, Social Care Workforce Research Unit, King's College London. London: Social Care Workforce Research Unit, King's College London, 2018, 59 pp.
The use of electronic assistive technology and telecare by local authorities in England to support older

people is described. This report is based on an online survey of local authority telecare managers carried out between November 2016 and January 2017. The survey collected information about where telecare 'fitted in' with existing services, and what strategic aims local authorities wished to achieve through using it. The survey and report thus provide an up-to-date picture of how and why local authorities are using telecare for this group of people, who are by far the largest consumers of care services in the UK. The benefits of telecare are demonstrated by results such as that all (100%) said it was by helping to manage risk and promote safety, 81% that it was to support unpaid carers, and 77% that it had a role in reminding and prompting. Nearly half (47%) saw telecare as enabling social contact and communication, while 28% felt it could meet needs by helping people to maintain hobbies or continue to use their leisure time in ways they found meaningful. The report concludes by discussing emerging issues and possible ways to improve telecare services.

https://kclpure.kcl.ac.uk/portal/files/86592036/Utopia_project_report.pdf?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=9139738_NEWSL_HMP%202018-02-09&dm_i=21A8,5FW9M,FLXA08,L398T,1

ATTITUDES TO AGEING

(See 242/13, 242/42, 242/46, 242/107)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 242/34, 242/44, 242/47, 242/56, 242/105, 242/141)

- 242/18 Interventions for healthy aging among mature Black lesbians: recommendations gathered through community-based research; by Kristie L Seelman, Mary Anne Adams, Tonia Poteat.: Taylor and Francis. *Journal of Women and Aging*, vol 29, no 6, 2017, pp 530-542.
Black lesbians have unique needs for gerontological services that reflect their experiences of intersectional oppression and resilience. Yet there is a major knowledge gap about interventions that promote healthy ageing in this population, as voiced by Black lesbians themselves. To address this need, 100 Black lesbians, ranging in age from 41 to 91, participated in focus groups in Atlanta, Georgia, to discuss their experiences of ageing, health needs, and recommendations for interventions. Through thematic analysis, the authors identified six themes related to suggested approaches for healthy aging interventions. They discuss implications of these findings for ageing practice and future research. (RH) ISSN: 08952841 From : <http://www.tandfonline.com>

CARERS AND CARING

- 242/19 Mental health differences between men and women caregivers, BRFSS 2009; by Valerie J Edwards, Lynda A Anderson, William W Thompson, Angela J Deokar.: Taylor and Francis. *Journal of Women and Aging*, vol 29, no 5, 2017, pp 385-391.
The Behavioral Risk Factors Surveillance System (BRFSS) is the largest annual telephone survey in the United States, and uses randomised digit dialled methodology and weighting, such that results resemble the overall demographic characteristics of each state (plus three US territories: Guam, Puerto Rico and the Virgin Islands). This study uses data from the 2009 BRFSS to examine differences between male and female caregivers by demographics, health-related quality of life (HRQOL), and the effect of social support on HRQOL. Of 421,215 participants, 109,174 were classified as caregivers. Roughly two-thirds of caregivers were women, and there were differences in demographic characteristics between men and women caregivers. Women caregivers reported significantly more mentally and physically unhealthy days than men, but there were no differences between men and women in general health or life satisfaction. Men were significantly more likely to report that they rarely or never received social support. Despite this, the effect of social support on HRQOL was stronger in men than in women. Implications of these findings for caregiver support programmes are discussed. (RH) ISSN: 08952841 From : <http://www.tandfonline.com>

CLIMATE CHANGE

(See 242/127)

COMMUNITY CARE

(See 242/137)

DAY CARE

(See 242/14)

DEMENTIA

(See Also 242/52, 242/69, 242/93, 242/119)

- 242/20 And still the music plays: stories of people with dementia; by Graham Stokes. 2nd ed London: Hawker, 2010, 244 pp.
A clinical psychologist uses 22 stories to convey his experiences of meeting six people with dementia in different settings: in hospital, in their own houses, living in care homes, and at day centres. The central theme is that everyone with dementia is unique, with a distinctive personality and experiences. The book is designed for professionals and family carers alike, who want to know more about dementia or to better understand the condition and how it affects many people. (RH)
- 242/21 Awareness of functional ability in people with early-stage dementia; by Anthony Martyr, Linda Clare.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 1, January 2018, pp 31-38.
Assessment of functional ability in people with early-stage dementia (PwD) is an important area of study because it forms part of the diagnostic process and may help in monitoring disease progression. Most researchers and clinicians rely on informant ratings rather than observing actual functional performance or employing self-ratings. There has however been little research to verify whether informant ratings of functioning are accurate, and there has been even less research investigating the accuracy of self-ratings of functional ability in PwD. No study has used the performance-monitoring metacognitive approach to investigate awareness of functional ability. In this study 37 people with early-stage dementia completed an objective functional assessment and provided self-ratings before and after completing each section of the objective test. Informants provided ratings of functioning and burden. Scores were converted to percentages to allow for direct comparison. Objectively assessed functional ability significantly correlated with self-ratings and informant ratings. Self-ratings did not correlate with informant ratings. For converted scores self-ratings were more similar than informant ratings to the objectively assessed mean scores. Burden was unrelated to functional assessments after correcting for multiple comparisons. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

DEMENTIA CARE

(See Also 242/15, 242/47, 242/99, 242/108, 242/117, 242/137)

- 242/22 'I just want to get on with my life': a mixed-methods study of active management of quality of life in living with dementia; by Charlotte L Clarke, Sarah E Keyes, Heather Wilkinson (et al).: Cambridge University Press.
Ageing and Society, vol 38, no 2, February 2018, pp 378-402.
The active management of the experience of living with dementia appears to improve quality of life despite the lack of disease modification. However, research to date has been largely of modest scale, and explanatory factors for improvements have been under-conceptualised. Thus, although promulgated through national strategies, the evidence base is relatively weak. This paper reports on a nation-wide study of the influence of the National Dementia Strategy for England in relation to Dementia Adviser and Peer Support Network services in 40 demonstration sites. The research aimed to identify ways in which the services contribute to the well-being and resilience of people with dementia and care partners. A mixed-methods research design collected data through: activity and outcome monitoring; organisational surveys; in-depth case studies, including qualitative interviews with people with dementia (N = 47) and care partners (N = 54); well-being and quality of life measures; and interviews with staff and other stakeholders (N = 82). Three themes are explored: addressing individual and community needs; promoting independence, control and choice; and getting a life back. Services promoted independence, control and choice, and consequently enabled people to re-narrate their lives as purposeful within their communities. Ways in which these are achieved resemble the public health model of lay health advisor. This research adds to the imperative to approach dementia as a key public health concern.
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 242/23 The benefits of a person-centered social program for community-dwelling people with dementia: interpretative phenomenological analysis; by Areum Han, Jeff Radel.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 1, 2017, pp 47-71.
This qualitative study aimed to explore the experience and impact of a person-centred social programme for community-dwelling people in earlier stages of dementia. Semi-structured interviews with five people with dementia and their spouses were conducted seven to eight months after the programme ended, to assess persistence of the programme's impact on people with dementia. An interview with each person with dementia went deeper and further, based on each person's salient experiences, having personally significant meaning and emotion. The present study used interpretative phenomenological analysis to support in-depth analysis of a small number of cases. Three main themes emerged for people with

dementia: participation in activities supporting self-identity; the value of newly established intergenerational relationships; and empowerment (choice and control) and the student partner's attitude. These findings fill a gap in the literature, by demonstrating how a person-centred social programme was experienced by and benefited community-dwelling people with dementia. (RH)
ISSN: 01924788

From : <http://www.tandfonline.com>

242/24 The cost of care homes for people with dementia in England: a modelling approach; by Renee Romeo, Martin Knapp, Suzanne Salverda (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1466-1475.

The present study aimed to examine the cost of care for people with dementia in institutional care settings, to understand the major cost drivers and to highlight opportunities for service development. Data on 277 residents with dementia in 16 UK residential or nursing homes were collected. The study estimated care and support costs and fitted models to the data. Sensitivity analyses were also conducted. It was found that care home residents cost £792 weekly, and 95% of the costs are accounted for by direct fees. Hospital contacts contributed the largest proportion of the additional costs. Having an established diagnosis of dementia was associated with higher costs. No association was found between cost and needs. The absence of an association between cost and needs emphasises the importance of a more needs-based costing system which could result in clinical and economic advantages. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

242/25 Evaluating physical activity in dementia: a systematic review of outcomes to inform the development of a core outcome set; by Ana-Carolina Gonçalves, Joana Cruz, Alda Marques (et al.): Oxford University Press.

Age and Ageing, vol 47, no 1, January 2018, pp 34-41.

Physical activity is recommended for people living with dementia but evidence for its effectiveness is limited by the use of heterogeneous outcomes and measurement tools. This systematic literature review aimed to summarise previously reported outcomes and identify the measurement tools used most frequently in physical activity interventions for people with dementia. Literature searches were conducted during 2015 on Delphis and Medline. Qualitative, quantitative and mixed methods studies reporting on any type of physical activity, in any setting, across types of dementia, stages of disease progression and published from 2005 onwards were included. A content analysis approach was used to report on the frequency of reported outcomes and measurement tools. The 130 included studies reported on 133 different outcome domains and 267 different measurement tools. 'Functional abilities and independence', 'Global cognitive function', 'Global behavioural symptoms of dementia' and 'Health-related quality of life' were the most frequently reported outcome domains. 'Enjoyment' was the outcome most frequently sought by patients and carers. The need for the development and implementation of a Core Outcome Set has been reinforced. Ahead of the completion of the Core Outcome Set, researchers and clinicians are advised to measure the impact of physical activity interventions on these frequently reported outcome domains. (JL)

ISSN: 10062801

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

242/26 Kinecting through group digital games; by Erica Dove, Arlene Astell.: Hawker Publications.

Journal of Dementia Care, vol 26, no 1, January-February 2018, p 18-19.

Digital technologies offer lots of opportunities for people with dementia to enjoy games and engaging activities. The authors outline their research project and findings so far. A review of articles about people with dementia and motion-based technology found that most studies used the technology for cognitive and physical activities rather than leisure. Their research, the Kinect Project, aimed to find out: how people with dementia can best be introduced, taught and supported to use motion-based technologies; the effects of repeated practice on learning of skills during play; and how using Xbox Kinect in a group setting affects the activity. Findings indicate the benefits of using this technology in community adult day programmes. (RH)

ISSN: 13518372

From : <http://www.journalofdementiacare.co.uk>

242/27 Meaningful use of computers has a potential therapeutic and preventative role in dementia care: a systematic review; by Jimmy Liapis, Katherine E Harding.: Wiley.

Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 299-307.

Personal computers provide an increasingly accessible resource for leisure, social engagement and activities of daily living. This systematic review aimed to explore preventative or therapeutic benefits of such technology in people at risk of or living with dementia. A systematic search of health databases combined key concepts of dementia and computer use. Inclusion criteria were applied, studies appraised for quality and results synthesised descriptively. Nine studies met inclusion criteria: four population-based studies and five small observational/intervention studies. Findings showed an association between computer use in older age and decreased risk of dementia and provided preliminary evidence that computer-based activity interventions are feasible and enjoyable for people with dementia.

Early findings are promising, but more rigorous studies are required to examine the nature of the relationship between computer use and dementia risk, and the potential of computer activities to improve outcomes for people experiencing cognitive decline. (JL)

ISSN: 14406381

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

242/28

The occurrence and persistence of thoughts of suicide, self-harm and death in family caregivers of people with dementia: a longitudinal data analysis over 2 years; by Karlijn J Joling, Siobhan T O'Dwyer, Cees M P M Hertogh, Hein P J van Hout.: Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 263-270.

Family caregivers of people with dementia often report high levels of stress and depression, but little is known about those who contemplate suicide or self-harm. This study explored thoughts of suicide, self-harm and death in dementia caregivers and investigated the characteristics that distinguish them from those without such thoughts. Data were collected every 3 months, for 24 months, from 192 family caregivers of people with dementia living in the Netherlands. Caregivers did not have clinical depression or an anxiety disorder at baseline. Suicide-related thoughts were measured with an item from the Mini International Neuropsychiatric Interview, a diagnostic instrument for DSM-IV mental disorders. Fisher exact, analysis of variance or Kruskal-Wallis tests compared the characteristics of caregivers who had contemplated suicide with two comparison groups. Within 24 months, 76 caregivers reported symptoms of potential depression and were further assessed for suicidal thoughts. Nine carers reported suicidal thoughts with three of those at multiple points. Caregivers with suicidal thoughts had more severe depressive and anxious symptoms, had a lower sense of competence and mastery, felt less happy and experienced more health problems, less family support and more feelings of loneliness than caregivers who had not. Suicidal thoughts are present in dementia caregivers and can persist across the care trajectory. Various psychological and social characteristics significantly distinguish caregivers with suicidal thoughts from those without. More research is needed to enable the identification of high-risk caregivers and provide an evidence base for the development of preventive strategies and interventions. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

242/29

Quality of care for people with dementia and professional caregivers' perspectives regarding palliative care in Japanese community care settings; by Miharū Nakanishi, Kayo Hirooka, Yuko Morimoto, Atsushi Nishida.: Wiley.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1342-1351.

Palliative care for dementia includes psychosocial interventions as first-line treatment for challenging behaviour. However the national dementia plan in Japan contradicts recommendations for palliative care for dementia. This study aimed to examine the association between care quality for patients with dementia and professional caregivers' perspectives regarding palliative care for dementia in Japanese community care settings. 2,116 professional caregivers from 329 agencies (217 in-home long-term care support providers; 29 small-scale, multiple home-care providers; and 83 group homes) in Tokyo prefecture, Japan, completed cross-sectional, paper-based questionnaires about 3,603 people diagnosed with dementia during May 2016. Quality of care measures included physical restraint and antipsychotic medication use and quality of life. Patients' quality of life was assessed via the Japanese version of the Alzheimer's Disease Health-related Quality of Life scale. The Japanese version of the Questionnaire on Palliative Care for Advanced Dementia was used to assess professional caregivers' knowledge and attitudes regarding palliative care for dementia. Professional caregivers' knowledge and attitudes regarding palliative care for dementia were positively associated with quality of life in patients with dementia. Physical restraint and antipsychotic medication were used regardless of professional caregivers' knowledge and attitudes. Caregivers' perspectives regarding palliative care for dementia could have exerted a positive effect on quality of life in patients with dementia. A national strategy for advocacy and the protection of adults is required to integrate several laws and guidelines and prevent the use of antipsychotics as a form of chemical restraint. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

242/30

Risk communication in dementia care: professional perspectives on consequences, likelihood, words and numbers; by Mabel Stevenson, Brian J Taylor.: Oxford University Press.

British Journal of Social Work, vol 47, no 7, October 2017, pp 1940-1958.

Communicating effectively about risk is fundamental to professionals addressing critical issues with clients and families, and to informed decision making. Using a grounded theory approach, this qualitative study explored how risk is conceptualised and communicated in dementia care. Data were gathered from 35 health and social care professionals in focus groups each representing the five Health and Social Care Trusts in Northern Ireland; concepts and perspectives on verbal, numeric and visual forms of communicating risk were covered. Risks were primarily conceptualised as consequences (positive and negative) rather than as likelihood, and related to a wide range of domains. Perceptions were influenced by socio-cultural factors including risk assessment mechanisms and wider discourse relating to positive risk taking. The language of probability was used in a non-quantified, subjective manner. While professionals routinely received quantitative information, they did not typically

communicate using numerical expressions. Verbal expressions of likelihood were widely preferred to numerical. When risks were presented in numerical formats, frequency presentation was seen as more comprehensible than percentages. Several participants saw potential in visual forms of risk communication. Bar charts were generally favoured over icon arrays as more easily understood. Good practice examples for risk communication were identified. This study provides pointers towards further research to support optimal risk communication in the complex domain of community care. (RH)
ISSN: 00453102 From : <https://academic.oup.com/bjsw>

- 242/31 The simplicity of dementia: a guide for family and carers; by Huub Buijssen. London: Jessica Kingsley, 2005, 176 pp.
Although an expert in the field of psychogerontology who learned much about dementia during his training, the author conveys the problems when faced with dementia in another family member. This book offers an accessible introduction for relatives, carers and professionals looking after or training to work with people with dementia. The author draws on the two 'laws of dementia' (disturbed encoding and 'roll-back memory'), to explain the causes of communication problems, mood disturbances and 'deviant' behaviours, and how these are experienced by those with dementia. Case examples demonstrate the typical symptoms and progression of dementia. Guidance is provided on how to support people with dementia at every stage, to help them deal with the challenges posed by their condition. (RH)

DEPRESSION

(See Also 242/28, 242/44, 242/50)

- 242/32 Death wishes among older people assessed for home support and long-term aged residential care; by Gary Cheung, Siobhan Edwards, Frederick Sundram.: Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1371-1380.
Death wishes in older people are common and may progress to suicidal ideation and attempts. This study used routinely collected data from the interRAI Home Care assessment to examine the prevalence and clinical predictors of death wishes in older New Zealanders assessed for home support and long-term aged residential care. Data were collected from 35,734 people aged over 65 during 2012-2014. Chi-squared analyses were used to determine significant relationships between the presence of death wishes and demographic factors, health and functional status, and emotional and psychosocial well-being. A three-step hierarchical logistic regression model was used to determine the predictive variables of death wishes and odds ratios were calculated. Death wishes were present in 9.5% of the sample. The following factors were significantly associated with death wishes: physical health (poor self-reported health, recurrent falls, severe fatigue and inadequate pain control), psychological factors (depression, major stressors and anxiety), social factors (loneliness and decline in social activities) and impaired cognition. Depression, loneliness and poor self-reported health had the greatest odds ratios in the full model. Clinically significant depression alone cannot fully account for the development of death wishes in older adults and several factors are independently associated with death wishes. This knowledge can help clinicians caring for older people to identify people who are most at risk of developing death wishes. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

DIET AND NUTRITION

- 242/33 Community priorities for healthy eating in older adults; by Qianzhi Jiang, Nancy L Cohen, Melissa Ventura Marra (et al.): Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 36, nos 2-3, April-September 2017, pp 75-91.
Policymakers and health care and nutrition service providers can create an "age-friendly" environment to support older people's healthy eating, by focusing on those priorities that enable older people to improve their dietary intake through different food-related community settings. In this study, nutrition and ageing professionals (n=30) from two rural (West Virginia and Iowa) and two urban (Massachusetts and New York) city/county regions (communities) participated in an online or live focus group discussion, and completed an analytic hierarchy process survey online. The aim was to identify and prioritise which factors facilitate behavioural change (enablers) and behavioural settings important for older adult nutrition, based on the social ecological model. Overall, the most important perceived enablers were accessibility and cost, followed by transport facilities and social support, but their relative importance varied by community. Participants from all communities considered congregate meal sites and food banks among the most important behavioural settings. Participants from most communities considered groceries stores to be important; they also highlighted other settings unique to the area, such as senior housing, neighbourhood, and farmers' markets. By targeting interventions to address the most notable enablers and behavioural settings specific to their community, planning groups can enhance their older residents' ability to achieve optimal nutritional health. (RH)
ISSN: 21551197
From : <http://www.tandfonline.com>

DISABILITY

- 242/34 Understanding socioenvironmental contributors to racial and ethnic disparities in disability among older Americans; by Allison B Brenner, Philippa J Clarke.: Sage.
Research on Aging, vol 40, no 2, February 2018, pp 103-130.
Our understanding of the mechanisms through which racial or ethnic disparities in disability in older adults develop and are maintained is limited. The authors examined the role of physical impairment, socioeconomic factors and health for racial/ethnic disparities in activities of daily living (ADL), and the modifying role of the indoor home environment. Using data for 5,640 participants from the United States National Health and Aging Trends Study (NHATS), negative binomial regression models were specified separately for men and women. Blacks and Hispanics reported more ADL difficulty than Whites. Living in homes with clutter was associated with higher rates of ADL difficulty, but it was not related to racial/ethnic disparities. Racial/ethnic differences were explained by physical impairment for men, but not for women. Socioeconomic factors and health accounted for remaining disparities for Black, but not for Hispanic women. Attention to individual and environmental factors is necessary to fully understand and address race/ethnic disparities in disability in older Americans. (RH)
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>

ECONOMIC ISSUES

- 242/35 Ageing and the economic life cycle: the National Transfer Accounts approach; by Jeromey B Temple, James M Rice, Peter F McDonald.: Wiley.
Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 271-278.
The present study aimed to illustrate the use of National Transfer Accounts (NTA) for understanding ageing and the economic life cycle in Australia. The NTA methodology was applied utilising a range of unit record, demographic and administrative data sets from 1981 to 2010. Results of the study showed that during early and later life, total consumption (public and private) was greater than labour income. On a time series and cohort basis, the research showed that each successive generation had improved their level of wellbeing (as measured by consumption) relative to the previous years or previous cohorts from 1981 to 1982 onwards. The study also showed a substantial increase in labour income earned by mature age workers over this period. International comparisons show Australia to have consumption and labour income age profiles very similar to those of Canada but dissimilar to many other countries, driven by differences in demographic and policy settings. The NTA approach provides a powerful framework to track differences in the economic life cycle across age groups, across time, across cohorts and across countries. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

EMPLOYMENT

(See Also 242/130)

- 242/36 Employment trajectories beyond retirement; by Carola Burkert, Daniela Hochfellner.: Taylor and Francis.
Journal of Aging and Social Policy, vol 29, no 2, March-April 2017, pp 143-167.
Within the political and academic debate on working longer, post-retirement employment is discussed as an alternative to maintain older workers in the labour market. The authors examine the determinants of transitions into post-retirement jobs within differing work environments of birth cohorts 1940-1942 in Germany. They use unique German social security data linked to pension accounts to estimate proportional subhazard models to account for competing risks. Their findings suggest that individuals' preferences for taking up post-retirement jobs are not mutually exclusive. Their study provides evidence that taking up post-retirement jobs is related to seeking financial security, continuity and work ability. This suggests that public policy has to develop target-oriented support through a public policy mix of different measures aligned to the different peer groups in the labour market. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com>
- 242/37 Older women public sector workers in Ireland: decisions about retirement timing; by Aine Ni Leime.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 5, 2017, pp 392-404.
Older women workers' decision making around retirement is increasingly important, given the increasing involvement of older women in paid employment. This article explores influences on the retirement decision making of older women workers in Ireland. It is based on a case study of 57 interviews with women in the Irish civil service exploring work-life decision making. It finds that retirement choices vary according to initial socioeconomic resources and/or life-course trajectories. Such retirement choices are particularly affected by gendered caring norms, employment policy, job tenure, and place in organisational hierarchies. Those women with interrupted careers and low pay have fewer choices around retirement timing. (rh)
ISSN: 08952841 From : <http://www.tandfonline.com>

- 242/38 Population ageing and the labour force: 2000-2015 and 2015-2030; by Jeromey B Temple, Peter F McDonald.: Wiley.
Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 264-270.
The present study aimed to examine the role of variations in mature age labour force participation on labour force outcomes over Australia's recent past (2000-2015) and into the immediate future (to 2030). In order to estimate the impact of rises in mature age participation on observed labour supply the research utilised demographic decomposition techniques. To examine future labour supply to 2030, the study simulated scenarios utilising a cohort-component projection model. Observed increases in mature age participation between 2000 and 2015 added approximately 786,000 mature age workers to the Australian labour force. Over the proceeding 15 years (2015-2030), conservative changes to prevailing mature age participation would add 304,000 additional workers. The speed of ageing is projected to increase and labour supply growth decrease in the next 15 years relative to that observed from 2000 to 2015. In order to benefit from increased mature age labour force participation, barriers to mature age participation will need to be addressed. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

END-OF-LIFE CARE

- 242/39 End of life care: resources to strengthen support; by Alastair Macdonald.: Hawker Publications.
Journal of Dementia Care, vol 26, no 1, January-February 2018, pp 28-31.
As more people die with dementia, end of life care discussions are growing in importance. The author and colleagues report on their study and explain how co-designing new resources could help to strengthen support at the end of life. They use findings from the Supporting Excellence in End of life care in Dementia programme (SEED study), which has developed a nurse-led intervention which has been tested in primary care settings. The authors have used this model to dementia nurse specialists work more effectively with patients and their families and improve the knowledge and skills of patients' health care teams. They outline how they developed a new resource by mapping existing resources, which led them to use a co-design approach to develop a prototype Care Plan Guide (CPG). This was tested in co-design workshops with some of the support workers and nurses who would be using the resource. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>

FALLS

- 242/40 Measurement of fall prevention awareness and behaviours among older adults at home; by Katherine Russell, Darcie Taing, Jacqueline Roy.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 4, December 2017, pp 522-535.
This study looked at awareness of and adherence to six national fall prevention recommendations among 1,050 community-dwelling older adults in Ottawa, Canada. Although 76% of respondents agreed that falling was a concern and preventable, fewer perceived susceptibility to falling (63%). Respondents had high awareness that home modifications and physical activity can prevent falls. Reported modifications included grab bars (50%), night lights (44%) and raised toilet seats (19%). Half met aerobic activity recommendations; 38% met strength recommendations. Respondents had lower awareness that an annual medication review, annual eye and physical examination and daily vitamin D supplementation could reduce fall risk. However reported annual medication review (79%) and eye examination (75%) was high. Nearly half met recommendations for vitamin D intake. These findings suggest a gap in knowledge of awareness and adherence to national recommendations, highlighting the ones that may require attention from those who work to prevent falls. (JL)
ISSN: 07149808 From : <http://www.cambridge.org/cjg>

FAMILY AND INFORMAL CARE

(See Also 242/28, 242/140)

- 242/41 Valuing and integrating informal care as a core component of long-term care for older people: a comparison of recent developments in Italy and Spain; by Georgia Casanova, Giovanni Lamura, Andrea Principi.: Taylor and Francis.
Journal of Aging and Social Policy, vol 29, no 3, May-June 2017, pp 201-217.
The international long-term care (LTC) debate has recently been focusing on how to strengthen home care provision. In this regard, a major role has been played by informal care and how to best integrate it in a holistic care approach. Italy and Spain, usually labelled as having "familialist" or "family-based" care models, have been promoting national reforms or actions to support the integration of "informal" actors into the overall LTC system. Through a comparative review of recent trends observed in the two care regimes, this article aims at contributing to improving our cross-national understanding of how LTC is changing across Europe, by identifying the basic approaches adopted in Italy and Spain, and highlighting both their strengths and drawbacks. (RH)
ISSN: 08959420 From : <http://www.tandfonline.com>

FASHION

- 242/42 Fashioning the sixties: fashion narratives of older women; by Jackie Goode.: Cambridge University Press. Ageing and Society, vol 38, no 3, March 2018, pp 455-475.
The popular media suggest that we are witnessing 'a fashion for older women', and that 'the latest new faces to light up campaigns and covers' are retirees (The Guardian, 16 September 2012). Do fashion designers know this? On the one hand, Sir Christopher Frayling, former Rector of the Royal College of Art (RCA), observes that we need a change in mind-set for the art school of the future, since design students' attitudes to designing for older people is that it is really boring (Start the Week, BBC Radio 4, 19 November 2012). On the other hand, the sculptor Antony Gormley states that 'Art schools are the things that reinforce agency in the world'. This paper emerges out of an ongoing conversation between a group of women friends about how they feel about clothes and the fashion choices on offer to them. The women constitute a sub-group of women in their sixties who grew up in the 1960s, against a background of 'cultural revolution' in British fashion that emerged from the art schools. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

FRAILITY

- 242/43 Does current smoking predict future frailty?: The English longitudinal study of ageing; by Gotaro Kojima, Steve Iliffe, Stephen Jivraj (et al): Oxford University Press.
Age and Ageing, vol 47, no 1, January 2018, pp 126-131.
Smoking is the single most preventable cause of morbidity and mortality. The evidence on independent associations between smoking in later life and incident frailty is scarce. The aim of this study was to examine the effect of current smoking in older people on the risk of developing frailty, controlling for important confounders. The study used data of 2,542 community-dwelling older people aged 60 years and above in England. Participants were classified as current smokers or non-smokers. Frailty was defined using modified Fried criteria. Multivariable logistic regression models were used to examine risk of four-year incident frailty in current smokers compared with non-smokers, adjusted for demographic, socioeconomic and health variables. Of 2,542 participants, 261 and 2,281 were current smokers and non-smokers respectively. The current smokers were significantly frailer, younger, with lower BMI, less educated, less wealthy and lonelier compared with non-smokers at baseline. In multivariable logistic regression models adjusting for age and gender, current smokers were twice as likely to develop frailty compared with non-smokers. This association was attenuated largely by controlling for socioeconomic status. Smoking remained significantly associated with incident frailty in fully adjusted models including age, gender, socioeconomic status, alcohol use, cognitive function and loneliness. The relationship was however attenuated when taking account of non-response bias through multiple imputation. Current smokers compared with non-smokers were significantly more likely to develop frailty over four years among community-dwelling older people. Given that smoking is a modifiable lifestyle factor, smoking cessation may potentially prevent or delay developing frailty, even in old age. (JL)
ISSN: 10062801
From : <https://academic.oup.com/ageing>

GRANDPARENTS

- 242/44 The impact of intensive grandchild care on depressive symptoms among older Koreans; by Juyeong Kim, Eun-Cheol Park, Young Choi (et al): Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1381-1391.
The aim of this study was to investigate the impact of intensive grandchild care on depressive symptoms among grandparents. The study used data from 2008 to 2012 of the Korea Longitudinal Study of Aging. Using the data from 2008 at baseline, data included 5,129 individuals aged 50 years and more without depression with at least one grandchild. A generalised estimating equation was used to investigate the impact of intensive grandchild care on depression. Investigated factors included the intensity of grandchild care, measured by hours spent caring for a grandchild per week: (i) none (0 h); (ii) non-intensive grandchild care (1-39 hours per week); and intensive grandchild care (40 hours or more per week). Depressive symptoms were measured using the 10-item Center for Epidemiological Studies Depression scale. Among the participants 3.0% were providing non-intensive grandchild care, and 1.9% were providing intensive grandchild care. Compared with grandparents providing no grandchild care, those who provided intensive grandchild care experienced reduced depression. Men providing intensive grandchild care experienced a greater reduction in depression compared with women providing grandchild care. Grandparents who were receiving financial support from adult children were more likely to experience reduced depression than those receiving no such support. The results of this study reveal that intensive grandchild care is associated with lower levels of depression among older adults, particularly men. The findings emphasise the importance of encouraging older adults to participate in grandchild care, regardless of gender. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

HEALTH AND WELLBEING

(See Also 242/14, 242/81)

- 242/45 Self-reported happiness of older adults in an assisted living facility: effects of being in activities; by Erin E Watkins, Christopher Walmsley, Alan Poling.: Taylor and Francis. Activities, Adaptation and Aging, vol 41, no 1, 2017, pp 87-97. Happiness is an important component of older people's quality of life. However, happiness is a construct, not a thing, and is difficult to quantify. This American study examined the feasibility of having participants and observers quantify participants' level of happiness, by pointing to line drawings of faces depicting different emotions, like those commonly used to index pain. Participants in this observational study lived in the dementia special care unit of an assisted living facility located in a small mid-Western city. Complete data were analysed for six of ten original participants (four men, two women; age range 86 to 106). As hypothesised, results indicated that both participants and observers reported that participants were significantly happier when they were exposed to activities than when they were not. Scores recorded by participants showed a wider range of happiness and generally greater happiness than did scores recorded by observers. These results suggest that further research using this technique to measure happiness is warranted. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>

HEALTH CARE

(See Also 242/74, 242/140)

- 242/46 'My opinion is that doctors prefer younger people': older women, physicians and ageism; by Hazel MacRae.: Cambridge University Press. Ageing and Society, vol 38, no 2, February 2018, pp 240-266. Older women's views about, and subjective experience of, ageism during interactions with physicians are examined, as are views about and experience of sexism. Data were obtained from in-depth, face-to-face interviews conducted with 36 Canadian women aged 55 years and older. The findings indicate that older women believe ageism is likely to occur during medical encounters, and they are concerned about it. Few, however, claim to have personally experienced it. Contradicting the stereotype of the passive older patient, many participants were using strategies to avoid becoming targets of ageism. Although there was some concern about sexism during medical encounters, in general, the women appeared to be less conscious of sexism than ageism. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 242/47 Dementia, human rights and BAME communities; by David Truswell.: Hawker Publications. Journal of Dementia Care, vol 26, no 1, January-February 2018, pp 22-23. Attempts to embed human rights into health care have failed to dislodge the medical model of service evaluation in the NHS. The author argues that renewed effort is required to protect and promote health care rights, particularly where migrant and black and minority ethnic (BAME) communities are concerned. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 242/48 Multimorbidity: will it stand the test of time?; by Joanna C Ford, John A Ford.: Oxford University Press. Age and Ageing, vol 47, no 1, January 2018, pp 6-8. The concept of multimorbidity has risen in popularity over the past few years. Its use has led to, or coincided with, an increased recognition that patients often have more than one health problem which should not be treated in isolation. The motivation for more holistic, person-centred care that lies behind multimorbidity is to be welcomed. The 2016 National Institute for Health and Care Excellence multimorbidity management guideline helpfully makes recommendations in key areas that are important in the care of patients with complicated medical problems. However the sustainability of the term should be questioned for the following four reasons: (i) It is doctor and researcher centred rather than patient centred, focusing upon the number of diagnoses rather than the patient's lived experience, (ii) It is not a positive term for patients and is at odds with the move towards promoting active and healthy ageing, (iii) Its non-specific nature means it holds little value in daily clinical practice and (iv) Most definitions apply to a large segment of the population making it of limited use for health care planners. It is argued that the complementary concepts of complexity and frailty would fit better with the delivery of patient centred care for people with multiple co-existing health problems and would be more useful to clinicians, commissioners and researchers. (JL)
ISSN: 10062801
From : <https://academic.oup.com/ageing>

HEALTH SERVICES

- 242/49 Headline indicators for structured monitoring of health system performance in Europe; by Maria M Hofmarcher, Natasa Peric, Judit Simon.: European Observatory on Health Systems and Policies. Eurohealth, vol 23, no 4, 2017, pp 11-15.
The authors propose a prioritised set of indicators identified in 43 national and international health system performance assessment (HSPA) initiatives with the aim of informing comparative analysis of policy impacts in a gradual manner. They document more than 2000 indicators which were consolidated for overlaps. Through implementing the euHS_I (European Health System Indicators survey), the resulting indicators then led to a balanced set of 95 indicators which were assessed by European experts for their relevance by specific HSPA domains, i.e. access, efficiency, equity and quality of care, and their priority levels. Headline indicators that monitor performance related to key objectives in public health were identified. (RH)
ISSN: 13561030
From : <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth>

HEALTHY AGEING

(See Also 242/75, 242/79, 242/98)

- 242/50 The association of a heart attack or stroke with depressive symptoms stratified by the presence of a close social contact: findings from the National Health and Aging Trends Study Cohort; by Adam Simning, Christopher L Seplaki, Yeates Conwell.: Wiley. International Journal of Geriatric Psychiatry, vol 33, no 1, January 2018, pp 96-103.
The objective of this study was to examine whether the risk of having clinically significant depression following a heart attack or stroke varied by the presence of a close social contact. The National Health and Aging Trends Study was a nationally representative longitudinal survey of US Medicare beneficiaries aged 65 and older initiated in 2011. 5,643 older adults had information on social contacts at baseline and depression at the one-year follow-up interview. The two-item Patient Health Questionnaire identified clinically significant depression. Interview questions examined social contacts and the presence of self-reported heart attack or stroke during the year of follow-up. 297 older adults reported experiencing a heart attack and/or stroke between their baseline and follow-up interviews. In regression analyses accounting for sociodemographics, baseline depression, medical comorbidity and activities of daily living impairment, older adults with no close social contacts had increased odds of depression at follow-up after experiencing a heart attack or stroke, while those with close social contacts had increased odds of depression at follow-up after experiencing a stroke, but not a heart attack. Older adults had increased odds of having depression following a self-reported stroke, but only those with no close social contacts had increased odds of depression following a heart attack. Social networks may play a role in the mechanisms underlying depression among older adults experiencing certain acute health events. Future work exploring the potential causal relationships suggested here, if confirmed, could inform interventions to alleviate or prevent depression among at risk older adults. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 242/51 The impact of health education and health promotion on management of chronic health conditions in older adults: opportunities for innovation; by Meredith Troutman-Jordan, Lorrie Heath.: Taylor and Francis. Activities, Adaptation and Aging, vol 41, no 1, 2017, pp 1-13.
This article provides an overview and describes major health issues affecting older Americans, coupled with potential education and health promotion interventions that the nurse practising in a community setting might implement. Emphasis is placed on partnership with older adults, and better equipping them to be actively involved in their own health care. Easily accessible, free screening, assessment tools, and educational resources are identified. By enhancing older adults' knowledge and sharing acceptable, desirable and realistic intervention options with them, nurses can help empower older adults to have greater confidence in their ability to manage their health. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 242/52 Lifestyle for Brain Health (LIBRA): a new model for dementia prevention; by Olga J G Schiepers, Sebastian Kohler, Kay Deckers (et al.): Wiley. International Journal of Geriatric Psychiatry, vol 33, no 1, January 2018, pp 167-175.
Modifiable risk factors for dementia were identified and compiled in a systematic review. The 'Lifestyle for Brain Health' (LIBRA) score, reflecting someone's potential for dementia prevention, was studied in a large longitudinal population-based sample with respect to predicting cognitive change over an observation period of up to 16 years. The score was calculated at baseline for 949 participants aged 50-81 years from the Maastricht Ageing Study. The predictive value of LIBRA for incident dementia and cognitive impairment was examined by using Cox proportional hazard models and by testing its relation with cognitive decline. The score predicted future risk of dementia, as well as risk of cognitive impairment. A one-point increase in LIBRA score related to 19% higher risk for dementia and 9% higher

risk for cognitive impairment. LIBRA predicted rate of decline in processing speed, but not memory or executive functioning. The score may help in identifying and monitoring risk status in dementia prevention programmes by targeting modifiable, lifestyle-related risk factors. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

242/53 Longitudinal state-level effects on change in body mass index among middle-aged and older adults in the USA; by Cheng-Chia Chen, Dong-Chui Seo, Hsien-Chang Lin.: Sage.
Health Education Journal, vol 77, no 1, February 2019, pp 59-72.

This longitudinal study aimed to examine the effects of state-level socioeconomic status (SES), the availability of fast food restaurants, and walking to work on body mass index (BMI) among American adults aged 50 years and older. The study also sought to account for the interaction effects of three different hierarchical levels of variables, including time-varying variables and time-invariant variables such as individual and state-level variables. Confounding related to environmental or neighbourhood effects was controlled for through sample selection. Data were drawn from the 2000-2010 Health and Retirement Study (HRS) and the 2010 US Census. The study sample comprised 76,156 HRS survey participants aged 50 years and older in 2000, residing in the same census tract (i.e. census area or district) during 2000-2010. A three-level growth model was fitted to BMI trajectories. The study found that BMI significantly increased over time, showing both a linear and quadratic decelerating trajectory (pp.001) where BMI grew faster among sampled adults in their early 50s. Women living in US states with a lower state-level SES had higher BMIs, while men with higher state-level SES had a higher BMI ($b=-.242, p=.013$). In states with a higher proportion of people who walked to work, Hispanics had higher BMIs at baseline and a lower BMI growth rate, compared with non-Hispanic whites ($b=-.033, pp.001$). The study concludes that obesity interventions specific to adults aged 50 years and older require greater emphasis. Potential health inequalities regarding weight gain can be ameliorated through tailoring interventions based on sex, environmental and state-level SES influences. (RH)

ISSN: 00178969

From : <http://www.journals.sagepub.com/home/hej>

242/54 Successful aging: the role of cognitive gerontology; by Alan Hartley, Lucie Angel, Alan Castel (et al.): Taylor and Francis.

Experimental Aging Research, vol 44, no 1, January-February 2018, pp 82-93.

This commentary explores the relationships between the construct of successful ageing and the experimental psychology of human ageing cognitive gerontology. What can or should cognitive gerontology contribute to understanding, defining and assessing successful ageing? Standards for successful ageing reflect value judgments that are culturally and historically situated. Fundamentally, they address social policy; they are prescriptive. If individuals or groups are deemed to be ageing successfully, then their characteristics or situations can be emulated. If an individual or a group is deemed to be ageing unsuccessfully, then intervention should be considered. Although science is never culture-free or ahistorical, cognitive gerontology is primarily descriptive of age-related change. It is not prescriptive. It is argued that cognitive gerontology has little to contribute to setting standards for successful ageing. If, however, better cognitive function is taken as a marker of more successful ageing – something not universally accepted – then cognitive gerontology can play an important assessment role. It has a great deal to contribute in determining whether an individual or a group evidences better cognitive function than another. More importantly, cognitive gerontology can provide tools to evaluate the effects of interventions. It can provide targeted measures of perception, attention, memory, executive function and other facets of cognition that are more sensitive to change than most clinical measures. From a deep understanding of factors affecting cognitive function, cognitive gerontology can also suggest possible interventions. This article was the result of an international conference on Cognitive Psychology and the Challenges of Successful Aging organised by the authors, sponsored by the Albert and Elaine Borchard Foundation, and held at the Domaine de la Bretesche, Missillac, Loire-Atlantique, France in June 2015. (RH)

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From : <http://www.tandfonline.com>

HIV AND AIDS

242/55 Older adults living with HIV: a valuable resource?; by Vicki E Hutton.: Cambridge University Press.

Ageing and Society, vol 38, no 3, March 2018, pp 476-496.

Subjective well-being was examined amongst 274 adults living with HIV in Australia and the United States of America. There were 164 adults aged 49 years and under, and 110 adults aged 50 years and over. Participants completed a composite questionnaire comprising the Personal Wellbeing Index - Adult (PWI-A), the HIV-Unsupportive Social Interactions Inventory (USII), and demographic and health-related items. Participants reported mean PWI-A scores of 54.7 points, considerably below the Western population normative range of 70-80 points. Older adults reported significantly greater subjective well-being compared to younger adults, but still below the normative range. Experiences of unsupportive social interactions were a significant predictor of reduced subjective well-being amongst all participants. Qualitative comments provided a greater understanding of the characteristics and psychological devices that enable some older adults to maintain and/or increase subjective well-being,

even in the face of negative stressors such as unsupportive social interactions. This provides valuable information for service providers and clinicians as HIV increasingly becomes recognised as a disease affecting older adults in developed nations. Rather than positioning the ageing HIV population as a potential burden, it is proposed that learning more about the coping mechanisms employed by older adults with HIV could prove beneficial for the HIV population as a whole. (RH)

ISSN: 0144686X

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

- 242/56 Resilience in low-income African American women living and aging with HIV; by Sailaja Subramaniam, Lizeth M Camacho, Marsha T Carolan (et al.): Taylor and Francis.
Journal of Women and Aging, vol 29, no 6, 2017, pp 543-550.

Women are living with HIV into middle and older age and are likely to face multiple comorbidities and stressors as they age. This study focused on understanding how women who experience multiple forms of oppression and ongoing adversity are still able to adapt and stand strong. Using a theoretical framework of resilience and a feminist research ideology, interviews of eight middle-aged and older African American women living with HIV were analysed. Despite experiences of HIV-related discrimination, trauma and violence, these women demonstrated a remarkable ability to adapt and maintain support. Implications for research and practice are discussed. (RH)

ISSN: 08952841

From : <http://www.tandfonline.com>

HOME CARE

(See Also 242/71)

- 242/57 The impact of in-home services utilization on the institutionalization of older people in Korea; by Jung-Kyu Choi, Minjin Kang, Euasin Joung.: Taylor and Francis.
Journal of Aging and Social Policy, vol 29, no 5, October-December 2017, pp 433-443.

Because of ageing populations, institutionalisation of older people is creating an increasing financial burden in many countries. This study aimed to explore the impact of in-home service utilisation on institutionalisation. The subjects were newly certified as eligible for long-term care insurance in January and February 2009 in Korea. The follow-up period was 40 months, to April 2012. The authors used logistic regression models to identify factors influencing the transition to institutional service, adjusting for gender, age, living status, income level, activities of daily living and chronic disease. The institutionalisation rate was estimated to be 17.3% over 40 months. The interval from transitional living to institutionalisation was 36 ± 8 months. Risk factors of transition to institutional services are being female, being of advanced age, living with friends or cousins, getting dementia, and not using in-home services. The authors determined that institutionalisation is mitigated by use of in-home services. Therefore, supplying appropriate in-home services to current non-users would help to greatly reduce the rate of institutionalisation of older people. (RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

- 242/58 Receipt of formal and informal help with specific care tasks among older people living in their own home: national trends over two decades; by Lena Dahlberg, Hanna Berndt, Carin Lennartsson, Par Schon.: Wiley.

Social Policy and Administration, vol 52, no 1, January 2018, pp 91-110.

Sweden is seen as a typical example of a social democratic welfare regime, with universal and generous welfare policies. However, since the 1990s, there have been substantial reductions in the Swedish provision of care for older people. This study aimed to examine trends in sources of care receipt in older people (age 77+) living in their own home and with a perceived need for help with two specific tasks: house cleaning and/or food shopping. Trends in care receipt were examined in relation to gender, living alone, having children, and socio-economic position. Data from the 1992, 2002 and 2011 data collection waves of the national study, Swedish Panel Study of Living Conditions of the Oldest Old (SWEOLD), were used. Response rates varied between 86 and 95 per cent, and the sample represents the population well. Trends and differences between groups were explored in bivariate and logistic regression analyses. There was a reduction in formal care-receipt regarding house cleaning and food shopping over the study period. It was more common for women than men to receive formal care, and more common for men than women to receive informal care. Reductions in formal care have affected older women more than older men. Still, living alone was the most influential factor in care-receipt, associated with a greater likelihood of formal care-receipt and a lower likelihood of informal care-receipt. It can be concluded that public responsibility for care is becoming more narrowly defined in Sweden, and that more responsibility for care is placed on persons in need of care and their families. (RH)

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

HOSPITAL CARE

- 242/59 Quality indicators in the care of older persons in the emergency department: a systematic review of the literature; by Ellen Burkett, Melinda G Martin-Khan, Leonard C Gray.: Wiley. Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 286-298.
A systematic literature review was undertaken to assess the methodological quality of existing quality indicators (QIs) for the emergency department (ED) care of older patients. MEDLINE, CINAHL, EMBASE and grey literature were searched. Articles were included if they addressed ED care of patients aged 65 years or more and defined a QI amenable to influence by ED providers. The methodological quality of QIs was assessed using relevant items from the Appraisal of Indicators through Research and Evaluation and the QUALIFY tools. 61 articles were included in the review, with identification of 50 QIs meeting predefined inclusion criteria. 36 of 50 ED QIs for older patients were process indicators. The appraisal instruments' total ratings ranged from 39 to 67%, with only 18 QIs scoring 50% or more for all five domains. There is a need for a balanced, methodologically robust set of QIs for care of older patients in the ED. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

HOUSING

- 242/60 Home-ownership and housing wealth of elderly divorcees in ten European countries; by Barend Wind, Caroline Dewilde.: Cambridge University Press. Ageing and Society, vol 38, no 2, February 2018, pp 267-295.
Recent research has shown that divorce reduces the likelihood of home ownership. Even in later life, ever-divorced men and women display lower home ownership rates than their married counterparts. However, there is a lack of knowledge about the consequences of divorce for a majority of divorcees: those who remain in home ownership or move back into home ownership after an episode in rental housing. This paper investigates the economic costs of divorce. It focuses on the housing wealth of ever-divorced home-owners in later life (age 50 and over), against the background of changing welfare and housing regimes. The empirical analysis is based on data from ten European countries that participated in the third and fourth waves of the Survey of Health, Ageing and Retirement in Europe (SHARE 2007/8 and 2011/2). The countries were Austria, Belgium, Denmark, France, Germany, Italy, The Netherlands, Spain, Sweden and Switzerland. The authors' analyses support an association between divorce experience and lower housing wealth holdings for men and women who remain in home-ownership after a divorce, or re-enter home ownership after a spell in rental housing. This means that a divorce has negative housing consequences for a broader range of individuals than thus far assumed. In countries with a dynamic housing market and a deregulated housing finance system, ever-divorced home-owners are worse off than their married counterparts. In these countries, more older individuals with a weaker financial situation are able to remain in or regain access to (mortgaged) home-ownership, but at the cost of lower housing equity. Further research should focus on the implications (e.g. for wellbeing, or economic position) of such cross-country variations. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X16000969>
- 242/61 Housing for older people: second report of Session 2017-19: report, together with formal minutes relating to the report; by Communities and Local Government Committee, House of Commons. London: House of Commons, 9 February 2018, 75 pp (HC 2017/19 370).
People's housing needs and preferences often change as they grow older, and they may want to make changes to how and where they live. Most of those responding to this inquiry (originally launched February 2017) stated that a national strategy on housing provision for older people was needed, a view endorsed by the Communities and Local Government (CLG) Committee. This report also considers the provision of advice and information on housing; the link between housing and health; the situation for people who 'stay put' and for those who move home; housing options (accessible homes, specialist housing, bungalows and cohousing); and local and national planning policies and supply of housing. Among key recommendations are that the existing FirstStop Advice Service should be re-funded by the Government to provide an expanded national telephone advice service; and expanded coverage of Home Improvement Agencies (HIA), with access to at least one HIA with a handyperson service in each local authority area. The new national strategy the Committee recommends the Government to introduce should be established in consultation with older people and those who provide for them. The Government should also recognise the link between homes and health and social care in the forthcoming adult social care Green Paper. (RH)
From : <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/370.pdf>
- 242/62 To stay or to go?: Postretirement housing choices of single Baby Boomer women; by Foula Z Kopandis, Linda J Robinson, Mike Reid.: Taylor and Francis. Journal of Women and Aging, vol 29, no 5, 2017, pp 417-427.
Single women of the Baby Boomer generation are often financially disadvantaged in the retirement planning process, due to their lower accumulated savings compared to male retirees. This disadvantage affects significant consumption decisions such as post-retirement housing choices. This Australian study uses the theory of planned behaviour to examine how certainty in intentions influences preparing

and planning for post-retirement housing. A typology of single Baby Boomer women is developed based on their financial, demographic, and psychological circumstances. Each segment likely requires different informational strategies and financial services, to foster proactive planning for retirement. Significant implications exist for social policy and the financial services sector. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>

HOUSING WITH CARE

(See 242/85)

IMAGES OF AGEING

(See 242/42)

INCOME AND PERSONAL FINANCE

- 242/63 Easy come, easy go: borrowing over the life-cycle; by Andrea Finney, Sharon Collard, Elaine Kempson, Personal Finance Research Centre (PFRC), University of Bristol. Edinburgh: Standard Life, 2007, 68 pp. This research project was undertaken to better understand why people borrow and how borrowing may be mitigated or even avoided among three life stage groups: young adults, people in the family years, and people in post-family years (50s to early 70s). The research involved primary analysis of eight focus groups at these different stages, supported by the literature, secondary analysis of national survey data, and a workshop with experts in the field. In contrast to the pressures to consume of the two younger age groups, the report found that those in the post-family years had generally cautious attitudes to borrowing. The research concludes that policy responses need to focus on the positive advice throughout life of "making money work for you". (RH)
<https://www.bristol.ac.uk/geography/research/pfrc/themes/credit-debt/easy-come.html>

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 242/26, 242/88, 242/120)

- 242/64 "It keeps dropping out!": the need to address the ongoing digital divide to achieve improved health and well-being benefits for older rural Australians; by Judi Walker.: Wiley.
Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 262-263.
Commentary on the article 'Although we're isolated, we're not really isolated' in the same issue of this journal (pp 313-317). The article examines how information and communications technology (ICT) may facilitate wellbeing for rural older Australians by compensating for geographic and social isolation. This commentary briefly looks at the role of ICT in improving health and wellbeing and overcoming rural disadvantage; the problem of the digital divide; and the rollout of the Australian National Broadband Network from 2009. The author concludes that while ICT can reduce social isolation and in turn improve wellbeing for rural older Australians, lack of access to ICT can exacerbate or increase that isolation. Rural digital inclusion policies must take a systematic and integrated approach to digital engagement that accounts for interrelations between infrastructure, adoption and usage of ICT in rural areas. (JL)
ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

INTERGENERATIONAL ISSUES

(See Also 242/73)

- 242/65 A country for all ages: ending age apartheid in Brexit Britain; by United for All Ages. Happisburgh, Norfolk: United for All Ages, January 2017, 21 pp.
In the UK, society is plagued by 'age apartheid': much of what we do is segregated by age, particularly for the youngest and oldest generations. This paper explores how different generations can come together and unite. United for All Ages asked twenty organisations for ideas and practical solutions that promote social integration for all ages. It examines the following related issues: age segregation of different generations and the multiple impacts of a lack of mixing between age groups; perceptions held by both younger and older generations of unfairness in their relative treatment; and bottom-up solutions that could help create multigenerational communities and a country for all ages. An appendix lists the twenty radical ways to promote intergenerational equity put forward in 'Fairness for all ages' (United for All Ages, August 2016). (RH)
<http://unitedforallages.com/wp-content/uploads/2017/01/A-Country-for-All-Ages-January-2017.pdf>
- 242/66 Intergenerational flows of support between parents and adult children in Britain; by Maria Evandrou, Jane Falkingham, Madelin Gomez-Leon, Athina Vlachantoni.: Cambridge University Press.
Ageing and Society, vol 38, no 2, February 2018, pp 321-351; + Corrigendum p 434.
Understanding patterns of intergenerational support is critical within the context of demographic change, such as changing family structures and population ageing. Existing research has focused on intergenerational support at a given time in the individuals' lifecourse, e.g. from adult children towards

older parents and vice versa; however, few studies have focused on the dynamic nature of such support. Analysing data from the 1958 National Child Development Study (NCDS), this paper investigates the extent to which the receipt of parental help earlier in the lifecourse affects the chances of adult children reciprocating with support towards their parents later in life. The findings show that three-quarters of mid-life adults had received some support from their parents earlier in life, and at age 50 more than half were providing care to their parents. Patterns of support received and provided across the lifecourse differ markedly by gender, with sons being more likely to have received help with finances earlier in the lifecourse, and daughters with child care. The results highlight that care provision towards parents was associated with support receipt earlier in life. However, the degree of reciprocity varies according to the type of care provided by children. Such findings have implications for informal care provision by adult children towards future cohorts of older people, and by extension, the organisation of social care. (RH) ISSN: 0144686X [From](https://doi.org/10.1017/S0144686X16001057) : <https://doi.org/10.1017/S0144686X16001057>

242/67 Mixing matters: how shared sites can bring older and younger people together and unite Brexit Britain; by United for All Ages. Happisburgh, Norfolk: United for All Ages, January 2018, 25 pp. Britain has become increasingly segregated by age over the last fifty years, such that there is little contact between people of different ages. This paper demonstrates a growing movement to tackle 'age apartheid' in the UK. It focuses on how older and younger people can come together through 'shared sites'. Examples from 20 organisations illustrate the four themes which are explored: shared care and play; shared housing and living; shared learning and work; and shared community spaces and activities. Given that there are some 75,000 care homes, nurseries and schools in the UK, there is plenty of scope for shared sites. <http://unitedforallages.com/wp-content/uploads/2018/01/Mixing-Matters-United-for-All-Ages-paper-Jan-2018-.pdf>

242/68 Private and public consumption across generations in Australia; by James M Rice, Jeromey B Temple, Peter F McDonald.: Wiley. Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 279-285. The present study aimed to investigate intergenerational equity in consumption using the Australian National Transfer Accounts (NTA). Australian NTA estimates of consumption were used to investigate disparities in consumption between people of different ages and generations in Australia between 1981-1982 and 2009-2010. Results showed that there is a clear patterning of consumption by age, with the distribution by age of consumption funded by the private sector being very different to that of consumption funded by the public sector. Australians have achieved notable equality in total consumption among people between the ages of 20 and 75 years. Substantial disparities exist however between different generations, with earlier generations experiencing lower levels of total consumption in real terms at particular ages than later generations. An accurate picture of intergenerational equity in consumption requires consideration of both cohorts and cross sections, as well as consumption funded by both the public and the private sectors. (JL) ISSN: 14406381 [From](http://www.wileyonlinelibrary.com/journal/ajag) : <http://www.wileyonlinelibrary.com/journal/ajag>

INTERNATIONAL AND COMPARATIVE

(See Also 242/57, 242/94, 242/111, 242/112, 242/129, 242/133, 242/141)

242/69 Armed and aging: dementia and firearms do not mix!; by Gabriele Cipriani, Sabrina Danti, Cecelia Carlesi, Mario Di Fiorino.: Taylor and Francis. Journal of Gerontological Social Work, vol 60, no 8, November 2017, pp 647-660. The possibility that people with dementia possess firearms is cause for concern; however, the limited number of research studies has usually been in the form of case reports. Reducing the occurrence of the firearm-related violence effectively requires identifying dangerous individuals and keeping firearms out of their hands. Health care professionals (i.e. social workers and physicians) need to work together and to produce a suitable evaluation of patients with dementia to prevent firearm-related injuries and serious and irreparable injury to people. This article reviews international data on firearms ownership, before looking at the literature on: ageing, violence, crimes and firearms; dementia and firearms; gun laws and cultural background; and assessing the risks of gun ownership by people with dementia. (RH) ISSN: 01634372 [From](http://www.tandfonline.com) : <http://www.tandfonline.com>

242/70 A budget proposal for China's public long-term care policy; by Bei Lu, Xiaoting Liu, Mingxu Yang.: Taylor and Francis. Journal of Aging and Social Policy, vol 29, no 1, January-February 2017, pp 84-103. Long-term care (LTC) policy is at an experimental stage in China, characterised by various regional pilot programmes. The public cost of LTC is difficult to estimate, due to a lack of clarity about policy detail from the central government. This article analyses the current disabled status for vulnerable older people without sufficient financial resources and family support. It focuses on estimating a safety net public subsidy policy for LTC services in China, both now and into the future. It uses China Health and Retirement Longitudinal Survey (CHARLS) data, 2011 wave, with the methods of multinomial logistic regression and simulation. The main aim is to estimate the future disability trend and LTC public cost

based on changes in education, population ageing, and urbanisation. Disability prevalence might be decreasing partly due to higher education, urbanisation, and better health care; and the overall public LTC costs might be growing. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com>

- 242/71 Domestic helpers as frontline workers in China's home-based elder care: a systematic review; by Jing Wang, Bei Wu.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 4, 2017, pp 294-305.
The authors conducted a systematic review of the existing empirical studies which focus on Chinese domestic helpers in mainland China and foreign domestic helpers in Hong Kong who provide care for community-dwelling older adults. There are very limited studies specifically focusing on this population. The findings synthesise domestic helpers' characteristics, acknowledge their contributions to elder care in China, and show multiple challenges facing them, such as issues related to their physical health and emotional well-being, lack of legal rights protection, difficulties of adapting life in the host city, lack of training, and risk of abuse and sexual harassment. The findings support the need for developing training and educational courses about legal rights protection and cultural competency for domestic helpers; the need to promote domestic helpers' access to health care and social welfare, and opportunities for career advancement; and the need to provide respectful working conditions. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>
- 242/72 Engaging experts: expanding participation and enhancing research in Chinese eldercare institutions; by Rose Keimig.: Taylor and Francis.
Journal of Aging and Social Policy, vol 29, no 5, October-December 2017, pp 461-474.
Due to the myriad factors straining China's traditional family-based eldercare system, today unprecedented numbers of older adults are turning to institutions for caregiving needs. As researchers and policy makers organise conferences, analyse trends, and allocate resources, the subjective experiences of older people themselves are often forgotten or ignored. While providers recognise that institutionalised older people are at an increased risk for mental health issues, most cite personnel and resource shortages as insurmountable barriers to provision. Using examples from ethnographic research in Chinese eldercare institutions, this article examines the link between participation and mental health for contemporary Chinese older people. It makes a case for expanding the role of older people in research in order to improve both the experience and understanding of institutional eldercare. (RH)
ISSN: 08959420 From : <http://www.tandfonline.com>
- 242/73 Intergenerational support in one- and multi-child families in China: does child gender still matter?; by Jia Chen, Lucy P Jordan.: Sage.
Research on Aging, vol 40, no 2, February 2018, pp 180-204.
Using data from the baseline wave of the China Family Panel Studies, the authors applied three-level random-intercept logistic regression models to investigate how the child gender gap in intergenerational support differed between one- and multi-child families in China, based on 16,201 parent-child dyads. The results showed that sons were more likely to receive both financial and instrumental support from aged parents. Additionally, sons tended to provide financial support, and daughters tended to provide instrumental support. Being in a one-child family increased the chance of children's receipt of support, but not support provision from/to aged parents. A difference in child gender gap was only found for children's receipt of instrumental support, which was less in one-child families than in multi-child families. The findings suggest that the gendered pattern of intergenerational support has not changed in one-child families. This has implications for the provision of services for care of older people, when considering families with different structures. (RH)
ISSN: 01640275 From : <http://www.journals.sagepub.com/home/roa>
- 242/74 Live to 70 years and older or suffer in silence: understanding health insurance status among the elderly under the NHIS in Ghana; by Ama P Fenny.: Taylor and Francis.
Journal of Aging and Social Policy, vol 29, no 4, July-September 2017, pp 352-370.
Ghana has introduced a National Health Insurance Scheme (NHIS). Embedded in the NHIS is a policy to exempt poor and vulnerable groups from premiums and user fees. There has been some debate as to why the start-off age for exemption among older people is 70 years. Ghana has a shorter life expectancy than middle- and high-income countries; its current age of retirement is 60 years. This study explores the financial and social implications of continuing to charge premiums to people aged 60 to 69. Based on the analysis of data from a representative household survey, it is recommended that the exemption policy should be expanded to include all vulnerable older people, regardless of age. (RH)
ISSN: 08959420 From : <http://www.tandfonline.com>
- 242/75 A longitudinal analysis of the association between living arrangements and health among older adults in China; by Zi Zhou, Fanzhen Mao, Jiaping Ma (et al.): Sage.
Research on Aging, vol 40, no 1, January 2018, pp 72-97.
This article used the nationally representative Chinese Longitudinal Healthy Longevity Survey (CLHLS) to explore the associations between living arrangements and health among older adults. Living arrangements were stratified into six categories. Health was measured by self-rated health, activities of

daily living (ADL) disability, and cognitive impairment. Random effects ordered probit regressions were applied. The results indicate that co-residence had a positive effect on self-rated health compared with living alone. After introducing psychological well-being, the health differences observed in living with a spouse and living with both spouse and children were not significant. Participants with a living arrangement other than living alone were more likely to have a higher rate of cognitive impairment and ADL disability than those living alone. Living arrangements were associated with older adults' health. Psychological well-being was a key factor in this association, which may result from living with a spouse, and could contribute to the self-rated health of older adults. (RH)

ISSN: 01640275

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

242/76 Quality of life of the elderly receiving old age pension in Lesotho; by Eltony Mugomeri, Peter Chatanga, Ts'ele Khetheng, Jotham Dhemba.: Taylor and Francis.

Journal of Aging and Social Policy, vol 29, no 4, July-September 2017, pp 371-393.

The southern African country of Lesotho introduced an old age pension scheme in 2004 with the aim of enhancing the quality of life (QoL) of the nation's older population. This study is the first to assess the physical, psychological, social and environmental aspects of the health-related QoL (HRQoL) of older people in Lesotho since the pension scheme was adopted. Data for this study were gathered using the World Health Organization (WHO) Quality of Life Questionnaire (QoL-BREF). Mean QoL scores were compared across demographic, socioeconomic and clinical variables using analysis of variance, t test, and regression analysis. Findings indicate that respondents were least satisfied with the environmental and physical domains of QoL. They also indicate that the overall QoL of older people in Lesotho was mainly affected by marital status, level of education, type of housing, source of income, and level of satisfaction with income. These factors should thus be taken into account when developing interventions aimed at improving the QoL of older people in Lesotho. (RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

242/77 Reforms of retirement policies: three common paths in aging in Japan and Korea; by Masa Higo, Thomas R Klassen.: Taylor and Francis.

Journal of Aging and Social Policy, vol 29, no 1, January-February 2017, pp 70-83.

Faced with an unparalleled rate of population ageing, Japan and Korea have been reforming their retirement policies. To date, while the age of mandatory retirement has increased, employees continue to face significant decreases in compensation and other working conditions, typically at age 60 in Japan and age 55 in Korea. Three factors have contributed to shaping the path of the policy reforms in both the countries, namely: the productivist welfare regimes; the structure of the labour market for young workers; and wage and compensation systems that are based on seniority. This article reviews the literature on retirement in Japan and Korea, and considers the effectiveness of the reforms for these countries, including international implications. (RH)

ISSN: 08959420 From : <http://www.tandfonline.com>

242/78 A research note on challenges of cross-national aging research: an example of productive activities across three countries; by Yu-Chih Chen, Yi Wang, Ben Cooper (et al.): Sage.

Research on Aging, vol 40, no 1, January 2018, pp 54-71.

Cross-national studies can elucidate the influence of sociocultural contexts on a wide variety of ageing issues. This study aims to develop methods for using secondary data for cross-national comparisons, using productive activities (caregiving and volunteering) as an example. It also to identify challenges in conducting cross-national research. It uses nationally representative data from the United States, China and South Korea to develop a sequence of methods for cross-national analysis. Results indicate that productive activities vary by country. This variation could be due to the differences in sociocultural context and variations in operationalisation and measurement. Given the difficulty of making decisions and drawing conclusions across different cultural contexts, team members must include scholars who are familiar with the culture and language of the region of study. Researchers also need to determine whether data sets are valid for cross-national comparisons, and understand the limitations of the comparisons, given constraints in the data. (RH)

ISSN: 01640275 From : <http://www.journals.sagepub.com/home/roa>

242/79 Social network types, health, and health-care use among South Korean older adults; by Sojung Park, Ji Young Kang, Letha A Chadiha.: Sage.

Research on Aging, vol 40, no 2, February 2018, pp 131-154.

This study examines the associations between social network types, multiple health conditions, and various healthcare use. Data came from the 2006 and 2008 wave of the Korean Longitudinal Study of Aging. A two-step cluster analytical approach was used to identify social network types. Regression models determined associations between social network types, health changes and health-care use, including check-ups, outpatient service, traditional medicine use and hospitalisation. Four social network types (restricted, couple-focused, friend and diverse) were found. Compared with the restricted type, individuals in the couple-focused type were more likely to use traditional medicine and outpatient care, while members in the diverse type were more likely to use traditional medicine. The interaction model revealed varying associations between health change and social network on healthcare use.

Findings reveal the culturally contextualised association among multiple health conditions, and how social network type moderates the relationship with healthcare use. (RH)

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

LEISURE

- 242/80 The human right to leisure in old age: reinforcement of the rights of an aging population; by Iris Karev, Israel Doron.: Taylor and Francis.

Journal of Aging and Social Policy, vol 29, no 3, May-June 2017, pp 276-295.

The right to leisure is recognized as a human right under the 1948 United Nations Universal Declaration of Human Rights. The actual meaning and material content of this human right is subject to debate. This study examines the extent and the context to which this human right is specifically recognized with regard to older people. Methodologically, this study textually analysed 17 different international older persons' human rights documents, including the Madrid International Plan of Action on Ageing (MIPAA). The findings reveal that in the majority of these documents, there is no reference to the right to leisure. In the remaining documents, the right to leisure is mostly referred to indirectly or in a narrow legal construction. These findings support the notion that, despite the growing body of knowledge regarding the importance of meaningful leisure in old age and its empowering and anti-ageist nature, this knowledge has not transformed into a legal human rights discourse. (RH)

ISSN: 08959420 From : <http://www.tandfonline.com>

- 242/81 The relationship between engagement in leisure activities and self-rated health in later life; by Ingeborg Nilsson, Erling Haggstrom Lundevaller, Anne G Fisher.: Taylor and Francis.

Activities, Adaptation and Aging, vol 41, no 2, 2017, pp 175-190.

The aim of this study was to examine leisure engagement among people in later life and the potential relationship between leisure engagement and self-rated health. Data were collected by a posted questionnaire survey from a representative sample of 5,435 people aged 65 to 80 living in northern Sweden and Finland. Results revealed that levels of leisure engagement decreased progressively between the youngest and the oldest age groups. A significant relationship was found between leisure engagement and self-rated health. The relationship between leisure engagement and health, as well as implications for developing health promotion programs are discussed. This study was conducted within the Gerda Botnia project and data collection (Gerontological Regional Database 2011, GERDA), and is a result of cooperation between universities in western Finland and northeast Sweden during 2004-2012. (RH)

ISSN: 01924788 From : <http://www.tandfonline.com>

LGBT

- 242/82 Gay-friendly elderly care: creating space for sexual diversity in residential care by challenging the hetero norm; by H Leyerzapf, M Visse, A de Beer, T A Abma.: Cambridge University Press.

Ageing and Society, vol 38, no 2, February 2018, pp 352-377.

Studies on older lesbian, gay, bisexual and transgender (LGBT) adults in residential care point to their discrimination, invisibility and the taboo on LGBT lifestyles, and call for development of 'gay-friendly' care. Yet, the literature is short on how to create inclusive residential care for older LGBT people. The authors aim to acquire in-depth understanding of experiences and needs of LGBT older people concerning their inclusion and participation in care settings, in order to contribute to development of inclusive and responsive care that structurally enhances LGBT residents' visibility, 'voice' and well-being. Responsive, multi-stakeholder research using interviews, participant observations and focus groups was conducted in three care homes in the Netherlands. Thematic, interpretative analysis was performed. LGBT respondents reported social exclusion, and expressed the need to feel safe and at home and be yourself. Exclusive activities for LGBT people foster personal and relational empowerment. However, heterogenous activities seem crucial in dealing with stereotypical imaging, heteronormativity and an equality-as-sameness discourse that influences culture and daily practice in the homes and negatively affects the position of LGBT older adults. In order to develop care of older people that is gay-friendly, then exclusionary social norms need to be addressed. Sharing of narratives can help to empower LGBT older adults and stimulate understanding and shared responsibility between LGBT and heterosexual older people, as well as professionals. (RH)

ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X16001045>

LIFE-LONG LEARNING

- 242/83 Am I still needed?: Guidance and learning for older adults; by Geoff Ford, Centre for Guidance Studies (CeGS), University of Derby. Derby: Centre for Guidance Studies (CeGS), University of Derby, 2005, 100 pp.

This report points to a compelling need for third-age guidance, and makes ten key points affirming that training and lifelong learning should be truly lifelong and available to older age groups, as observed by the Organisation for Economic Co-operation and Development Career Guidance Policy Review (OECD, 2004). The main part of the report covers: the economic, social and individual dimensions of third age

under-employment; need for and provision of career guidance; lifelong learning and older adults; and the need for "joined-up" thinking and implementation. Key recommendations are made with regard to policy and practice on: "joined up" government strategies; reaching out to and involving older age groups; employment and the workplace; the skills agenda and lifelong learning; and guidance services. (RH)
ISBN: 0901437123

- 242/84 Types of learning activities and life satisfaction among older adults in urban community-based lifelong learning programs; by Takashi Yamashita, Erick B Lopez, Jennifer Stevens, Jennifer R Keene.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 3, 2017, pp 239-257.
Education, lifelong learning activities and well-being are positively associated. However, significantly less is known about types of learning activities, such as participation in organised adult education courses and self-learning among older adults in the same context. Data from 420 older adults from the Osher Lifelong Learning Institute (OLLI) in Las Vegas, Nevada were analysed. Results showed that additional participation in organised education courses was positively associated with life satisfaction among OLLI members. Given the beneficial effects of additional participation in organised adult education courses on life satisfaction, older learners are encouraged to be engaged in more learning activities. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>

LONELINESS AND SOCIAL ISOLATION

- 242/85 Addressing loneliness and isolation in retirement housing; by Anne Gray, George Worlledge.: Cambridge University Press.
Ageing and Society, vol 38, no 3, March 2018, pp 615-644.
Loneliness is a significant health risk for older people, that is linked with bereavement, living alone and declining health. Previous research suggests loneliness is common amongst residents of English retirement housing, who show a relatively high incidence of these factors. This invites the question, what can providers of retirement housing do to help their residents avoid loneliness, thus remaining healthier and less likely to need care services? The authors use a survey of 326 retirement-estate managers to investigate the role of staff and residents' groups in developing organised social activities for residents in retirement housing, and the potential of these activities for generating social contacts which may provide a pathway to avoid loneliness. The survey was informed by a literature review with two objectives. The first was to consider the nature and causes of loneliness amongst older people and how these apply to retirement housing residents. The second was to identify good practice models of previous interventions designed to widen social interactions for older people or provide emotional support. The sample was drawn from the all-England property portfolio of a major provider of retirement housing for people over 55. The sampled estates, mostly social rented but including some with a mixture of leasehold and rented dwellings, represent a sector also described as sheltered or supported housing, which has over 550,000 dwellings in the United Kingdom. It is characterised by having some form of staff support for people who are frail, immobile or isolated, such that they may occasionally need help available on call. In the literature review, the authors consider how different kinds of social contact can help develop friendships and meet social support needs, in retirement housing and elsewhere - in particular, organised group activities (clubs, classes, etc.) and specific interventions designed to address loneliness. The fieldwork suggests that organised activities in retirement housing have considerable potential to meet residents' social support needs, but that this potential is often not fully realised. A wider range of activities is needed, which may require the support of housing management staff, volunteers and community organisations. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X16001239>
- 242/86 Change and stability in loneliness and friendship after an intervention for older women; by Camille M S Martina, Nan L Stevens, Gerben J Westerhof.: Cambridge University Press.
Ageing and Society, vol 38, no 3, March 2018, pp 435-454.
The authors examine patterns of change and stability in loneliness among 108 women who had participated in a friendship enrichment programme during the year after the programme. The study, Friendship, Autonomy and Well-Being in Later Life, was supported by ZonMw, the Netherlands Organization for Health Research and Development. The authors distinguished seven groups of participants in which different levels of loneliness significantly declined, remained stable or increased. These were reduced to the following groups: those recovered, significantly improved, and not improved. They then examined whether resources such as age, education, partner status, health, initially available friendships and developments in friendships were related to these loneliness patterns. The data were collected using face-to-face semi-structured interviews, a loneliness scale and the personal convoy model. The results indicate that none of the demographic characteristics, nor health, were associated with the patterns of loneliness. Friendship availability and development did differ among the groups. Recovery from loneliness after a year was associated with the presence of a friend in the outer circle of the convoy, and having more variation in one's friendships initially and one year later. It was also associated with the presence of a friend in the inner circle and reporting improvement in friendship later.

The absence of these qualities initially or subsequently was more characteristic of those whose loneliness was stable or increased. Thus, the maintenance of companionate friendship and the development of intimacy in one's friendships seem advantageous for recovery from loneliness. While this study illustrates that recovery from, and significant reduction of loneliness are possible, we are not yet able to predict who will benefit and who will not benefit from a friendship enrichment programme. (RH)

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

242/87 Loneliness in old age: interventions to curb loneliness in long-term care facilities; by Rachel E Brimelow, Judy A Wollin.: Taylor and Francis.

Activities, Adaptation and Aging, vol 41, no 4, 2017, pp 301-315.

At present, there is little analytical research examining practical interventions to address loneliness in long-term aged care. A review of the literature was conducted to identify and examine the usefulness of current interventions. A broad range of activities was found that would benefit lonely residents. Animal-assisted therapy was the most widely implemented strategy, and was both appropriate and effective for cognitively impaired and non-impaired residents. Collaborative group approaches to improve cognitive ageing were highly beneficial to residents, as was indoor gardening, group use of game consoles, and increased social contact with family or friends mediated via videoconferencing. Continued innovation and adaptation of practices to provide stimulation and increase social connectedness are needed, in conjunction with rigorous research methodologies, to determine effectiveness and appropriateness of those interventions that would reduce loneliness for residents in long-term care facilities. (RH)

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242/88 Video conferencing: an intervention for emotional loneliness in long-term care; by Mary T Siniscarco, Cynthia Love-Williams, Sarah Burnett-Wolle.: Taylor and Francis.

Activities, Adaptation and Aging, vol 41, no 4, 2017, pp 316-329.

Residents in long-term care report high rates of emotional loneliness. This American pilot study examined an intervention to address these feelings. A sample of eight residents used videoconferencing (Skype) to communicate with very close family and/or friends one or more times each week for two months. Wilcoxon matched pairs tests suggested that the intervention was not associated with significant changes in affective well-being. However, desirable changes in various aspects of social support were evident and should be explored in future research with a larger sample size. The logistics of implementing this videoconferencing study were extensive, and increasing the sample size would necessitate changes in research methods. Most notably, choice of the hardware as well as the availability of assistance to operate the hardware and software are aspects that need to be altered. Specific recommendations are made to facilitate future research and practice. (RH)

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LONG TERM CARE

(See Also 242/41, 242/51, 242/70, 242/126)

242/89 Inequality and inequity in the use of long-term care services in Europe: is there reason for concern?; by Ricardo Rodrigues, Stefanie Ilinca, Andrea E Schmidt.: European Observatory on Health Systems and Policies.

Eurohealth, vol 23, no 4, 2017, pp 7-10.

Possible inequalities and inequities in long-term care (LTC) use have thus far been overlooked in health policy. Two recent studies shed light on inequalities and inequities in the use of home care services and informal care, by socio-economic status, across Europe. Evidence suggests that use of home care services mostly reflects need and is therefore suitable. The picture is different for informal care, where use is concentrated among the poor, even after controlling for needs. This raises questions about possible unmet needs and the necessity to consider both informal and formal care when discussion equity in LTC. (RH)

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[From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth](http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth)

242/90 The potential of state-run civilian and volunteer services to address long-term care shortages: a report from Switzerland; by Daniel Weyermann.: European Observatory on Health Systems and Policies.

Eurohealth, vol 23, no 4, 2017, pp 26-29.

Forthcoming demographic changes, when people will live longer and the population aged over 80 will increase, will bring about staff shortages in long-term care. Against this imminent shortage, policymakers in Switzerland have proposed measures in four main areas: staff recruitment, education, staff retention and staff deployment. Yet policymakers will need to consider all possible effective means to tackle this challenge. In certain European countries, such means include state-run civilian and volunteer services, which can ease the pressure on health care staff and thus increase the quality of nursing and long-term care. (RH)

ISSN: 13561030

[From : http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth](http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth)

MENTAL HEALTH

(See Also 242/19, 242/32, 242/45, 242/50, 242/52, 242/100, 242/119, 242/135, 242/141)

- 242/91 Childhood adversity, religion, and change in adult mental health; by Jong Hyun Jung.: Sage. Research on Aging, vol 40, no 2, February 2018, pp 155-179.
Research indicates that childhood adversity is associated with poor mental health in adulthood. This study examines whether the deleterious long-term effects of childhood adversity on adult mental health are reduced for individuals who are involved in religious practices. Using longitudinal data from the Midlife Development in the United States (MIDUS) study, a representative sample of American adults (N = 1,635), the author finds that religious salience and spirituality buffer the noxious effects of childhood abuse on change in positive affect over time. By contrast, these stress-buffering properties of religion fail to emerge when negative affect serves as the outcome measure. These results underscore the importance of religion as a countervailing mechanism that blunts the negative impact of childhood abuse on adult mental health over time. The author discusses the theoretical implications of these findings for views about religion, childhood adversity and mental health. (RH)
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>
- 242/92 A comparison of the neuropsychological profiles of people living in squalor without hoarding to those living in squalor associated with hoarding; by Sook Meng Lee, Matthew Lewis, Deborah Leighton (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1433-1439.
Squalour affects one in 1,000 older people and is regarded as a secondary condition to other primary disorders such as dementia, intellectual impairment and alcohol abuse. Squalour is frequently associated with hoarding behaviour. This study compared the neuropsychological profile of people living in squalour associated with hoarding to those presenting with squalour only. The study was a retrospective case series of hospital inpatient and community healthcare services of 69 people living in squalour (49 from aged care, 16 from aged psychiatry, three from acute medical and one from a memory clinic). 40% had co-morbid hoarding behaviours. The main outcomes were neuropsychologists' opinions of domain-specific cognitive impairment. The squalour-hoarding group was significantly older than the squalour-only group, significantly more likely to have vascular or Alzheimer's type neurodegeneration and significantly less likely to have alcohol-related impairment. Chi-square analyses revealed significantly greater rates of impairment for the squalour-only group in visuospatial reasoning, abstraction, planning, organisation, problem solving and mental flexibility, compared with the squalour-hoarding group. Logistic regression analysis indicated that impaired mental flexibility was a significant predictor and strongly indicated squalour only. Preliminary evidence suggests that squalour associated with hoarding may have distinct neuropsychological features compared against squalour only. Future work should be conducted using a larger sample and a common neuropsychological battery to better understand the deficits associated with hoarding-related squalour. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 242/93 Cost effectiveness of using cognitive screening tests for detecting dementia and mild cognitive impairment in primary care; by Thaison Tong, Praveen Thokala, Brian McMillan (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1392-1400.
The present study aimed to estimate the cost effectiveness of different cognitive screening tests for use by General Practitioners (GPs) to detect cognitive impairment in England. A patient-level cost-effectiveness model was developed using a simulated cohort that represented the older population in England (65 years or more). Each patient was followed over a lifetime period. Data from published sources were used to populate the model. The costs include government funded health and social care, private social care and informal care. Patient health benefit was measured and valued in Quality Adjusted Life Years (QALYs). Base-case analyses found that adopting any of the three cognitive tests (Mini-Mental State Examination, 6-Item Cognitive Impairment Test or GPCOG (General Practitioner Assessment of Cognition)) delivered more QALYs for patients over their lifetime and made savings across sectors including healthcare, social care and informal care compared with GP unassisted judgment. The benefits were due to early access to medications. Among the three cognitive tests, adopting the GPCOG was considered the most cost-effective option with the highest Incremental Net Benefit (INB) at the threshold of £30,000 per QALY from both the National Health Service and Personal Social Service (NHS PSS) perspective (£195,034 per 1000 patients) and the broader perspective that included private social care and informal care (£196, 251 per 1000 patients). Uncertainty was assessed in both deterministic and probabilistic sensitivity analyses. These analyses indicate that the use of any of the three cognitive tests could be considered a cost-effective strategy compared with GP unassisted judgment. The most cost-effective option in the base-case was the GPCOG. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>

- 242/94 Descriptive study of older adults encountered by crisis intervention team (CIT) law enforcement officers; by Sabrina W Tyuse, Shannon Cooper-Sadlo, Sarah E Underwood.: Taylor and Francis. *Journal of Women and Aging*, vol 29, no 4, 2017, pp 281-293. Increasingly, older Americans who experience a mental health crisis come to the attention of crisis intervention team (CIT) law enforcement officers. These encounters are due largely to a lack of local mental health care resources. With few options available, individuals call 911 for assistance when an older adult exhibits alarming behaviour. This article provides a profile of older adults encountered by CIT officers, identifies the reasons for the 911 call for assistance, and finds what predictors are associated with outcomes of those encounters. The authors found that these older adults were mostly female, Caucasian, diagnosed with depression, and attempting or threatening suicide. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>
- 242/95 Longitudinal changes in global and domain specific cognitive function in the very-old: findings from the Newcastle 85+ Study; by Blossom C M Stephan, Graciela Muniz-Terrera, Antoneta Granic (et al): Wiley. *International Journal of Geriatric Psychiatry*, vol 33, no 2, February 2018, pp 298-306. Ageing is associated with changes in cognition in some, but not all domains. In young-old adults, defined as persons aged 65-84 years, baseline cognitive function has been shown to impact on cognitive trajectories. Whether similar patterns occur in the very-old, defined as persons aged 85 years and over, is not known. In this study longitudinal changes (five years' follow-up) in global and domain specific cognitive function including memory, attention and speed were investigated in 845 participants from the Newcastle 85+ Study. At baseline, participants were grouped using Mini-Mental State Examination cut-off scores and dementia status into the following: not impaired, mildly impaired or severely impaired/dementia groups. Only a limited number of cognitive measures showed significant decline in performance over time. Where observed, change generally occurred only in the severely impaired group. In the severely impaired group, small differences in baseline age were associated with poorer performance over time on most measures. Education was not protective against cognitive decline in any group. Overall findings showed that there are individuals who maintain a high level of cognitive function or only show mild impairments even into their ninth decade of life. This group of successful cognitive agers may provide insight for identifying predictors of cognitive integrity in later life. In individuals with severe impairment, cognitive performance shows significant decline over time, especially in measures of attention and speed. Further work to identify those individuals at highest risk of cognitive decline is necessary to implement early support and intervention strategies in this rapidly expanding age group. (JL)
ISSN: 08856230
From : <https://onlinelibrary.wiley.com/doi/epdf/10.1002/gps.4743>
- 242/96 A meta-analysis of third wave mindfulness-based cognitive behavioral therapies for older people; by Naoko Kishita, Yuko Takei, Ian Stewart.: Wiley. *International Journal of Geriatric Psychiatry*, vol 32, no 12, December 2017, pp 1352-1361. The aim of this study was to review the effectiveness of third wave mindfulness-based cognitive behavioural therapies (CBTs) for depression or anxiety in older adults across a wide range of physical and psychological conditions. Electronic databases were searched for articles and random-effects meta-analyses were conducted. Ten studies met the inclusion criteria, of which nine reported the efficacy of interventions on depression and seven on anxiety. Effect-size estimates suggested that mindfulness-based CBT is moderately effective for depression in older adults. The results demonstrated a similar level of overall effect size for anxiety. However there was a large heterogeneity and publication bias was evident in studies reporting outcomes on anxiety, hence this observed efficacy for late-life anxiety may not be robust. The quality of the included studies varied. Only one study used an active psychological control condition. There were a limited number of studies that used an intent-to-treat (last observation carried forward method) analysis and reported appropriate methods for clinical trials (e.g. treatment-integrity reporting). Third wave mindfulness-based CBT may be robust in particular for depression in older adults. It is recommended that future studies (i) conduct randomised controlled trials with intent-to-treat to compare mindfulness-based CBT with other types of psychotherapy in older people and (ii) improve study quality by using appropriate methods for checking treatment adherence, randomisation and blinding of assessors. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 242/97 Mindfulness-based forgiveness groups for older adults; by Mariko A Foulk, Berit Ingersoll-Dayton, James Fitzgerald.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 60, no 8, November 2017, pp 661-675. Interventions that enable individuals to be more forgiving toward themselves and others are important for older adults. This article describes a group intervention for adults aged 60 or older that integrates forgiveness-related skills with a mindfulness approach. The Mindfulness-based Forgiveness Group was designed to meet for eight sessions. The skills taught included: recognising one's own expectations and unenforceable rules; broadening one's perspectives about the context of the transgression; and discovering positive intentions through exercises as well as a variety of meditations to cultivate mindfulness, self-compassion and forgiveness. Data from five Mindfulness-Based Forgiveness Groups

were collected. Based on pre- and post-test measures, analyses indicate that participants improved significantly in relation to forgiveness, mindfulness or self-compassion, and mental health. Using qualitative post-test data from participants, the authors identify elements of the intervention that appear to be helpful. Suggestions are provided for social workers seeking to replicate and build upon this promising intervention. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

- 242/98 Sudoku and changes in working memory performance for older adults and younger adults; by Jeremy W Grabbe.: Taylor and Francis.

Activities, Adaptation and Aging, vol 41, no 1, 2017, pp 14-21.

In the study of activities and their influence in healthy ageing, the role of mental exercise has long looked at broad battery approaches to study cognitive performance. This study continued the examination of domain-specific mental exercise. Fourteen younger and 13 older Americans' working memory performance was assessed at the beginning and end of a four-month period. During that period both groups regularly played Sudoku puzzles provided by the experimenter. There were improvements in working memory, particularly in digit symbol and letter memory performance. The implications of this study for future, more elaborate longitudinal studies are discussed. (RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

MENTAL HEALTH CARE

- 242/99 The care of older adults experiencing cognitive challenges: how interprofessional teams collaborate; by Sherry Dahlke, Salima Meherali, Thane Chambers (et al.): Cambridge University Press.

Canadian Journal on Aging, vol 36, no 4, December 2017, pp 485-500.

A scoping study was conducted in order to examine how interprofessional health care teams improve the outcomes of older adults experiencing cognitive challenges. A number of databases were searched using the concepts multi or interdisciplinary care teams, confusion or cognitive impairment and older adults. Of 4,554 articles the review yielded 34 relevant to the search using Arksey and O'Malley's methodological framework. 29% of authors reported on the processes interprofessional teams use to achieve positive outcomes for older adults. They highlighted the importance of communication, staff strategies and education interventions in achieving outcomes with older adults and in supporting interprofessional collaboration. The review revealed knowledge gaps about the processes teams use to collaborate in caring for older adults experiencing cognitive challenges, and how to best incorporate older adults and their families' perspectives in team decisions. More research to understand processes interprofessional teams use is needed. (JL)

ISSN: 07149808

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

- 242/100 The cost of diagnosis and early support in patients with cognitive decline; by Mark Pennington, Manuel Gomes, Theti Chrysanthaki (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 1, January 2018, pp 5-13.

Recent research indicates considerable heterogeneity in the provision of memory assessment services (MAS). However little is known on the extent of variation in the costs of the services MAS provide. The present study investigated the costs of supporting patients with suspected dementia, including assessment and support over the following six months. Clinic costs were estimated on the basis of an organisational survey reporting staff roll, grade and activities. Costs of primary health and social care were estimated from questionnaire data reported by carers of patients at baseline, three and six months after referral. Mean monthly staff costs at MAS were £73,000. Imaging at assessment cost an additional £3,500 per month. Monthly clinic cost per new patient assessed varied from £320 to £5,400 across clinics. Additional primary health and social care costs of £130 to £220 a month between baseline and six months were reported by carers. Costs of pharmacological and non-pharmacological treatments reported by carers were small. Informal care costs dwarfed health and social care costs when valued at a modest unit cost. The overall mean cost of supporting a patient for six months varied from £1,600 to £2,500 dependent on assumptions regarding the proportion of MAS intervention and review costs accrued at six months. There is considerable variation in the intensity and associated costs of services provided by MAS. Further research should ascertain to what extent such variation is associated with differences in patient outcomes. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

NEIGHBOURHOODS AND COMMUNITIES

- 242/101 Ageing in a low-density urban city: transportation mobility as a social equity issue; by Gail Adorno, Noelle Fields, Courtney Cronley (et al.): Cambridge University Press.

Ageing and Society, vol 38, no 2, February 2018, pp 296-320.

The authors examine older people's experiences and perspectives of transport mobility. In this community-based participatory research study, 15 residents of Arlington, Texas aged 55+ participated

in individual interviews, or one of six focus groups (N = 45) as part of an overall study about ageing well in a large ethnically diverse city in the United States of America. Thematic analysis was conducted using inductive and deductive qualitative methods and social equity as a sensitising concept. Findings indicate that transport-disadvantaged older people experience limited access to health care, goods and services; and they are isolated from familiar lifestyle habits and social networks. Access to affordable, adequate transport is compromised through social and political forces, which marginalise historically disadvantaged populations. Implications for cross-disciplinary practice and future research on sustainable transport and policy development are discussed within a social justice and social equity framework. (RH)

ISSN: 0144686X

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

- 242/102 The impact of measures taken in the outdoor environment on an ageing population: a panel study over a ten-year period; by Berglind Hallgrimsdottir, Agneta Stahl.: Cambridge University Press.
Ageing and Society, vol 38, no 2, February 2018, pp 217-239.

For older people, mobility and participation in activities can be restricted both by individual factors and by the environment. As part of the Let's Go for a Walk project conducted in a middle-sized Swedish city, this paper examines the longitudinal impact of measures taken in the outdoor environment on an ageing population. The following factors were examined on three occasions over a nine-year period: frequency of walking; differences in report on environmental barriers; reported valuation of the outdoor environment; and how these relate to different characteristics. At the second follow-up, the respondents experienced more functional limitations, and more were using mobility devices than at baseline. At the first and second follow-up, the respondents did not experience as many environmental barriers in their outdoor environment compared to baseline. However, frequency of walking and the value they placed on the outdoor environment decreased in general between baseline and first and second follow-up. A quite promising result from the study is that compared to people not using mobility devices, mobility device users were more likely to be frequent walkers at first and second follow-up than at baseline. Likewise, at second follow-up respondents having functional limitations were less likely to experience traffic barriers than at baseline. In terms of accessibility, usability and mobility for an ageing population, the results are promising, showing that measures in the outdoor environment can possibly facilitate walking for those who are more fragile, even in a longitudinal perspective. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16001082>

NURSING

- 242/103 Factors influencing new RNs' supervisory performance in long-term care facilities; by Dawn Prentice, Veronique Boscart, Katherine S McGilton, Astrid Escrig.: Cambridge University Press.
Canadian Journal on Aging, vol 36, no 4, December 2017, pp 463-471.

In long-term care facilities (LTCF), registered nurses (RNs) perform both clinical and supervisory roles as part of a team aiming to provide high-quality care to residents. The residents have several co-morbidities and complex care needs. Unfortunately new RNs receive minimal preparation in gerontology and supervisory experience during their programme, leading to low retention rates and affecting resident outcomes. This qualitative study explored factors that influence supervisory performance of new RNs in LTCF from the perspective of 24 participants from Ontario, Canada. Data were collected through individual interviews, followed by a directed content analysis. Three levels of influences were identified: personal influences, organisational influences and external influences. Each level presented with sub-elements, further describing the factors that impact the supervisory performance of the new RN. To retain new RNs in LTC, organisations must provide additional gerontological education and mentoring for new RNs to flourish in their supervisory roles. (JL)

ISSN: 07149808

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

OLDER MEN

(See 242/19)

OLDER OFFENDERS

(See Also 242/69)

- 242/104 The individual experience of ageing prisoners: systematic review and meta-synthesis through a Good Lives Model framework; by Claudio Di Lorito, Birgit Vollm, Tom Dening.: Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 252-262.

Existing literature on ageing prisoners tends to focus on such aspects as diagnosis and physical ill-health. In contrast the experience of imprisonment from the perspective of ageing prisoners has received less attention. Grounded in a Good Lives Model theoretical framework this study reviewed and meta-synthesised literature around their experience of life in prison, its impact on their wellbeing and how prison services are currently addressing their complex needs. The study further identified potential

areas of improvement. Following a literature search 25 studies were selected for the review. Of these, 13 were from the USA, seven from the UK, two from Australia and one each from Ireland, Switzerland and Israel. Three themes were identified: the hardship of imprisonment, addressing health and social care needs and the route out of prison. Ageing prisoners have unique and complex health and social care needs which, to varying degree across different countries, are mostly unmet. Promising initiatives to address their needs are emerging, however at present the overall experience of incarceration for the ageing prisoner is quite poor, given the inconsistent physical, emotional and social care support offered from prison intake to release and beyond. (JL)

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OLDER WOMEN

(See Also 242/12, 242/19, 242/37, 242/56, 242/62, 242/115, 242/129, 242/134)

- 242/105 Aging experiences of older immigrant women in Quebec (Canada): from deskilling to liberation; by Michele Charpentier, Anne Queniart.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 5, 2017, pp 437-447.
Older immigrant women's experiences of ageing are examined using data from qualitative research conducted in Quebec, Canada with 83 older women from different ethnocultural backgrounds (Arab, African, Haitian, Japanese, Chinese, Portuguese, Romanian, etc). Results are presented on how such immigrant women deal with material conditions of existence such as de-skilling, ageing alone, being more economically independent, and the combined effects of liberation from social and family norms associated with age and gender in the light of the migration route. For the majority, migration opened up possibilities for personal development and self-affirmation. The findings demonstrate the relevance of the intersectional approach in understanding the complexity and social conditionings of women's experiences of ageing. (RH)
ISSN: 08952841 [From : http://www.tandfonline.com](http://www.tandfonline.com)
- 242/106 The effects of defamilization and familization measures on the accumulation of retirement income for women in the UK; by Ruby C M Chau, Liam Foster, Sam W K Yu.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 6, 2017, pp 551-561.
This article is concerned with the link between the effects of pro-market pension reforms on women and familisation or defamilisation measures. It aims to contribute to the study of this link in three ways. Firstly, it identifies defamilisation or familisation measures that have the potential to reduce negative effects of pro-market pension measures on women. Secondly, based on the examples from the United Kingdom, it shows that the government's willingness to provide sufficient defamilisation or familisation measures to assist women to deal with the negative effects of the pro-market pension measures should not be taken for granted. Thirdly, it suggests ways for tackling this problem. (RH)
ISSN: 08952841 [From : http://www.tandfonline.com](http://www.tandfonline.com)
- 242/107 Is social engagement linked to body image and depression among aging women?; by Natalie J Sabik.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 5, 2017, pp 405-416.
Maintaining an active and engaged social life is a critical component of ageing well, and women are generally more socially active than men. However, as women age, their self-perceptions of their bodies may reduce social behaviours and consequently, increase depressive symptoms. Because little is known about how body image is associated with social engagement and depressive symptoms among ageing women, four aspects of body image were assessed among 123 American women aged 65+ and older (n = 123): satisfaction with cosmetic features, body function, physical appearance, and weight. Regression analyses indicated that cosmetic appearance, body function, and physical appearance were associated with depressive symptoms, whereas satisfaction with weight was unrelated. Further, both greater satisfaction with cosmetic features and body function were associated with higher levels of social engagement, and social engagement mediated the association between these aspects of body satisfaction and depressive symptoms. The findings indicate that specific age-relevant aspects of body satisfaction are linked to social behaviour and depression among ageing women, while reduced body satisfaction may lead to lower social engagement, and consequently ageing women's health and well-being may be diminished. (RH)
ISSN: 08952841 [From : http://www.tandfonline.com/doi/abs/10.1080/08952841.2016.1213106](http://www.tandfonline.com/doi/abs/10.1080/08952841.2016.1213106)

PAIN

- 242/108 Feasibility of a staff training and support programme to improve pain assessment and management in people with dementia living in care homes; by Anya Petyaeva, Martine Kajander, Vanessa Lawrence (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 33, no 1, January 2018, pp 221-231.
The objective of this study was to establish the feasibility and initial effectiveness of training and support intervention for care staff to improve pain management in people with dementia living in care homes (PAIN-Dem). PAIN-Dem training was delivered to care staff from three care homes in South London, followed by intervention support and resources to encourage improved pain management by

staff over four weeks. Feasibility was assessed through fidelity to intervention materials and qualitative approaches. Focus group discussions with staff explored the use of the PAIN-Dem intervention, and interviews were held with six residents and family carers. Pain was assessed in all residents at baseline, three and four weeks, and goal attainment scaling was assessed at four weeks. Delivery of training was a key driver for success and feasibility of the PAIN-Dem intervention. Improvements in pain management behaviour and staff confidence were seen in homes where training was delivered in a care home setting across the care team with good manager buy-in. Family involvement in pain management was highlighted as an area for improvement. Goal attainment in residents was significantly improved across the cohort, although no significant change in pain was seen. This study shows good initial feasibility of the PAIN-Dem intervention and provides valuable insight into training and support paradigms that deliver successful learning and behaviour change. There is a need for a larger trial of PAIN-Dem to establish its impact on resident pain and quantifiable staff behaviour measures. (JL)

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From : <http://www.orangejournal.org>

PALLIATIVE CARE

242/109 Palliative care in residential aged care: an overview; by Juliet Butler.: Wiley.

Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 258-261.

The objective of this Australian study was to measure how care needs, health and length of stay in permanent residential aged care differ by assessed need for palliative care. On entry into permanent residential aged care, people's care needs and health conditions were assessed on the Aged Care Funding Instrument. Data for the period 2008-2009 and 2015-2016 were analysed for trends in care needs, health conditions, length of stay and separation reason across assessed need for palliative care. Study results showed that assessed care needs increased for all people in residential aged care over these periods, and people appraised for palliative care were more likely to be rated 'high' in need for support in activities of daily living. People appraised for palliative care had a higher prevalence of cancer and shorter lengths of stay. Palliative care appraisal is associated with increased complexity in assessed care needs, different profiles of health and shorter lengths of stay in permanent residential aged care. (JL)

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

PARTICIPATION

242/110 Factors predicting civic engagement among older adult nursing home residents; by Skye N Leedahl, Alicia M Sellon, Naomi Gallopyn.: Taylor and Francis.

Activities, Adaptation and Aging, vol 41, no 3, 2017, pp 197-219.

This study examined civic engagement participation among older adult nursing home residents and determined resident characteristics that predict group membership, resident council participation, informal volunteering, and voting. Residents (N = 139) in some 30 nursing homes in northeast Kansas answered questions from standardised surveys during in-person interviews. The most common civic engagement activity was membership in social or community groups. Logistic regression results showed that emotional well-being and social support predict group membership and resident council participation. Age and activities of daily living (ADLs) predict volunteering. Study findings suggest that community groups could make use of residents in their efforts, and that future research should determine supports and adaptations for increasing civic engagement among residents. (RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

PENSIONS AND BENEFITS

(See Also 242/76, 242/106)

242/111 "Prince Charming syndrome?": Gender gap in preferences for defined contribution pensions in Japan; by Satoshi P Watanabe.: Taylor and Francis.

Journal of Women and Aging, vol 29, no 4, 2017, pp 356-371.

Using survey data collected by the Japan Institute of Life Insurance in 2002, this study finds that a significant gender gap existed in defined contribution (DC) pension knowledge among workers employed at small to medium-sized private firms in Japan. Even with similar DC knowledge, however, men and women reveal different preferences for DC pensions, indicating that their perceptual responses may widely differ from actual behaviours. Apart from the knowledge gap, the result shows evidence of the Prince Charming Syndrome among female employees as a significant source of the gender gap in DC participation rates. Here, the Prince Charming Syndrome refers to a reluctance by some women to actively engage with future retirement money matters. Among corporate pension-covered employees, the gender difference in the efficacy of DC portability is a more significant gap-generating factor. DC tax advantage is particularly favoured by pension-covered women employees over male counterparts, reducing the DC preference gap. No similar evidence is found for employees with no corporate pension coverage. (RH)

ISSN: 08952841 From : <http://www.tandfonline.com>

- 242/112 Race, language, or length of residency?: Explaining unequal uptake of government pensions in Canada; by Josh Curtis, Weizhen Dong, Naomi Lightman, Matthew Parbst.: Taylor and Francis.
Journal of Aging and Social Policy, vol 29, no 4, July-September 2017, pp 332-351.
Canada's old age security (OAS), a flat-benefit public pension, is internationally lauded as an accessible and effective safety net for older people. This paper explores discrepancies in OAS uptake, using Canadian Census data from 1996 to 2011. The findings demonstrate disparities in OAS uptake based on immigration status, language proficiency and visible minority status, disputing claims of "universal" OAS provision. Multivariate analyses confirm a strong "immigrant effect", with being in Canada for 20 years or less leading to lower rates of OAS uptake. The analyses also confirm that those not proficient in Canada's official languages are less likely to receive OAS benefits. However, the influence of minority status on grounds of race is found to be spurious. After controlling for immigration status and official language proficiency, many racial minority senior groups have higher odds of receiving OAS than White Canadians. The article concludes with a brief discussion of the trade-offs involved in considering a potential removal of OAS eligibility barriers for immigrants in Canada. (RH)
ISSN: 08959420 From : <http://www.tandfonline.com>

PHYSICAL ACTIVITY

- 242/113 The effect of dance therapy on the balance of women over 60 years of age: the influence of dance therapy for the elderly; by Katarzyna Filar-Mierzwa, Malgorzata Dlugosz, Anna Marchewka (et al.): Taylor and Francis.
Journal of Women and Aging, vol 29, no 4, 2017, pp 348-355.
Dance therapy is a physical activity that can lead to balance improvement in older adults. This study aimed to evaluate the effects of dance therapy on balance and risk of falls in older women. Twenty-four older Polish women (mean age 66.4 years) attended dance sessions for three months. Pre-test and post-tests were completed using the Postural Stability Test, the Limits of Stability Test, and the Fall Risk Test M-CTSIB. Results showed the Limits of Stability Test was significantly higher (17.5%) after dance classes. Regular use of dance therapy shows promise in improving balance, by increasing the limits of stability. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>
- 242/114 Evaluation of rewind yoga on physical function outcomes in older adults: a preliminary study; by Andrew I Miller, Cheryl Der Ananian, Carrie Hensley, Heidi Ungar.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 4, 2017, pp 291-300.
Yoga is growing in popularity and has the potential to improve strength, flexibility, mobility, and balance in older adults. However, few yoga courses tailored to the unique needs of older adults exist. Rewind Yoga was created to address this gap, and a pilot study was conducted to evaluate the effectiveness of Rewind Yoga on physical function parameters. Healthy, older adults (n = 16, age 65+) residing in a retirement community in Arizona enrolled in a study examining the effect of Rewind Yoga on strength, flexibility, dynamic balance and endurance as measured by the Senior Fitness Test. A single group design (n = 14) with three repeated measures (baseline, 6 weeks, and 12 weeks) was used. Results from repeated measures analysis of variance indicated significant (P < 0.05) improvements in all measures of the Senior Fitness Test at 6 and 12 weeks. Rewind Yoga appears to improve flexibility, strength, dynamic balance and muscular endurance in older adults. (RH)
ISSN: 01924788 From : <http://www.tandfonline.com>
- 242/115 Exercise and executive functioning in older women; by Edward Helmes, Steven Harris.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 5, 2017, pp 376-384.
Research suggests that exercise can slow the rate of decline in cognitive functioning in older adults. The effects of aerobic and resistance exercise on executive functioning was examined in 68 Australian women aged over 50. Participants completed the Tower of London and Benton Controlled Oral Word Association tests. Findings indicated that individuals participating in both aerobic and resistance exercises performed significantly better than individuals not participating in exercise. Individuals who were participating in both aerobic and resistance exercises did not perform disproportionately better. Thus, the form of exercise appears to be less important than engaging in some form of exercise. (RH)
ISSN: 08952841 From : <http://www.tandfonline.com>
- 242/116 The experience of older adults in a walking program at individual, interpersonal, and environmental levels; by Susana Carrapatoso, Paula Silva, Atchara Purakom (et al.): Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 1, 2017, pp 72-86.
Walking programmes are advocated to ensure mobility in sedentary older adults. Thus, studying age-specific social ecological walking programs is needed, to develop interventions that offer the best chance for success. This study aimed to analyse the experience of participating in a walking programme at individual, interpersonal and environmental levels in order to identify appropriate strategies for walking interventions for older adults. A 10-month walking programme was implemented, three times a week with 19 older adults (mean age = 67.42 ± 2.48 years), who were required to participate in the Portuguese National Walking and Running Program (PNWRP). The participants were submitted to a pre-

and post-evaluation of functional fitness, physical activity patterns, and perceptions of their neighbourhood environment. After the programme, semi-structured interviews were conducted with 12 randomly selected participants. The results highlight the potential of this walking programme for enhancing physical and mental health, creating supportive social networks, and a context of walking in nature which was crucial for the promotion of the active lifestyle and functional improvement of older participants. (RH)
ISSN: 01924788 From : <http://www.tandfonline.com>

- 242/117 Exploring the relationship between community-based physical activity and wellbeing in people with dementia: a qualitative study; by Alan Wright.: Cambridge University Press.
Ageing and Society, vol 38, no 3, March 2018, pp 522-542.
This study sought to identify factors which influenced how a group of people with dementia living in their own homes participated in community-based physical activity and explored the effect that exercise groups, dance and walking had on their well-being. The study was conducted in a city in northern England, and a broadly ethnographic approach was adopted in which participant observation and interviews were employed. Nineteen people with dementia and seven formal and informal carers were included in the participant observation phase. Eleven people with dementia were interviewed. The analysis and interpretation of data was informed by embodiment and social constructionist theoretical perspectives. Findings suggest that a complex interplay between attitudes and beliefs, retained embodied abilities, and aspects of the physical and social environment influenced how individuals engaged in physical activity and the degree to which they experienced well-being as a result. Findings suggest that when certain factors co-exist, physical activity can provide a context within which people with dementia are able to use embodied skills in order to support fragile identities, connect with others and express themselves. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X16001124>
- 242/118 Fit to speak: physical fitness is associated with reduced language decline in healthy ageing; by K Segaert, S J E Lucas, C V Burley (et al).
arXiv:1801.01441v1 [stat.AP], 4 January 2018, 19 pp.
Healthy ageing is associated with decline in cognitive abilities such as language. Aerobic fitness has been shown to ameliorate decline in some cognitive domains, but the potential benefits for language have not been examined. Researchers at the Universities of Birmingham, Leuven (Belgium) and Agder (Norway), and King's College London investigated the relationship between aerobic fitness and tip-of-the-tongue states. These are among the most frequent cognitive failures in healthy older adults and occur when a speaker knows a word but is unable to produce it. Segaert et al found that healthy older adults indeed experience more tip-of-the-tongue states, and that when they do, they have access to less information about the word's sound structure, compared to young controls. Importantly, higher aerobic fitness levels decrease the probability of experiencing tip-of-the-tongue states in healthy older adults, over and above the effect of age. This is the first demonstration of a link between aerobic fitness and language functioning in healthy older adults. The research was funded by a Wellcome Trust ISSF Award. (RH) (OFFPRINT).
From : <https://arxiv.org/abs/1801.01441> Or contact: Dr Katrien Segaert, School of Psychology, University of Birmingham, Edgbaston, Birmingham B15 2TT. k.segaert@bham.ac.uk
- 242/119 The impact of physical versus social activity on the physical and cognitive functioning of seniors with dementia; by Jonathan B Harris, C Shanthi Johnson.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 2, 2017, pp 161-174.
Individuals with dementia living in long-term care (LTC) are prone to loss of functional independence. This Canadian study aimed to determine whether regular physical activity was effective at maintaining or improving physical and cognitive function in this population, compared to a social activity intervention. Sixteen older adults with dementia residing in LTC were randomly assigned to either a walking programme or a weekly group social visit programme. Functional indicators assessed at baseline, after six weeks and after 12 weeks were timed up-and-go, functional reach and six-minute walk. Cognitive function was assessed using the Mini-Mental State Examination (MMSE). No statistically significant differences were found between the two groups in timed up-and-go, functional reach, six-minute walk, or Mini-Mental State at any time point. However, at the individual level, differences were observed in percent change scores in timed-up-and-go, six-minute walk, and Mini-Mental State from baseline to the end of the 12 weeks. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 242/120 A preliminary study on educating hospitalized geriatric vascular patients on the use of movement-induced computer games to improve exercise attitudes; by David W Thomas, Robert Wolfe.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 2, 2017, pp 129-137.
A critical challenge confronted by vascular care professionals is developing an effective strategy to motivate patients, who are typically older, to adopt new healthy behaviours that include exercise. Teaching new behaviours is further complicated by a short length of stay (typically less than five days)

associated with acute rehabilitation care. This preliminary American study investigated whether a brief (1-2 session) orientation to movement-induced computer games - that were also intrinsically satisfying - effected attitudes toward exercise among vascular patients. Ten vascular patients on a hospital rehabilitation unit were assessed, based on their exercise attitudes before and after receiving a movement-induced computer game orientation session using the Outcomes Expectations of Exercise scale (OEE). Post-test scores were also compared with perceived exertion as measured by the BORG-CR10. Statistical significance was found between pre and post OEE scores (p .001), although there was a weak correlation between OEE and BORG-CR10 scores. The findings suggest that the activity professional can play an important role in teaching intrinsically rewarding movement-induced computer games to vascular patients, which in turn, may have a positive influence on exercise attitudes. (RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

242/121 What do we mean by older adult and physical activity?: Reviewing the use of these terms in recent research; by Logan M Lawrence, Jerome F Singleton.: Taylor and Francis.

Activities, Adaptation and Aging, vol 41, no 1, 2017, pp 22-46.

As our global population ages, physical activity has been found to be an important dimension of healthy ageing. Many research fields use the terms "older adult" and "physical activity", but differences in how these terms are defined and conceptualised can impair interpretation and comparison. As such, the purpose of this review was to determine how recent peer-reviewed articles defined, conceptualised, and operationalised the terms "older adult" and "physical activity". Gaps in the literature resulting from considerable variation in term use and operationalisation are discussed. Measures such as functional ability may be useful in addition to chronological age when describing a sample of "older adults", while a number of age-specific considerations for physical activity measurement are presented. By illustrating the variability in how these two terms are used in the literature and outlining considerations for conceptualization and assessment, this article provides guidance for future study in the field of ageing and physical activity. (RH)

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RELIGION AND SPIRITUALITY

(See 242/91)

RESEARCH

(See Also 242/78)

242/122 The role of philanthropic funding in building research evidence to support an aging population: a case study from Ireland; by Andy Cochrane, Sinead McGiloway.: Taylor and Francis.

Journal of Aging and Social Policy, vol 29, no 3, May-June 2017, pp 262-275.

This case study examines the role of philanthropic funding in building capacity for ageing research in Ireland, and how this investment has addressed the lack of evidence to support planning for an ageing population. The funding has supported a range of initiatives including the Irish Longitudinal Study on Ageing (TILDA), the creation of three professorships, and the establishment of four new research centres. Important potential outcomes are emerging across other domains including research-informed policy development and the generation of health benefits. The efforts of academic researchers to ensure that their findings are readily accessible to end users and to forge robust working relationships with all stakeholders have helped to enhance the use of research findings. Overall, philanthropy has played a pivotal role in building capacity, infrastructure and expertise in academic settings in Ireland. Moreover, this work provides an excellent example of how such efforts can begin to inform effective planning and service provision. (RH)

ISSN: 08959420 From : <http://www.tandfonline.com>

RESIDENTIAL AND NURSING HOME CARE

(See Also 242/4, 242/72, 242/82, 242/103, 242/110)

242/123 'Train the trainer': how it worked in care homes; by Laura Cook.: Hawker Publications.

Journal of Dementia Care, vol 26, no 1, January-February 2018, pp 16-18.

How do you train care home staff when staff turnover is high and everyone is busy at the time? The author and colleagues report on findings from an evaluation of a potential solution whereby staff themselves were recruited to train their colleagues. Trainers were recruited from six London boroughs, all having large numbers of care homes and some having low diagnosis rates. 65 people were trained as trainers to deliver a training package comprising three modules: dementia awareness; identifying people showing signs of dementia; and the importance of research. Learning limitations and cost effectiveness are discussed. (RH)

ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>

- 242/124 An activity-based model for residential care; by William McMorran.: Hawker Publications.
Journal of Dementia Care, vol 26, no 1, January-February 2018, pp 24-27.
Activities should be a vital component of good care, but are often neglected. The author of this article is a director of Architecronics, which specialises in evidence-based design for well-being. He describes two initiatives which aim to support people living with a wide range of dementias: the Dotsa Bitove Wellness Academy in Toronto, and the Activiteiten Centrum (Activity Centre) in Soest in the Netherlands, both daytime activity centres. There are aspects of their design which could and should be incorporated into residential care building design in the UK. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 242/125 Engagement of residents of assisted living and skilled nursing facility memory care units; by Katie Westberg, Phyllis M Gaspar, Constance Schein.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 4, 2017, pp 330-346.
Lack of engagement has detrimental effects on the quality of life of residents in long-term care, especially those with dementia. Yet the level of engagement of individuals in memory care units that had implemented the Pearls of Life program (US registered trade mark) had not been determined. Seventy-four residents of 13 skilled nursing and assisted living facilities were observed for 10 minutes during five planned activities, to describe engagement levels and determine factors influencing engagement. Participants were engaged only about 50% of the time. Total engagement time was significantly associated with the number of engagement strategies used. There were several differences in the use of select strategies for the setting. The evaluation served as the basis for program refinement. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 242/126 A review of animal-assisted interventions in long-term care facilities; by Jenna Ebener, Hunhui Oh.: Taylor and Francis.
Activities, Adaptation and Aging, vol 41, no 2, 2017, pp 107-128.
Past research fails to make connections comparing appropriate settings regarding the benefits of different animal species for therapy and resident animals in long-term care facilities specifically for older people. Two types of animal-assisted interactions (therapy and resident) and four animal species (birds, cats, dogs and fish) were compared. The findings were sorted into five categories of benefits (behavioural, mental, physical, physiological and social), and three additional structural variables (affordability, accessibility and cons). Appropriate activities for each species were also suggested. The review indicated that it is important for the facility to consider its budget, the number and ailments of residents, type of preferred accessibility, and preferred goal. By being aware of different characteristics of each animal species, such as benefits and affordability, facilities would be able to make informed decisions when considering which animal-assisted intervention would be an appropriate fit for their residents. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>

RESILIENCE

- 242/127 'The trauma of the cyclone has changed us forever': self-reliance, vulnerability and resilience among older Australians in cyclone-prone areas; by Sandra Astill, Evonne Miller.: Cambridge University Press.
Ageing and Society, vol 38, no 2, February 2018, pp 403-429.
The combination of population ageing and climate change is creating a new threat for many Australian coastal hamlets vulnerable to the impact of tropical cyclones. Increasingly, older people are facing future tropical cyclones alone, without support from family and friends, relying instead on already stretched government and authority resources, despite Emergency Management Australia's (EMA) policy expectation that all citizens must be self-reliant. This research explored the future self-reliance and disaster resilience of coastal hamlets through the lens of Social Cognitive Theory. It outlines the findings from focus groups, personal interviews and questionnaires involving participants aged 65+ living in townships previously affected by Cyclone Larry (in 2006) and Cyclone Yasi (in 2011). Participants recalled a lack of social support following the cyclones, a fear of evacuating their homes, as well as the trauma of recovering from such intense destruction. Respondents were also concerned about the physical, cognitive and financial impacts of ageing on their ability to prepare and recover from future cyclones, frightened that experiences from the past might be repeated in the future, contributing to feelings of isolation, frustration and the loss of community, and a rethinking of ageing in the place of their choice. These considerations affect EMA's expectation that all citizens will remain self-reliant when faced with a natural hazard, which should be considered when making future policy decisions regarding more isolated coastal townships.
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

RETIREMENT

(See Also 242/36, 242/77)

- 242/128 At the threshold of retirement: from all-absorbing relations to self-actualization; by Anna Lund.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 4, 2017, pp 306-320.
To investigate the complexities of the retirement process, this article draws on a case study of Eva, a Swedish woman who "awakened" from all-absorbing relations. It considers the ways in which retirement can enable liberation from patriarchal kinship structures and embodied values of respectability. The aim is to illuminate how deep, embodied values can become conscious and explicit during precarious life situations and transitional phases. The relation between the Swedish welfare state, an I-we balance, and gender equity values are illuminated. These analytical dimensions support the analysis, by providing insights into the ways in which individuals embody and use cultural and social structures when they aim to manage unpredictability and to create change toward self-actualisation. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>
- 242/129 Demographics, the Third Age and partial retirement: policy proposals to accommodate the changing picture of female retirement in Canada; by Rosemary A Venne, Maureen Hannay.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 6, 2017, pp 475-493.
Much concern has been raised around the potential impact of the retirement of the large baby boom generation. This article specifically addresses the unique issues surrounding the retirement of female baby boomers. Demographic changes, including increased labour force participation, coupled with declining fertility rates, have resulted in a social transformation of the roles women play in society. Despite these changes, women still bear much of the caregiving responsibilities in the household, which can complicate retirement choices. This article examines female retirement in the Canadian context, and presents three policy proposals to expand women's retirement choices, encourage longer-term labour force participation, and thereby extend their working lives into the Third Age. The policies proposed are: the encouragement of partial retirement; and flexibility in the pension system; and the encouragement of other flexible work arrangements. (RH)
ISSN: 08952841
From : <http://www.tandfonline.com>
- 242/130 Institutional and socio-economic drivers of work-to-retirement trajectories in the Netherlands; by Aart-Jan Riekhoff.: Cambridge University Press.
Ageing and Society, vol 38, no 3, March 2018, pp 568-593.
Institutional exit pathways shape individual trajectories from work to retirement. In the Netherlands, early retirement schemes as well as disability and unemployment benefits structure the timing and complexity of transitions within such trajectories. Simultaneously, access to these exit pathways depends on the individuals' entitlements to various social security programmes as well as their freedom to decide on the timing and path of exit. In this study, sequence analysis was applied to register data of primary sources of income with the aim of identifying the main trajectories from work to retirement between the ages of 56 and 66 for a sample of 2,227 Dutch men and women born between 1943 and 1945. Seven distinct trajectories were found: 'early retirement', 'premature retirement', 'late retirement', 'disability', 'unemployment', 'inactivity' and 'drop-out'. Multinomial logistic regression analysis was applied to investigate the relations of these trajectories with a set of individual and socio-economic characteristics, as well as factors at a firm level. Especially women, non-natives, the lower educated and the self-employed were found to have a greater risk of ending up in the 'involuntary' trajectories of late retirement, disability, unemployment and inactivity. Public-sector employees, farmers and craftsmen, and skilled blue-collar workers were less likely to differentiate from the norm of entering into premature retirement between the ages of 60 and 64.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X16001252>
- 242/131 Rising preferred retirement age in Europe: are Europe's future pensioners adapting to pension system reforms?; by Moritz Hess.: Taylor and Francis.
Journal of Aging and Social Policy, vol 29, no 3, May-June 2017, pp 245-261.
This study investigates whether older workers have adapted their preferred retirement age to the pension reforms aimed at extending working life. Based on data from Eurobarometer and the European Social Survey in 12 European countries, the analysis shows that future pensioners have indeed increased their preferred retirement age and adjusted to the new credo of later retirement. However, the strength of the increase was found to vary between different groups of older workers: it is much stronger for the higher-educated than for the less well-educated. This finding supports recent concerns regarding the re-emergence of social inequality in the retirement process. (RH)
ISSN: 08959420
From : <http://www.tandfonline.com/doi/abs/10.1080/08959420.2016.1255082>

RETIREMENT COMMUNITIES

(See Also 242/85)

- 242/132 Availability of services in registered retirement villages in Queensland, Australia: a content analysis; by Xin Hu, Bo Xia, Laura Buys, Martin Skitmore.: Wiley.
Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 308-312.
The present study investigated and compared services available in different types of registered retirement villages in Queensland, Australia. A content analysis based on official websites of 175 registered villages in Queensland was presented. The study identified 82 services with activity organisation, emergency response, hairdressing and transportation being most frequently available to residents. The number of services available was associated with the village size and financial type, with residents living in large private villages having access to significantly more services. These research findings reveal the state of the art of current industry practice. They provide useful implications for stakeholders. For instance residents who prefer to get access to various services should focus more on large private villages. Developers can check their service delivery environment to confirm its balance with residents' competencies. The government can propose innovative initiatives to promote the delivery of appropriate services in villages. (JL)
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RURAL ISSUES

- 242/133 'Although we're isolated, we're not really isolated': the value of information and communication technology for older people in rural Australia; by Turi Berg, Rachel Winterton, Maree Petersen, Jeni Warburton.: Wiley.
Australasian Journal on Ageing, vol 36, no 4, December 2017, pp 313-317.
Drawing from a larger study that identified the supports and services that facilitate wellbeing among older people from rural communities, this study examined the specific contribution made by information and communication technology (ICT). Qualitative interviews were undertaken with 60 older adults from six Australian rural areas. A preliminary thematic analysis was conducted followed by a higher-order inductive analysis. Information and communication technology use was discussed in terms of individual enrichment, and in terms of enabling connections between the individual and their social networks, community and wider service environments. Information and communication technologies may facilitate wellbeing for rural older people by compensating for geographical and social isolation. In the changing world of health and aged care service delivery, ICTs will be more important than ever for rural older people in building their capacity to access the services, socialisation and support that they need, regardless of location. A commentary on this article is available in the same issue of this journal (pp. 262-263). (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 242/134 Raising rural women's voices: from self-silencing to self-expression; by Sandra Bogar, Emmy Ganos, Kelly Hoormann, Caryn Bub-Standal Kirsten M M Beyer.: Taylor and Francis.
Journal of Women and Aging, vol 29, no 6, 2017, pp 515-529.
Within the context of a community-academic partnership, the authors undertook a mixed-methods study to identify and explore health status, priorities, and management strategies among ageing Wisconsin rural women. A questionnaire measuring diverse wellness needs was administered to women participating in personal development programming offered by a rural non-profit organization. A subgroup participated in qualitative interviews, to deepen the understanding of identified health priorities and methods of coping and healing. Findings provide insight into the prevalence of self-silencing among rural women, and highlight mechanisms that help to facilitate the dismantling of self-silencing. (RH)
ISSN: 08952841
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SENSORY LOSS

- 242/135 A randomized feasibility pilot trial of hearing treatment for reducing cognitive decline: results from the Aging and Cognitive Health Evaluation in Elders Pilot Study; by Jennifer A Deal, Marilyn S Albert, Michael Arnold (et al).
Alzheimer's and Dementia: Translational Research and Clinical Interventions, Vol 3, No 3, September 2017, pp 410-415.
Although hearing loss (HL) is prevalent and independently related to cognitive decline and dementia, there has never been a randomised trial to test whether HL treatment could reduce cognitive decline in older adults. A 40-person (aged 70-84 years) pilot study in Washington County, MD, was conducted. Participants were randomised 1:1 to a best practices hearing or successful ageing intervention and followed for 6 months (clinicaltrials.gov Identifier: NCT02412254). The Aging and Cognitive Health Evaluation in Elders Pilot (ACHIEVE-P) Study demonstrated feasibility in recruitment, retention and

implementation of interventions, with no treatment-related adverse events. A clear efficacy signal of the hearing intervention was observed in perceived hearing handicap (mean of 0.11 to -1.29 standard deviation [SD] units; lower scores better) and memory (mean of -0.10 SD to 0.38 SD).

ACHIEVE-P sets the stage for the full-scale ACHIEVE trial (N = 850, recruitment beginning November 2017), the first randomised trial to determine efficacy of a best practices hearing (vs. successful ageing) intervention on reducing cognitive decline in older adults with HL. (OFFPRINT) (RH)

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From : <https://www.sciencedirect.com/science/article/pii/S2352873717300410>

SEXUALITY

242/136 Let's talk about sex - what do older men and women say about their sexual relations and sexual activities?: A qualitative analysis of ELSA Wave 6 data; by Josie Tetley, David M Lee, James Nazroo, Sharron Hinchliffe.: Cambridge University Press.

Ageing and Society, vol 38, no 3, March 2018, pp 497-521.

In 2012/2013, the English Longitudinal Study of Ageing (ELSA) included a comprehensive Sexual Relationships and Activities questionnaire (SRA-Q). A total of 7,079 men and women aged 50 to >90, primarily heterosexual and in a coupled relationship, completed the SRA-Q answering a series of questions about their attitudes to sexual relationships, their own sexual activities, problems and concerns with sexual functioning, and quality of intimate relationships. The questions aimed to gain insights into the ways in which sexual relations and activities related to health, well-being and other lifestyle factors as people grow older. The primary mode of data collection was a tick box response to a series of questions. However, at the end of the questionnaire an open comment box was provided, which asked respondents whether there was anything else that they would like to say. 1,084 respondents provided additional information, and these comments created a unique qualitative dataset. The analysis of this data then illustrated how people's health, relationships, experiences and perceptions of ageing, along with sexual satisfaction, affect sexual relationships and activities. (RH)

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SOCIAL CARE

(See Also 242/140)

242/137 Research on community care: Social work and community care; and Community care arrangements for older people with dementia: short report; by Sarah Webb, Jo Moriarty, Enid Levin, Research Unit, National Institute for Social Work - NISW. London: National Institute for Social Work Research Unit, 1998, 28 pp.

This short report summarises two separate studies documenting some of the changes that have taken place since full implementation of the NHS and Community Care Act 1990. The first, 'Social work and community care', focuses on the mixed economy of care. The second, 'Community care arrangements for older people with dementia' found evidence that community and long term care services were targeted on those with more severe dementia, and that assessments were more responsive to carers. Receipt of home care and day care appeared to help some people to remain in their own homes, but the risk of entry to long term care was still high. (RH)

ISBN: 1899942270

242/138 A social work perspective on how ageist language, discourses and understandings negatively frame older people and why taking a critical social work stance is essential; by Francis Duffy.: Oxford University Press.

British Journal of Social Work, vol 47, no 7, October 2017, pp 2068-2085.

As populations age around the globe, social workers will have more and more contact with older people, particularly in the fields of health care and social care services. Language and dominant discourses associated with older people and ageing in politics, in the media and other institutions are often underpinned by ageism and fail to convey accurate accounts and understandings of ageing issues. In response to how this pervasive ageism plays out in health care and social care services practice settings, this paper argues that all social workers urgently ought to move beyond conventional social work, which is most dominant in practice, and embrace more aspects of critical social work in relation to ageing societies and working with older people. This is necessary to identify, critique and challenge ill-informed and oppressive language, labels and discourses used to describe older people and explain ageing issues. Embedding gerontological social work as core learning in social work education is essential to social work achieving what is required to achieve these goals. The author draws mainly on examples found in Australian (and some UK) publications. (RH)

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SOCIAL NETWORKS

(See 242/50, 242/79, 242/119)

SOCIAL POLICY AND THEORY

- 242/139 Beyond continuity?: Understanding change in the UK welfare state since 2010; by Libby McEnhill, Peter Taylor-Gooby.: Wiley.

Social Policy and Administration, vol 52, no 1, January 2018, pp 252-270.

One approach to identifying policy change stresses policy instruments, settings and policy paradigms, while another also considers the process and culmination of various shifts and consequent outcomes. This article illustrates the debate through an examination of how far developments in social security policy between the 1997-2010 New Labour and 2010-15 Coalition Governments in the UK constituted real policy shifts. It shows that, despite continuities in instruments and approach, there have been substantial changes in the impact of welfare state policies related to short-term benefits, employment and housing. The article identifies new policy directions leading to a different kind of welfare state, concerned less with living standards and equality, and more with individual responsibility and paid work. It suggests that this has been achieved without the need for radical changes in instruments and their settings. (RH)

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

- 242/140 What about family in European old-age security systems?: The complexity of institutional individualisation; by Patricia Frericks, Julia Hoppner.: Cambridge University Press.

Ageing and Society, vol 38, no 3, March 2018, pp 594-614.

European welfare states used to be based on the principle of the family. Since the 1990s, however, 'individual responsibility' has been promoted, which fundamentally alters the traditional welfare-institutional framing of the family and the corresponding construction of the social citizen. One policy field that has been heavily influenced by this development is old-age security. The literature assumes a convergence towards institutional individualisation. However, the authors show this to be incorrect. They empirically analyse and classify welfare-institutional change in old-age security with regard to individualisation. An innovative methodological approach for institutional analysis allows a nuanced identification of the welfare-institutional trends towards individualisation of the social citizen above pension age both within and between welfare states. The authors conclude that there has been no general and no partial convergence towards individualisation. Instead, on average, family elements in old-age security have either increased or persisted. Also, the analysis suggests that welfare-institutional change with regard to family is far from being a linear process, and in part even displays contradictions. (RH)

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SUICIDE

(See Also 242/28)

- 242/141 Predictors of suicidal ideation in Korean American older adults: analysis of the Memory and Aging Study of Koreans (MASK); by Peter J Na, Kim B Kim, Su Leon Lee-Tauler (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol 32, no 12, December 2017, pp 1272-1279.

The aim of this study was to investigate the prevalence and predictors of suicidal ideation among Korean American older adults and assess the self-rated mental health of Korean American older adults with suicidal ideation with or without depression. The Memory and Aging Study of Koreans was a cross-sectional, epidemiologic study of community-dwelling Korean American older adults living in the Baltimore-Washington area. Participants were interviewed using the Korean version of the Patient Health Questionnaire (PHQ-9K). In addition demographic information, self-rated mental health and self-rated physical health status were obtained. 14.7% of Korean American older adults reported suicidal ideation. Predictors of suicidal ideation included living alone, major or minor depression (diagnosed by the PHQ-9K), shorter duration of residency in the US and poorer self-rated mental health. Of those who reported suicidal ideation 64% did not have depression. However their self-rated mental health was as poor as that of those with major or minor depression but without suicidal ideation. Suicidal ideation without depression was common among Korean American older adults. For this group of elders with poor self-rated mental health future studies should look to improving early detection of suicide risks and developing feasible suicide prevention interventions. (JL)

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TRANSPORT

- 242/142 Formal alternative transportation options for older adults: an assessment of need; by Joshua J Turner, Carolyn E Adams-Price, Lesley Strawderman.: Taylor and Francis.
Journal of Gerontological Social Work, vol 60, no 8, November 2017, pp 619-646.
This study measured the need for formal alternative modes of transport for older adults, by applying traditional factors of the Behavioral Model. Survey participants who regularly drove were compared to those who could no longer drive. Race or ethnicity and self-reported health were significant predictors of perceived need for transport services for both groups. However, income and service awareness were significant predictors only for drivers, while family proximity was a significant predictor only for non-drivers. Results suggest the importance of gaining a better understanding of the factors associated with need for older people-focused transport services to more effectively plan such provision. (RH)
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