

# New Literature on Old Age

EDITOR

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VOLUME  
**42**

NUMBER  
**247**

**2019**

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## **ABUSE, SAFEGUARDING AND PROTECTION**

- 247/1 Assumption, the mother of all foul ups: a fundamental reason for the continuing abuse of adults at risk; by Steve Moore.: Emerald.  
Journal of Adult Protection, vol 20, no 3/4, 2018, pp 129-143.  
The purpose of this paper was to introduce the concept of the assumption of altruism argued by the author to be a tendency among the lay public, professionals and politicians alike – a generalised assumption that contributes to the longstanding and obstinate presence of abuse of adults who are at risk throughout England, particularly older people living in care and in nursing homes. By examining available figures that depict the continuing abuse of vulnerable adults and by drawing on research, the author offers a partial explanation for the continued presence of abuse in English society. The paper demonstrates how the concept of the assumption of altruism can explain to a degree the apparent enduring levels of abuse of adults at risk. The paper considers some of the fundamental, higher order reasons for the persistent levels of abuse in England, abuse that endures despite the oversight by government of care provided to adults who may be at risk by virtue of the activities of the statutory regulator and health and social care commissioners. By presenting the incontrovertible evidence of enduring abuse, the paper introduces the concept of the assumption of altruism as a partial explanation for its continuing occurrence despite decades of policy and practice guidance designed to overcome it. (JL)  
ISSN: 14668203 From : <http://www.emeraldinsight.com/loi/jap>

## **AGE-FRIENDLY COMMUNITIES**

(See 247/40, 247/80, 247/94)

## **AGEING IN PLACE**

(See 247/41, 247/78, 247/102)

## **AIDS AND ADAPTATIONS**

- 247/2 Adapting for ageing: good practice and innovation in home adaptations; by Sue Adams, Martin Hodges, Centre for Ageing Better - CfAB; Care & Repair England. London: Centre for Ageing Better, October 2018, 56 pp.  
Living in a suitable home is crucially important to a good later life, and home adaptations can improve the accessibility and usability of a person's home environment. As people live for longer, increasingly with multiple long-term health conditions, or experience reductions in mobility, there is rising demand for home adaptations. Indeed, home adaptations are a highly effective way of adapting our existing housing stock to better meet older people's needs. While there has been an increase in national funding for home adaptations, this has not resulted in improved local provision. For a relatively low expenditure, the potential gains are significant; yet the profile and priority of home adaptation provision in general, and specifically the Disabled Facilities Grant, is limited. The Centre for Ageing Better (CfAB) commissioned Care & Repair England to carry out a 'call for practice' to identify practical examples of local areas that are organising and delivering adaptations effectively. The practical examples of local areas that are organising and delivering adaptations effectively should be viewed online, as these accessed from links in the text. (RH)  
From : <https://www.ageing-better.org.uk/publications/adapting-for-ageing>

## **ARTS, CRAFT AND MUSIC**

(See Also 247/7, 247/71)

- 247/3 Dance and movement brings connection; by Louise Money, Samantha Bolam.: Hawker Publications.  
Journal of Dementia Care, vol 26, no 6, November/December 2018, pp 24-27.  
People in the advanced stages of dementia living in care homes are too easily overlooked when it comes to activities. The authors describe how dance and movement can be a way to connect with people with dementia. Dementia Matters in Powys has developed a project care staff at The Mountains care home, where many of the residents have advanced dementia. (RH)  
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>

## **ASSISTIVE TECHNOLOGY**

(See Also 247/13, 247/103, 247/104)

- 247/4 Future care: rethinking technology enhanced aged care environments; by Jennifer Loy, Natalie Haskell.: Emerald.  
Journal of Enabling Technologies, vol 12, no 2, 2018, pp 91-100.  
Cutting-edge hospital and residential care architecture and interior design aim to address the emotional and practical needs of patients, staff and visitors. Yet, whilst improving on past practice, current

approaches to design still rarely recognise or respond to individuals. The paper aims to review design-led research into digital technology across disciplines for the personalisation of healthcare environments, and is informed by the authors' ongoing hospital-based research. The review is based on a design anthropology framework providing insight into designing for changing the experience for older patients in current healthcare contexts and future focused strategies, integrating digital technologies and human-centred design across scale and disciplines. It is informed by ongoing hospital studies based on design-led research methodology, drawing on design anthropology and ethnographical methods. It finds that technology enhanced, human-centred, assistive devices and environments implemented in healthcare are developing, but integration is needed for meaningful experiences. This review is a positioning paper for design-led research into digital technology across scale and medium. It provides the basis for practical research, including the authors' ongoing hospital-based research. Its approach potentially enhances emotional experiences of connected healthcare. It proposes future care scenarios, with technology and human experience as key drivers. Individualised and personalised solutions better cater for diversity. Within this context, it is strategic to question and test new ways of crafting the older person's care experience. (RH)  
ISSN: 23986263  
From : <http://www.emeraldinsight.com/loi/jet>

247/5 Psychogeritechnology in Japan: exemplars from a super-aged society; by Iracema Leroi, Kentaro Watanabe, Nick Hird, Taro Sugihara.: Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1533-1540.

Gerontechnology is the interdisciplinary field of applying technology to ageing issues. This article argues for the field to have a particular emphasis on clinical applications for dementia. This can be captured under the rubric of 'psychogeritechnology', a term coined by the authors in order to describe the range of technology approaches to the prevention, prediction, screening, assessment, diagnosis, management and monitoring of people at risk of, or living with, dementia. Using Japan as the world's leading 'super-aged' nation as a paradigm, this paper aims to provide a narrative review of the use of innovative technology for all aspects of dementia management. By following the 'life course' of dementia the study uses clinical examples and case studies of psychogeritechnological applications from a Japanese context, specific to each stage of dementia, from the preclinical to the advanced stage. In the preclinical stage, the focus is on prevention and early detection of degenerative cognitive-functional trajectories. In the early stage of dementia, the study outlines examples of screening, assessment, diagnosis and clinical monitoring as well as the use of technology to support independent living and autonomy. In the moderate stage, examples of safety monitoring systems and assistive technology to foster independence and quality of life are outlined. Finally, in the advanced stage of dementia, the focus is on assistive technology in the care home setting, and the need to foster secure and efficient communication among care providers. These applications are discussed in terms of the evolution of the 'technological roadmap' for dementia, and the need for a theoretical underpinning for the field, a meaningful and flexible evaluation framework, and consideration of the 'wider perspective' including safety-critical issues, ethical issues, and the relation to policy and health economics. As a rapidly ageing society Japan is at the forefront of developing technology to support people with dementia. The new field of psychogeritechnology must harness the potential of such developments while furthering the methodology to implement and evaluate the changes. (JL)

ISSN: 08856230

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

247/6 Technology implementation in delivery of healthcare to older people: how can the least voiced in society be heard?; by Yvonne van Zaalén, Mary McDonnell, Barbara Mikolajczyk (et al.): Emerald.

Journal of Enabling Technologies, vol 12, no 2, 2018, pp 76-90.

This paper focuses on ethical and judicial themes related to technology and older people. It discusses different consecutive phases in technology design and allocation from a range of perspectives. Longevity is one of the greatest achievements of contemporary science and a result of development of social relations. Currently, various non-communicable diseases affect older adults and impose the greatest burden on global health. There is a great emphasis across Europe on caring for older people in their own homes. Technology has a mediating role in determining the possibilities for good quality of life (QOL). The concept of assisting the older adult through the use of technology so as to access healthcare services has enormous potential. Although the potential of technology in healthcare is widely recognised, technology use can have its downsides. Professionals need to be aware of the risks, namely, those related to the privacy of the older person, which may accompany technology use. By 2050, there will be more people aged over 65 than there are children. This phenomenon of global ageing constitutes a massive challenge in the area of health protection. Professionals need to be aware of the risks, for example, related to the privacy of the older person, that may accompany technology use. Thus, the concept of assisting the older adult through the use of technology to avail of healthcare has enormous potential. Assistive technology, social media use and augmentative and alternative communication can have a positive effect on the QOL of older people, as long as they are supported enough in use of these technologies. However, ethical and juridical considerations are at stake as well. (RH)

ISSN: 23986263

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

## ATTITUDES TO AGEING

(See Also 247/35, 247/109)

- 247/7 Re-imagining ageing: spaces of nursing homes in Alice Munro's short story "The Bear Came Over the Mountain" and its film adaptation *Away from Her* by Sarah Polley; by Gorica Stevanovic, Damir Arsenijevic.  
AM Journal of Art and Media Studies, vol 17, 2018, pp 113-125.  
This paper analyses the short story "The Bear Came Over the Mountain" by Alice Munro and its film adaptation *Away from Her* by Sarah Polley. The starting point of the analysis is the complexity of spaces in the nursing home and their representation, both in the literary text and the film, with the focus on the representation of people with Alzheimer's disease. Through such a juxtaposition, the aim is to show that space in the nursing home, apart from being used as a lens through which we can examine the position assigned to old and ill people, holds the potential to think about nursing homes not as static places, where no new developments occur, but rather as places which allow for a more complex and diverse consideration of ageing. (RH)  
ISSN: 24061654  
From : doi: 10.25038/am.v0i17.274

## CARERS AND CARING

- 247/8 Perception of health, well-being and quality of life in female caregivers: comparative study of a sample of adult and older women in Spain; by Ana Gallardo-Flores, Jose Antonio Sanchez-Medina, Cristina Fernandez-Portero.: Taylor and Francis.  
Journal of Women and Aging, vol 30, no 5, September-October 2018, pp 382-398.  
In a study on informal or unpaid care, it is difficult to identify the consequences and effects of care provision on the caregiver's daily life. Thus, it is important to analyse the perceptions of the individual caregiver. This study describes the perceptions of health, well-being, support networks, and quality of life of 13 women aged between 45 and 70 years after completing an intervention programme. The data indicate that caregivers' health and quality of life worsen with the intervention, and their well-being and social relations (through new technologies) improve. (RH)  
ISSN: 08952841  
From : <http://www.tandfonline.com>

## DAY CARE

(See 247/54)

## DEMENTIA

(See 247/37)

## DEMENTIA CARE

(See Also 247/3, 247/5, 247/24, 247/25, 247/46, 247/61, 247/70, 247/77)

- 247/9 Being a disruptor in dementia care; by David Sheard.: Hawker Publications.  
Journal of Dementia Care, vol 26, no 6, November/December 2018, pp 20-23.  
Disruptors are innovators, but not all innovators are disruptors. In what he describes as a relatively conservative care home sector, the author argues that there is a need for more disruptive innovation, because disruption is the "new normal". Examples discussed include person-centred care (as propounded by Tom Kitwood), and Dementia Care Matter (founded by the author). (RH)  
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 247/10 Compassion focused therapy for people with dementia: a feasibility study; by Catriona Craig, Syd Hiskey, Lindsay Royan (et al).: Wiley.  
International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1727-1735.  
There is a lack of evidence-based psychological therapies for dementia and psychological distress. This study aimed to develop a compassion focused therapy intervention for people with dementia with depression and/or anxiety, and to assess its feasibility, acceptability and utility. A mixed methods series of seven case studies was used to assess the intervention's feasibility and changes in self-compassion, mood, anxiety and quality of life. Outcome measures were administered at pre-intervention, midpoint and post-intervention. Data were analysed using reliable change and clinically significant change. Thematic analysis on post-therapy interviews and session rating forms was used to assess acceptability and perceived change from the intervention. Over the course of the intervention, improvements in mood, anxiety and self-compassion were seen, and three of six participants moved out of the clinical depression range. Six participants were able to engage in soothing rhythm breathing, and five in discussion of self-criticism and developing self-compassion. Several participants and their carers described increased self-compassion in response to cognitive decline. Compassion focused therapy can be adapted to be

delivered to people with dementia and low mood, anxiety or other distress. The intervention may improve self-compassion, mood and anxiety. A larger pilot trial with a comparator group and follow-up is needed to evaluate the intervention's effectiveness for people with dementia. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

- 247/11 Dementia in rural settings: examining the experiences of former partners in care; by Rachel V Herron, Mark W Rosenberg.: Cambridge University Press.  
Ageing and Society, vol 39, no 2, February 2019, pp 340-357.  
Informal carers, also referred to as partners in care, provide the bulk of care to people living with dementia across a range of community settings; however, the changing experiences and contexts of providing informal care for people with dementia in rural settings are under-studied. Drawing on 27 semi-structured interviews with former partners in care in Southwestern and Northern Ontario, Canada, the authors examine experiences of providing and accessing care over the course of the condition and across various settings. Their findings illustrate the challenges associated with navigating the system of care; finding people who understand dementia in the surrounding community; negotiating hours of home support; facing resistance to respite from the person with dementia; and feeling pressured into long-term care. The authors argue that partners' time, bodies and choices are spatially constrained within rural and small-town settings and the current systems of home, community and long-term care. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>

- 247/12 Evaluation of an integrated service delivering post diagnostic care and support for people living with dementia and their families; by Hilary Piercy, Sally Fowler-Davis, Margaret Dunham, Carol Cooper.: Wiley.  
Health and Social Care in the Community, vol 26, no 6, November 2018, pp 819-828.  
Greater integration of health and social care services is considered vital to ensure sustainable long-term quality provision for the growing numbers of people living with dementia and their families. In this study the authors evaluated a new integrated service for post diagnostic dementia care, funded as a pilot and delivered through a partnership of statutory and voluntary sector health and social care organisations. The service used an adapted Admiral Nursing service model with a workforce of Admiral Nurses (ANs) and Dementia Advisers (DAs). A mixed method approach was used to assess implementation and outcomes. It involved collection of service activity data, carer reported experience survey data, focus group discussions and interviews with the service delivery team and the management group. Qualitative data was analysed using a framework approach. About 37.8% of the eligible population registered with the service over the 14-month pilot period. The self-referral route accounted for the majority of referrals, and had enabled those not currently receiving specialist dementia care to engage with the service. Carer surveys indicated high levels of satisfaction with the service. The caseload management system offered specific benefits. Individual caseloads ensured continuity of care while the integrated structure facilitated seamless transfer between or shared working across AN and DA caseloads. The skill mix facilitated development of the DA role increasing their potential contribution to dementia care. Challenges included managing large workloads and agreeing responsibilities across the skill mix of staff. This model of fully integrated service offers a novel approach to address the problems of fragmented provision by enabling joined-up working across health and social care. (JL)  
ISSN: 09660410  
From : <http://www.onlinelibrary.com/journal/hsc>

- 247/13 A neurological and philosophical perspective on the design of environments and technology for older people with dementia; by Maarten J Verkerk, Joost van Hoof, Sil Aarts (et al).: Emerald.  
Journal of Enabling Technologies, vol 12, no 2, 2018, pp 57-75.  
Older people with dementia (OPD) have specific housing and technology-related needs, for which various design principles exist. A model for designing environments and its constituting items for people with dementia that has a firm foundation in neurology may help guide designers in making design choices. In this paper, a general design model is presented consisting of three principles for OPD, namely: designing for ageing people; designing for a favourable state; and designing for beautiful moments. The neurosciences as a whole give shape to an eminent framework explaining the behaviour of OPD. One of the objectives of this paper is to translate the design principles into design specifications, and to show that these specifications can be translated in a design. Philosophical concepts are introduced which are required to understand design for OPD. Four case studies from Dutch nursing homes are presented that show how the theory of modal aspects of the philosopher Dooyeweerd can be used to map design specifications in a systematic way. These examples of design solutions illustrate the applicability of the model developed in this article. The importance of the environment for supporting the daily life of OPD is emphasised. There is a need for a design model for OPD. The environment and technology should initiate positive behaviours and meaningful experiences. In this paper, a general model for the designing of environments for OPD was developed that has a firm foundation in neurology and behavioural sciences. This model consists of six distinct steps, and each step can be investigated empirically. In other words, this model may lay the foundation for an evidence-based design. (RH)  
ISSN: 23986263  
From : <http://www.emeraldinsight.com/loi/jet>



- 247/14 Perceptions may damage our health; by Jackie Tuppen.: Hawker Publications.  
Journal of Dementia Care, vol 26, no 6, November/December 2018, pp 16-17.  
Funding cuts have forced day centres into decline, but they have also fallen victim to age discrimination and what this article's author describes as "dementia-ism". She argues that the solution lies in challenging false perceptions, and describes the alternative model of Cogs Clubs, which provide a structured day of stimulation and learning. Specifically for people with dementia and with no lower age limit, Cogs Clubs provide social activity and friendship, using a combination of cognitive stimulation, music, reminiscence and orientation. The founder of Cogs Clubs points to the many benefits of social and fun activities that include younger people with dementia. (RH)  
ISSN: 13518372  
From : <http://www.journalofdementiacare.co.uk>
- 247/15 SPECAL: first evaluation of a course for carers; by Niall McCrae, Jessica Penhallow.: Hawker Publications.  
Journal of Dementia Care, vol 26, no 6, November/December 2018, pp 30-33.  
SPECAL (originally an acronym for Specialised Early Care for Alzheimer's) was devised in the 1990s by Penny Garner as a person-centred approach; she drew inspiration from caring for her mother, and later as an Alzheimer's Disease Society nurse at Burford Hospital in Oxfordshire.  
SPECAL is a controversial but influential approach to dementia care; however, evidence of its effectiveness is limited. The authors report on findings from their feasibility study, which are a tentative demonstration of the method's potential. (RH)  
ISSN: 13518372  
From : <http://www.journalofdementiacare.co.uk>
- 247/16 Translating the BPS stepped care model into clinical practice: establishing referral criteria for behaviour that challenges in dementia services; by Katy Lee, Alan Howarth.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 37-42.  
The publication of stepped care guidance for approaching behaviour that challenges in dementia (Brechtin et al, 2015) has been important in shaping the work delivered in mental health services. However, the model has been difficult to implement in its entirety, providing insufficient guidance about how services should be structured. A particular problem has proven to be the interface between steps 3 and 4 of the guidance. This article considers possible parameters for referral criteria at step 3 (Community Mental Health Team, CMHT) and step 4 (defined Behaviours that Challenge services - BtC), which the authors believe helps translate the model into clinical practice. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

## **DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING**

(See 247/36, 247/51)

## **DEPRESSION**

- 247/17 Vascular depression and the death of Queen Victoria; by Robert C Abrams, George S Alexopoulos.: Wiley.  
International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1556-1561.  
The aim of this article was to examine relationships between the neurological events that were the immediate cause of the death of Queen Victoria and the late life depression that preceded it. The authors closely reviewed the surviving medical notes of Queen Victoria's personal physician, Sir James Reid, recorded during the Queen's last 10 days of life. These notes were summarised in a chronological narrative and their implications considered in light of current concepts of vascular depression. It is suggested that the depression that the Queen experienced over the five months prior to her death and during her final 10 days from 13 January 1901 until 22 January likely had a vascular aetiology. Although conclusions from this study are necessarily speculative given the lack of neuroimaging and other diagnostic tools available in 1901, it emerged that Queen Victoria had experienced early onset depression followed in later life by an acute depressive episode associated with vascular risk factors and personal losses, a sequence also encountered by today's geriatricians. In addition, aetiological connections between the Queen's early onset and late life depressions appeared probable. Underlined for contemporary practitioners are the suffering experienced by patients with vascular depression at the end of their lives, as well as the struggles of physicians like Sir James Reid to provide clinical wisdom and emotional support. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>

## DIET AND NUTRITION

247/18 National survey in elderly care on the process of adopting a new regulation aiming to prevent and treat malnutrition in Sweden; by Malin Skinnars Josefsson, Margaretha Nydahl, Ylva Mattsson Sydner.: Wiley.

Health and Social Care in the Community, vol 26, no 6, November 2018, pp 960-969.

Guided by the i-PARIHS (Integrated Promoting Action on Research Implementation in Health Services) framework, this study investigated perceived facilitators in the process of adopting a new regulation launched in 2015 which aimed to prevent and treat malnutrition. In May 2016 a national web-based questionnaire was emailed to chief medical nurses in elderly care in all 290 Swedish municipalities. The response rate in this cross-sectional study was 75%. 50% of the municipalities had adopted new routines, 42% had started and 8% had not. One third of the respondents considered malnutrition to be a major problem in elderly care and about half considered the new national regulation to have strengthened local work. A logistic regression showed that the odds for having adopted new routines were higher for CMNs with long experience in elderly care and who had previously worked to prevent malnutrition, and for those who considered the new national regulation helpful. To extract underlying factors in the adoption process, two principal component analyses were performed for key actors and support. For key actors, the analysis yielded four factors, explaining 67% of the total variance: (a) first line team, (b) expert team, (c) management team and (d) surrounding resources. For support, the analysis yielded three factors which explained 65% of the total variance: (a) agile teamwork, (b) management and leadership and (c) acceptance. The slow adoption rate of the regulation raises questions about its impact: this might be an effect of the general trend of decentralisation in the Swedish welfare sector and in elderly care in particular, making it hard to attain change that is steered centrally. However malnutrition is a pronounced problem in elderly care and the mandatory nature of the new regulation therefore warrants further investigation of whether its launch has contributed to a reduction of malnutrition by investigating outcomes and preventive actions carried out in practice. (JL)

ISSN: 09660410 From : <http://www.onlinelibrary.com/journal/hsc>

247/19 Primary care providers' perspectives on screening older adult patients for food insecurity; by Jennifer A Pooler, Vanessa A Hoffman, Fata J Karva.: Taylor and Francis.

Journal of Aging and Social Policy, vol 30, no 1, January-February 2018, pp 1-23.

Food insecurity has been associated with poor health and health outcomes among older adults, yet food assistance resources are available and under-used. Routine screening and referral for food insecurity in primary care is one avenue to connect food-insecure older adults with available resources. This American qualitative study aims to better understand the beliefs of primary care providers (PCPs) about food security screening and referrals in a primary care setting and perceived barriers to implementation. PCPs (n = 16) who have older adult patients but do not routinely screen for food insecurity were interviewed by phone. PCPs recognise the importance of food security for older patients, and discuss nutrition and food access with patients under certain circumstances. Concerns emerged with regard to implementing a systematic screening and referral process: limited time to meet with patients, a lack of resources for addressing food insecurity, and prioritising food insecurity at both the health system and the patient levels. Despite perceived challenges, PCPs are receptive to the idea of systematically screening and referring patients to external resources for food assistance and support. Barriers could be addressed by health systems prioritising food insecurity as a health concern, and public and private payers providing reimbursement for screening. (RH)

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

## EMPLOYMENT

(See Also 247/112)

247/20 A silver lining for the UK economy?: The intergenerational case for supporting longer working lives; by Patrick Thomson, Centre for Ageing Better; Intergenerational Commission. London: Centre for Ageing Better, February 2018, 43 pp.

This is one of a series of policy papers being submitted to the Intergenerational Commission. It explores how supporting older workers to remain in better, more fulfilling work for longer can be part of the solution in addressing the fiscal pressures of an ageing population. It also examines policies to support a return to work for people aged 50+, also policies to support workplaces that support all ages. These include: a joined-up approach to support health at work; supporting working carers; and good quality flexible working. For those out of work who want to return, there should be employment support, also support for those who cannot work. The report recommends provision of guidance to support employers since the Default Retirement Age was removed (in 2011): employers should be required to report on numbers of people interviewed and appointed by age, gender, as well as disability and race. (RH)

From : Centre for Ageing Better, Level 3, Angel Building, 407 St John St, London EC1V 4AD.  
[www.ageing-better.org.uk](http://www.ageing-better.org.uk)

- 247/21 Working hours flexibility and timing of retirement: findings from Europe; by Moritz Hess, Jurgen Bauknecht, Sebastian Pink.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, no 5, October-December 2018, pp 478-494.  
This study investigates how flexibility in working hours affects retirement timing. It tests the assumption that decreasing weekly working hours delays retirement and extends working life. The authors use data from four waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) and of the English Longitudinal Study of Ageing (ELSA), to analyse whether a shift from full-time to part-time work delays retirement. Results show that older workers who reduce their working hours retire earlier than those who stay in full-time employment. The effect is stronger in Central and Eastern Europe than in Scandinavian countries. No interaction effects for gender and work strain are found. The authors conclude that part-time work at the end of the career, as a means to extend working life, should be re-evaluated. This study was supported by the Lifelong Health and Wellbeing (LHW) programme, whose funding partners are the Economic and Social Research Council (ESRC) and the Medical Research Council (MRC) (grant number ES/L002884/1). (RH)  
ISSN: 08959420 **From** : <http://www.tandfonline.com>

## EPIDEMIOLOGY

(See 247/36)

## FALLS

- 247/22 Perceptions of falls and falls prevention interventions among Personal Alert Victoria clients; by Darshini Ayton, Renata Morello, Aleksandra Natora (et al.): Wiley.  
Health and Social Care in the Community, vol 26, no 6, November 2018, pp 970-978.  
Personal Alert Victoria (PAV) is a personal monitoring service funded by the government of Victoria, Australia. The service provides daily monitoring and emergency response services to frail older people who are at risk of falling. This paper explored perceptions and experiences of falls among PAV clients and identified barriers and enablers to engagement in falls prevention interventions. Data were collected via 12 semistructured telephone interviews and a client survey with 46 open-ended and closed-ended questions. Descriptive statistics and thematic analysis was guided by the COM-B model (capability, opportunity, and motivation) for behaviour change. The interview and survey explored experiences of falls, falls risk factors, access and participation in falls prevention interventions, access to health and support services and experiences using the PAV service. Capability barriers identified included poor health, lack of time, low health literacy and perceived high intensity of exercise classes. Opportunity barriers were lack of transport, high cost and long waiting times for falls prevention interventions. Motivation barriers were the belief that falls are inevitable and a perceived lack of relevance of falls prevention interventions. Enablers identified were a focus on broader health and wellbeing benefits (capability), hospitalisations or rehabilitation that incorporates falls prevention in recovery (opportunity), and raising awareness of falls risk (motivation). Findings suggest that further research is required to inform the tailoring of positive health messages to improve the uptake of falls prevention interventions by PAV clients. (JL)  
ISSN: 09660410 **From** : <http://www.onlinelibrary.com/journal/hsc>

## FAMILY AND INFORMAL CARE

(See Also 247/47, 247/57, 247/64, 247/69)

- 247/23 Issues with the measurement of informal care in social surveys: evidence from the English Longitudinal Study of Ageing; by Alasdair C Rutherford, Feifei Bu.: Cambridge University Press.  
Ageing and Society, vol 38, no 12, December 2018, pp 2541-2559.  
Informal care plays a significant role in the care system for older people in the United Kingdom, and this is projected to increase considerably in the next three decades as the population ages. Understanding these trends requires a good quality measurement of informal care. In this study, the authors compare care-givers' responses to different informal care questions from the English Longitudinal Study of Ageing (ELSA) to investigate the influence of question design on the self-reporting of informal care. They also analyse spousal care dyads, in order to model discrepancies in the reporting of care provision between spouses, to provide an insight into the reliability of informal care measurements. They find that the most common measures used are likely to be under-estimating both the scale and scope of informal care; and they recommend careful consideration of the content of informal care survey questions, in order to operationalise the measures of informal care activities. (RH)  
ISSN: 0144686X **From** : <http://www.cambridge.org/aso>
- 247/24 Resilience in family caregiving for people with dementia: a systematic review; by Aine Teahan, Attracta Lafferty, Eilish McAuliffe (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1582-1595.  
The objective of this review was to critically examine, evaluate and synthesise the literature on resilience in family caregiving for people with dementia. A systematic literature review was conducted according to PRISMA guidelines to identify articles which examined resilience and related concepts in family

caregiving for people with dementia. The review was based on a systematic search of scholarly databases to yield peer-reviewed articles and grey literature published between 2006 and 2016. Two independent reviewers prescreened the search results and conducted formal assessments and quality appraisals of the retrieved articles. A total of 13,863 articles were identified by the systematic search and 52 articles were included in the review. Based on a critical narrative synthesis of the literature the study proposes a model of resilience for family carers of people with dementia which incorporates the context of caring, social and cultural characteristics, and psychological dimensions of caring. Overall these results indicate that there is no single approach to enhancing resilience among family carers of people with dementia. Resilience is a multifaceted response to the caregiving role and is influenced by a multitude of interrelated factors. However the factors and resources outlined have been addressed, with limited success in some cases, by psychosocial interventions in the field. While the work conducted to date to develop resilience-enhancing interventions has been marked with some success, the next wave of carer research could usefully examine ecological perspectives on carer outcomes including carer resilience. (JL)

ISSN: 08856230

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

## **GARDENING AND HORTICULTURAL THERAPY**

247/25 'It plays a big part in the way I think about myself': an evaluation of a gardening group for people recently diagnosed with dementia; by Rachel Woodbridge.: British Psychological Society.

Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 43-48.

This article summarises an evaluation of a 6-month gardening group for people recently diagnosed with dementia and their family members. The group was initiated by Bolton Memory Service and developed in conjunction with Bolton Council and the voluntary sector. Focus groups and feedback questionnaires were conducted, to gain views from service users on what the gardening group meant to them in relation to their well-being and adjustment to the diagnosis. The author summarises this feedback and discusses the potential benefits of providing opportunities for purposeful activities for people recently diagnosed with dementia in the memory service. (RH)

ISSN: 23969652

From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

## **HEALTH AND WELLBEING**

(See Also 247/59, 247/106)

247/26 Do past stressful life events and personal control beliefs predict subjective wellbeing in old age?: Evidence from a Spanish nationwide representative sample; by Laura Rubio, Cristina C Dumitrache, Eulogio Cordon-Pozo.: Cambridge University Press.

Ageing and Society, vol 38, no 12, December 2018, pp 2519-2540.

It has been widely corroborated that recent stressful life events could impact well-being. Nevertheless, it is not clear whether stressful situations experienced in the past and the individual resources used to deal with them influence older adults' well-being. This study aims to analyse the influence of stressful past events and personal control beliefs, or the extent to which people believe they can control or influence their environment in order to achieve desired outcomes, on negative affect and domain-specific life satisfaction in a cross-sectional sample of 1,177 Spanish people age 50 years and older. For this purpose, the measurement of ten stressful past events, perceived control beliefs, negative affect and life satisfaction were obtained. Preliminary analyses showed that domain-specific life satisfaction grouped into two factors: internal and external life satisfaction. The results of the partial least squares structural equation model indicated that stressful events and control beliefs have an impact on both negative affect and life satisfaction in old age. Stressful past events had a negative effect on life satisfaction, while control beliefs were positively associated with negative affect. The model was able to predict the variance of internal life satisfaction at 37.5 per cent. (RH)

ISSN: 0144686X

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

## **HEALTH CARE**

(See Also 247/43, 247/52, 247/55, 247/67)

247/27 'Pathways to choice' of care setting; by Sarah Hillcoat-Nalletamby.: Cambridge University Press.

Ageing and Society, vol 39, no 2, February 2019, pp 277-306.

This article aims to encourage critical reflection about the limitations of the rational choice approach as an explanatory insight to understanding older people's choice-making about their health or social care requirements. It develops an interpretive framework examining how older people engage in the process of choice-making when selecting a care option. Choice-making is conceptualised as a temporal, processual phenomenon, influenced by others, and characterised by an individual's behavioural responses to changing circumstance and life-course events. Data are from qualitative interviews with

29 older adults whose choice of care option involved moving to an extra-care setting in Wales. Transcripts were coded using in-case and constant-comparison approaches, and analysis was undertaken using concepts of engagement and temporality as elements of the choice-making process. Using an inductive approach, a typology of six different 'pathways to choice' of care setting was identified. These findings suggest that choosing a care option in later life is a diverse, interactive and time-bound social phenomenon, inadequately captured by the rational choice approach where it is understood more as an individualised, linear and logical process. Recognising that choice-making evolves through time as part of a process shaped by others means that service providers will be better placed to offer opportunities for more prevention-focused interventions which empower older consumers to make planned and informed choices about care options. (RH)  
ISSN: 0144686X [From : http://www.cambridge.org/aso](http://www.cambridge.org/aso)

## HEALTHY AGEING

(See 247/26)

## HIV AND AIDS

247/28 The intimate lives of older adults living with HIV: a qualitative study of the challenges with the intersection of HIV and ageing; by Isabelle Wallach, Shari Brotman.: Cambridge University Press. *Ageing and Society*, vol 38, no 12, December 2018, pp 2490-2518.

Older adults living with human immunodeficiency virus (HIV) are at risk of experiencing difficulties in their intimate lives, due to the combined effects of HIV and ageing. To date, little research has focused on the lived experience of sexuality. This article seeks to fill in the gap by documenting the challenges faced by this population with respect to their intimate relationships and sexual lives. It is based on the results of a qualitative study conducted in Montreal (2010-2012) which used semi-structured interviews with a diverse sample of 38 people aged 50-73 and living with HIV. The study revealed several difficulties, including those related to their social location, whereby HIV and ageing intersect with other social determinants (including gender, sexual orientation and drug use). Difficulties that were identified include lower sexual desire linked to ageing, erectile changes, difficulty in using condoms, stigma related to HIV and/or ageism, changes in appearance caused by HIV and/or ageing, along with the impact of their life-course experiences. The results shed light on the specific nature of the difficulties experienced by older adults living with HIV with regard to their intimate lives. The results also highlight the importance of using an analysis that combines the theoretical approaches of intersectionality and lifecourse to enhance our capacity for understanding complex and unique experiences. (RH)

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

## HOME CARE

247/29 Home care for the elderly in Sweden, Germany and Italy: a case of multi-level governance strategy-making; by Francesco Longo, Elisabetta Notarnicola.: Wiley. *Social Policy and Administration*, vol 52, no 7, December 2018, pp 1303-1316.

Home care is a policy field characterised by strong interdependencies and multi-level governance. In such a setting, decision- and strategy-making is complex, with interrelated governance mechanisms between the private and public sectors involved, and the risk of lack of a clear and sharp definition of public contents. In this article, the authors are interested in understanding "if and how" multi-level governance influences planning in home care and, more generally, social care fields. Through the analysis of home care services for older people in three prominent European countries, the article highlights critical dimensions that should be taken into consideration in such contexts: users' selection, service features, coordination and funding mechanisms. These dimensions turn out to be representative of key processes of strategic development within multi-level settings. (RH)

ISSN: 01445596

[From : http://www.wileyonlinelibrary.com/journal/spol](http://www.wileyonlinelibrary.com/journal/spol)

247/30 No place like home: a systematic review of home care for older adults in Canada; by Shanthi Johnson, Juanita Bacsu, Hasanthi Abeykoon (et al).: Cambridge University Press. *Canadian Journal on Aging*, vol 37, no 4, December 2018, pp 400-419.

Given Canada's ageing population the demand for home care is expected to increase significantly. To date little is known about home care for older adults in Canada such as characteristics of home care recipients, gaps in services or interventions designed to support home care client needs. This study conducted a systematic review of seven electronic databases for the years 2000 through to 2016 in order to examine the current knowledge of home care services for Canada's older adults. This synthesis examined four main themes in the literature: older adult client-level predictors; unmet care needs; interventions; and issues and challenges in home care. This review found significant knowledge gaps on home care for older adults across the country, as over half of the studies were focused primarily in Ontario. Although promising strategies were evident more research and evaluation of interventions and outcomes are required to support Canada's home care system effectively now and over time. (JL)

ISSN: 07149808 [From : http://www.cambridge.org/cjg](http://www.cambridge.org/cjg)

## HOSPICE CARE

(See 247/65)

## HOUSING

(See Also 247/34, 247/49)

- 247/31 Engage Leeds: a new model for housing-related support; by Michele Morton, Nichola Rigden.: Hawker Publications.  
Journal of Dementia Care, vol 26, no 6, November/December 2018, pp 14-16.  
Engage Leeds, a housing-related support service, was commissioned by Leeds City Council in 2017 following a review and consultation on age-related mental health issues such as dementia. The authors, from Engage Leeds, explain that the focus of their service is to support people to live independently and to prevent homelessness. Early intervention is key, as the priority is to enable people to remain in their own homes or to arrange moves to more suitable accommodation. The authors outline the development of the service, which includes six specialist dementia housing support worker posts. The article highlights the flexible delivery of services, the focus on a person's emotional well-being, and comments from clients who benefit from using the service. (RH)  
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 247/32 Household changes and diversity in housing consumption at older ages in Scotland; by Francesca Fiori, Elspeth Graham, Zhiqiang Feng.: Cambridge University Press.  
Ageing and Society, vol 39, no 1, January 2019, pp 161-193.  
This paper contributes to understanding housing adjustments in later life by investigating the role of four key lifecourse transitions experienced by older individuals and their households, namely changes in health, retirement, union transitions and adult children leaving the household. Using data from a representative sample of the Scottish population for the decade 2001-2011, the study examines who moves and, for movers, whether they adjust their housing size in response to changes in their personal and household circumstances. In particular, the study explores diversity in housing consumption at older ages, by investigating whether the triggers of upsizing or downsizing differ across tenure groups. The majority of older adults in Scotland do not change their place of residence during the study decade. For the minority who do move, all four lifecourse transitions are significant triggers for residential relocation; but there is considerable diversity across the two major tenure groups in the influence of household changes on their housing consumption adjustments. In both tenure groups, however, the presence of children in the household is associated with upsizing and is a significant impediment to downsizing. Given the relative rootedness of older parents with co-resident adult children and their propensity to upsize rather than downsize if they move, the authors' findings raise concerns over the interdependencies between younger and older generations in the housing market. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org/aso>
- 247/33 Housing and ageing: linking strategy to future delivery for Scotland, Wales and England 2030; by Vikki McCall, Judith Phillips, Melanie Lovat (et al), University of Stirling; Scottish Universities Insight Institute. Stirling: University of Stirling; Scottish Universities Insight Institute, 2018, 24 pp.  
This report proposes creation of a Commissioner for Ageing in England and Scotland, similar to the Older People's Commissioner for Wales; also a mechanism for ensuring cross-national working, knowledge exchange and change across the UK housing sector. It is based on events held in May 2018 with practitioners, older people and policy makers from diverse areas of Scotland, England and Wales that share similar housing and ageing issues. Among key themes identified are ageing in place, age-friendly communities, a rights-based approach to housing, and the importance of collaboration. However, talks, decisions and change must start with and include older people. The report describes a strategy board game, which was used to collect evidence from event participants on issues including integrating services to improve well-being, and realising that positive change happens when you all work together. The main recommendation to the UK, Scottish and Welsh Governments is to 'place housing at the heart of service integration'. Those involved in the Project Team were from University of Stirling, Heriot-Watt University, University of Dundee, the Scottish Federation of Housing Associations, Housing LIN, the DWELL project (designing for wellbeing) and Age Scotland. (RH)  
From : <https://www.scottishinsight.ac.uk/Programmes/Scotland2030/HousingOlderPeople/tabid/7519/Default.aspx>

## HOUSING WITH CARE

(See Also 247/27)

- 247/34 Supply-side review of the UK specialist housing market and why it is failing older people; by Andrew Harding, Jonathan Parker, Sarah Hean, Ann Hemingway.: Emerald.  
Housing, Care and Support, vol 21, no 2, 2018, pp 41-50.  
There is a critical conflict between the key social purpose of specialist housing (i.e. living independent of socially provided care) and the values that underpin and ultimately limit the quantity of units in the

social and private sectors. In the social sector, government policies prohibit rather than encourage local authorities and housing associations from increasing specialist housing stock. The nature of leasehold tenures in the private sector tends to commodify not only housing stock, but also those who use it. This therefore acts to instrumentalise housing supply in favour of the profit motive, such that the focus on the person and her or his needs is largely ignored. This paper is based on a review of academic literature, policy documents, reports and other sources. While the shortage of specialist housing is well known, this paper is unique in that it provides a comprehensive and critical supply-side review of the factors that have created such conditions. (NL/RH)

ISSN: 14608790

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

## **IMAGES OF AGEING**

247/35 Forever young: visual representations of gender and age in online dating sites for older adults; by Ateret Gewirtz-Meydan, Liat Ayalon.: Taylor and Francis.

Journal of Women and Aging, vol 30, no 6, November-December 2018, pp 484-502.

Online dating has become increasingly popular among older adults who have adopted and use social media. This study examined the visual representations of people on 39 dating sites intended for the older population, with a particular focus on the visualisation of the intersection between age and gender. All 39 dating sites for older adults were located through the Google search engine. Visual thematic analysis was performed with reference to general, non-age-related signs (e.g., facial expression, skin colour), signs of ageing (e.g. perceived age, wrinkles), relational features (e.g. proximity between individuals), and additional features such as number of people presented. The visual analysis in the present study revealed a clear intersection between ageism and sexism in the presentation of older adults. The majority of men and women were smiling and had a fair complexion, with light eye colour and perceived age of younger than 60. Older women were presented as younger and wore more cosmetics as compared with older men. This study stresses the social regulation of sexuality, as only heterosexual couples were presented. The narrow representation of older adults and the anti-ageing messages portrayed in the pictures convey that love, intimacy and sexual activity are for older adults who are "forever young". (RH)

ISSN: 08952841

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

## **INCOME AND PERSONAL FINANCE**

(See 247/53)

## **INEQUALITY AND HUMAN RIGHTS**

247/36 Global AgeWatch insights: the right to health for older people, the right to be counted: executive summary; by HelpAge International; AARP. London: HelpAge International, 2018, 16 pp.

A commitment to establish the right to health of people everywhere was central to the Universal Declaration of Human Rights (UDHR) and the foundation of the World Health Organization (WHO) in 1948. Seventy years on, this report outlines the extent to which older people are being left behind, by analysing the available data on older people's health and highlighting gaps (where older people are not counted). The main report (176 pp) and the weblink given explore health and ageing trends in 12 countries: Argentina, Colombia, El Salvador, Kenya Lebanon, Moldova, Myanmar, Pakistan, Serbia, Tanzania, Vietnam and Zimbabwe. For each, the following are examined: ageing and longevity; ageing and shifting patterns of disease and disability; ageing, mental health and cognitive impairment; prevalence of violence towards older people; and poverty and health financing. Graphs and figures variously indicate issues for broad age groups including: years lived with disability; and causes of death. The main and executive reports find that across most of 12 profile countries surveyed, the data indicates a growing gap between healthy life expectancy and life expectancy. Health systems have failed to keep pace with two major, interlinked global transitions: a demographic transition and an epidemiological transition. (RH)

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

247/37 Inequalities in living well with dementia - the impact of deprivation on well-being, quality of life and life satisfaction: results from the improving the experience of dementia and enhancing active life study; by Yu-Tzu Wu, Linda Clare, Ian Rees Jones (et al): Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1736-1742.

Area level factors, such as deprivation and urban versus rural settings, have been associated with variation in local resources and services and health inequality in later life. The aim of this study was to investigate the potential impact of deprivation and urban versus rural areas on capability to live well with dementia and to examine whether availability of informal carers modified these associations. The analysis was based on a large cohort study of 1,547 community-dwelling people with dementia across Great Britain. Quality of life, life satisfaction and wellbeing were measured as indices of 'living well'. Multivariate modelling was used to investigate differences in living well measures across deprivation quintiles and urban versus rural areas adjusting for sociodemographic factors and number of

comorbidities and stratifying by three groups: those living with a carer, those with a non-resident carer and those without a carer. Negative dose-response relationships between deprivation and measures of quality of life, life satisfaction and wellbeing were found in participants living with a carer. The associations were less clear in those with a non-resident carer and those without a carer but these two groups generally reported lower scores on living well indicators than participants living with a carer. There was no difference between rural and urban areas. These findings suggest inequalities in living well with dementia according to levels of deprivation. Additional resources are needed to improve post-diagnostic care in highly deprived areas and to support those who have no informal carer. (JL)  
ISSN: 08856230 From : <http://www.orangejournal.org>

### **INTEGRATED CARE**

(See 247/12)

### **INTERGENERATIONAL ISSUES**

(See Also 247/20)

- 247/38 Intergenerational friendships of older adults: why do we know so little about them?; by Catherine Elliott O'Dare, Virpi Timonen, Catherine Conlon.: Cambridge University Press.  
Ageing and Society, vol 39, no 1, January 2019, pp 1-16.

Intergenerational projects bringing together older adults and younger adults are increasingly common, but there is little research on unstructured, naturally occurring interaction, and in particular friendship between different generations. The aim of this article is to interrogate why we know so little about adult intergenerational friendship. A systematic literature search on this topic, covering a 30-year period, yielded only six articles which satisfied the inclusion criteria. This prompted the authors to examine how the topics of intergenerational friendship and friendship in old age have been approached in the literature to date. The authors argue that the paucity of research on intergenerational friendship reflects the focus of existing research on homophily, and consequently friendships among older or younger adults; and that this in turn reflects a social construction of older adults as unsuited to friendship with younger adults. Investigations of intergenerational friendship can help challenge the images and models of ageing and older adults that both research and societies currently operate with, and are constrained by. The authors conclude by calling for research that explores the views and experiences of older adults as parties to intergenerational relationships that are non-kin, chosen and based on mutual enjoyment. (RH)

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

### **INTERNATIONAL AND COMPARATIVE**

(See Also 247/11, 247/18, 247/22, 247/29, 247/30, 247/36, 247/67, 247/68, 247/72, 247/85, 247/89, 247/94, 247/107, 247/113, 247/114, 247/115, 247/116)

- 247/39 'It really saves us' versus 'it doesn't cover everything': the benefits and limitations of a non-contributory pension in the Bolivian Altiplano; by Rachel Godfrey-Wood, Graciela Mamani-Vargas.: Cambridge University Press.

Ageing and Society, vol 39, no 1, January 2019, pp 17-44.

Non-contributory pensions have become extremely popular in the last decade, with 78 developing countries currently distributing money in this way, and their acclaimed impacts are increasingly celebrated. Studies have found them to contribute not only to 'obvious' needs such as increased consumption and income security but also to investments in productivity, social relationships, health, and increased access to credit and savings. It has also become common to claim that they contribute to intangible goals such as dignity and citizenship. The danger of some of these claims is that they assume that well-being is heavily responsive to monetary wealth rather than other areas. To study this, an ethnographic methodology, based on participant observation and semi-structured interviews, was employed in two rural communities located in the La Paz department in the highland Altiplano region of Bolivia close to Lake Titicaca. The authors' analysis shows that while the Renta Dignidad increases older people's livelihood security, its contributions to other areas where non-contributory pensions are claimed to have major impacts, such as productive investment, health care and relational well-being, are actually relatively limited. The policy implication of this is that a more integral approach needs to be adopted to older people's well-being, going beyond cash transfers to greater efforts to bring health-care services to older people in remote rural areas. (RH)

ISSN: 0144686X

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

- 247/40 Age-friendly communities and life satisfaction among the elderly in urban China; by Lili Xie.: Sage.  
Research on Aging, vol 40, no 9, October 2018, pp 883-905.

This study aimed to examine the extent to which older adults' perceptions of environmental age-friendliness were associated with their life satisfaction. The study used a national representative sample of 9,965 older adults aged 60 and above from urban China and structural equation modelling to



analyse the relationship among community characteristics, socioeconomic status (SES), and life satisfaction. Results showed that older people's perceptions of housing conditions, local amenities and social inclusion were significantly associated with general life satisfaction. Multigroup comparison tests indicated that there were no disparities in the aforementioned relationships among SES subgroups. However the socioeconomically disadvantaged older population was shown to have the lowest assessment of community age-friendliness. Findings emphasised the potential role of age-friendly communities as having an influential force on older adults' subjective well-being, regardless of their SES. Meanwhile policymakers and practitioners should pay special attention to improve the living environments of disadvantaged older adults. (JL)

ISSN: 01640275

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

247/41 Aging in community and local NGOs: empowering marginalized older women in South Korea; by Yunjeong Yang.: Taylor and Francis.

Journal of Women and Aging, vol 30, no 4, July-August 2018, pp 344-362.

This article is based on an embedded case study of selected older people's self-help groups in urban South Korea, which aim to assist community-dwelling older adults, particularly poor and marginalised women, to age in their community and remain active and contributing members. The study highlights the importance of the role and capacity of non-governmental organisations (NGOs) as partner organisations. Implications are important for other ageing societies, particularly in Asia, where older women have been often confined by patriarchal oppression. (RH)

ISSN: 08952841

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

247/42 Caregiver pension credits for women: recent experience in Uruguay; by Veronica Amarante, Victoria Tenenbaum.: Wiley.

Social Policy and Administration, vol 52, no 6, November 2018, pp 1252-1274.

In 2009 childcare pension credits for women were introduced in Uruguay as part of a social security reform. Using microdata from administrative records of the social security administration, this study found that around 60% of retired women had used these credits between 2009 and 2015, computing on average 2.7 additional years of service. The use of childcare credits was higher among more vulnerable female workers. Among women with lower pensions, childcare credits were used both to reach the required years for retirement and to improve the amount of pensions, whereas for women in the higher deciles the programme mainly impacted on the amount of pensions. Using a difference in difference approach, it was found that the programme had, to some extent, acted as a substitute for the mechanism of computing years of service through the declaration of witnesses, an extended practice in Uruguay to access pensions. If these credits had not been incepted, women's access to pensions would have been significantly lower, and gender gaps both in access to, and in the amount of, pensions would have been higher. (JL)

ISSN: 01445596

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

247/43 Collision course?: Donald Trump, Paul Ryan, and the fate of Medicare; by Jonathan Oberlander.: Taylor and Francis.

Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 244-258.

The election of Donald Trump as president of the United States raises questions about the future of Medicare. How will Medicare fare under a Republican-led government? There are several compelling reasons that the Trump administration and Congressional Republicans might avoid Medicare reform, including the political risks of taking on a popular programme, the difficulties the party has encountered in trying to dismantle the Patient Protection and Affordable Care Act (ACA), the importance of older Americans to the GOP coalition, and President Trump's views about Medicare. However, because of fiscal pressures and the commitment of Speaker of the House Paul Ryan and other Republicans to entitlement reform, the GOP nonetheless could end up attempting to make major changes in Medicare. Alternatively, Republican efforts to repeal and undermine the ACA could unintentionally enhance the political fortunes of proposals to expand Medicare. Consequently, the fate of Medicare during the Trump administration remains highly uncertain. (RH)

ISSN: 08959420

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

247/44 Draining the swamp while making America great again: senior dissonance in the age of Trump; by Robert B Hudson.: Taylor and Francis.

Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 357-371.

In his surprise election as president, Donald Trump enjoyed disproportionate electoral support from older voters, many of whom saw in Trump a person who would work to reverse demographic, economic and cultural forces that had transformed American life as they had long seen it. Yet, Trump's campaign and incumbency has also been very much about gutting the Washington policy establishment of officials, bureaucrats and lobbyists (aka "the swamp") which, for more than half a century, has been instrumental in enacting and expanding legislation that has benefitted older Americans far more than any other social policy constituency in the country. This article contrasts the value-oriented electoral

support Trump enjoyed from older Americans with their interest concerns centred on policies such as the Affordable Care Act, Medicaid and a host of smaller grant-in-aid programs. It then reviews the strong institutional base seniors and their advocates have in Washington, posing whether interest-oriented concerns may outweigh ideological ones as policy options emerge from a Republican-controlled government prior to the 2018 elections. (RH)

ISSN: 08959420

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

- 247/45 Empowering elderly Iranians through a social group work intervention: a trial study to assess the effect of the intervention on participants' quality of life; by Fatima Salomoni, Hamideh Addelyan Rasi, Samaneh Hosseinzadeh.: Wiley.  
Health and Social Care in the Community, vol 26, no 6, November 2018, pp 917-924.  
The present study designed and ran an empowerment-oriented group work intervention which aimed to improve the quality of life of older Iranians. The intervention consisted of nine group sessions that focused on capacity building and increasing individual competences, environmental resources and opportunities. Using a randomised controlled trial (RCT), 60 older adults (30 men and 30 women in the intervention and control groups) from Social Services Centres in Tehran participated in this study. The WHOQOL-BREF instrument was used to measure quality of life, comparing before, after and follow-up measures between the groups and within each group. ANOVA and GEE tests were applied to analyse the data. The results showed significant progress in overall quality of life of the participants, particularly in the domains of physical health, psychological health, social relationships and environmental health. In pre-test there were no significant differences between the groups in terms of quality of life and its domains, but there were significant differences in the post- and follow-up tests. This study provides support for the empowerment-oriented group work intervention with older Iranians. It can be a useful model for empowering older people generally, especially in countries where social support and health services for seniors are not yet freely available. (JL)  
ISSN: 09660410  
From : <http://www.onlinelibrary.com/journal/hsc>
- 247/46 Exploring rural family physicians' challenges in providing dementia care: a qualitative study; by Adina Constantinescu, Hui Li, Jennifer Lu (et al.): Cambridge University Press.  
Canadian Journal on Aging, vol 37, no 4, December 2018, pp 390-399.  
Currently there are 564,000 Canadians living with dementia and this number will continue to rise as the population ages. Family physicians play an integral role in the diagnosis and management of dementia patients. Although studies have looked at family physician perspectives on dementia care in the urban setting, much less is known about challenges in rural areas. This study aimed to explore rural family physicians' experiences in caring for patients with dementia in rural Alberta, Canada. The authors conducted three semi-structured focus groups with 16 family physicians to evaluate barriers and facilitators to providing care to persons with dementia in three rural communities. The study developed focus group questions based on the theoretical domains framework (TDF) and analysed them using a framework approach. Physician capabilities, opportunities and motivations appear to play important roles in caring for these patients. These research findings can be used to advance quality of care for rural dementia patients. (JL)  
ISSN: 07149808  
From : <http://www.cambridge.org/cjg>
- 247/47 Family relations and elder care among Arabs in the North of Israel; by Liat Ayalon.: Sage.  
Research on Aging, vol 40, no 9, October 2018, pp 839-858.  
This Israeli-based study examined family relations and elder care in light of the modernisation processes that are taking place in the Arab sector. The study was also intended as a case example of a society in transition. The North of Israel is relatively poor compared to the rest of the country, however people of Arabic origin constitute more than 50% of the population in the region. The population is also young, with only 4% of this group aged over 65. In this study sample, interviews with 25 older adults, 27 family members and five paid home care workers of an Arab origin were conducted. Qualitative analysis consisted of constant comparisons and contrasts of relevant themes. Most Arabs reported that intergenerational solidarity is very strong in the Arab sector. Whereas many older adults and a few of their family members tended to favour paid care, the majority of Arab family members and fewer older adults stated that family care is preferred. Finally, a third theme outlined the desired properties of care, which consisted of a true mix between formal and informal care. The study points to two sources of tension between (a) older adults and their family members and (b) perspectives on care held by the National Insurance Institute and the Arab sector. (JL)  
ISSN: 01640275  
From : <http://www.journals.sagepub.com/home/roa>
- 247/48 Financing long-term services and supports: challenges, goals, and needed reforms; by Marc A Cohen, Judith Feder.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 209-226.  
The need for long-term services and supports (LTSS) presents a growing financial burden on disabled individuals, their families and state Medicaid budgets. Strategies for addressing this problem pose both

a policy design and a political challenge. This article begins by explaining the choices and trade-offs United States policy makers face in designing new policy, and offers the outlines of a specific approach to navigating these. It concludes with an assessment of current LTSS policy directions and politics, specifically, the movement to constrain, rather than enhance, federal financing for LTSS and the counter-pressures necessary to strengthen meaningful insurance protection. While the political environment has become even less conducive to expansion of public benefits, the underlying problem of LTSS financing will grow and persist. And politics change. Thus, in this paper the authors offer and explain the choices they would make to bridge the political divide, specifically a proposal to develop a new public-private partnership based on a public program to cover "back-end" or catastrophic costs, plus measures making private insurance more attractive for the "up-front" risk, an approach that has recently been endorsed by a number of bipartisan groups. (RH)

ISSN: 08959420

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

- 247/49 The housing challenges of low-income older adults and the role of federal policy; by Robyn I Stone.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 227-243.  
Adequate housing is critical for low-income older adults, who face affordability and accessibility challenges that affect their quality of life, health, and ability to live independently in their communities. This article examines the federal policy role in meeting the housing and housing-related needs of the low-income elderly population, which is expected to grow as a proportion of all older adults over the next two decades. The availability of publicly subsidised units and vouchers is woefully inadequate to assist the current low-income older population in need of rental assistance. While access to affordable and accessible housing options has been a growing challenge for several decades, the Trump administration and Republican-majority Congress has an agenda and specific budgetary, administrative and legislative proposals that would worsen the housing situation today and into the future. Population ageing, combined with a lack of investment in affordable senior housing and related programs over the last two decades, requires a call to action for stakeholders in the public and private sectors to jointly develop a comprehensive national senior housing policy agenda and implementation strategy.  
ISSN: 08959420  
From : <http://www.tandfonline.com>
- 247/50 Integrating social engagement instruments into Australian community aged care assessments to enhance service provision; by Joyce Siette, Andrew Georgiou, Mikaela Jorgensen (et al.): Wiley.  
Health and Social Care in the Community, vol 26, no 6, November 2018, pp 810-818.  
Rich social relationships contribute to improved wellbeing and health outcomes, yet aged care client assessments tend to focus almost exclusively on physical issues. This study aimed to explore the experiences of aged care staff following their use of social engagement and wellbeing instruments as part of routine assessments for home care clients. The social engagement (Australian Community Participation Questionnaire, ACPQ) and wellbeing (ICEpop CAPability Measure for Older Adults, ICECAP-O) instruments were embedded into the centralised information system of an Australian aged care provider. Staff administered these instruments during routine client assessments across a nine-month period involving 289 assessments. Semistructured interviews with 12 staff members were conducted and themes explored using qualitative content analysis. Key factors related to the acceptability of instrument adoption were found. Staff reported the instruments were convenient to use and were valuable in eliciting information for care plan development. Staff found that the instruments complemented their standard assessment procedures and did not disrupt their routine workload. They emphasised that the information gained greatly assisted their discussions with clients, identified social needs and enhanced client involvement in decisions about desired services. There were also some challenging elements, including staff concerns regarding their ability to deal with emotional responses from clients evoked by the survey questions. ACPQ and ICECAP-O are useful tools for identifying psychosocial client needs, are feasible for use by large-scale aged care organisations and provide valuable information to guide decision making about services. Future research should identify the long-term effects on improving social participation and client outcomes. (JL)  
ISSN: 09660410  
From : <http://www.onlinelibrary.com/journal/hsc>
- 247/51 Living arrangements of older persons in 1987-2035 in Finland: trends by age, sex and educational attainment; by Pekka Martikainen, Mike Murphy, Heta Moustgaard, Janne Mikkonen.: Cambridge University Press.  
Ageing and Society, vol 39, no 2, February 2019, pp 358-380.  
Changes in household structure may have a major impact on the future well-being of older people. The authors evaluate changes in living arrangements of Finnish men and women aged 65+ from 1987 to 2011, and project living arrangements to 2035 by education level. They use an 11 per cent longitudinal sample of Finns drawn from the population registration data. They estimate proportions in various living arrangements and multi-state life table estimates of years lived in particular states. Projections are based on dynamic transition probability forecasts with constant and changing rates. The authors show that women more than men tend to live alone at older ages. These proportions are likely to start to decline slowly among women, particularly at 80+, but increase or stabilise among men. Apart from living with

a marital or co-habiting partner, other living arrangements are growing increasingly rare. The number of older people with only a basic education is declining rapidly. Educational differences in living arrangements are modest among women, but among men living with a partner is more common among the more highly educated. Future living arrangements of older people are strongly determined by past partnership behaviour and future changes in mortality. If life expectancy differences between men and women continue to converge, so too will sex differences in the remaining years of life spent living with a partner. (RH)

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

- 247/52 Organizing seniors to protect the health safety net: the way forward; by Leena Sharma, Carol Regan, Katherine S Villers.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 400-417.  
Over the past century, the organised voice of older people has been critical in building the US health safety net. Since the 2016 election, that safety net, particularly the Medicaid programme, is in jeopardy. As we have seen with the rise of the Tea Party, older people's support for health care programmes – even programmes that they use in large numbers – cannot and should not be taken for granted. This article provides a brief history of advocacy for older people and an overview of the current organising landscape for older people. It also identifies opportunities for building the transformational organising of low-income older people needed to defend against sustained attacks on critical programmes. Several suggestions are made, drawn from years of work in philanthropy, advocacy and campaigns, for strengthening the ability to organise older people – particularly low-income older people – into an effective political force advocating for Medicaid and other safety net programmes. (RH)  
ISSN: 08959420 [From](http://www.tandfonline.com) : <http://www.tandfonline.com>
- 247/53 Policy responses during the Trump administration to older people's growing economic risk exposure; by Michele E Tolson, Christian E Weller.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 337-356.  
Economic risk exposure through increased labour market volatility and growing caregiving responsibilities has risen for older Americans. At the same time, key protections such as unemployment insurance and Social Security have declined, while other protections – particularly in the private market – are limited or non-existent. Social policy can lower the chance of risk exposure and the associated costs, especially with respect to unemployment and caregiving. In virtually all instances, however, the Trump administration has already moved to weaken existing protections. And it has offered either no proposals or very limited proposals to increase protections in the private sector. As a result, an ageing population will increasingly face rising economic risks on their own. (RH)  
ISSN: 08959420 [From](http://www.tandfonline.com) : <http://www.tandfonline.com>
- 247/54 Senior centres in Canada and the United States: a scoping review; by Laura Kadowaki, Atiya Mahmood.: Cambridge University Press.  
Canadian Journal on Aging, vol 37, no 4, December 2018, pp 420-441.  
Senior centres have been identified as a 'focal point' for delivering services to the rapidly growing older adult populations in Canada and the United States. Despite this important role, academic research studying senior centres has been limited. This scoping review identified English-language empirical research studies focusing on senior centres that were published in an academic journal in 2000 or later. A total of 58 studies were identified, 51 from the United States and seven from Canada. Most of the articles focused on themes related to the participation of individuals at senior centres whilst a smaller number focused on themes related to the senior centre environment. Based on the findings it is suggested that future research should focus on benefits of senior centre programming, with specific focus on needs of baby boomers; key factors related to funding, space and staffing; and the characteristics and role of senior centres in the Canadian context. (JL)  
ISSN: 07149808 [From](http://www.cambridge.org/cjg) : <http://www.cambridge.org/cjg>
- 247/55 A series of unfortunate events: implications of Republican efforts to repeal and replace the Affordable Care Act for older adults; by Pamela Nadash, Edward Alan Miller, David K Jones, Michael K Gusmano, Sara Rosenbaum.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 259-281.  
This paper discusses Republican efforts to repeal the 2010 Patient Protection and Affordable Care Act (ACA) over President Trump's first year in office (2017) and their impact on near-elderly Americans (50-64 years old). The authors describe how the ACA's provisions for strengthening health care coverage were particularly advantageous for near-elderly Americans: The law shored up employer-sponsored health care, expanded Medicaid, and – most importantly – created conditions for a strong individual health insurance market. The authors then describe Republican efforts to undermine the ACA in the years immediately following its passage, followed by detailed discussion of Republican proposals to repeal and replace the ACA during 2017. They conclude by discussing factors informing the fate of Republican legislation in this area, the potential consequences of the legislation that ultimately passed, and the prospects for future attempts to repeal and replace the ACA through the legislative process. (RH)  
ISSN: 08959420 [From](http://www.tandfonline.com) : <http://www.tandfonline.com>

- 247/56 The state of aging policy and politics in the Trump era; by Edward Alan Miller, Pamela Nadash, Michael K Gusmano, Elizabeth Simpson, Corina R Ronneberg.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 193-208.  
The surprise election of President Donald J Trump to the Presidency of the United States marks a singular turning point in the American republic, not only because of his idiosyncratic approach to the office, but also because the Republican Party now holds the Presidency and both houses of Congress, presenting a historic opportunity for change. The role of older Americans has been critical in both shaping and reacting to this political moment. Their political orientations and behaviours have shaped it through their electoral support for Republican candidates, but they also stand as highly invested stakeholders in the policy decisions made by the very officials they elected and as beneficiaries of the programmes that Republicans have targeted. This article draws on the content of this issue to explore the ways in which Trump administration policies are likely to significantly undermine the social safety net for the near-elderly and older Americans with respect to long-term care, housing, health care and retirement. It also draws on issue content to speculate on the ways that these policy changes might shape politics and political behaviour. The authors conclude that the response of older voters in the 2018 mid-term elections to efforts by the Trump administration and its Republican allies in Congress to draw back on the federal government's commitment to programmes and policies affecting them will shape the direction of aging policy and politics in the years to come. (RH)  
ISSN: 08959420 From : <http://www.tandfonline.com>
- 247/57 Transnational families and the circulation of care: a Romanian-German case study; by Elisabeth Schroder-Butterfill, Julia Schonheinz.: Cambridge University Press.  
Ageing and Society, vol 39, no 1, January 2019, pp 45-73.  
This article contributes to our understanding of transnational family relationships and the circulation of care. The authors are interested in understanding how large-scale emigration affects the support and care of older people in the country of origin. Using in-depth interviews and participant observation, they examine the significance of transnational family support for older people, and the ways in which migrant children and other kin care for older relatives from afar. Their case study is of the Transylvanian Saxons, a German-speaking minority in Romania, who experienced mass-exodus to Germany following the end of socialism in 1990. The lapse of time since the exodus allows examining how transnational family practices evolve, and what the challenges are to maintaining family-hood over time and distance. Contrary to expectations, the authors find that material family support from Germany to Romania is not significant and has declined. By contrast, care remains an important part of what most transnational families provide, although practices of 'caring about' are more prevalent than hands-on 'caring for'. Contrary to optimistic accounts of transnational family care in the literature, the authors argue that the difficulties and challenges for older people of being cared for by distant family members are fundamental, and strong transnational family ties are not an inevitable outcome of migration. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>
- 247/58 Trump and the GOP agenda: implications for retirement policy; by David Madland, Alex Rowell.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, nos 3-4, May-June, July-September 2018, pp 316-336.  
This commentary provides background on the current state of American retirement, highlights recent efforts to reform retirement policy, and predicts what to expect under President Donald Trump. Retirement has not been a major focus of national policy makers in recent years. Early actions during the Trump administration to undo Obama administration policies may make it more difficult for individuals to save for retirement. While it is impossible to predict the future with any certainty, long-standing trends and recent political developments suggest that major action will not be taken during the Trump presidency to boost retirement security. (RH)  
ISSN: 08959420  
From : <http://www.tandfonline.com>
- LEISURE**
- 247/59 A society of readers; by Sacha Hillhorst, Alan Lockey, Tom Speight, Demos. London: Demos, October 2018, 50 pp.  
The Reading Agency commissioned Demos to carry out research during summer 2018 to assess the potential impact of reading on challenges of our time: loneliness, mental health problems (and improving health and well-being), dementia and social (im)mobility. The authors use existing data to forecast the effect these problems will have on society by 2030. Their estimates include an extra 134,000 extra places in care home for people with dementia, and 7 million people aged 60+ experiencing loneliness. The report makes recommendations to Government about investment in public, school and college libraries, and raising the status of books and reading. The BBC must also play an active role in helping to create 'a society of readers', as one way of resolving these challenges. The statement on the cover of this report is "It's no exaggeration to say that reading can transform British society". (RH)  
From : [https://www.demos.co.uk/wp-content/uploads/2018/11/A-Society-of-Readers-1.pdf?mc\\_cid=3f726a063b&mc\\_eid=00337deb8a](https://www.demos.co.uk/wp-content/uploads/2018/11/A-Society-of-Readers-1.pdf?mc_cid=3f726a063b&mc_eid=00337deb8a)

## LGBT

(See Also 247/91)

- 247/60 "It's a nice country but it's not mine": exploring the meanings attached to home, rurality and place for older lesbian, gay and bisexual adults; by Paul Willis, Michele Raithby, Tracey Maegusuku-Hewett.: Wiley.  
Health and Social Care in the Community, vol 26, no 6, November 2018, pp 908-916.  
An ageing population brings with it new challenges for health and social care services and precipitates social policy initiatives targeted at meeting the needs of this client group. Ageing in place is one such policy driver \_ policy efforts that seek to promote the maintenance of older citizens living independently in their own homes for as long as possible. Current generations of older lesbian, gay and bisexual (LGB) people have endured homophobia throughout their lives, and sexual identity can shape perceptions and experiences of ageing, including experiences of home life, community and place. The main objective of this study was to examine the meanings attached to home and place for older LGB adults living independently across three dimensions: rural places as 'home', connections to LGB communities and social care provision in the home. The study presented interview findings from a mixed-methods study on the social inclusion of older LGB adults in Wales. 29 LGB-identifying adults aged between 50 and 76 years self-selected to participate in semistructured interviews between 2012 and 2013. Thematic findings from interviews indicated varying and contradictory meanings attached to home life in rural places, the importance of connection to communities of identity across geographical and online localities, and a high degree of ambivalence towards the prospect of receiving social care services in the home. It is argued that a more nuanced understanding of the subjective meanings attached to home, rurality and community for older LGB people is needed to fully support LGB citizens to continue to live independently in their homes. (JL)  
ISSN: 09660410  
From : <http://wwwonlineibrary.com/journal/hsc>
- 247/61 Healthcare guidelines on caring for transgender people with dementia; by Ian Davies-Abbott.: Hawker Publications.  
Journal of Dementia Care, vol 26, no 6, November/December 2018, pp 18-19.  
The author and colleagues explain how an "appreciative inquiry" led to transgender guidelines for staff at a North Wales health board, and potentially health providers more widely. They describe the guidelines' development and content, with themes including attachment, comfort, identity and inclusion. The guidelines, published by Betsi Cadwaladr University Health Board, have the title 'Supporting me to be the person I want to be: Understanding, reflecting and responding to transgender issues in dementia care: a reflective model for health care staff'. (RH)  
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>

## LONELINESS AND SOCIAL ISOLATION

- 247/62 "You get old. You get invisible": social isolation and the challenge of communicating with aging women; by Tammy J Walkner, Andrea M Weare, Melissa Tully.: Taylor and Francis.  
Journal of Women and Aging, vol 30, no 5, September-October 2018, pp 399-416.  
Social isolation is a problem facing many older women. Isolation can contribute to poor health as adults age without social support. Increased and tailored communication offers service organisations more opportunities to provide social support to these adults. This research examines perceptions of ageing to explore communication behaviours, barriers, and opportunities for improved communication and service provision for ageing women. Using data from focus groups and interviews across the state of Iowa, this study finds that participants from community organisations rely on word of mouth and traditional media to communicate with their ageing constituents (despite opportunities to use digital communication), and to develop communication plans for this population. (RH)  
ISSN: 08952841 From : <http://www.tandfonline.com>
- 247/63 Who lives alone during old age?: trends in the social and functional disadvantages of Sweden's solitary living older adults; by Benjamin A Shaw, Stefan Fors, Johan Fritzell (et al).: Sage.  
Research on Aging, vol 40, no 9, October 2018, pp 815-838.  
This study identified specific social and functional disadvantages associated with living alone during old age in Sweden and assessed whether these associations have changed during recent decades. Data came from repeated cross-sectional surveys of Swedish adults aged 77+ from 1992 through to 2014. Findings indicated that several types of disadvantage are consistently associated with the probability of living alone including financial insecurity and having never married for women and having never married and mobility impairment for men. Also for older men, low education has become an increasing strong determinant of living alone. These findings suggest that older adults who live alone are a subgroup that is particularly, and in some cases increasingly, vulnerable with respect to social and functional status. This has important policy implications related to addressing the needs of this growing subgroup as well as methodological implications for studies on the health effects of living alone. (JL)  
ISSN: 01640275 From : <http://wwwjournals.sagepub.com/home/roa>

## LONG TERM CARE

(See Also 247/48)

- 247/64 Adult children stepping in?: Long-term care reforms and trends in children's provision of household support to impaired parents in the Netherlands; by Thijs Van Den Broek, Pearl A Dykstra, Romke J Van Der Veen.: Cambridge University Press.  
Ageing and Society, vol 39, no 1, January 2019, pp 112-137.  
Recent long-term care (LTC) reforms in the Netherlands are illustrative of those taking place in countries with a universalistic LTC model based on extensive provision of state-supported services. They entail a shift from de-familialisation, in which widely available state-supported LTC services relieve family members from the obligations to care for relatives in need, to supported familialism, in which family involvement in care-giving is fostered through support and recognition for families in keeping up their caring responsibilities. Using data from four waves of the Netherlands Kinship Panel Study (N = 2,197), the authors show that between 2002 and 2014 the predicted probability that adult children provide occasional household support to impaired parents rose substantially. Daughters more often provided household support to parents than did sons, but no increase in the gender gap over time was found. The authors could not attribute the increase in children's provision of household support to drops in the use of state-supported household services. The finding that more and more adult children are stepping in to help their ageing parents fits a more general trend in the Netherlands of increasing interactions in intergenerational families. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>
- 247/65 Change in VA community living centers 2004-2011: shifting long-term care to the community; by Kali S Thomas, Danielle Cote, Rajesh Makineni (et al.): Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, no 2, March-April 2018, pp 93-108.  
The United States Department of Veterans Affairs (VA) is facing pressures to rebalance its long-term care system. Using VA administrative data from 2004-2011, the authors describe changes in the VA's nursing homes (called Community Living Centers [CLCs]) following enactment of directives intended to shift CLCs' focus from providing long-term custodial care to short-term rehabilitative and post-acute care, with safe and timely discharge to the community. However, a concurrent VA hospice and palliative care expansion resulted in an increase in hospice stays, the most notable change in type of stay during this time period. Nevertheless, outcomes for Veterans with non-hospice short and long stays, such as successful discharge to the community, improved. The authors discuss the implications of their results for simultaneous implementation of two initiatives in VA CLCs. (RH)  
ISSN: 08959420  
From : <http://www.tandfonline.com>
- 247/66 Evaluating the quality of care received in long-term care facilities from a consumer perspective: development and construct validity of the Consumer Choice Index - Six Dimension instrument.: Cambridge University Press.  
Ageing and Society, vol 39, no 1, January 2019, pp 138-160.  
The Consumer Choice Index - Six Dimension (CCI-6D) is a new instrument designed specifically to evaluate the quality of care received in long-term care from a consumer perspective. This Australian study aims to demonstrate the construct validity of the CCI-6D. Older residents living in long-term care facilities and proxy family carers (where severely impaired cognition precluded resident consent) participated as consumers of long-term care. Data collected included the CCI-6D instrument, quality of life, physical function and characteristics of the care facility. Relationships between these variables and the CCI-6D dimensions were assessed and analysed through chi-squared and Kruskal-Wallis tests to assess the construct validity of each dimension. Of 430 eligible consumers, 253 completed the questionnaire, of whom 68 (27%) were residents and 185 (73%) were informal carer proxy participants. There was strong evidence of construct validity of the dimensions relating to adequacy of individual care time, access to outside and gardens, access to meaningful activities and flexibility of care. There was more moderate evidence of validity of the home-like own room and shared spaces items, which may be in part due to difficulty in identifying strong discriminatory variables for comparison with these items. The results also indicate a strong association between 'processes' of care delivery (as measured by the CCI-6D) and quality of life of care recipients. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>
- 247/67 How do pension and healthcare systems frame long-term care policy?: Comparison of the Czech Republic and Poland; by Pawel Luczak.: Wiley.  
Social Policy and Administration, vol 52, no 7, December 2018, pp 1396-1409.  
This article challenges the view that countries in Central and Eastern Europe can be treated as a homogenous group with regard to long-term care (LTC), by comparing changes in policies in the Czech Republic and Poland. To account for the dissimilarity between the countries, the article adopts Ranci and Pavolini's (2015, p 274) recommendation that changes in LTC policies must be analysed in the context of reforms of traditional and more expensive social policies, such as pensions and healthcare. Using the

approach of political institutionalism, the article argues that these two countries' pension and healthcare systems established different opportunity structures and strategic preferences for change in LTC policy. Consequently, the persistent difference between the two countries over the past decade is explained by how their pension and healthcare systems frame LTC policy. The article also finds that "functional equivalents" to social care programmes that are instituted either in pensions (i.e., lowering the retirement age, which impacts the supply of informal care) or in healthcare (i.e., increasing the availability of nursing homes) should be included in the analysis of LTC policy development. The article referred to is 'Not all that glitters is gold: long-term care reforms in the last two decades in Europe' by Costanzo Ranci and Emmanuele Pavolini (Journal of European Social Policy, 2015, vol 25, no 3, pp 270-285). (RH)

ISSN: 01445596

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

247/68 Long-term care service needs and planning for the future: a study of middle-aged and older adults in Hong Kong; by Alex Jingwei He, Kee-Lee Chou.: Cambridge University Press.

Ageing and Society, vol 39, no 2, February 2019, pp 221-253.

Long-term care (LTC) planning is important in helping the older people tackle their future needs better. The needs for LTC services represent generational characteristics, as they may differ between current and future cohorts of older adults. However, very few studies have examined cohort differences in terms of their expected utilisation of LTC services, while understanding that the pattern of use is crucial in helping policy makers prepare for development of LTC services. This study fills the research gap by examining the plans and expectations for LTC services of 1,613 middle-aged and older people in Hong Kong; data were collected using a telephone survey. Applying the Andersen Model to examine LTC expectations, this study used a multiple logistic regression method to analyse the LTC needs and plans of the middle-aged and older cohorts of Hong Kong adults, also associated factors. Both gender and birth cohort were examined individually and in combination. Birth cohort and gender have been found to exert an impact on all aspects of LTC needs and planning to varying degrees. The findings are interpreted and contrasted with those of a key study based in the West, with reference to the contextual characteristics of Hong Kong. This study furthers the scholarly understanding on LTC needs and planning and their cohort effect, and draws evidence-based recommendations for LTC development in Hong Kong, a rapidly ageing East Asian society. (RH)

ISSN: 0144686X

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

247/69 Muscled by the system: informal caregivers' experiences of transitioning an older adult into long-term care; by Christy Konietzny, Sharon Kaasalainen, Vanina Dal-Bello Haas (et al): Cambridge University Press.

Canadian Journal on Aging, vol 37, no 4, December 2018, pp 464-473.

This study explored informal caregivers' experiences of transitioning an older adult into long term care (LTC). Qualitative description guided the study analysis of semi-structured interviews with 13 informal caregivers of older adults from three LTC homes in southern Ontario. Findings illustrated that caregivers experience chronic worry and burden before deciding on, or requiring to apply for, LTC. A sense of lack of control was a prominent theme, especially when caregivers were applying for LTC beds. Participants perceived pushing, pressure and punishment from the health care system and felt relieved and fortunate after they accepted a bed offer. This tumultuous experience stimulated caregivers to anticipate future transitions. It is recommended that caregivers receive preparation and targeted support to manage transition experiences. Improved communication among health professionals is essential. Penalties for declining an offer for a bed in LTC should be re-examined in relation to its negative influence on caregivers' experiences. (JL)

ISSN: 07149808

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

## MEDICATION

247/70 Medicines management issues in dementia and coping strategies used by people living with dementia and family carers: a systematic review; by Rosemary H Lim, Taniya Sharmeen.: Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1562-1581.

Medicines play a key role in the lives of people with dementia, primarily to manage symptoms. Managing medicines is complex for people with dementia and their family carers and can result in multiple problems leading to harm. In this study the authors conducted a systematic review to identify and model medication issues experienced and coping strategies used by people with dementia and/or family carers. Following a literature search, 21 articles were included in this study, and four domains affecting medication use were identified: cognitive, medication, social and cultural, and knowledge/educational and communication. People with dementia reported medication issues in all four domains, but few coping strategies were developed. Family carers reported issues and coping strategies related to the medication and knowledge/educational and communication domains. It is argued that common issues with regards to knowledge and communication about medicines remain unresolved. The 'voices' of people with dementia appeared largely missing from the literature as were in-depth understanding of how, whether, and in which circumstances coping strategies work in managing medicines. Medicines management is a complex set of activities and although current coping strategies exist, these were primarily used by



family carers or the person with dementia-carer dyad. Health and social care practitioners and researchers should seek to understand in depth the 'mechanisms of action' of existing coping strategies and actively involve people with dementia as co-producers of knowledge to underpin any further work on medicines management. (JL)

ISSN: 08856230

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## MENTAL HEALTH

(See Also 247/26, 247/59, 247/81, 247/120, 247/121, 247/122)

- 247/71 Drawing as an encoding tool: memorial benefits in younger and older adults; by Melissa E Meade, Jeffrey D Wammes, Myra A Fernandes.: Taylor and Francis.  
Experimental Aging Research, vol 44, no 5, October-December 2018, pp 369-396.  
In a recent study, drawing pictures relative to writing words at encoding has been shown to benefit later memory performance in young adults. In the current study, the authors sought to test whether older adults' memory might also benefit from drawing as an encoding strategy. Their prediction was that drawing would serve as a particularly effective form of environmental support at encoding, as it encourages a more detailed perceptual representation. Participants were 24 students (mean age 19.38) at the University of Waterloo, Ontario, Canada and 24 older people (mean age 78.8) from the Waterloo Research in Aging Participant Pool (WRAP). They were presented 30 nouns, one at a time, and asked to either draw a picture or repeatedly write out the word, followed by a free recall test for all words (Experiment 1). In Experiment 2, the authors added an elaborative processing task in which participants were asked to list physical characteristics of the objects. In Experiment 3, the authors probed recognition memory for the words. Of the words recalled in Experiment 1, a larger proportion had been drawn than written at encoding, and this effect was larger in older relative to younger adults. In Experiment 2, it was demonstrated that drawing improves memory in both younger and older adults more than does an elaborative encoding task consisting of listing descriptive characteristics of the target nouns. In Experiment 3, older and younger adults drew or wrote out words at encoding, and subsequently provided Remember-Know-New recognition memory decisions. The authors showed that drawing reduced age-related differences in Remember responses.  
They suggest that incorporating visuo-perceptual information into the memory trace, by drawing pictures at study, increases reliance of the memory trace on visual sensory regions, which are relatively intact in normal ageing, relative to simply writing out or elaborately encoding words. Overall, results indicate that drawing is a highly valuable form of environmental support that can significantly enhance memory performance in older adults. (RH)  
ISSN: 0361073X  
From : <http://www.tandfonline.com>
- 247/72 The effects of ego-resilience, social support, and depression on suicidal ideation among the elderly in South Korea; by Kyung Sook Cha, Hung Sa Lee.: Taylor and Francis.  
Journal of Women and Aging, vol 30, no 5, September-October 2018, pp 444-459.  
The suicide rate of South Korea's older people is not merely the highest among the member nations of the Organisation for Economic Cooperation and Development (OECD), it is the highest in the world. This study analysed the effect of ego-resilience and social support on depression and suicidal ideation of older people, providing baseline data to aid in the development of preventive programmes on elder suicide. The authors found that ego-resilience is a strong inhibitor of suicidal ideation. Direct and indirect effects of social support on suicidal ideation were especially helpful for older people with mild depression. (RH)  
ISSN: 08952841  
From : <http://www.tandfonline.com>
- 247/73 Long time comin': the trauma of not telling for a lifetime and the possibilities of a trauma informed older people's psychological service; by Stephen Davies.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 9-13.  
This is the first in a collection of articles arising from the FPOP Therapies Workstream event that focuses on trauma, held in Preston in April 2018. It touches on the importance of institutional ageism leading to increased psychological burden. The author talks about trauma in old age being double jeopardy. People live with their trauma most of their lives, and they often neither see nor recognise the trauma, such that the services they come into contact cannot pick up this fact, unless told. Clinicians may need to give the older person (who may have mental health problems) time and space to share information. Clinicians need to consider all four 'D's when assessing the older person: dementia, delirium, depression and dissociation. The clinician could also do well to respect the techniques that the older person has used to deal with a lifetime of trauma. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

- 247/74 Special issue: new waves of delirium understanding; by Andrew Teodorczuk, Alasdair MacLulich (eds.): Wiley.  
International Journal of Geriatric Psychiatry, vol 33, no 11, November 2018, pp 1417-1529 (whole issue).  
This special delirium-themed issue draws together seven state of the science articles. Topics include: antipsychotic medication for the treatment of delirium; delirium and the aetiology of acute brain failure; neuroimaging in delirium; cerebrospinal fluid (CSF) biomarkers in delirium; the science of delirium assessment; where next for delirium research; and the management of hyperactive and hypoactive delirium in older hospital patients. (JL)  
ISSN: 08856230  
From : <http://www.orangejournal.org>

### **MENTAL HEALTH CARE**

- 247/75 Person-centred care or neglect?: A case study of an older adult diagnosed with paranoid schizophrenia living in a care home; by Otilie Sedgwick, Helen Lister.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 57-63.  
The case study concerns a 78 year old female with a longstanding diagnosis of paranoid schizophrenia who was referred to the Mental Health Care Home Intervention Team (CHIT), a service for older people or those with dementia, by social services. The referral arose from a social care review, following recommendations from the Deprivation of Liberty Safeguarding (DoLS) assessment that the woman required an urgent mental health assessment. The woman was refusing to eat, to be weighed, to sleep on her bed due to beliefs that it was infected with insects, to wear clothes, and to take prescribed physical and mental health medication. In considering issues such as person-centred care or neglect, the example discussed provides useful learning opportunities and points for reflection. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 247/76 A scarce resource: psychiatrists' perceptions of referring over 75s for psychological therapy; by Juanita Merriman, Pete Keohane, Emma Hodges.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 64-69.  
This study sought to understand why referrals for psychological therapies reduce with age within an older person's mental health service. Individual interviews took place with six psychiatrists, and a thematic analysis was conducted. Findings suggest that living over age 75 signalled a presence of other factors such as: suitability of alternative interventions, cohort characteristics, and doubts over therapeutic efficacy. Referral behaviour did not seem to be driven by prejudice, but was influenced by referrers' knowledge and bias, service availability and age-related complexities. This highlights the risk of inadvertently disadvantaging older people, and suggests provision of more psychology services is required to meet their needs. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 247/77 Service evaluation: impact of psychological input for people with dementia who are experiencing stress and distress; by Emily Hemming, Farrah Rahemtulla, Julia Cook (et al.): British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 49-56.  
This evaluation focuses on the impact of PBS (positive behavioural support) plans as a part of care on the frequency of incident reports which indicate the experience of stress and distressed behaviour for people with dementia. It also considers the use of management strategies, specifically regular and PRN antipsychotics and benzodiazepines and the implementation of Management of Potential Aggression (MAPA) holds. The evaluation suggests that PBS plans may have a positive impact on care practices for people with dementia, and supports recommendations for focus on non-pharmacological approaches that could reduce stress and distress. However, use of other measurements and with larger samples is suggested. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

### **NEIGHBOURHOODS AND COMMUNITIES**

(See Also 247/41)

- 247/78 Ageing in place: residential satisfaction in Polish housing-estate communities; by Katarzyna Gorczyca, Tadeusz Grabinski.: Cambridge University Press.  
Ageing and Society, vol 38, no 12, December 2018, pp 2410-2434.  
During a period of economic and political transformations in Poland, considerable changes have occurred in large housing estates, while demographic transformation and housing-stock ageing are starting to aggravate social and spatial problems. The serious issue currently dominating such estates concerns the process of natural ageing of the housing stock, while residential ageing is associated with

the reduction of residential mobility and demographic ageing of people living in the large housing estates. This paper aims to identify ageing of the estates' population in the context of evaluation of residential quality of life. The authors concentrate on analysis of 2002 and 2011 statistical data, as well as data collected during their field surveys conducted in 2010-2012. Detailed studies were carried out on seven estates in five cities and towns in Poland (Kraków, Poznan, Tarnów, Zyrardów and Dzierżoniów). In order to identify the residential standard and quality of life, surveys were conducted on housing estates, allowing the researchers to establish the essential factors which determined older people's level of satisfaction regarding their place of residence. the authors also determined the course of changes in the perception of particular aspects of quality of life in the process of residents' ageing in their selected places of residence. (RH)

ISSN: 0144686X

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

- 247/79 How older people as pedestrians perceive the outdoor environment: methodological issues derived from studies in two European countries; by Hanna Wennberg, Judith Phillips, Agneta Stahl.: Cambridge University Press.

Ageing and Society, vol 38, no 12, December 2018, pp 2435-2467.

This paper has re-analysed and compared data between three studies conducted in the United Kingdom and in Sweden (the OPUS 'Older People's Use of Unfamiliar Space' study in the UK, and the Swedish studies 'Let's Go for a Walk' and 'Walking in Old Age') to provide a comprehensive account of the issues facing older people in the outdoor environment. All three studies draw on the 'fit' between people and their environment as a guiding conceptual base - capturing the dynamics of the relationship between older people's personal needs and their wider environmental context. This common conceptual base allowed the authors to test theory against practice, and to explore the utility of this concept across different geographical contexts. Participatory research was also applied, highlighting the importance of the voices of older people and involving older people in research. The studies also used a mixed-method approach involving both quantitative and qualitative methods. The paper highlights that although not generalisable, you can compare cross-locales and cross-nationally using different methodology. The paper investigates the challenges of cross-national comparative analysis. It draws on findings from the three studies to illustrate the different challenges and solutions, and finally looks at lessons that are transferable. (RH)

ISSN: 0144686X

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

- 247/80 A manifesto for the age-friendly movement: developing a new urban agenda; by Tine Buffel, Chris Phillipson.: Taylor and Francis.

Journal of Aging and Social Policy, vol 30, no 2, March-April 2018, pp 173-192.

Developing age-friendly cities and communities has become a key part of policies aimed at improving the quality of life of older people in urban areas. The World Health Organization (WHO) has been especially important in driving the "age-friendly" agenda, notably through its global network of age-friendly cities and communities. Despite the expansion and achievements of the network, challenges remain in responding to the growth of inequality and the impact of economic austerity on ageing policies. Against the background of these limitations, this article sets out a "manifesto for the age-friendly movement" aimed at raising the aspirations of what is now a worldwide movement. The areas covered in the manifesto are challenging social inequality, widening participation, co-producing and co-designing age-friendly communities, encouraging multi-sectorial and multidisciplinary collaboration, and integrating research with policy. The article concludes with a discussion on developing age-friendly work as a contribution to a new agenda for urban ageing. (RH)

ISSN: 08959420

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

## **OLDER OFFENDERS**

- 247/81 Ageing patients in forensic psychiatric settings: a review of the literature; by Claudio Di Lorito, Birgit Vollm, Tom Dening.: Wiley.

International Journal of Geriatric Psychiatry, vol 33, no 12, December 2018, pp 1548-1555.

The prevalence of ageing patients in forensic psychiatric settings is increasing. However limited research has reported around this population. The aim of this scoping review was to synthesise the current evidence around ageing forensic psychiatric patients. The literature was searched through four databases and Google searches. The identified outputs were screened for suitability and assessed for quality. Quantitative data were extracted and analysed on SPSS; qualitative data were extracted and analysed onto NVivo. Seven studies were included in the review. Quantitative results reported around demographics, service contact, offending patterns, mental and physical health of ageing patients. Qualitative findings focused on age-friendliness of services, staff-patient rapport, activities, security issues and discharge planning. Ageing forensic psychiatric patients present with complex and unique needs in relation to treatment, activities, mental, physical and support. Further research looking at individual patients' needs is paramount to inform policy development and good practice in this area. (JL)

ISSN: 08856230

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

- 247/82 Social care in prison: emerging practice arrangements consequent upon the introduction of the 2014 Care Act; by Sue Tucker, Claire Hargreaves, Amy Roberts (et al.): Oxford University Press.  
British Journal of Social Work, vol 48, no 6, September 2018, pp 1627-1644.  
Despite an obvious and growing need there has historically been scant provision of social care and social work in prisons. Although the 2014 Care Act gave local authorities in England responsibility for identifying, assessing and meeting adult prisoners' social care needs, little was known about the number of prisoners eligible for support, the extent of their needs or how best to meet them. Against this background, this paper reported the findings of two national surveys of local authority managers undertaken in 2016 which found that upwards of 1,800 prisoners with social care needs were identified in the first year, of whom almost 1,600 received an assessment and approaching 800 were deemed eligible for the provision of care and support. Whilst specialist social care staff (primarily social workers) were widely engaged in prisoner assessments, many local authorities had delegated their responsibility for identifying prisoners with social care needs to prison health care staff, and there was considerable variation in the way that social care and support were delivered. A number of implications for social work practice and research were identified, including a need for greater active case finding and further evaluation of the impact of the emerging arrangements on prisoners' outcomes. (JL)  
ISSN: 00453102  
From : <https://www.academic.oup.com/bjsw>

### **OLDER WOMEN**

- 247/83 Experiencing menopause in the UK: the interrelated narratives of normality, distress, and transformation; by Isabel de Salis, Amanda Owen-Smith, Jenny L Donovan, Debbie A Lawlor.: Taylor and Francis.  
Journal of Women and Aging, vol 30, no 6, November-December 2018, pp 520-540.  
The authors investigated the experience and perspectives of menopause among 48 UK mothers through qualitative in-depth interviews. Interviews were analysed thematically then explored using social science theories. Three interdependent narratives emerged: menopause as a normal, biological process, distinct from self and social transitions; menopause as struggle, an "idiom of distress" expressing upset, identity loss, shame, and social upheaval; and menopause as transformative and liberating, arising from biopsychic and relational changes. Some women followed a predictable "rite of passage" trajectory with transformation emerging from distress, but not all. Menopause arises from a complex interplay of personal predicament, somatic change, and socio-cultural context. (RH)  
ISSN: 08952841  
From : <http://www.tandfonline.com>

### **PALLIATIVE CARE**

(See Also 247/65)

- 247/84 Living with life-limiting illness: exploring the narratives of patients with advanced lung cancer and identifying how social workers can address their psycho-social needs; by Audrey Roulston, Gavin Davidson, George Kernohan, Kevin Brazil.: Oxford University Press.  
British Journal of Social Work, vol 48, no 7, October 2018, pp 2114-2131.  
Lung cancer is common in males as well as females and is one of the most common causes of cancer-related deaths worldwide. To gain an in-depth understanding of the 'pedagogy of suffering' ('The wounded storyteller: body, illness and ethics' by A Frank, 1995, p 145), the lived experiences of twelve adult patients in Northern Ireland diagnosed with advanced lung cancer were captured during two qualitative interviews with each patient (one month apart), which were audio recorded. This article outlines analysis which used Frank's narrative structures of restitution, chaos and quest, to provide rich insights into how patients narrated their 'suffering' over time. Findings revealed frustration and loss of faith in medical physicians due to a delayed diagnosis; resignation regarding treatment options and outcomes; externalisation of a disease that society fears, curbs life expectancy and causes biographical disruption; and powerlessness underpinned by a heroic return to put affairs in order, encourage others and share hopes for the future. In an era of health and social work practitioners experiencing increasing bureaucracy and caseloads, these findings highlight the importance of prioritising the psycho-social needs of patients, and supporting patients with the emotional and practical challenges of living with a life-limiting illness, and of skilful practitioners promoting peaceful closure in end-of-life care. (RH)  
ISSN: 00453102  
From : <http://www.academic.oup.com/bjsw>

### **PARTICIPATION**

- 247/85 "The people make it fun, the activities we do just make sure we turn up on time": factors influencing older adults' participation in community-based group programmes in Perth, Western Australia.; by Julie Dare, Celia Wilkinson, Ruth Marquis, Robert J Donovan.: Wiley.  
Health and Social Care in the Community, vol 26, no 6, November 2018, pp 871-881.  
In response to an ageing population across western societies, governments and health agencies have sought to promote healthy ageing through a range of interventions, many of which aim to enhance

social engagement and participation among older people. Such interventions are based on evidence that being socially engaged through participation in various activities leads to better physical, mental and psychosocial health outcomes. The main aim of this study was to identify enablers and barriers to participation in community-based group activities among a sample of 35 older people with a median age of 71 years living in the Perth area (Western Australia). A secondary study aim was to examine how these factors differed between those who regularly participated and those who did not. Four themes were highlighted in the research: Friendship and Function; Availability and Accessibility; Competing Responsibilities and Priorities; and Changing of the Guard. In particular, this research highlighted the importance of group activities in offering social support as a platform to develop friendships. The findings also indicated that opportunities for social interaction should be embedded in the structure of the group beyond that which may occur incidentally during activities. This was important, given that while interest may motivate older people to join a group, a sense of belonging and connectedness generated through the group was more likely to maintain their attendance. Barriers included limited availability of local programmes, limited accessibility related to programme scheduling and lack of programmes relevant to those who did not find traditional senior centres appealing. Recommendations included incorporating social engagement as an outcome measure when evaluating the efficacy of programmes targeting older people, and encouraging local governments to work with senior centres in developing activities attractive to a broader cohort of older people. (JL)

ISSN: 09660410

**From** : <http://www.onlinelibrary.com/journal/hsc>

### **PENSIONS AND BENEFITS**

(See Also 247/39, 247/42, 247/67)

- 247/86 Do people really want freedom of choice?: Assessing preferences of pension holders; by Hendrik P van Dalen, Kene Henkens.: Wiley.  
Social Policy and Administration, vol 52, no 7, December 2018, pp 1379-1395.  
Reforms of private pension plans across the world are involving the introduction of more options for pension holders to make choices to suit their preferences. However, freedom of choice is not a unidimensional concept, despite being commonly perceived as such by policymakers. The authors use a panel survey of Dutch employees to offer a refined typology of preferences with respect to freedom of choice. For most pension contract issues - level of pension savings, investment choice, and risk coverage - a minority (14-26%) of participants value individual freedom of choice. However, most would either prefer to let their pension fund make the decisions, or they favour a mixed model whereby they have the option to exercise individual choice but are not obligated to take this option, or they are simply indifferent with respect to how their pension contract is designed and financed. Pension holders who distrust their pension fund or who do not express solidarity with other participants are more likely to prefer freedom of choice than those who feel a high level of solidarity and have a high level of trust in their pension fund. (RH)  
ISSN: 01445596 **From** : <http://www.wileyonlinelibrary.com/journal/spol>
- 247/87 Is there a motherhood penalty in retirement income in Europe?: The role of lifecourse and institutional characteristics; by Katja Mohring.: Cambridge University Press.  
Ageing and Society, vol 38, no 12, December 2018, pp 2560-2589.  
This study examines the retirement income of women in Europe, focusing on the effect of motherhood. Due to their more interrupted working careers compared to non-mothers and fathers, mothers are likely to accumulate fewer pension entitlements, and consequently, to receive lower incomes in later life. However, pension systems in Europe vary widely in the degree to which they compensate for care-related career interruptions by means of redistributive elements or pension care entitlements. Therefore, care interruptions may matter for the retirement income of women in some countries, but may be rather irrelevant in others. On the basis of life history data from the third wave of the Survey of Health, Ageing and Retirement in Europe (SHARELIFE) for women aged between 60 and 75 years in 13 European countries, the interplay of individual life-course characteristics with institutional and structural factors is examined. The results show that the lower retirement income of mothers is mainly a result of fewer years in employment and lower-status jobs throughout the life-course. The analysis of institutional factors reveals that pension care entitlements are not able to provide a compensation for care-related cutbacks in working life. A generally redistributive design of the pension system including basic or targeted pension schemes, in contrast, appears as an effective measure to balance differences in employment participation over the life-course. (RH)  
ISSN: 0144686X **From** : <http://www.cambridge.org/aso>
- 247/88 A lifetime of changes: state pensions and work incentives at older ages in the UK, 1948-2018; by James Banks, Carl Emmerson, National Bureau of Economic Research (United States). Chicago: National Bureau of Economic Research.  
NBER Working Paper, no 25261, November 2018, 37 pp.  
This working paper describes the history of state pension policy in the UK since the introduction of the State Pension in 1948. The authors use Family Expenditure Survey (FES) and Labour Force Survey (FES) data to calculate summary measures of the generosity of the system over time and the degree to which

the it created implicit taxes on, or subsidies to, work at older ages. The time series of these measures, calculated separately for 'example-type' individuals of different birth cohorts, education and sexes, are then related to the time-series of employment rates at older ages for the equivalent types of individual. The generosity of the system rose over the period as whole but has fallen in recent years; and in contrast to many countries, there were generally never large implicit taxes on work arising from the state pension system. What implicit subsidies there were in the years immediately before the State Pension Age have been gradually eliminated, and the system is now broadly neutral with regard to work incentives. By exploiting variation in pension wealth and work incentives across different cohort-education-sex groups created by the timing and phasing of pension reforms, the authors show that both pension wealth and the implicit work disincentives in the pension system are correlated with employment outcomes for men, with the expected negative sign. This paper forms part of the National Bureau of Economic Research International Social Security Project (ISSP). (NL/RH)  
From : <https://www.nber.org/chapters/c14201.pdf>

- 247/89 Pension system reform in China: who gets what pensions?; by Huoyun Zhu, Alan Walker.: Wiley. Social Policy and Administration, vol 52, no 7, December 2018, pp 1410-1424.  
This article is the first examination of pension reform in China and its effects on different social groups over the past three decades. China's pension system has undergone radical transition from the state-employer model to a state-society one based on the combination of an underlying aim of supporting the economic reforms and learning from international experience. Although the pension system has expanded over the past three decades and the majority of people are now covered by social pensions, this remarkable policy change has created new inequalities. First, an important aspect of social stratification has been reshaped into five distinct pension scheme classes. Second, the new pension model has strengthened the link between benefits and contributions, which privileges the better off. In this newly stratified pension system, those with high human capital and family capital, and who are in the more developed regions are the clear winners. To tackle these inequalities, future pension reform in China should focus on promoting equalisation and de-stratification. (RH)  
ISSN: 01445596  
From : <http://www.wileyonlinelibrary.com/journal/spol>

- 247/90 The similarity of European pension systems in terms of OMC objectives: a cross-country study; by Filip Chybalski, Malgorzata Gumola.: Wiley. Social Policy and Administration, vol 52, no 7, December 2018, pp 1425-1440.  
For several decades, pension systems across the world have been undergoing reforms. The main reasons for this are demographic changes and increasing life expectancy. To make these reforms more effective and ensure that they are based on the best benchmarks, the European Union (EU) has introduced the Open Method of Coordination (OMC) in the field of pensions. This study investigates whether European pension systems have become more similar and convergent in terms of the three main objectives of the OMC: adequacy, sustainability, and modernisation of pensions. The authors' methodology is based on multivariate statistical analysis, and employs synthetic indicators as well as agglomerative hierarchical clustering. They analyse 27 countries in the years 2005, 2010 and 2015. The article contributes to the existing literature on pension reforms through investigation of the convergence of EU pension systems in terms of the three OMC objectives, in order to evaluate the effectiveness of this public policy concept. The approach used differs from that generally found in the literature, especially in terms of the methodology employed. The results support the view that the OMC is not an effective means of making European pension systems more convergent and better in terms of adequacy, efficiency and modernisation. Any improvement in OMC performance in the field of pensions, even if observed, is not as significant as expected. (RH)  
ISSN: 01445596  
From : <http://www.wileyonlinelibrary.com/journal/spol>

## PETS

- 247/91 Lifesaving in every way: the role of companion animals in the lives of older lesbian, gay, bisexual, and transgender adults age 50 and over; by Anna Muraco, Jennifer Putney, Chengshi Shiu (et al.): Sage. Research on Aging, vol 40, no 9, October 2018, pp 859-882.  
This study used mixed-methods data and a life course perspective to explore the role of pets in the lives of lesbian, gay, bisexual and transgender (LGBT) adults aged 50 and over and addressed the following research questions: (1) How does having a pet relate to perceived social support and social network size? and (2) how do LGBT older adults describe the meaning of pets in their lives? The qualitative data were collected from face-to-face interviews, and the quantitative data were collected via surveys from a sample across the United States. Qualitative findings showed that pets are characterised as kin and companions and provide support. This study also explored why participants do not have pets. The quantitative findings showed that LGBT older adults with a pet had higher perceived social support, while those with a disability and limited social network size who had a pet had significantly higher perceived social support than those without a pet. (JL)  
ISSN: 01640275  
From : <http://wwwjournals.sagepub.com/home/roa>

## PHYSICAL ACTIVITY

- 247/92 Applying a treatment effects model to investigate public amenity effect on physical activity of the elderly; by Chia-Yu Yeh, Chen-Kang Chang, Feng-An Yang.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, no 1, January-February 2018, pp 72-86.  
The increasing older population puts significant health, economic and social burdens on society. Physical activity is one of the most cost-effective ways to maintain older people's health. This study adopts a treatment effects model to investigate the causal relationship between environment attributes and physical activity among older people, while taking endogeneity into account. The data were collected from 274 participants by face-to-face interviews in Taichung, Taiwan. Performing physical activity regularly in parks is the most important measure of the amount of physical activity by older people. Providing sufficient and accessible parks in metropolitan residential neighbourhoods could be one of the most cost-effective ways of promoting physical activity for older people living in medium size Asian cities. (RH)  
ISSN: 08959420 From : <http://www.tandfonline.com>
- 247/93 Behaviour change techniques to facilitate physical activity in older adults: what and how; by Urska Arnautovska, Frances O'Callaghan, Kyra Hamilton.: Cambridge University Press.  
Ageing and Society, vol 38, no 12, December 2018, pp 2590-2616.  
Physical inactivity in older adults presents a significant problem within modern societies globally. Using a mixed-method approach, this Australian study explored strategies for the development and delivery of physical activity (PA) interventions, by investigating what behaviour change techniques (BCTs) are useful, and how these techniques should be implemented to be feasible for older adults. Sixty-six older adults completed a survey indicating the most useful BCTs, mapping on to motivational, volitional and automatic factors. Of these, 48 older adults participated in an interview exploring strategies for a PA intervention targeted at older adults. The most useful BCT identified in the survey was autonomy support (61.3%), followed by instruction to perform the behaviour (43.5%) and having a credible source of information about PA (42.6%). The key themes discussed in the interviews included providing support in making an informed choice, instruction on how to perform PA, information about health consequences, social support, goal setting, action and coping plans, behavioural demonstration and practice, and monitoring PA. The interviews also revealed key aspects of programme implementation including face-to-face delivery, followed up with additional materials, low cost, age-appropriate PA level, and individualised approach. Interventions assisting older adults in increasing their PA participation across a range of settings should incorporate BCTs targeting multiple processes, while tailoring their delivery to older adults' preferences to ensure their feasibility in supporting regular PA engagement. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org/aso>
- 247/94 Canadian policy perspectives on promoting physical activity across age-friendly communities: lessons for advocacy and action; by Candace L J Nykiforuk, Deborah Rawson, Jennifer Ann McGetrick, Ana-Paula Belon.: Cambridge University Press.  
Ageing and Society, vol 39, no 2, February 2019, pp 307-339.  
Population ageing combined with physical inactivity has critical implications for the public health of communities in the twenty-first century. In the last decade, the World Health Organization (WHO) launched the age-friendly cities agenda, aiming to address population ageing through whole-systems, rights-based, health equity-focused approaches. An important intervention for age-friendly communities is modifying built environments to support population-level physical activity. Physical activity can help mitigate impacts of chronic diseases and social isolation on older adults. The need for advocacy and action in this area raises questions of how to develop supportive environments for physical activity across age-friendly community types. In Canada, a substantial proportion of older adults live outside large urban municipalities, for which scant research exists on fostering age-friendly built environments. To this end, the authors conducted qualitative research involving semi-structured interviews with 21 municipal policy influencers in Alberta, Canada, to gather perspectives on development and early implementation of an age-friendly policy framework in the small urban and rural context. Findings are organised by three main themes providing key lessons for advocacy and action, namely: pursuing comprehensive planning; promoting public engagement; and prioritising older people's needs. This research informs advocacy and action priorities in promoting built environment modification for routine physical activity as part of an age-friendliness agenda for small urban and rural regions of Canada and other countries. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>
- 247/95 Differences in fitness level between women aged 60 and over participating in three different supervised exercise programs and a sedentary group; by Maria Viladrosa, Ana Levedan, Pilar Jurschik (et al.): Taylor and Francis.  
Journal of Women and Aging, vol 30, no 4, July-August 2018, pp 326-343.  
An observational, descriptive, cross-sectional study compared the fitness levels in women aged 60 and over participating in a supervised exercise programme (involving tai chi, recreational gymnastics, and/or aquatic fitness) with those in a sedentary group. Participants were 171 women aged 60 to 92 who

attended public community clubs for older adults in Lleida, Spain. The instruments used included the Senior Fitness Test, the Tinetti Balance Assessment Tool, the Katz Index, and the Lawton & Brody Activities of Daily Living Scale. Significant differences in fitness levels were observed when the exercise groups were compared with the sedentary group. Women with better fitness levels had a lower risk of suffering falls, and had greater autonomy in performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Agility and gait control were found to be independently associated with exercise groups. (RH)

ISSN: 08952841

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

### **PLANNING FOR LATER LIFE**

247/96 Planning and preparing for later life; by Claire Preston, Nick Drydakis, Suzanna Forwood (et al), Centre for Ageing Better - CfAB. London: Centre for Ageing Better, September 2018, 99 pp.

Planning ahead could make it more likely that we achieve a good later life, for example, saving for retirement, taking action to maintain and improve our health, and working out whether our home might need adaptations. This review focuses on planning for later life (age 60 and over) from mid-life (age 40-60) onwards. It summarises the evidence base and findings of a multi-disciplinary scoping review on planning and preparing for later life. It aims to answer these questions: Who does or doesn't plan and prepare for later life during mid-life? What are the barriers and enablers to planning and preparing for later life? What can be done to encourage more people to overcome the barriers to planning? (RH)

From : <https://www.ageing-better.org.uk/publications/planning-and-preparing-later-life>

### **POLITICS AND CAMPAIGNING**

(See Also 247/44, 247/52, 247/56, 247/58)

247/97 Old voters on new dimensions: why do voters vote for pensioners' parties? The case of the Netherlands; by Simon Otjes, Andre Krouwel.: Taylor and Francis.

Journal of Aging and Social Policy, vol 30, no 1, January-February 2018, pp 24-47.

This article analyses electoral support for the Dutch pensioners' party 50Plus. Due to its open electoral system and ageing population, the Netherlands is pivotal in studying pensioners' parties. This study shows that this pensioners' party appeals to voters who are characterised by their age and their dependence on the welfare state, as well as their policy positions on new lines of political conflict. In particular, their position on the new economic dimension (which concerns welfare state reform), and the new cultural dimension - which concerns immigration and European Union (EU) integration - is distinct. Moreover, even though the majority of voters for this new party once supported the larger mainstream parties, they are now dissatisfied with the established politics. With rapidly ageing populations across established democracies, this study is not just relevant for those studying pensioners' parties. Rather, it gives an important insight into the electoral dynamics and popular support for mainstream politics, the welfare state, and social security. (RH)

ISSN: 08959420

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

### **QUALITY OF LIFE**

(See 247/104)

### **RESEARCH**

247/98 Emerging age asymmetries in the research relationship: challenges of exploring transition to the fourth age; by Tatiana Sedlakova, Adela Souralova.: Cambridge University Press.

Ageing and Society, vol 39, no 2, February 2019, pp 409-433.

This article opens the discussion on age asymmetries within the research relationship between researchers who are young and able-bodied and research participants who are much older and have acquired impairments in later life. Based on the knowledge of age relations, the authors present how they conceptualise power imbalances based on age. They see these asymmetries as co-existing with other forms of power imbalances between researchers and participants. They argue that these asymmetries are not the results of the limitations of the older adults, but rather the consequences of different constellations of possibilities for researchers and participants. Moreover, they assert that taking these asymmetries into account is a necessary step when conducting research with people with acquired impairment in later life. As researchers, reflecting on age asymmetries helped them to avoid othering their research participants and prevented them from marginalising their life experiences. They draw on their research to reflect on the network of cognitive, physical and social asymmetries that emerged in their research relationships, and identify the main challenges they faced. In the presence of some of these age asymmetries, they approach the research relationship through the roles which they played vis-à-vis the participants. The authors consider reflecting and addressing these asymmetries to be a necessary step in creating and maintaining a research relationship based on equality. Only a reflexive and transparent approach to these power imbalances can ensure that data collection and analysis do not contribute to



their reproduction. This article presents some general insights on research practices, and contributes to the debate on power imbalances in qualitative research. The article also contributes to gerontology and provides new insights about the lives of those individuals with acquired impairment in later life, a topic that has so far received inadequate research attention. This article draws on the authors' qualitative research experiences during the research project, 'Fourth Age: the Identity of Disability during the Period of Active Ageing', supported by the Czech Science Foundation. (RH)

ISSN: 0144686X

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

## RESIDENTIAL AND NURSING HOME CARE

(See Also 247/75)

- 247/99 Beyond clinical complexity: nonmedical barriers to nursing home care for rural residents; by Carrie Henning-Smith, Katy B Kozhimannil, Michelle M Casey, Shailendra Prasad.: Taylor and Francis. *Journal of Aging and Social Policy*, vol 30, no 2, March-April 2018, pp 109-126. The authors conducted a qualitative content analysis of barriers to nursing home admission for rural residents. Data came from semi-structured interviews with 23 rural hospital discharge planners across five states (Georgia, Idaho, Minnesota, Pennsylvania and Wisconsin). From those, four themes around non-medical barriers to rural nursing home placement were identified, with particular salience in rural areas: financial issues, transport, nursing home availability and infrastructure, and timeliness. The authors also identified policy and programme interventions across four themes: loosen bureaucratic requirements, improve communication between facilities, increase rural long-term care capacity, and address underlying social determinants of health. (RH)  
ISSN: 08959420  
From : <http://www.tandfonline.com>
- 247/100 An evaluation of a safety improvement intervention in care homes in England: a participatory qualitative study; by Martin Marshall, Nadine Pfeifer, Debi de Silva (et al). *Journal of the Royal Society of Medicine*, 2018, 8 pp. A growing proportion of older people live in care homes and are at high risk of preventable harm. This study describes a participatory qualitative evaluation of a complex safety improvement intervention, comprising training, performance measurement and culture-change elements, on the safety of care provided for residents at 90 care homes in an area of southern England. Participants were a purposeful sample of care home managers, front-line staff, residents, quality improvement facilitators and trainers, local government and health service commissioners, and an embedded researcher. The study found that participation in the programme appears to have led to changes in the value that staff place on resident safety and to changes in their working practices, in particular in relation to their desire to proactively manage resident risk and their willingness to use data to examine established practice. The results suggest that there is a high level of commitment among care home staff to address the problem of preventable harm. Mobilisation of this commitment appears to benefit from external facilitation and the introduction of new methods and tools. An evidence-based approach to reducing preventable harm in care homes, comprising an intervention with both technical and social components, can lead to changes in staff priorities and practices which have the potential to improve outcomes for people who live in care homes. (RH)  
From : <http://journals.sagepub.com/doi/abs/10.1177/0141076818803457>
- 247/101 Legislation governing tobacco use in Ontario's retirement homes; by Jennifer Beideman, Jessica A Kulak, Celia A Watt.: Taylor and Francis. *Journal of Aging and Social Policy*, vol 30, no 2, March-April 2018, pp 141-145. Legislation banning smoking in public places is a key component of comprehensive tobacco control programmes, yet residential facilities for ageing adults are often exempt from such legislation. In Ontario, Canada, provincial legislation does not comprehensively safeguard retirement homes' residents and staff from tobacco-related health and safety concerns. This study provides a descriptive analysis of municipal-level bylaws, in order to begin understanding the regulatory context of tobacco use in retirement homes in the Province. A stratified random sample of retirement homes (n = 75) was selected. A rubric was developed highlighting various components that a model policy would include, to allow for the independent review of municipal-level bylaws governing these 75 homes. Results indicate that 75% of retirement homes were located in areas without municipal-level tobacco legislation that addressed retirement homes. The remaining 25% (n = 19 retirement homes) were governed by eight different municipal-level bylaws, all of which lacked in overall comprehensiveness. Amending Ontario's regulatory framework to eliminate loopholes and include retirement homes, as well as the creation and modification of municipal-level legislation, will aid in safeguarding smokers and nonsmokers from the dangers of tobacco-related risks, including second-hand smoke, fires, igniting cigarettes while connected to oxygen, burns to skin, and damage to clothing and property. (RH)  
ISSN: 08959420  
From : <http://www.tandfonline.com>

- 247/102 Nursing homes without walls for aging in place; by Suzanne Dupuis-Blanchard, Odette N Gould.: Cambridge University Press.  
Canadian Journal on Aging, vol 37, no 4, December 2018, pp 442-449.  
Given the urgency of finding cost-effective and innovative solutions to providing community services for ageing in place, novel solutions that take advantage of existing infrastructure are clearly needed. In this sequential mixed-method study the authors explored the role that nursing homes could play in offering services to a non-traditional target population, namely seniors with loss of independence living in the community. 42 nursing homes in the province of New Brunswick completed an online survey and 10 agreed to participate in face-to-face interviews. Results showed that all participants agreed that nursing homes could offer services to seniors in their communities for ageing in place. These findings suggest that nursing homes are cost-effective, innovative solutions for ageing in place. (JL)  
ISSN: 07149808 From : <http://www.cambridge.org/cjg>
- 247/103 Real-time location systems in nursing homes: state of the art and future applications; by C E Oude Weernink, E Felix, P J E M Verkuijlen (et al.): Emerald.  
Journal of Enabling Technologies, vol 12, no 2, 2018, pp 45-56.  
In the domain of healthcare, both process efficiency and the quality of care can be improved through the use of dedicated pervasive technologies. Among these applications are so-called real-time location systems (RTLS). Such systems are designed to determine and monitor the location of assets and people in real time through the use of wireless sensor networks. Numerous commercially available RTLS are used in hospital settings. The nursing home is a relatively unexplored context for the application of RTLS and offers opportunities and challenges for future applications. This paper sets out to discuss and provide an overview of general applications and technologies of RTLS. It describes the specific healthcare applications of RTLS, including asset tracking, patient tracking and personnel tracking. These overviews are followed by a forecast of the implementation of RTLS in nursing homes in terms of opportunities and challenges. By comparing the nursing home to the hospital, the RTLS applications for the nursing home context that are most promising are asset tracking of expensive goods owned by the nursing home, in order to facilitate workflow and maximise financial resources, and asset tracking of personal belongings that may get lost due to dementia. This paper is the first to provide an overview of potential application of RTLS technologies for nursing homes. It describes a number of potential problem areas that can be addressed by RTLS.  
ISSN: 23986263 From : <http://www.emeraldinsight.com/loi/jet>
- 247/104 The vision of bedfast nursing home residents of their quality of life and the contribution of technological innovations in and around the bed; by I Martens, H Verbeek, J Aarts (et al.): Emerald.  
Journal of Enabling Technologies, vol 12, no 2, 2018, pp 35-44.  
More than 8 per cent of the Dutch nursing home population is bedfast (i.e. bedridden), and this number is slowly increasing. The quality of life (QoL) of this population is lower than that of residents who are still mobile. Little research has been conducted on how to improve the QoL of this bedfast population, particularly through making technological adjustments to the bed and its direct surroundings. This paper aims to gain insight into bedfast residents' QoL and how to improve this through technology. A mixed-method multi-case study with thematic analysis was conducted in two nursing homes with seven participants, based on semi-structured interviews and the Short Form-12 questionnaire. The major causes of the low QoL experienced were the limited opportunities for engaging in social contacts with others, and coping with their dependency on other people and having limited control. Participants suggested improvements of QoL through the application of modern communication technologies to engage in social contacts, and to control the bed itself and environment around the bed. The results may help improve bed design and the direct environment, to improve bedfast nursing home residents' QoL. Bedfast nursing home residents' QoL has not been studied before in relation to the bed itself and technological solutions that may help improve QoL and level of control. (RH)  
ISSN: 23986263 From : <http://www.emeraldinsight.com/loi/jet>

## **RETIREMENT**

(See Also 247/21)

- 247/105 Gates to retirement and gender differences: macroeconomic conditions, job satisfaction, and age; by Hila Axelrad, Tay K Mcnamara.: Taylor and Francis.  
Journal of Women and Aging, vol 30, no 6, November-December 2018, pp 503-519.  
The different pathways out of the labour force have been the focus of many recent studies, yet not enough scholarly attention has been paid to the effect of country-level, individual and job characteristics and their potentially different influences across genders. This article examines the relationships between retirement decisions and macroeconomic conditions, personal characteristics and job satisfaction, while focusing on gender differences. Data came from 16,337 respondents in 13 European countries that participated in the Survey of Health, Ageing and Retirement in Europe (SHARE). The authors find that the relative importance of macroeconomic conditions and job satisfaction differs by gender. (RH)  
ISSN: 08952841 From : <http://www.tandfonline.com>

247/106 Increases in wellbeing in the transition to retirement for the unemployed: catching up with formerly employed persons; by Valentina Ponomarenko, Anja K Leist, Louis Chauvel.: Cambridge University Press.  
Ageing and Society, vol 39, no 2, February 2019, pp 254-276.  
This paper examines the extent to which well-being levels change in the transition to retirement depending on whether transitioning is from being employed, unemployed or economically inactive. Whereas transitioning from employment to unemployment has been found to cause a decrease in subjective well-being with more time spent in unemployment, it is not clear how transitioning from unemployment to retirement affects well-being levels. The authors use the Survey of Health, Ageing and Retirement in Europe (SHARE) to monitor the life satisfaction of respondents from 12 countries who retire between Wave 2 (2006/07) and Wave 4 (2011/12) of the survey. The authors portray well-being scores before and after retirement, and then identify the change in life satisfaction during the retirement transition using a First Difference model. Results indicate that being unemployed before retirement is associated with an increase in life satisfaction, but presents mainly a catching-up effect compared to employed persons transitioning to retirement. These results are still significant when controlling for selection into unemployment and country differences. Retirement from labour market inactivity does not lead to significant changes in well-being. As unemployed people's well-being recovers after transitioning to retirement, the currently unemployed population should especially be supported to prevent detrimental consequences of economically unfavourable conditions and lower well-being. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>

247/107 Retirement transitions among baby boomers: findings from an online qualitative study; by M Rebecca Genoe, Toni Liechty, Hannah R Marston.: Cambridge University Press.  
Canadian Journal on Aging, vol 37, no 4, December 2018, pp 450-463.  
Canadian baby boomers began turning the traditional retirement age of 65 in 2011. How this generation perceives and experiences retirement may differ from preceding generations. In this online grounded theory study, 25 baby boomers who were approaching retirement or had recently retired participated in a multi-author blog about their retirement experiences and processes. The study collected additional data via subsequent focus groups and participant interviews. Participants retired in several ways, including ceasing work, adopting casual or part-time work and adopting new types of work. Findings highlighted three phases of the retirement transition: pre-retirement, characterised by both apprehension about retirement and idealisation of the perfect retirement; the initial transition, which participants compared to an extended vacation but in which they also struggled to adjust to increased amounts of free time; and mid-transition, when participants learned to balance structure and flexibility. Findings suggest that despite retirement transition challenges, many people have positive experiences with this transition. (JL)  
ISSN: 07149808  
From : <http://www.cambridge.org/cjg>

## **RURAL ISSUES**

(See 247/11, 247/46, 247/60, 247/99)

## **SENSORY LOSS**

247/108 The silent impact of hearing loss: using longitudinal data to explore the effects on depression and social activity restriction among older people; by Claudia Campos Andrade, Cicero Roberto Pereira, Pedro Alcantara da Silva.: Cambridge University Press.  
Ageing and Society, vol 38, no 12, December 2018, pp 2468-2489.  
Hearing loss is frequent in old age and has been associated with fewer social activities and depression. However, hearing problems have also been associated with other comorbidities, which prevent more definitive conclusions about their effect on older people's well-being. Moreover, little attention has been paid to the psychological processes through which this relationship occurs. This study aims to investigate the effect of hearing loss on older adults' well-being from a longitudinal perspective. The authors used data from three points in time to investigate the mutual relationship between hearing loss, depression and social activities. Based on longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE) for ten European countries, the authors conducted the test of competing auto-regressive cross-lagged theoretical models. Results show that hearing loss reduces social activity, which is mediated by depression. The adequacy of this model (versus a model proposing that social activity restriction mediates the relationship between hearing loss and depression) was supported in each of the countries in the sample. Findings showing that hearing loss can contribute to depression and, subsequently, to restriction in social activities have implications for early detection and clinical interventions on hearing loss. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>

## SEXUALITY

- 247/109 Examining the attitudes and knowledge of social work and nursing students on later-life sexuality; by Ateret Gewirtz-Meydan, Ahuva Even-Zohar, Shoshi Werner.: Cambridge University Press. Canadian Journal on Aging, vol 37, no 4, December 2018, pp 377-389.  
The purpose of this Israeli study was to examine ageist beliefs, attitudes and knowledge towards sexuality in later life among 148 nursing students and 137 social work students in their first year of studies. The students completed the Fraboni Scale of Ageism, the Attitudes and Knowledge towards Older Adults' Sexuality Scale and questionnaires regarding contact with older adults, prior sexual education and socio-demographics. The results indicated that nursing students have more conservative attitudes towards older adults' sexuality. Ageist beliefs correlated positively with more conservative attitudes towards older adults' sexuality. These conservative attitudes were negatively correlated with knowledge about sexuality in later life. Older students were found to have more knowledge about sexuality in later life and more permissive attitudes towards older adults' sexuality. Religious students had less knowledge and more conservative attitudes towards older adults' sexuality. Previous sexual education was not associated with the students' attitudes and knowledge towards older adults' sexuality. Implications for designing continuing education programmes are discussed. (JL)  
ISSN: 07149808  
From : <http://www.cambridge.org/cjg>

## SMOKING

(See 247/101)

## SOCIAL CARE

(See Also 247/27, 247/50, 247/82)

- 247/110 Ageing, ethics and social welfare: contemporary social work and social care practices with older people; by Liz Lloyd, Mary-Pat Sullivan. Ethics and Social Welfare, vol 12, no 3, November 2018, pp 201-203.  
This editorial to an edition of Ethics and Social Welfare notes that the ageing of societies around the world is frequently portrayed negatively, and the perception is that an ageing society represents a burden is entrenched in policy-making. The global phenomenon of societal ageing has coincided with the marketisation of welfare, in some countries under conditions of economic austerity, and there is an emphasis on cost control in provision. At the same time, demographic developments have generated changes in levels and types of need for support for social work and social care, while professional values emphasise the promotion of the rights of service-users to person-centred care and on maximising their self-determination and control. Practitioners face a range of ethical and professional dilemmas and challenges in negotiating their way through these competing priorities. Older people's organisations in different parts of the world call for improvements in support, an increase in the level of support and changes to the way services are provided, while the economic and organisational contexts of practice are frequently experienced as obstacles to ethical practice. (NL/RH)  
From : <https://doi.org/10.1080/17496535.2018.1537545>
- 247/111 Can a unified service delivery philosophy be identified in aging and disability organizations?: Exploring competing service delivery models through the voices of the workforce in these organizations; by Bronwyn Keefe.: Taylor and Francis. Journal of Aging and Social Policy, vol 30, no 1, January-February 2018, pp 48-71.  
Services for older adults and younger people with disabilities are increasingly merging, as reflected in the creation of Aging and Disability Resource Centers (ADRCs) in the United States. Using ADRCs to coordinate services is challenging, primarily because these fields have different service delivery philosophies. Independent Living Centers, which serve people with disabilities, have a philosophy that emphasises consumer control and peer mentoring. However, the service delivery philosophy for older people's services is based on a case management or medical model in which the role of consumers directing their services is less pronounced. In 2003, Massachusetts was one of the first 12 states funded to develop an ADRC.  
This study uses institutional logics theory and a qualitative research design to explore whether a unified service delivery philosophy for ADRCs was emerging. Based on focus groups and questionnaires with staff from ADRCs in Massachusetts, the findings reveal that competing service delivery models continue to operate in the ageing and disability fields. (RH)  
ISSN: 08959420 From : <http://www.tandfonline.com>
- 247/112 The dynamics of social care and employment in mid-life; by Madelin Gomez-Leon, Maria Evandrou, Jane Falkingham, Athina Vlachantonio.: Cambridge University Press. Ageing and Society, vol 39, no 2, February 2019, pp 381-408.  
This study investigates the relationship between the provision of informal care to older parents or parents-in-law and the employment status of adult children in mid-life. The study analyses unique panel data for a cohort of individuals born in 1958 in Britain (the National Child Development Study, NCDS).

The focus is on respondents at risk of providing care (i.e. with at least one surviving parent or parent-in-law) and in employment at age 50. Logistic regression is used to investigate the impact of caring at 50 and 55 on employment status at 55, controlling for socio-demographic characteristics, the respondent's health status and partner's employment status. Separate models examine (a) the likelihood of exiting the labour force versus continuing work, and (b) amongst those continuing in work, the likelihood of reducing hours of employment. Different types of care (personal, basic and instrumental support) are distinguished, along with hours of caring. The results highlight that providing care for more personal tasks, and for a higher number of hours, are associated with exiting employment for both men and women carers. In contrast, the negative impact of more intense care-giving on reducing working hours was significant only for men - suggesting that women may juggle intensive care commitments alongside work, or may leave work altogether. Facilitating women and men to combine paid work and parental care in mid-life will be increasingly important in the context of rising longevity. (RH)

ISSN: 0144686X

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

- 247/113 Governance, accountability, and organizational development: eldercare unit managers' and local politicians' experiences of and responses to state supervision of Swedish eldercare; by Katarina Andersson, Anders Hanberger, Lennart Nygren.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, no 5, October-December 2018, pp 419-439.  
This article explores how local politicians and care unit managers in Swedish eldercare experience and respond to state supervision (SSV). Twelve politicians and twelve managers in 15 previously inspected municipalities were interviewed about their experiences of, and reactions to, SSV in relation to their views of care quality and routines in eldercare practice. The findings indicate that local managers and political chairs perceived SSV in eldercare positively at a superficial level, but were critical of and disappointed with specific aspects of it. In terms of governance, chairs and managers said SSV strengthened implementation of national policies via local actors, but they were critical of SSV's narrow focus on control and flaws in eldercare practice. With regard to accountability, SSV was seen as limited to accountability for finances and systemic performance. Regarding organisational development, SSV was seen as limited to improving routines and compliance with legislation, while local definitions of quality are broader than that. In general, local politicians and service managers regarded SSV as improving administrative aspects and routines in practice, but that SSV ignored the relational content of eldercare quality. (RH)  
ISSN: 08959420 From : <http://www.tandfonline.com>
- 247/114 Home visits in social work: from disembodiment to embodied presence; by Amit Muzicant, Einat Peled.: Oxford University Press.  
British Journal of Social Work, vol 48, no 3, April 2018, pp 826-842.  
This paper explored bodily aspects of home visits, based on an institutional ethnography of home visits conducted by social workers of an Israeli municipal social services department. The analysis of 15 in-depth, semi-structured interviews with social workers in various capacities revealed their heightened and unique corporeal experiences during home visits, in contrast with their work at the department. Four key aspects were discussed: the journey from the office to the client's home as a transition from a disembodied position to an embodied one; the social worker's tentative bodily presence during the visit; the home visit as a 'dirty work'; and the social worker's bodily experience in relation to the institutional and professional discourse. The discussion centres on the drawbacks and benefits of the workers' increased embodied presence during home visits. (JL)  
ISSN: 00453102 From : <https://www.academic.oup.com/bjsw>
- 247/115 Identifying priorities for aging policies in two Portuguese communities; by Maria Joao Barrios, Ana Alexandre Fernandes, Antonio Manuel Fonseca.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, no 5, October-December 2018, pp 458-477.  
The ageing population has an impact on health, social and economic issues in respect of individuals, communities and organisations. The challenge for local policies in response to ageing is to create sufficient resources to meet the population's needs, wishes and rights as people age. Active ageing constitutes one of the guiding perspectives on policies. Taking into account the local governance perspective, the Model for Aging Local Policies Analysis (MALPA) was created in order to convert the active ageing paradigm into a practical approach, as a technique to evaluate and analyse local ageing policies. In this research, the MALPA instrument was applied in two Portuguese communities (Coruche and Oeiras). The objective was to identify the intervention priorities for ageing policies in both communities, determining whether the instrument can facilitate the development of proposals for improving local ageing policies. It was possible to evaluate the communities and programmes, identifying the least appropriate policy actions regarding intervention priorities. The results allowed the authors to identify 10 priorities: collaborative governance; involving older people in the policy-making process; lifelong learning; economic hardship; policies for all ages; equal opportunities for all (to include isolated vulnerable and fragile groups); intergenerational contacts; security and safety in all policy areas; employment opportunities to stimulate adaptation of work conditions to people as they age; and transport network improvement. (RH)  
ISSN: 08959420 From : <http://www.tandfonline.com>

- 247/116 Outsourcing within the Nordic context: care services for older people in Finland; by Jiby Mathew Puthenparamabil.: Taylor and Francis.  
Journal of Aging and Social Policy, vol 30, no 5, October-December 2018, pp 440-457.  
The early 1990s economic setback brought significant reforms favouring the outsourcing of care in Finnish municipalities. Here, outsourcing refers to the practice of municipalities employing private organisations through different means (e.g. open tendering) to deliver public care services. In this context, this study examines the growth in the outsourcing of service housing and home-help services in 311 municipalities from 2001 to 2015. The study investigates the municipal factors associated with outsourcing using four dimensions: care needs, population size, economic situation, and political ideology of the municipality. The findings reveal a steep increase in the outsourcing of home-help and service housing. Care needs of older people are the most influential factor for outsourcing, particularly for service housing. Overall, the findings show a growing trend in private care provision in Finnish municipalities. (RH)  
ISSN: 08959420 From : <http://www.tandfonline.com>
- 247/117 Priorities for adult social work research: results from the James Lind Alliance Priority Setting Partnership for adult social work; by Department of Health and Social Care - DHSC. London: Department of Health and Social Care, November 2018, 23 pp.  
This report sets out the top 10 priorities for adult social work research, and aims to help make sure future research answers the questions that are important to social workers and those who are in contact with them. The priorities cover a broad range of themes and issues for adult social workers, and relate to: funding; the impact of the Care Act; understanding well-being; communication between social workers and service users; application of the Mental Health Act 2005 in assessing capacity; service eligibility criteria; self-neglect problems; person-centred decision making; and partnership working between social workers and health and social care professionals.  
More than 1,500 people were involved, including adult social work professionals (including students), service users and carers, and health and social care professionals. The report is based on a James Lind Alliance (JLA) priority setting process, which was commissioned and funded by the Chief Social Worker for Adults in the Department of Health and Social Care (DHSC)  
From : <https://www.gov.uk/government/publications/priorities-for-adult-social-work-research>

## **SOCIAL EXCLUSION**

- 247/118 Re-thinking social exclusion in later life: a case for a new framework for measurement; by Catherine A Macleod, Andy Ross, Amanda Sacker, Gopal Krishnan Netuveli, Gill Windle.: Cambridge University Press.  
Ageing and Society, vol 39, no 1, January 2019, pp 74-111.  
The complex interplay between domains, whereby each domain can act as a determinant, indicator and/or outcome of social exclusion, hinders understanding of the process and the mechanisms through which social exclusion exists. This article highlights the need to disentangle these pathways and move beyond descriptive accounts of social exclusion. It presents a new working framework that allows direct hypothesis testing of these between-domain relationships. Whilst this working framework can be applied to any population, this article focuses on older adults. Life events that can drive social exclusion - such as bereavement and changes in health - are more likely to occur in later life, and occur more frequently, increasing the risk of social exclusion for this population. Rooted in the new working framework, this article presents the construction of later life social exclusion measures for use with Understanding Society \_ the United Kingdom Household Longitudinal Study. The validity of these measures is considered by examining the characteristics of those aged 65 years and over who score the highest, and therefore experience, the greatest level of exclusion. This new working framework and developed social exclusion measures provide a platform from which to explore the complex relationships between domains of social exclusion, and ultimately provide a clearer understanding of this intricate multi-dimensional process. (RH)  
ISSN: 0144686X  
From : <http://www.cambridge.org/aso>

## **SOCIAL NETWORKS**

(See 247/47)

## **SOCIAL POLICY AND THEORY**

- 247/119 Redefining agency in late life: the concept of 'disponibility'; by Diego Romaioli, Alberta Contarello.: Cambridge University Press.  
Ageing and Society, vol 39, no 1, January 2019, pp 194-216.  
In light of an increased ageing population, policy makers are faced with the urgent problem of planning programmes that reflect active ageing or, in other words, the promotion of activities that help individuals to remain active in a societal context. The construct of agency, defined as the capacity to make decisions and to address situations depending on the individual's future plans, reflects a specific normative criterion.

This is that individuals are expected to live in an active and productive way, while those who are unable to live up to this expectation are considered dependent, passive, unproductive, weak. From a social constructionist perspective, the current study proposes a critical reflection on the qualities usually attributed to the construct of agency that are liable to appear reductive and oppressive when applied to an older population. Once the basic premises underlying agency, as it is commonly defined in the Western tradition, have been deconstructed, a different conceptualisation, based on interviews with older individuals, will be presented. The current work aims to produce a different conceptual framework that will permit examination of experiences and organisational modalities of agency typifying later life. Participants recruited by a snowball sampling technique were 15 men and 15 women aged 65+ living in the Northern-Central-Eastern regions of Italy (Lombardy, Veneto and Emilia-Romagna). The comments made by these interviewees in many cases resonate with ideas contained in Taoist philosophy and, more specifically, with the concept of *disponibilité* (or *disponibility*) outlined by the French sinologist François Jullien, which the authors discuss in this article. (RH)  
ISSN: 0144686X From : <http://www.cambridge.org/aso>

## SUICIDE

(See 247/72)

## TRAUMA, CONFLICT AND WAR

- 247/120 Complex trauma and current understandings of 'personality disorder' in older people; by Kirsty Patterson, Sara Appleyard.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 20-25.  
'The Power Threat Meaning framework' (L Johnstone and M Boyle, British Psychological Society, 2018) and 'The consensus statement for people with complex mental health difficulties who are diagnosed with a personality disorder' (Lamb, Sibbald and Stirzaker, 2018) advocate that we move away from psychiatric diagnoses of personality disorder and towards trauma-informed formulation of a person's difficulties. The authors present composite case studies of some of encounters with older people who may be diagnosed with a personality disorder. They consider the impact of ageing on strategies to protect against inadequacy and vulnerability, and against internal loneliness; also, how early complex trauma affects people who later develop organic disorders. They also argue that it is their duty to keep the whole person at the forefront of their clinical conversations in their understandings of an individual's difficulties. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 247/121 The impact of early trauma in old age: a psychoanalytic perspective; by Claire Appleton.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 31-36.  
The author highlights how a psychoanalytic view of the mind can enrich our understanding of the impact of developmental trauma in older people. After a short discussion of the theory, she uses brief clinical examples to discuss: reconnection with developmental trauma; the impact of the ageing body; long-term consequences of abuse, confusion and splitting; and anger and grievance. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 247/122 What is different about working with trauma in later life?; by Imogen Sturgeon-Clegg.: British Psychological Society.  
Psychology of Older People: The FPOP Bulletin, no 144, October 2018, pp 14-19.  
This paper stems from a presentation made at the FPOP Preston event in April 2018 entitled 'Our Emerging Stories of working with trauma using the PTM framework' (L Johnstone and M Boyle, The Power Threat Meaning framework ..., British Psychological Society, 2018). The presentation concentrated on the importance of understanding the historical, social, political and cultural context of traumatic experiences, focusing particularly on differences when working therapeutically with older people when compared with younger people. This paper uses an amalgamated case study from patients who had experienced traumatic events. The author notes the importance of listening to and understanding clients, also the physical space in which conversations take place. All identifying details have been omitted. (RH)  
ISSN: 23969652  
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

## WELLBEING

(See 247/106)

