

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See 249/129)

ACTIVE AGEING

(See 249/110)

AGE-FRIENDLY COMMUNITIES

(See 249/96)

AGEING (GENERAL)

- 249/1 Ageing and the body: one African perspective; by Enguerran Macia, Fatou B Dial, Joann M Montepare, Fatoumata Hane, Priscilla Duboz.: Cambridge University Press.
Ageing and Society, vol 39, no 4, April 2019, pp 815-835.
How do non-Western societies envisage the relationship between the body and ageing? The present work aimed to shed light on this question by exploring how adult men and women of different ages living in Dakar, Senegal, view their bodies. A quantitative methodology was selected, and this study was carried out on a sample of 1,000 dwellers of the Senegalese capital, aged 20 and older. This sample was constructed using the quota method, in order to strive for representativeness. Results indicate that appearance was highly important for Senegalese women and men, and for younger and older adults alike. As in Western cultures, beauty and youth were strongly connected. The large majority of Senegalese women and men were satisfied with their looks across the life-span. However, older women were slightly less satisfied, consistent with the double standard hypothesis. Little discrepancy was found between felt age and chronological age throughout the entire life-course, arguing against an ageless self hypothesis in this African population. The mask of ageing hypothesis was also rejected, as men's and women's identification with their body did not diminish significantly across age. These observations from an African perspective call for greater attention to the ageing process in non-Western societies, in order to challenge hypotheses developed in Western societies and to understand more broadly the role of culture. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 249/2 Living longer: how our population is changing and why it matters: overview of population ageing in the UK and some of the implications for the economy, public services, society and the individual; by Office for National Statistics - ONS.: Office for National Statistics, 13 August 2018, 53 pp.
The ageing population and changing structure of the population will bring both opportunities and challenges for the economy, services and society at national and local levels. This report sets out some of the data and analyses relevant to these three policy domains. It aims to provide a resource to use when considering how the UK should adapt to the opportunities and challenges that our changing population brings. It draws on and provides weblinks to evidence from a wide range of sources (also detailed in the linked slide pack mentioned in the text). (RH)
From : <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13>
- 249/3 The state of ageing in 2019: adding life to our years; by Centre for Ageing Better. London: Centre for Ageing Better, 2019, 42 pp.
There are currently (mid-2017 figures) more than 11.9 million people aged 65+ in the UK (45% men and 55% women). 3.2 million are aged 80+, of whom 1.6 million are aged 85+. This report uses publicly available data to give a snapshot of what life is like for people aged 65 and older today. It investigates the prospects for people currently in their 50s and 60s, looking across four areas: work and finances; health; housing; and communities. It highlights society's readiness (or lack thereof) to cope with and capitalise on our longer lives. An annex (<https://www.ageing-better.org.uk/sites/default/files/2019-03/The-state-of-ageing-appendices.pdf>) lists the sources used and provides weblinks. (RH)
From : <https://www.ageing-better.org.uk/sites/default/files/2019-03/The-state-of-ageing.pdf>
- ## AGEING WITHOUT CHILDREN
- 249/4 Childlessness and upward intergenerational support: cross-national evidence from 11 European countries; by Luca Maria Pesando.: Cambridge University Press.
Ageing and Society, vol 39, no 6, June 2019, pp 1219-1254.
Childless individuals are often depicted as 'selfish' as they opt out of raising children in favour of investing resources in themselves. Yet no research has investigated whether this claim holds in domains of social life such as intergenerational family support. This article uses data from the Generations and Gender Survey for 11 European countries ((Bulgaria, Czech Republic, Georgia, Poland, Romania, Russia, Belgium, France, Germany, the Netherlands and Sweden). It examines differences between childless and non-childless individuals in the provision of financial, practical and emotional transfers to their ageing

parents. Results support the idea that the childless are more prone to provide upward support than individuals with children. Specifically, estimates from multivariate logistic regression and propensity score specifications suggest that, *ceteris paribus*, childless adults are about 20-40 per cent more likely to provide support to their parents, with the association driven by transfers to ageing mothers. These findings enrich the literature on childlessness and ageing, and support the view that researchers and policy makers should take into more consideration not only what childless people receive or need in old age, but also what they provide as middle-aged adults. (RH)

ISSN: 0144686X

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

AGEISM AND AGE DISCRIMINATION

- 249/5 The impact of experiences of ageism on sexual activity and interest in later life; by Wendy Heywood, Victor Minichiello, Anthony Lyons (et al.): Cambridge University Press.

Ageing and Society, vol 39, no 4, April 2019, pp 795-814.

Experiences of ageism are associated with poorer health outcomes. Sexual activity and interest are areas in life where the impact of ageism may also be evident, as popular culture often depicts the older body as asexual, undesirable or sexually impotent. The authors used data from a study of Australians aged 60+ to explore the possible links between experiences of ageism and sexual activity and interest in later life. They explored characteristics of those who were more likely to have experienced ageism (measured using the Ageism Survey) and the relationships between experiences of ageism and measures of sexual interest and/or activity in later life (N = 1,817). Experiences of ageism were greater among those without a partner, unemployed participants, those with lower incomes and poorer self-rated health. Adjusting for these differences, experiences of ageism were more likely to be reported by those who had not had sex in the past two years, and were not sure about their hopes or plans for sex in the future. Those who reported their sexual interest had increased or decreased since age 60 also reported greater levels of ageism experience, as did those who wanted to have sex more frequently in the future. Ageism appears to affect sexual activity and interest in different ways. It is critical that social policy aims to reverse attitudes that reinforce the view of the ageist asexual and unattractive older body or person. (RH)

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

AIDS AND ADAPTATIONS

- 249/6 Care staff perceptions of a social robot called Paro and a look-alike Plush Toy: a descriptive qualitative approach; by Wendy Moyle, Marguerite Bramble, Cindy Jones, Jenny Murfield.: Taylor and Francis. *Aging and Mental Health*, vol 22, no 3, March 2018, pp 330-335.

Social robots such as Paro, a therapeutic companion robot, have recently been introduced into dementia care as a means to reduce behavioural and psychological symptoms of dementia. The purpose of this study was to explore care staff perceptions of Paro and a lookalike non-robotic animal, including benefits and limitations in dementia care. The study assumed a descriptive qualitative approach, nested within a large cluster-randomised controlled trial. The authors interviewed a subsample of 20 facility care staff, from nine long-term care facilities in Southeast Queensland, Australia. Thematic analysis of the data, which was inductive and data-driven, was undertaken with the assistance of appropriate software. Study findings referred to four categories: increasing excitement for Paro and decreasing enthusiasm for Plush Toy; value and function of Paro; opportunities for engagement; and alternatives versus robustness. Staff caring for people with dementia preferred Paro compared to a lookalike Plush Toy. Staff identified that Paro had the potential to improve quality of life for people with dementia, whereas the Plush Toy had limitations when compared to Paro. However participants expressed concern that the cost of Paro could reduce opportunities for use within aged care. (JL)

ISSN: 13607863 From : <http://www.tandfonline.com>

- 249/7 How do older adults experience and perceive socially assistive robots in aged care: a systematic review of qualitative evidence; by Tijs Vandemeulebroucke, Bernadette Dierckx de Casterlé, Chris Gastmans.: Taylor and Francis.

Aging and Mental Health, vol 22, no 2, February 2018, pp 149-167.

The aim of this review was to gain a better understanding of how older adults experience, perceive, think and feel about the use of socially assistive robots (SARs) in aged care settings. The authors conducted a literature search across a range of databases for studies that used a qualitative or a mixed-method approach having a significant qualitative element. Articles published in journals and conference proceedings were considered for review. Two independent reviewers assessed the included studies for methodological quality using the Critical Appraisal Skills Program, after which data on subjects' self-reported opinions and perceptions were extracted and synthesised using thematic analyses. 17 studies producing 23 publications were included. Based on the opinions of older adults, four themes emerged in relation to the use of SARs: (1) roles of a SAR; (2) interaction between the older adult and the SAR, which could be further subdivided into (a) the technical aspect of the interaction and (b) the human aspect of the interaction; (3) appearance of the SAR; and (4) normative/ethical issues regarding the use of SARs in aged care. Overall findings showed that older adults have clear positive and negative opinions about different aspects of SARs in aged care. Nonetheless some opinions can be ambiguous

and need more attention if SARs are to be considered for use. Understanding older adults' lived experiences with SARs creates the possibility of using an approach that embeds technological innovation into the care practice itself. (JL)
ISSN: 13607863 From : <http://www.tandfonline.com>

249/8 Marketing of surveillance technology in three ageing countries; by Yvette Vermeer, Paul Higgs, Georgina Charlesworth.: Emerald.

Quality in Ageing and Older Adults, vol 20, no 1, 2019, pp 20-33.

No previous study is known to have previously explored media messages from websites that market surveillance technology (ST) for people with dementia. As part of a dementia-technology media analysis, the authors reviewed marketing materials of surveillance products for people with dementia and their carers in three ageing countries. The authors conducted an online environmental scan, using search terms for surveillance technologies (STs) and dementia through a Google search focussed on the UK, Sweden and the Netherlands. Data were extracted on the products' and websites' marketing messages from consumer and marketer perspectives. Information was gathered for 382 product websites, of which 242 met eligibility criteria. The majority of products come from the UK. In the UK and Sweden, the companies behind the websites appeared to be mainly "cottage industries" which focus on selling ST. In contrast, sellers in the Netherlands included a more balanced mixture of small, medium and large companies. In all three countries, the website messaging focussed on the need to manage safety concerns, without considering privacy or consent.

Contrary to the perception of future dependence on technology, the ST sector seems to be a niche market. The media messages, equating people with dementia with animals and children, are at odds with initiatives that strive for dignity and dementia friendliness. (RH)

ISSN: 14717794

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

ARTS, CRAFT AND MUSIC

249/9 Arts on prescription for community-dwelling older people with a range of health and wellness needs; by Roslyn G Poulos, Sally Marwood, Damain Harkin (et al.): Wiley.

Health and Social Care in the Community, vol 27, no 2, March 2019, pp 483-492.

Published evidence for the role of participatory art in supporting health and well-being is growing. The Arts on Prescription model (first delivered in the UK) is one vehicle by which participatory art can be delivered. Much of the focus of Arts on Prescription has been on the provision of creative activities for people with mental health needs. However, this Arts on Prescription program in Sydney, Australia targeted community-dwelling older people with a wide range of health and wellness needs. Older people were referred to the program by their healthcare practitioner. Professional artists led courses in visual arts, photography, dance and movement, drama, singing, or music. Classes were held weekly for 8-10 weeks, with six to eight participants per class, and culminated with a showing of work or a performance. Program evaluation involved pre- and post-course questionnaires, and focus groups and individual interviews. Evaluation data on 127 participants aged 65+ were available for analysis. It was found that Arts on Prescription had a positive impact on participants. Quantitative findings revealed a statistically significant improvement in the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), as well as a statistically significant increase in the level of self-reported creativity and frequency of creative activities. Qualitative findings indicated that the program provided challenging artistic activities which created a sense of purpose and direction, enabled personal growth and achievement, and empowered participants, in a setting which fostered the development of meaningful relationships with others. This evaluation adds to the evidence base in support of Arts on Prescription by expanding the application of the model to older people with a diverse range of health and wellness needs. (RH)

ISSN: 09660410

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

249/10 The effects of the music-with-movement intervention on the cognitive functions of people with moderate dementia: a randomized controlled trial; by Daphne Sze Ki Cheung, Claudia Kam Yuk Lai, Frances Kam Yuet Wong, Mason Chin Pang Leung.: Taylor and Francis.

Aging and Mental Health, vol 22, no 3, March 2018, pp 306-315.

The aim of this study was to examine the effects of a six-week music-with-movement (MM) intervention, as compared with music listening (ML) and social activity (SA), on the cognitive functions of people with moderate dementia over time. A multi-centre randomised controlled trial was conducted on 165 nursing home residents with moderate dementia. The MM intervention protocol was developed based on a critical literature review and tested in three rounds of pilot studies before undergoing testing in this study. The participants were randomly allocated into three groups. 58 intervention participants received a 12-week MM programme led by a trained health care professional, while 54 participants in the comparison ML group listened to their preferred music, and the remaining 53 engaged in social chatting in the SA group. Cognitive functions, depressive symptoms and anxiety were measured at baseline, the sixth week and six weeks post-intervention. Greater improvements in memory and depressive symptoms for the MM group were revealed in the univariate analysis and pairwise comparisons. The effects on memory could last for at least six weeks post-intervention. However a mixed multivariate analysis of variance (MANOVA) analysis indicated that there were no significant interactions of group by time

effect. Overall these findings revealed that the MM intervention may be useful for enhancing the cognitive functions of people with dementia. However there is insufficient evidence to show that the effects of the MM intervention on outcome variables over time differ significantly from those observed among the comparison groups. (JL)

ISSN: 13607863

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

- 249/11 Using music technology creatively to enrich later-life: a literature review; by Andrea Creech. *Frontiers in Psychology*, vol 10, article 117, January 2019, 14 pp.

A growing body of evidence has demonstrated significant social and emotional benefits of music-making amongst senior citizens. However, several as-yet unresolved age-related barriers to "musicking" have been identified. Positioned within the emergent field of gerontechnology, concerned with the interface between aging and technology research, this literature review explores the potential for music technologies to function as a vehicle for creative musical opportunities in later life. ERIC, PsychInfo and Web of Science databases were searched, focusing on the intersection between music, technology and ageing. The criteria for inclusion were that the paper should: (1) be in English; (2) report empirical research involving the use of music technologies intended to support receptive (listening, interpreting, reflecting) or active (playing, creating, performing) engagement with music among older people (age 60+); and (3) be published as a peer-reviewed journal article. Of 144 papers screened, 18 papers were retained. 10 studies focused on using technology to support musicking in the form of listening, reflecting and interpreting. Just five studies explored the utility of technology in promoting singing or playing instruments, while a further three were focused on music and movement. Overall, the literature reviewed suggests that older people, even those with complex needs, are capable of and interested in using music technologies to access and create personally meaningful music. The limited research that does exist points to multiple and significant benefits that may be derived from receptive or active musicking supported by a range of music technologies. (NL/RH)

From : <https://doi.org/10.3389/fpsyg.2019.00117>

ASSESSMENT

- 249/12 A case study exploring the effectiveness of an innovative 5Q Care Test to determine whether patients with complex needs require health or social care; by Sue Crossman, Ana Ohde.: Wiley. *Health and Social Care in the Community*, vol 27, no 2, March 2019, pp 409-414.

A case study was conducted in 2016 to evaluate the effectiveness of an innovation to enable people with "complex" care requirements to be discharged from hospital to an appropriate service for their care, without using the NHS England Continuing Health Care (CHC) assessment. The setting was a rural district general hospital in England, where the quality outcomes and cost-effectiveness of the CHC assessment being conducted in hospital were giving cause for concern. The NHS CHC Framework advocates conducting these assessments in the community where a more accurate indication of long-term care can be determined. The "5Q Care Test" was collaboratively developed with health and social care partners, care providers and CHC interest groups, including users of the services. It was implemented as a tool to support moving the CHC assessment into the community, as it enabled practitioners to swiftly determine patients' appropriate initial care pathway out of hospital. A full economic impact analysis was conducted 7 months after the tool was introduced. The results showed significant improvement in the quality and cost-effectiveness of the "5Q Care Test", with a reduction in the hospital length of stay, which is known to be associated with improved outcomes for patients and financial savings. (RH)

ISSN: 09660410

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

ATTITUDES TO AGEING

(See Also 249/121)

- 249/13 'I am busy independent woman who has sense of humor, caring about others': older adults' self-representations in online dating profiles; by Mineko Wada, Laura Hurd Clarke, W Ben Mortenson.: Cambridge University Press.

Ageing and Society, vol 39, no 5, May 2019, pp 951-976.

Similar to their younger counterparts, older adults (age 60+) are increasingly turning to online dating sites to find potential romantic and sexual partners. In this paper, the authors draw on qualitative data from a thematic analysis of 320 randomly selected online dating profiles posted by Canadian heterosexual older adults who self-identified as Asian, Black, Caucasian or Native American. In particular, they examined how the older adults' self-presentations varied according to race and/or ethnicity, age and gender, and how the language they used to describe themselves and their preferred potential partners reflected and reinforced idealised images of ageing. The analysis identified five primary ways in which the older adults portrayed themselves. First, they depicted themselves as active and busy with cultural and/or artistic, social and adventurous activities; and second, as physically healthy and intellectually engaged. Third, they emphasised the ways in which they were productive through work and volunteer activities. Fourth, they accentuated their positive approach to life,

identifying themselves as happy, fun-loving and humorous individuals. Finally, they highlighted their personable characteristics, portraying themselves as trustworthy and caring. These findings are discussed with a particular focus on gender differences, drawing on literature on masculinity and femininity. The findings also look at capital and power relations, by considering the online dating setting as a field in the Bourdieusian sense. (RH)

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

- 249/14 Let me grow old and senile in peace: Norwegian newspaper accounts of voice and agency with dementia; by Maarja Siiner.: Cambridge University Press.
Ageing and Society, vol 39, no 5, May 2019, pp 977-997.

This study analyses the remaking of dementia as a social and cultural phenomenon in the public media discourse in a welfare state Norway. A content analysis was carried out of articles on dementia published in Norwegian paper media from 1995 to 2015. The study combined the tools from quantitative corpus analyses and qualitative critical discourse analyses, making it possible to detect and interpret diachronic changes in the dementia discourse. Although the main focus in Norwegian dementia discourse has changed from the disease to the personhood, the agents defining what it means to live well with dementia continued to be predominantly institutional: non-governmental organisations, municipalities, health-care institutions and politicians. An analysis of the uses of the politically incorrect Norwegian term for dementia, 'senility', revealed that this term offered an alternative to the institutionalised dementia discourse, and functioned as an unconventional and therapeutic-free space where older people and persons with dementia could use humour to subvert these norms and power relations. (RH)

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

BLACK AND MINORITY ETHNIC GROUPS

(See 249/18)

CARE MANAGEMENT

- 249/15 Care home manager attitudes to balancing risk and autonomy for residents with dementia; by Elizabeth A Evans, Elizabeth Perkins, Pam Clarke (et al): Taylor and Francis.
Ageing and Mental Health, vol 22, no 2, February 2018, pp 261-269.

The present study aimed to determine how care home managers negotiate the conflict between maintaining a safe environment whilst providing a person-centred approach to caring for residents with dementia. This is important because there is limited research with care home managers, yet they are key agents in the implementation of national policies. Semi-structured interviews were conducted with 18 managers from care homes offering dementia care in the Northwest of England. Data were analysed using a thematic analysis approach. There were three areas in which care home staff reported balancing safety and risk against the individual needs of residents. First, the physical environment created a tension between safety and accessibility to the outside world, which meant that care homes provided highly structured or limited access to outdoor space. Second, care home managers reflected a balancing act between an individual's autonomy and the need to protect their residents' dignity. Finally, care home managers highlighted the ways in which an individual's needs were framed by the needs of other residents to the extent that on some occasions an individual's needs were subjugated to the needs of the general population of a home. There was a strong, even dominant, ethos of risk management and keeping people safe. Managing individual needs while maintaining a safe care home environment is clearly a constant dynamic interpersonal process of negotiating and balancing competing interests for care home managers. (JL)

ISSN: 13607863 [From : http://www.tandfonline.com](http://www.tandfonline.com)

CARERS AND CARING

(See Also 249/6, 249/7, 249/45, 249/50, 249/51, 249/52, 249/72, 249/82, 249/89, 249/112, 249/113, 249/115)

- 249/16 Applying the convoy model to support in care situations; by Toni C Antonucci, Carey Wexler Sherman.: Policy Press.

International Journal of Care and Caring, vol 3, no 1, February 2019, pp 23-38.

This article considers the future of informal care situations, with a special focus on how social networks can support caring. Noting demographic change and the endemic need for informal support, the authors outline the convoy model of social relations for proactive planning and contemporaneous caring. This model outlines those factors which influence the development of need for, and effects of, social relations. The article is grounded in empirical evidence, including comparative findings from four countries (Japan, Lebanon, Mexico and the US), and about caring among two uniquely vulnerable populations: latelife remarried couples and lesbian and gay adults. Finally, it is proposed that caring be considered no longer an individual responsibility, but rather a family, community and societal responsibility, basic to shared values and societal cohesion. (RH)

ISSN: 23978821 [From : http://www.policypress.co.uk/journals/international-journal-of-care-and-caring](http://www.policypress.co.uk/journals/international-journal-of-care-and-caring)

- 249/17 Are reasons for care-giving related to carers' care-related quality of life and strain?: evidence from a survey of carers in England; by Stacey Rand, Juliette Malley, Julien Forder.: Wiley.
Health and Social Care in the Community, vol 27, no 1, January 2019, pp 151-160.
In England choice and control is promoted for service users in relation to social care services. Increased choice and control has also been promoted for unpaid carers although this is still relatively underdeveloped. There is limited recognition of carers' choice in terms of the decision of whether or not to provide care. Alongside the promotion of choice and control there has also been a focus on quality of life as an outcome of social care for care recipients and their carers. Although it is known that carer choice (in terms of the decision of whether or not to provide care) is related to increased burden and poorer psychological health, there is limited evidence of the relationship between reasons for caring and care-related quality of life (CRQoL) and subjective strain in England. In this study 387 carers were surveyed across 22 English local authorities between June 2013 and March 2014. Multiple regression analysis explored the relationship between carer-reported reasons for caring and CRQoL and strain, whilst controlling for individual characteristics (e.g. age). Reasons for caring were important predictors of CRQoL and strain. Where people were carers because social services suggested it or the care recipient would not want help from anyone else this was related to lower CRQoL. By contrast, where carers took on caregiving because they had time to care this was significantly associated with better CRQoL. Carers reported greater strain where they provided care because it was expected of them. These findings are relevant to policy and practice because they indicate that, while social care systems rely on carers, the limiting of carers' choice of whether to provide care is related to worse outcomes. Increased awareness of this relationship would be beneficial in developing policy and practice that improves the QoL of care recipients and also their carers. (JL)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 249/18 Cross cultural contexts of eldercare and caring: theory, research and policy: editorial introduction [to special issue]; by Ruth Katz, Ariela Lowenstein (eds): Policy Press.
International Journal of Care and Caring, vol 3, no 1, February 2019, pp 3-8.
The aim of this special issue of International Journal of Care and Caring is to shed light on linkages between intergenerational family care relations and informal and formal social support networks, in order to enhance knowledge of the psychological and physical well-being of older people and their families in various cultural contexts. The editors consider this focus to be timely, given ongoing discourses relating to ageism, social exclusion, ageing in place, and policies on generational equity in work, pensions and care. Articles cover: theoretical perspectives on eldercare; helping service industries for dementia care in Australia; organisation and delivery of social services to older people in the countries of the former Soviet Union; and family care by minority ethnic groups in England and Wales. The Debates and Issues section includes three items which analyse projects and services aimed at promoting quality of life of older people and carers in Israel, Canada and Austria. (RH)
ISSN: 23978821 From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 249/19 Eldercare in transition(s): the special case of Russia; by Irina Grigoryeva, Alexandre Sidorenko.: Policy Press.
International Journal of Care and Caring, vol 3, no 1, February 2019, pp 59-73.
The authors review the organisation and delivery of social services for older people in the Russian Federation - the major post-communist transitional economy. The article outlines the basic demographic and epidemiological characteristics of population ageing in Russia. The authors focus on those characteristics that determine or influence older people's needs for social services. The article's main content is devoted to the evolution of policy on social services for older Russians. The article concludes with a brief outline of future perspectives in addressing the country's social care needs. (RH)
ISSN: 23978821
From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 249/20 Implications of the use of migrant care work and web-based services on family caregivers' health; by Giovanni Lamura, Mirko Di Rosa, Roberta Papa (et al): Policy Press.
International Journal of Care and Caring, vol 3, no 1, February 2019, pp 97-116.
This article illustrates the implications of two recent trends on family carers' health: the employment of home-based migrant care workers; and the provision of web-based support services. The main factors traditionally associated with carers' health are used to analyse the results of a six-country study via a multilevel linear regression. Attention is paid to the role of migrant care workers, who are often hired by private households to provide eldercare. Finally, web-based services for carers are investigated by considering InformCare, a recently implemented European platform which was tested on a sample of carers from three countries (Germany, Italy and Sweden). (RH)
ISSN: 23978821
From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 249/21 The intersection of formal and informal care for older people in a multicultural society: the case of two day-care centres in Northern Israel; by Dafna Halperin.: Policy Press.
International Journal of Care and Caring, vol 3, no 1, February 2019, pp 117-121.
Of all community service Long-Term Care Insurance Law (LTCIL) options in Israel, day care centres are the most popular, not only for providing services to older people, but also for their indirect support to

- family carers. This article uses a case study of two day-care centres in Northern Israel, one for Jews and one for Arabs, to examine two key questions. First, how do day-care centres support carers and families alongside offering a wide range of services to frail older people. Second, what are the cultural values and ethos that underpin and guide their operations and development? (RH)
ISSN: 23978821 From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 249/22 Knowledge mobilisation: National Initiative for the Care of the Elderly (NICE); by Lynn McDonald.: Policy Press.
International Journal of Care and Caring, vol 3, no 1, February 2019, pp 129-132.
This debate argues that it is time that knowledge mobilisation or exchange is adopted as a permanent part of academic, policy and practice endeavours, especially in the area of caregiving. Seven-year research on knowledge mobilisation by Canada's National Initiative for the Care of the Elderly (NICE) clearly shows that knowledge mobilisation affects professionals' behaviour in providing service to the betterment of older adults. (RH)
ISSN: 23978821 From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 249/23 Living longer: caring in later working life: examining the interplay between caring and working in later life in the UK; by Office for National Statistics - ONS.: Office for National Statistics, 15 March 2019, 11 pp.
In the UK, one in four older female workers, and one in eight older male workers, have caring responsibilities. This article looks at the differences between men and women who work and care. It uses the English Longitudinal Study of Ageing (ELSA) along with a range of official statistics. The article shows that working and caring can be combined, but the downside is that women with caring roles are more likely to work part-time in jobs that are lower paid than full-time equivalents, and with lower future pension security. The article concludes that informal care providers are "hugely important" to the economy and society, but at great personal cost to themselves. (RH)
From : <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2019-03-15>
- 249/24 The relationship between older caregiving and labour force participation in the context of policies addressing population ageing: a review of empirical studies published between 2006 and 2016; by Margaret Malke Moussa.: Cambridge University Press.
Ageing and Society, vol 39, no 6, June 2019, pp 1281-1310.
This paper systematically reviews empirical research published between 2006 and 2016 on the relationship between informal care-giving to elders and labour force participation (LFP). It does so in the context of Organisation for Economic Co-operation and Development (OECD) policy responses to population ageing. In this context, conclusions regarding the LFP and care-giving relationship should at least be applicable to the sub-population of working-age individuals who are most likely to provide informal elder care. Currently, these are women in mid-life, and the recipients of their care are mostly extra-residential parents. The review's key conclusion is that mid-life women care-givers of elderly parents are significantly likely to reduce their working hours and also to work fewer hours relative to their non-care-giving counterparts.
In drawing this conclusion, the review shows that studies finding only modest care-giving effects on LFP either do not adequately control for care-giving intensity, or their conclusions apply to sub-populations less likely to be affected by policies addressing population ageing. Results are also examined by country or region: United States, Canada, Australia, the UK, and the European Union (EU).
ISSN: 0144686X From : <http://www.cambridge.org/aso>
- 249/25 You never walk alone: an exploratory study of the needs and burden of an informal care group; by Leontien Jansen, Lieze Eecloo, Anneleen Vanwing, Birgitte Schoenmakers.: Wiley.
Health and Social Care in the Community, vol 27, no 2, March 2019, pp 375-382.
Little is known about the dynamics of a group of people giving informal care together. This Belgian study investigates the characteristics of an informal care group, the obstacles the informal care group experiences, the needs and desires they have, and how the informal care group can be supported by general practitioners (GPs) and other professionals. Nine informal care groups were interviewed, based on a questionnaire that was pre-approved by the six Flemish official informal caregiver organisations. The results were analysed using open coding. A survey was conducted among 137 caregivers who were part of a group. Univariate analysis was performed. Informal care groups usually consist of close relatives of the patient, often with the patient's partner as the main caregiver. The size of the informal care group depends on the size of the family. If there are more caregivers in a group, the perceived burden of the individual caregiver decreases. The support of the other caregivers in the group increases capacity. The cooperation and agreements are often spontaneously organised and few problems are reported. There is a large variation in the expectations of support from the general practitioner, ranging from availability in emergencies to information about the possibilities of formal home care. This study depicts a positive image of the informal care group. Being part of a caregiver group both decreases burden and increases capacity. Informal care groups usually function well without a need for formal agreements within the group, and they rarely need a third party to coordinate with them or intervene. (RH)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>

COMMUNITY CARE

(See 249/79)

CRIME

- 249/26 Applying the brakes: slowing and stopping fraud against older people; by Age UK. London: Age UK, March 2018, 18 pp.
People of all ages, education and wealth are victims of fraud. However, older people are over-represented as victims of particular types of fraud, including pension and investment fraud, postal scams, doorstep scams and telephone scams: more than two-fifths of those aged 65+ believe they have been targeted. This report is based on the experiences of older people and their families regarding what can put them at risk of fraud, and how banks should protect them. It sets out Age UK's recommendations for banks, police forces, local authorities and the Government to take action in their safeguarding duties. (RH)
From : https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/safe-at-home/rb_mar18_applying_the_brakes.pdf
- 249/27 The differences between sex offenders who victimise older women and sex offenders who offend against children; by K D Browne, Morag Hines, Ruth J Tully.: Taylor and Francis.
Ageing and Mental Health, vol 22, no 1, January 2018, pp 11-18.
Within the literature on sex offending much attention is paid to the distinction between those sex offenders who offend against adults and those who offend against children. In contrast there is scant research into sex offenders who offend specifically against older victims. In this study a detailed interview and psychometric tests were conducted with a sample of 28 sex offenders who had been convicted of a sexually motivated offence against an older female. These data were compared to a sample of 23 child sex offenders. Results indicated that amongst other significant differences between these sub-groups men who offend against older women are generally younger, are more violent and are more likely to use a weapon and cause injury and death compared to child sex offenders. The men who offended against children were more likely to think about and plan their offending, spend more time with the victim pre and post offence, admit sexual arousal during the offence and admit to a sexual motivation for the offence. This study suggests that men who sexually offend against older women and men who sexually offend against children are distinct groups. Treatment and risk management strategies should take this into account. Further exploration of this sub-group of offenders is recommended to help inform treatment and risk management strategies for sex offenders who offend against older people. (JL)
ISSN: 13607863 From : <http://www.tandfonline.com>
- 249/28 Older adults and violence: an analysis of Domestic Homicide Reviews in England involving adults over 60 years of age; by Susan Mary Benbow, Sarmishtha Bhattacharyya, Paul Kingston.: Cambridge University Press.
Ageing and Society, vol 39, no 6, June 2019, pp 1097-1121.
Domestic Homicide Reviews (DHRs) are conducted when an individual aged 16 or over appears to have died from violence, abuse or neglect by a person to whom they are related, or with whom they are in an intimate relationship, or who is a member of the same household. DHRs aim to identify lessons to be learned, to improve service responses to domestic abuse, and to contribute to prevention of domestic abuse and/or homicide. The authors submitted Freedom of Information (FoI) requests to English Local Authorities to identify DHRs where victim, perpetrator or both were aged over 60. Collected Reports and/or Executive Summaries were thematically analysed. Analysis identified four key themes in the context of the key relationship and caring: major mental illness of the perpetrator; drug and/or alcohol abuse; financial issues; and a history of domestic abuse in key or family relationships. The authors analysed 14 adult family homicides, 16 intimate partner homicides and five homicide-suicides. Age per se did not emerge as a significant factor in their analysis. Terminology needs to be standardised, and training and/or education regarding risk assessment needs to be improved in relation to age, myths around ageing and/or dementia, and stresses of caring. Management of mental illness is a key factor. A central repository of DHR Reports accessible for research and subject to regular review would contribute to maximising learning and improving practice. (RH)
ISSN: 0144686X From : <http://www.cambridge.org/aso>

DEMENCIA

(See Also 249/10, 249/14)

- 249/29 Cognitive functioning, cognitive reserve, and residential care placement in patients with Alzheimer's and related dementias; by Helena Kadlec, Carren Dujela, B Lynn Beattie, Neena Chappell.: Taylor and Francis.
Ageing and Mental Health, vol 22, no 1, January 2018, pp 19-25.
The aim of this study was to test the hypothesis that patients with mild to moderate dementia with higher initial cognitive reserve exhibit faster cognitive decline at later stages of disease progression as they approach residential care (RC) placement. Cognitive reserve is hypothesised to be enhanced by

lifestyle factors such as high educational attainment. In this study two provincial administrative databases were used. One contained individuals' scores of cognitive functioning (assessed at 6- to 12-month intervals using the Standardized Mini-Mental State Examination, SMMSE, 2007-2014) and education level; the second (BC Ministry of Health Home and Community Care database, 2001-2014) contained individuals' RC placement. During 2.5-0.5 years prior to placement, SMMSE scores of patients with 0-8 years of education dropped slightly, while patients with 9-12 years and 13+ years of education started higher, but decreased faster and ended up lower. Six months prior to placement, SMMSE scores of all groups dropped almost 2 points. Once cognitive reserve of more highly educated dementia patients is depleted and they approach RC placement their cognitive functioning deteriorates faster. Finding effective interventions that maintain or enhance cognitive reserve may increase the time in the community for dementia patients. (JL)

ISSN: 13607863

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

- 249/30 Living well with dementia groups: changes in participant and therapist verbal behaviour; by Richard Cheston, Ann Marshall, Angharad Jones (et al): Taylor and Francis.
Aging and Mental Health, vol 22, no 1, January 2018, pp 61-69.
The Living Well with Dementia (LivDem) group therapy intervention focuses on helping people living with dementia adapt to their illness. This paper reported two related analyses of verbal material from seven LivDem groups: the first examined changes in the verbal behaviours of participants across the course of the sessions in all seven groups while the second contrasted therapist behaviour in two groups. In the first analysis, recordings of three sessions from each group were transcribed and participant descriptions of dementia were analysed using the Markers of Assimilation of Problematic Experiences of Dementia (MAPED) rating procedure. In the second analysis, therapist behaviour in weeks 2 and 8 from two groups (F and G) was analysed using the Hill Counsellor Verbal response rating scale. Inter-rater reliabilities for the two sets of ratings were 'good' and 'very good', respectively. For the MAPED ratings, a five by four contingency table was analysed using chi-squared, which indicated a highly significant change in assimilation. There were significant higher levels of level 1 and 2 markers in the first two sessions and level 4 for sessions 5 and 6. Facilitators used significantly more direct guidance and information giving behaviour in the second session at Location F compared to Location G. These results suggest that important changes occurred in the way that dementia was described across the seven LivDem groups: this included both reductions in the avoidance of direct references to dementia after the first two sessions as well as an increase in 'insight' statements. Directive facilitator behaviour may be associated with poorer outcomes. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>
- 249/31 Relationship continuity and emotional well-being in spouses of people with dementia; by Gerard A Riley, Laura Evans, Jan R Oyeboode.: Taylor and Francis.
Aging and Mental Health, vol 22, no 3, March 2018, pp 299-305.
Qualitative research has suggested that spousal experiences of discontinuity in their relationship with a person who has dementia (i.e. the relationship is experienced as radically changed) may contribute to heightened feelings of burden, entrapment, isolation, guilt and intolerance of behaviours that challenge. By contrast, continuity in the relationship may contribute to a greater sense of achievement and gratification from providing care. The present study served as a quantitative test of these suggestions. A convenience sample of 71 spouses of people with dementia completed three questionnaires - the Zarit Burden Interview (ZBI), the Positive Aspects of Caregiving measure (PAC) and the Birmingham Relationship Continuity Measure (BRCM). In accordance with the hypotheses, the experience of greater relationship continuity (higher BRCM scores) was correlated with fewer negative emotional reactions to caregiving and more positive emotional reactions. The study provided some quantitative support for suggestions arising from qualitative research about how perceptions of continuity/discontinuity in the relationship may impact on the caregiving spouse's emotional wellbeing. Helping couples to maintain a sense of continuity and couplehood may assist their emotional adjustment to dementia. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>
- 249/32 What would I want?: Dementia perspectives and priorities among people with dementia, family carers and service professionals; by Irja Haapala, Ashley Carr, Simon Biggs.: Policy Press.
International Journal of Care and Caring, vol 3, no 1, February 2019, pp 39-57.
Different perspectives on dementia, held by people with dementia, carers and professionals working in helping service industries, were examined in 111 interviews across Australia in 2017 to add a recipients' view on what public health campaigning should address. Contrasts were found between the priorities of the different perspectives, plus a common feeling that dementia should become a normal part of social life. Rather than reflecting stigmatising behaviour, all groups expressed a need for knowledge on how to communicate and interact with people with dementia. In contrast to current campaigns, information on prevention and health-care systems were a low priority. (RH)
ISSN: 23978821
From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>

DEMENTIA CARE

(See Also 249/15, 249/29, 249/30, 249/31, 249/32, 249/59, 249/128)

- 249/33 Communication: the Bouncing Balls workshop; by Helen Moores-Poole.: Hawker Publications.
Journal of Dementia Care, vol 27, no 2, March/April 2019, pp 18-20.
How do you show care home staff the impact of communication difficulties on people with dementia?
This article describes the the Bouncing Balls workshop developed by he NHS Dumfries and Galloway
IDEAS Team (Interventions for dementia, education, assessment and support). The workshop uses the
catching of a ball to teach five key principles: shared communication; body language; overloading
people; outpacing people; and medical jargon. Evaluation of the workshops showed that health and
social care staff had a better understanding of the principles, and that poor communication can lead to
stress and distress both for staff and the people with dementia. (RH)
ISSN: 13518372
From : <http://www.journalofdementia.co.uk>
- 249/34 Dementia caregivers' coping with pre-death grief: effects of a CBT-based intervention; by Franziska
Meichsner, Gabriele Wilz.: Taylor and Francis.
Aging and Mental Health, vol 22, no 2, February 2018, pp 218-225.
Pre-death grief can have an adverse impact on dementia caregivers. The purpose of the present study
was to examine whether a cognitive-behavioural intervention including a grief intervention module could
increase caregivers' coping with pre-death grief and whether these effects could be maintained as a
six-month follow-up assessment. In a randomised controlled trial examining the effectiveness of a
cognitive-behavioural intervention 273 caregivers were allocated to either an intervention or control
group. Intervention group participants received 12 therapy sessions over six months whilst all
participants completed a measure of pre-death grief. The analysis was conducted using latent change
models. In the first model, study group was included as a predictor of change in pre-death grief.
Subsequent models also included care situation and sociodemographic variables. The burden due to
pre-death grief was reduced for intervention but not control group participants at the time of the
six-month follow-up assessment. When controlling for changes in the care situation and
sociodemographic variables, the treatment effect was also found in the assessment completed post
intervention. These results indicate that a cognitive-behavioural intervention including grief-specific
strategies can successfully foster caregivers' coping with loss and reduce the burden of pre-death grief.
(JL)
ISSN: 13607863
From : <http://www.tandfonline.com>
- 249/35 Engagement and social interaction in dementia care settings: a call for occupational and social justice;
by Mark Morgan-Brown, Joan Brangan, Rachel McMahon, Blain Murphy.: Wiley.
Health and Social Care in the Community, vol 27, no 2, March 2019, pp 400-408.
As full citizens, people with dementia are entitled to engage in social and occupational activities in
residential care settings. Limitation or deprivation of choice and experience of valued occupations has
been described elsewhere as occupational injustice. This research frames the unmet needs of people with
dementia for occupation and social interaction as issues of human rights and citizenship. It identifies
a gap in current measurement tools of engagement in residential settings. In response, it presents the
Assessment Tool for Occupational and Social Engagement (ATOSE) as an objective measure of
engagement. It examines results from a study of five residential care settings in Ireland using the ATOSE,
which included 73 residents with dementia and/or enduring mental health diagnoses. On average,
residents spent 38% of their time engaged and 62% of their time not engaged while in their communal
sitting rooms. The ATOSE observations supported the rights of residents as citizens to have low levels
of engagement addressed. Concepts of citizenship, occupational justice and social justice are discussed
from a gerontological perspective in the context of this research project. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 249/36 NonPharmacological interventions for managing wandering in the community: a narrative review of the
evidence base; by Margaret MacAndrew, Deborah Brooks, Elizabeth Beattie.: Wiley.
Health and Social Care in the Community, vol 27, no 2, March 2019, pp 306-319.
Dementia-related wandering is exhibited by as many as 63% of people with dementia living in the
community. There is strong evidence that people with dementia who wander are at risk of life-threatening
outcomes including injury from falls, exhaustion, weight loss and becoming lost.
Furthermore, carers have reported that fear of a person with dementia becoming lost contributes to them
taking extreme measures in an attempt to maintain safety at home, and there are few guidelines to direct
care practices. Previous literature reviews of interventions to manage wandering have been inconclusive,
as the quality of research resulted in most studies being excluded. This narrative review aimed to report
on the current state of wandering intervention science for people with dementia cared for in the
community. An extensive search of articles and grey literature published between January 1999 and
November 2017 was conducted. It included quantitative studies that reported findings of
non-pharmacological interventions for people with dementia living in the community that reported

outcome measures of wandering characteristics (e.g., frequent ambulation, pacing and boundary transgression). Eleven papers met the inclusion criteria, the majority of which were small non-randomised studies or case studies with interventions that focused on: engaging the person with dementia in an activity, improving safety with environmental modifications, and technology to improve navigation or to monitor movement. While the strength of the evidence was low, the review has identified some promising interventions that carers of people with dementia could trial to reduce risky aspects of wandering, as well as identifying potential directions for future research. (RH)

ISSN: 09660410

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

- 249/37 People with dementia and carer preferences for home support services in early-stage dementia; by Helen Chester, Paul Clarkson, Linda Davies (et al.): Taylor and Francis.
Aging and Mental Health, vol 22, no 2, February 2018, pp 270-279.
The present study aimed to examine people with dementia and carer preferences for home support attributes in early-stage dementia, building on the paucity of evidence in this area. Preferences from 44 people with dementia and 103 carers, recruited through memory clinics and an online questionnaire, were assessed with a Discrete Choice Experiment survey, with attributes informed by an evidence synthesis and lay consultation. A conditional logit model was used to estimate preference weights for the attributes within a home support 'package'. The most preferred attributes were support with personal feelings and concerns, provided by a trained counsellor at home and information on coping with dementia, provided by an experienced worker at home. However for people with dementia themselves, opportunities for social and recreational activities were considered the most important. These preferences concur with emerging evidence on psychosocial interventions in dementia. Support with personal feelings, information and social engagement are important components. Additionally, knowledge of preferences of people with dementia and their carers can identify other attributes that may be important to effectiveness in 'living well' but for which there remains limited evidence. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>
- 249/38 Practical and adaptable dementia-friendly design; by Geoff Crocker, Peter Kevern.: Hawker Publications.
Journal of Dementia Care, vol 27, no 2, March/April 2019, pp 16-17.
Quarry House is one of four small care homes operated by Bristol Care Homes. When it was rated "requires improvement" by the Care Quality Commission (CQC), it was decided that a design overhaul was needed. This article describes the process of consultation with residents and staff. The resulting more visually appealing designs also improved wayfinding for those with dementia, and also led to an improved CQC inspection outcome of "good". (RH)
ISSN: 13518372
From : <http://www.journalofdementia.co.uk>
- 249/39 The relation between mood, activity, and interaction in long-term dementia care; by Hanneke C Beerens, Sandra M G Zwakhalen, Hilde Verbeek (et al.): Taylor and Francis.
Aging and Mental Health, vol 22, no 1, January 2018, pp 26-32.
The aim of this study was to identify the degree of association between mood, activity engagement, activity location and social interaction during the everyday lives of people with dementia (PwD) living in long-term care facilities. An observational study using momentary assessments was conducted. For all 115 participants, 84 momentary assessments of mood, engagement in activity, location during activity and social interaction were carried out by a researcher using the tablet-based Maastricht Electronic Daily Life Observation tool. A total of 9,660 momentary assessments were completed. The mean age of the 115 participants was 84 and most (75%) were women. A negative, neutral or positive mood was recorded during 2%, 25%, and 73% of the observations, respectively. Positive mood was associated with engagement in activities, doing activities outside and social interaction. The type of activity was less important for mood than the fact that PwD were engaged in an activity. Low mood was evident when PwD attempted to have social interaction but received no response. Fulfilling PwD's need for occupation and social interaction is consistent with a person-centred dementia care focus and should have priority in dementia care. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>
- 249/40 A step-by-step translation of evidence into a psychosocial intervention for everyday activities in dementia: a focus group study; by Clarissa M Giebel, David Challis, Nigel M Hooper, Sally Ferris.: Taylor and Francis.
Aging and Mental Health, vol 22, no 3, March 2018, pp 323-329.
In order to increase the efficacy of psychosocial interventions in dementia, a step-by-step process translating evidence and public engagement should be adhered to. This paper described such a process by involving a two-stage focus group with people with dementia (PwD), informal carers and staff. Based on previous evidence general aspects of effective interventions were drawn out. These were tested in the first stage of focus groups, one with informal carers and PwD and one with staff. Findings from this stage helped shape the intervention further specifying its content. In the second stage participants were consulted about the detailed components. The extant evidence base and focus groups helped to identify

six practical and situation-specific elements worthy of consideration in planning such an intervention, including underlying theory and personal motivations for participation. Carers, PwD and staff highlighted the importance of rapport between practitioners and PwD prior to commencing the intervention. It was also considered important that the intervention would be personalised to each individual. This paper shows how valuable public involvement can be to intervention development and outlines a process for such involvement. The next step would be to formally test the intervention. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 249/2)

- 249/41 Trends in life expectancy in EU and other OECD countries: why are improvements slowing?; by Veena S Raleigh, Directorate for Employment, Labour and Social Affairs Health Committee, Organisation for Economic Co-operation and Development - OECD. Paris: OECD, 2019, 61 pp (OECD Health working papers, no 108).
This paper reports on levels and trends in life expectancy in the 28 European Union (EU) countries and some other high-income OECD countries, and examines potential explanations for the slowdown in improvements in recent years. It finds that: life expectancy among the EU countries and other selected OECD countries shows large variations; and differences in life expectancy at birth among EU countries are narrowing, but that improvements in most high-income countries have slowed in recent years. It looks at what is causing the slowdown in life expectancy improvements in the EU and other selected OECD countries in since 2011. The aim is to raise awareness of the slowdown in improvements in life expectancy, prompt further investigative work such as through international collaboration to understand similarities, and in turn inform the implementation of appropriate policies and interventions. (RH)
From : https://www.oecd-ilibrary.org/social-issues-migration-health/trends-in-life-expectancy-in-eu-and-other-oecd-countries_223159ab-en

DEPRESSION

(See Also 249/81, 249/91)

- 249/42 Effect of a social intervention of choice vs control on depressive symptoms, melancholy, feeling of loneliness, and perceived togetherness in older Finnish people: a randomized controlled trial; by Katja Pynnonen, Timo Tormakangas, Taina Rantanen (et al.): Taylor and Francis.
Aging and Mental Health, vol 22, no 1, January 2018, pp 77-84.
This study examined the effects of a social intervention on depression, melancholy, loneliness and perceived togetherness in community-dwelling Finnish older people. The GoodMood project, with the purpose of promoting mental wellbeing in older people, was a single-blinded randomised control trial lasting 1.5 years. 223 people aged between 75- 79 years reporting symptoms of loneliness or melancholy were randomised into intervention and control groups. The intervention group was allowed to choose among supervised exercise, social activity or personal counselling. Follow-up measurements were conducted at the end of a six-month intervention, and at three, six and 12 months post intervention. Depression remained unchanged, while loneliness and melancholy decreased in both the intervention and control groups during the study. Social integration increased in the intervention group but not in controls. Attachment and guidance increased in both groups. Overall the intervention did not alleviate depressed mood. Positive changes over time were observed in loneliness, feelings of melancholy, attachment and guidance but these occurred independently of the intervention. A secondary analysis suggests that the intervention increased perceived social integration. In sum the effects of the intervention were moderate only and did not expedite further overcoming depressive mood or loneliness. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>

DIET AND NUTRITION

- 249/43 Impact of a home-based nutrition and exercise intervention in improving functional capacity associated with falls among rural seniors in Canada; by Shanthi Johnson, Bill McLeod, Sabyasachi Gupta, Katherine McLeod.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 261-272.
A six-month randomised controlled trial (RCT) was conducted to examine the impact of a home-based nutrition and exercise intervention on functional capacity to prevent falls among rural older Canadians. The paper aims to discuss this issue. Men and women (n=134), aged 60+ were assigned to one of four groups: exercise, nutrition, exercise-nutrition and control. Participants in the exercise and exercise-nutrition groups performed a home-based exercise programme (Home Support Exercise Program), and the nutrition and exercise-nutrition groups received a liquid nutritional supplement (Ensurer) for six months. Participants were assessed at baseline and six months on functional mobility, balance, flexibility and endurance. There were significant group differences over time for functional reach and the Timed

Up and Go test. Significant differences existed between exercise and nutrition-exercise, and exercise and nutrition groups, respectively. Overall, the exercise group out-performed the other groups in terms of functional capacity and psychological well-being. Improvement in functional health among rural older people is achievable through the delivery of a home-based intervention focusing on exercise and nutrition. The study also shows that the effective delivery of an intervention to successfully address a fundamental and persistent problem is possible using existing resources; however, it requires a commitment of focus and energy over considerable time. The approach and findings promotes seniors to age in place in a rural context. It shows the feasibility of delivering a practical intervention in the rural setting through the health care infrastructure of home care. Apart from the rural context, the study was innovative at many levels. Specifically, this intervention addressed a significant health issue (functional capacity, falls and injuries), involved frail rural older people (who are often hard to reach through community-based programmes), provided a feasible intervention (multiple component exercise programme), used existing infrastructure (e.g. home care), and espoused community development principles (active involvement of community partners, researchers, and trainees). In addition, the study had built-in mechanisms for monitoring and support through the involvement of home service workers who received training. This approach created a strong research to practice connection (another innovation) and was critical for the credibility of the investigation, as well as the sustainability of the intervention. Another innovation was the inclusion of a population health perspective as the study framework. From the population health perspective, this research addressed several determinants of health in rural and urban areas that include: physical environment (intervention within people's homes and rural context), social environment and social support networks (through existing infrastructures of home support workers), health services (availability of health promotion strategy delivered through the health care system) and personal health practices and coping skills (exercise). (RH)

ISSN: 14717794

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

DISABILITY

249/44 The importance of a room with a view for older people with limited mobility; by Charles Musselwhite.: Emerald.

Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 273-285.

This paper examines how older people who are almost entirely housebound use a view from their window to make sense of the world, and stay connected to the outside space that they cannot physically inhabit. Semi-structured interviews with 42 individuals in South West England and South Wales were carried out who were living at home, were relatively immobile and had an interesting view outside they liked from one or more of their windows. The findings suggest that immobile older people enjoy watching a motion-full, changing, world going on outside of their own mobility, and interact and create meaning and sense, relating themselves to the outside world. Findings suggest that those working in health and social care must realise the importance of older people observing the outdoors and create situations where that is enabled and maintained through improving vantage points and potentially using technology. This study builds and updates work by Rowles (1981) showing that preference for views from the window involves the immediate surveillance zone but also further afield. The view can be rural or urban but should include a human element from which older people can interact through storytelling. The view often contains different flows, between mundane and mystery and intrigue, and between expected and random. (RH)

ISSN: 14717794

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

EMPLOYMENT

(See Also 249/23, 249/24, 249/77)

249/45 'I just felt as though I had to drop something': the implications of care for female working elder carers' working lives; by Viv Burr, Helen Colley.: Cambridge University Press.

Ageing and Society, vol 39, no 5, May 2019, pp 877-898.

This paper explores the challenges that female carers of older people in the United Kingdom face in combining paid work with elder care, and the implications of this care for their current and future working lives. In-depth interviews with 11 working women from a large organisation were conducted. Five of the women were re-interviewed after a period of one year to examine any changes in their situation. The interviews revealed the precarious nature of their daily schedules, which required constant effort to maintain; the intrusion of elder care into their working lives; and the impact it had upon their career development and future aspirations. The findings provide insight into the reasons why carers, especially women, are more likely to reduce their working hours, do not take advantage of training opportunities and retire early. The findings are discussed in relation to the expectation of an extended working age and gender equality. (RH)

ISSN: 0144686X

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

- 249/46 Capturing the diversity of working age life-courses: a European perspective on cohorts born before 1945; by Kathrin Komp-Leukkunen.
 PLoS ONE 14(2): e0212400, February 2019, 21 pp.
 Life-courses describe people's activities from the cradle to the grave. Because life-courses are typically complex, models are used to simplify their description. The most commonly used model is tripartite, representing lives in subsequent periods of education, work, and retirement. However, researchers criticize this model as limited in the activities considered, overly simplistic in the activity sequence, and blind to variation between life-courses. This article explores working age life-courses, which typically show high diversity. Multichannel sequence and cluster analyses are conducted on people's activities from age 15 to 65. Data stem from the life-history interviews of the Survey of Health, Ageing and Retirement in Europe (SHARE), capturing cohorts born before 1945. Findings show that three out of four working age life-courses are in line with the tripartite model. This share is particularly high among men, the cohort born 1935 to 1944, and in Northern and Eastern Europe. In contrast, a considerable share of women spent their working age on home-making, especially women born before 1935, and those living in Southern Europe. Finally, a smaller number of men spent their working age on paid work, followed by a period of illness or of non-employment. The working age life-course patterns identified are used to develop alternative life-course models. However, for a parsimonious solution, the use of two models suffices. A combination of the tripartite model and the model equating middle age to home-making captures the lives of more than nine out of ten older Europeans. The prevalence of working age life-course patterns in a population is country-specific, and the country differences align with the welfare regimes. This perspective makes working age life-courses characteristics of a society that can be used to map social inequalities at the macro-level and capture social change over time. (NL/RH)
From : <https://doi.org/10.1371/journal.pone.0212400>
- 249/47 Self-employment in later life: how future time perspective and social support influence self-employment interest; by Valerie Caines, Joanna Kaa Earl, Prashant Bordia.
 Frontiers in Psychology, vol 10, article 448, March 2019, 13 pp.
 For older workers, self-employment is an important alternative to waged employment. The authors draw on social learning theory and social cognitive career theory to examine how attitudes toward one's own ageing, future time perspective (captured by perceived time left to live) and perceived support from referent individuals predict self-efficacy for entrepreneurship and outcome expectations, influencing self-employment interest. Findings from a sample of professional association members in Australia (n = 174, mean age 52.5 years) revealed that an open-ended time perspective relates positively to entrepreneurial self-efficacy, while social support relates positively to outcome expectations. Consistent with social cognitive career theory, entrepreneurial self-efficacy mediated the relationship between future time perspective and interest in self-employment, and outcome expectations mediated the relationship between social support and interest in self-employment. This study extends current career and entrepreneurship theory in several ways. First, the inclusion of age-related psychosocial and sociocultural factors in the study model shed light on the intersection between older age, the contextual environment and development of self-employment interest. Second, the findings support earlier arguments that older entrepreneurship is a social process whereby the social context in which people work and live influences their interest in entrepreneurship, and that entrepreneurial behaviour among older people needs to be supported to occur. Finally, the findings suggest the utility of social cognitive career theory in informing the development of self-employment interest in the late career stage. The authors discuss implications for the career and entrepreneurship literatures as well as practitioners involved in late-career counselling or seeking to promote entrepreneurship for older people. This article was submitted to Organizational Psychology, a section of the journal Frontiers in Psychology. (RH)
From : <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6409329/> doi: 10.3389/fpsyg.2019.00448
- 249/48 Understanding old age adaptation policies in Europe: the influence of profit, principles and pressures; by Jelle Lossbroek, Bram Lancee, Tanja van der Lippe, Joop Schippers.: Cambridge University Press.
 Ageing and Society, vol 39, no 5, May 2019, pp 924-950.
 To cope with an increased proportion of older workers, organisations develop old-age adaptation policies. Two strategies underlie these policies: phasing out and activating. Although the existence of these strategies is widely recognised, the reasons for their presence have rarely been explored. The authors identify three arguments that explain the extent to which these strategies are present: profit, principles and pressures. It is hypothesised that the intensity of the phasing out strategy is higher when it is profitable and easy to replace older workers, when employer's age norms support the principle of treating older workers differently, and when external pressures are high. It is also hypothesised that the intensity of the activating strategy is higher when it is profitable, but hard to replace older workers, when the employer's age norms reject the principle of treating older workers differently, and when external pressures are high. The authors use pooled regression analysis to study imputed managerial data from 5,410 organisations in seven European countries: Denmark, France, Germany, Italy, the Netherlands, Poland and Sweden. Results confirm the importance of external pressures for the adaptation of both strategies, and of principles for activating. Although policy feasibility is important for the adaptation of both strategies, the other profit variables show mixed results. Net benefits of older workers to the organisation are only important for phasing out, and substitutability only for activating. The study's wider implications are discussed. (RH)
 ISSN: 0144686X From : <http://www.cambridge.org/aso>

END-OF-LIFE CARE

- 249/49 Does informal care impact utilisation of home-based formal care services among end-of-life patients?: A decade of evidence from Ontario, Canada; by Zhuolu Sun, Denise N Guerriere, Claire de Oliveira, Peter C Coyte.: Wiley.
Health and Social Care in the Community, vol 27, no 2, March 2019, pp 437-448.
Understanding how informal care affects formal care utilisation for home-based end-of-life patients is of great relevance to policy and practice. This paper aims to assess the relationship between informal and formal home care among home-based end-of-life patients, and how this relationship has changed over the last decade and over the end of life trajectory. This study focuses on informal care provided by family members or friends, and three types of home-based formal care services: care by personal support workers, physician visits, and nurse visits. Using survey data collected in a home-based end-of-life care programme in Ontario, Canada from 2005 to 2016, a two-part utilisation model analysing both the propensity to use each type of formal care and the amount of formal care received by patients, is built. The results suggest that informal care is a substitute for care by personal support workers, but a complement to physician visits and nurse visits. In the case of nurse visits, an increased complementary effect is observed in more recent years. For home-based physician and nurse visits, the complementary effect grows with patient's proximity to death. These results highlight the complexity of the relationship between informal and formal care among home-based end-of-life patients. Decision-makers need to take into account the relationship between informal care and different types of formal services when introducing future policies. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

FALLS

(See 249/78)

FAMILY AND INFORMAL CARE

(See Also 249/20, 249/21, 249/31, 249/45, 249/49, 249/59, 249/72, 249/82, 249/93, 249/122, 249/124)

- 249/50 Ambivalence, families and care; by Karl Pillemer, J Jill Sutor, Andres Losada Baltar.: Policy Press.
International Journal of Care and Caring, vol 3, no 1, February 2019, pp 9-22.
Although research shows that most parents and adult children report generally positive and supportive ties, there is also evidence that negative interactions and emotions are common in intergenerational relationships. To investigate this complexity, researchers have moved beyond simple models to orientations and approaches that recognise contradictory emotions and attitudes regarding family relationships in later life. These efforts have given rise to what has come to be termed the 'intergenerational ambivalence' perspective. In this article, the authors explore the applicability of this perspective to the issue of family caring. They begin by reviewing recent developments in the intergenerational ambivalence perspective. They then discuss a paradox: although caring appears to be a situation particularly prone to conflicting emotions, little research has focused specifically on ambivalence among carers. They present results from their work that shed light on the measurement of carer ambivalence, as well as substantive findings regarding sources of ambivalence for carers. (RH)
ISSN: 23978821
From : <http://www.policypress.co.uk/journals/international-journal-of-care-and-caring>
- 249/51 The impact of defamilisation measures on gender and pensions: a comparison between the UK and seven other European countries; by Liam Foster, Ruby Chau, Sam Yu.: Policy Press.
Journal of Poverty and Social Justice, vol 25, no 3, 2017, pp 199-217.
This article uses individual-based and state-led care-focused defamilisation indices to explore women's employment opportunities and experiences and their implications for pension contributions. These two types of defamilisation indices are applied to eight European countries (Belgium, Finland, France, the Netherlands, Denmark, Norway, Sweden and the UK). These indices show that the UK has less generous defamilisation measures than its European counterparts. The article indicates that the use of defamilisation measures along with pension policies which are not based on the male breadwinner ideology have the capacity to moderate economic inequalities between men and women in older age. (OFFPRINT). (RH)
ISSN: 17598281
From : <https://doi.org/10.1332/175982717X14999284090397>
- 249/52 Investigating burden of informal caregivers in England, Finland and Greece: an analysis with the short form of the Burden Scale for Family Caregivers (BSFC-s); by Uwe Konerding, Tom Bowen, Paul Forte (et al): Taylor and Francis.
Aging and Mental Health, vol 22, no 2, February 2018, pp 280-287.
The burden of informal caregivers might show itself in different ways in different cultures. Understanding these differences is important for developing culture-specific measures aimed at

alleviating caregiver burden. In this paper, differences between English, Finnish and Greek informal caregivers of people with dementia were investigated. A secondary analysis was performed with data from 36 English, 42 Finnish and 46 Greek caregivers obtained with the short form of the Burden Scale for Family Caregivers (BSFC-s). The probabilities of endorsing the BSFC-s items were investigated by computing a logit model with items and countries as categorical factors. Statistically significant deviation of data from this model was taken as evidence for country-specific response patterns. The two-factorial logit model explained the responses to the items quite well, however there were significant deviations. English caregivers had a stronger tendency to endorse items addressing impairments in individual wellbeing. Finnish caregivers had a stronger tendency to endorse items addressing the conflict between the demands resulting from care and demands resulting from the remaining social life. Greek caregivers had a stronger tendency to endorse items addressing impairments in physical health. Caregiver burden shows itself differently in English, Finnish and Greek caregivers. Accordingly, measures for alleviating caregiver burden in these three countries should address different aspects of the caregivers' lives. (JL)
ISSN: 13607863

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

- 249/53 Policy, plans and pathways: the 'crisis' transition to post-parental care for people ageing with intellectual disabilities in rural Australian caescapes; by Bridget Garnham, Lia Bryant, Paul Ramcharan, Nilan Yu, Valerie Adams.: Cambridge University Press.
Ageing and Society, vol 39, no 4, April 2019, pp 836-850.

The concurrent ageing of parental care-givers and people with intellectual disabilities is driving academic and social welfare concern for a post-parental care 'crisis'. Typically, the 'crisis' pertains to a transition from primary care in the family home precipitated by the death or incapacity of older parents without a pre-planned pathway, to post-parental care. This crisis is amplified in rural communities, given low service engagement with families and a deficit of disability-supported accommodation and services. Academics, service providers and policy makers have responded through a problematisation of post-parental care planning. This focus continues to normalise informal care, burdens families with responsibility for planning, and diverts attention from structural deficits in the socio-political caescapes. This paper attends to the Australian policy landscape in which long-term care-giving for families living with intellectual disability is enmeshed. It contends that the dyadic and didactic model of informal long-term care has profound implications for social service support and post-parental care planning. Problematisation of carers' 'need' to relinquish primary care and for people with intellectual disabilities to transition to independent and supported living is necessary to unsettle the dominant policy and service discourse around the provision of services to sustain informal care-giving. Innovation is then needed to forge pathways of support for families in rural communities planning on continuing, transitioning and transforming care arrangements across the life-span. (RH)

ISSN: 0144686X

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

GARDENING AND HORTICULTURAL THERAPY

- 249/54 A pilot programme evaluation of social farming horticultural and occupational activities for older people in Italy; by Cristina Gagliardi, Sara Santini, Flavia Piccinini (et al).: Wiley.
Health and Social Care in the Community, vol 27, no 1, January 2019, pp 207-214.

The aim of this study was to evaluate a one-year social farming programme conducted between 2014 and 2015, including horticultural and occupational activities on six agricultural farms for older people in good general health. Social farming is a practice that uses agricultural resources to provide health, social or educational services to vulnerable groups of people. Activity participation, social relationships, physical activity and the quality of life of the participants were assessed using a pretest, posttest design. A total of 112 subjects were interviewed at baseline although only 73 participants were retained through the end of the follow-up, resulting in a dropout rate of 34%. Data analysis revealed significant improvements in both social relationships and overall occupational engagement at the end of the programme, with significant increases in the frequency of contact with friends or relatives as well as the number of activities performed by the participants. This work adds to the literature on the effects of social farming and indicates that farming may provide opportunities for older people to engage in activities that stimulate social behaviours. (JL)

ISSN: 09660410

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

GRANDPARENTS

(See Also 249/76)

- 249/55 The transition to grandparenthood: a prospective study of mental health implications; by John Condon, Mary Luszcz, Ian McKee.: Taylor and Francis.
Ageing and Mental Health, vol 22, no 3, March 2018, pp 336-343.
This study investigated the mental health of a cohort of 262 female and 168 male grandparents across the first two years of their transition to grandparenthood with particular focus on the impact of providing

childcare for the grandchild. Baseline assessments were made during the pregnancy with the first grandchild and subsequent assessments were at one and two years after the birth. The influence of demographic and psychosocial variables which could be expected to influence change in mental health from baseline was explored. The lack of change in mental health measures in this cohort was more prominent than change. Specifically there was a small significant decrease in anxiety over the first year for women and a small significant increase in depression for men. Other variables, not unique to the transition to grandparenthood such as physical health and adverse life events, were strongly associated with changes in mental health. Notably more time spent babysitting the grandchild was associated with improvement in mental health. Overall the transition to grandparenthood did not have any substantial adverse impact on five well-validated measures of mental health, in contrast to earlier American findings of adverse effects which implied that childcare was burdensome. (JL)

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HEALTH AND WELLBEING

(See 249/62, 249/68, 249/74)

HEALTH CARE

(See 249/12, 249/56)

HEALTH SERVICES

(See Also 249/93)

249/56 Feasibility of population screening tests to establish a healthy ageing trajectory; by Susan J Gordon, Karen A Grimmer, Nicky Baker (et al).

SAGE Open Medicine, vol 7, 11 January 2019, 9 pp.

In 2016, the World Health Organization's (WHO) 69th Assembly adopted the Global strategy and action plan on ageing and health. However, there are no agreed comprehensive tests for age-related changes to physical, emotional, mental and social functioning. Research into declining function focuses on those aged 75+, and little is known about age-related changes in younger people. The aims of this project were: to ascertain a comprehensive test battery that could underpin community-based health screening programmes for people aged 40-75; and pilot both community-based recruitment and the utility, acceptability, response burden and logistics. Eleven databases were searched using a broad range of relevant terms. An identified comprehensive, recent, high-quality systematic review of screening instruments for detection of early functional decline for community-dwelling older people identified many relevant tools. However, not all body systems were addressed. Therefore, lower hierarchy papers identified in the rapid review were included, and expert panel consultation was conducted before the final test battery was agreed. Broad networks were developed in one Australian city to aid pilot recruitment of community-dwellers 40-75 years. Recruitment and testing processes were validated using feasibility testing with 12 volunteers. The test battery captured (1) online self-reports of demographics, health status, sleep quality, distress, diet, physical activity, oral health, frailty and continence; and (2) objective tests of anthropometry, mobility; lung function; dexterity; flexibility, strength and stability, hearing, balance, cognition and memory, foot sensation, and reaction time. Recruitment and testing processes were found to be feasible. This screening approach may provide new knowledge on healthy ageing in younger people. (RH)

From : <https://doi.org/10.1177/2050312118822440>

HOME CARE

(See Also 249/37, 249/49)

249/57 Home care services for older clients with and without cognitive impairment in Sweden; by Linda Sandberg, Ingeborg Nilsson, Lena Rosenberg (et al).: Wiley.

Health and Social Care in the Community, vol 27, no 1, January 2019, pp 139-150.

Little is known about the types of home care services granted to older clients in Sweden. The objectives of this study were to: (a) identify and describe the range of granted home care services and service hours; (b) compare services granted for clients with and without documented cognitive impairment; and (c) examine associations between the range of granted home care services and factors related to cognitive impairment and demographical characteristics. The study design was descriptive and cross-sectional. The data included records of granted home care services for clients aged 65 years and above with or without cognitive impairment documented by the local municipality assessors, collected from one agency in Sweden during a two-month period in 2015. Data analyses resulted in an overview of the range of home care services divided into two categories: personal care and service. In the personal care category the median was 3 for types of services where shower was the most common service. In the service category the median was 5 for types of services where cleaning the household was the most

common service. The median for service hours was 27 per month. Logistic regression models revealed that cognitive impairment was associated with a higher number of services in the personal care category and a higher number of hours per month. Living alone was associated with a higher number of services in the service category. In conclusion, a wide range of home care services were provided for clients who had complex needs in daily life. Home care services were granted to clients with cognitive impairment and to a greater extent with clients who were living alone. (JL)

ISSN: 09660410

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

249/58 Merely a rhetorical promise?: Older users' opportunities for choice and control in Swedish individualised home care services; by Anna Duner, Par Bjälkebring, Boo Johansson.: Cambridge University Press. Ageing and Society, vol 39, no 4, April 2019, pp 771-794.

A policy shift has taken place in Sweden towards individualised elder-care and consumer choice. The aim of this study is to investigate how older users of home care services view and experience their opportunities of exerting influence and having choice and control in their everyday living, in terms of receiving preferred services that are flexible and responsive to their actual needs and priorities. The study was conducted in three local elder-care authorities, reflecting diverse present models of organising home care services in Sweden. Data consisted of responses to a postal survey (N = 2,792) and reports from qualitative interviews (N = 28) with older users. The findings point to similarities rather than differences between the users' views and experiences in the three participating local municipal elder-care authorities. A majority of users were positive about their home care services. The experiences ranged from being active and enabled to choose between providers and services, to being more or less passive dependants having to rely on the decisions of family and staff. The importance of supportive relationships, and interdependence between older people and their formal as well as informal support networks, became clear. The findings may guide policy makers in refining home care services, irrespective of preferred model. In particular, efforts to facilitate staff continuity and prevent high staff turnover need to be prioritised. (RH)

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

249/59 Seeing the collective: family arrangements for care at home for older people with dementia; by Christine Ceci, Holly Symonds Brown, Mary Ellen Purkis.: Cambridge University Press. Ageing and Society, vol 39, no 6, June 2019, pp 1200-1218.

With the predicted growth in the number of people with dementia living at home across the globe, the need for home-based care is expected to increase. As such, it will be primarily family carers who will provide this crucial support to family members. Designing appropriate support for family carers is thus essential to minimise risks to their health, to prevent premature institutionalisation or poor care for persons with dementia, as well as to sustain the effective functioning of health and social care systems. To date, the high volume of research related to care at home and acknowledged low impact of interventions suggests that a re-examination of the nature of care at home, and how we come to know about it, is necessary if we are to advance strategies that will contribute to better outcomes for families. This paper describes findings from an ethnographic study in Canada that was designed to support an analysis of the complexity and materiality of family care arrangements - that is, the significance of the actual physical, technological and institutional elements shaping care-giving situations. The paper describes the arrangements made by one family to show the necessary collectivity of these arrangements, and the consequences of the formal care system's failure to respond to these. (RH)

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

249/60 Zero-hour contracts and stress in UK domiciliary care workers; by Jermaine Ravalier, Rheanna Morton, Lauren Russell, Antonio Rei Fidalgo.: Wiley.

Health and Social Care in the Community, vol 27, no 2, March 2019, pp 348-355.

UK domiciliary care workers play a vital role in maintaining and improving the lives of service users who have a variety of needs. Around 60% of these employees work under zero-hours contracts. While it is known that conditions such as temporary and shift working can influence employee health and performance, zero hours have not been widely investigated. This project sought to first investigate the stress associated with working as a domiciliary care worker, as well as comparing the experiences of employees contracted to zero-hours with those contracted to at least 16 hours per week. Twenty-nine semi-structured interviews (15 zero-hour, 14 contracted hours) were conducted in the West Midlands and analysed using thematic analysis. Across all participants, four predominant stressors were found. First, the level of pay for a job with high levels of responsibility was poor. Second, participants described struggling to maintain an adequate work-life balance due to the varied timings of visits. Third, participants experienced rude and aggressive behaviour from both service users and their families. Lastly, a lack of peer support and poor care from peers was discussed. However, every respondent described the positive relationships that they develop with service users being a distinct stress reliever. Zero-hours respondents discussed two further stressors. Power refers to the relationship between employee and management, with respondents describing the balance of power being with the management. Uncertainty reflected respondents not having set hours of work or pay, and thus not being able to plan their personal lives, and sometimes not being able to pay bills. Findings suggest that domiciliary care workers are exposed to a range of stressors, with zero-hours adding to these. Further

research should look into methods to improve both the job role for workers, and redress the power relationships for those with zero-hours contracts. (RH)
ISSN: 09660410 [From : http://www.wileyonlinelibrary.com/journal/hsc](http://www.wileyonlinelibrary.com/journal/hsc)

HOMELESSNESS

- 249/61 Understanding the phenomenon of older adult homelessness in North America: a qualitative interpretive meta-synthesis; by Erin Roark Murphy, Brittany H Eghaneyan.: Oxford University Press.
British Journal of Social Work, vol 48, no 8, December 2018, pp 2361-2380.
Research demonstrates that homelessness among older adults will significantly increase in the coming decades due to population ageing, a trend of first-time homelessness at mid-life, and continued economic vulnerability into old age without appropriate prevention and policy response. This study seeks to generate a description of homelessness, as told by older adults. It uses a qualitative interpretive meta-synthesis (QIMS), an approach that is appropriate in synthesising multiple qualitative studies into a more holistic, broader understanding of the phenomenon (Aguirre and Bolton, 2014). An exhaustive search yielded 144 potentially relevant studies, eight of which met the inclusion criteria for further analyses. A priori inclusion criteria included studies: (i) published in peer-reviewed journals or dissertations; (ii) published in English before January 2017; (iii) sampling older adults experiencing homelessness in the USA or Canada; (iv) conducted using qualitative or mixed-method designs; and (v) including the voices of participants through direct quotes. Synthesis of the eight studies resulted in two sub-themes that describe older adult homelessness: systemic failings, and coping mechanisms and survival behaviours. Micro- and macro-level practice and policy recommendations are addressed. (RH)
ISSN: 00453102 [From : https://academic.oup.com/bjsw](https://academic.oup.com/bjsw)

HOUSING

- 249/62 Health and welfare profile of Australian baby boomers who live in rented accommodation: implications for the future; by Anne W Taylor, Rhiannon Pilkington, Eleonora dal Grande (et al).: Cambridge University Press.
Ageing and Society, vol 39, no 4, April 2019, pp 685-702.
Baby boomers who rent are often overlooked as an important sub-group. The authors aimed to assess the chronic conditions, risk factors, socio-economic factors and other health-related factors associated with renting in private or public housing. Data from telephone interviews conducted each month in South Australia between 2010 and 2015 were combined. Prevalence estimates were assessed for each risk factor and chronic condition by housing status. The association between housing status and variables of interest were analysed using logistic regression models adjusting for multiple covariates (age, gender, income, smoking, physical activity, area and year of data collection). Overall, 17.4 per cent of the 16,687 baby boomers interviewed were renting, either privately or using government-subsided housing. The health profile of renters (both private and public) was poorer overall, with renters more likely to have all of the chronic conditions and ten risk factors assessed. For public renters, the relationships were maintained, even after controlling for socio-economic and risk factor variables for all chronic diseases except osteoporosis. This research has provided empirical evidence of the considerable differences in health, socio-economic indicators and risk factors between baby boomers who rent and those who own, or are buying, their own homes. (RH)
ISSN: 0144686X
[From : http://www.cambridge.org/aso](http://www.cambridge.org/aso)

HOUSING WITH CARE

- 249/63 Conducting evaluations with older populations in supported housing; by Jade Yap, J J F Breedvalt, Jolie Goodman, Antonis A Kousoulis.: Emerald.
Working with Older People, vol 23, no 1, 2019, pp 1-6.
This paper reflects on challenges and learning for the authors as evaluators or practitioners of a public mental health programme with older people, Standing Together, which delivered weekly facilitated self-help groups for older people in extra care housing. The evaluation used quantitative and qualitative research methods to determine the project's impact on key outcome areas. Quantitative questionnaires were completed by tenants at baseline and towards the end of the project. Focus groups were held with tenants and interviews were undertaken with multiple stakeholders. Following evaluation, a list of practical recommendations was developed to inform future evaluations of similar programmes. There were challenges in evaluating Standing Together that were unique to the older population group. Recommendations cover the full spectrum of the role of practitioners, evaluators, setting and methodology. Co-production was found to be an overarching theme linking together the recommendations, and, in principle, most of the challenges encountered can be alleviated with greater focus on co-production during the evaluation design stage. The recommendations have practical relevance to those involved in evaluations of public health programmes or interventions. Incorporating these recommendations when conducting similar evaluations with older populations in housing settings will ensure more accurate reporting of outcomes. (RH)
ISSN: 13663666
[From : http://www.emeraldinsight.com/loi/wwop](http://www.emeraldinsight.com/loi/wwop)

- 249/64 Integrated homes, care and support: measuring outcomes for healthy ageing; by Carol Holland, Ian Garner, Jennifer O'Donnell, Holly Gwyther, Centre for Healthy Ageing (ARCHA, Aston University; Centre for Ageing Research (C4AR), Lancaster University. Coventry: Extra Care Charitable Trust, March 2019, 36 pp.
- This report provides an overview of findings from a collaborative research project between Aston Research Centre for Healthy Ageing (ARCHA) and the ExtraCare Charitable Trust, collated by Professor Carol Holland of the Centre for Ageing Research (C4AR). The report covers the period 2012-2018 and extends the findings of the 2015 report, objective of which was to evaluate whether the ExtraCare approach gave positive outcomes for healthy ageing, which resulted in measurable health and social care cost savings. This present report focuses on the benefits to residents generated through ExtraCare villages and schemes, including sustained improvements in markers of health and well-being for residents and subsequent cost implications for the NHS. The report also considers measures relating to frailty and falls. (RH)
- From : <https://www.extracare.org.uk/media/1169231/full-report-final.pdf>

INCOME AND PERSONAL FINANCE

(See Also 249/87)

- 249/65 The ageing population: coping mechanisms and third party access; by Lisa Edgar, Frances Green, Victoria Ward, Mark Gumbley, Big Window Consulting; Financial Conduct Authority - FCA. Hepworth, West Yorkshire: The Big Window Consulting Ltd [on behalf of] Financial Conduct Authority, 2017, 64 pp.
- The Financial Conduct Authority (FCA) launched its Ageing Population Project in 2016, with the aim of encouraging firms to reflect on how they can better meet older consumers' needs and adapt their practices accordingly. The FCA commissioned the Big Window Consulting Ltd (www.the-big-window.co.uk) to understand the practical steps that older people and their carers take to manage their access to retail banking services, and their experience in setting up and using formal and informal routes to access their money. In this report, all the older people included in the research needed support with their day-to-day banking, and were using third party access to obtain cash and manage their accounts.
- Interviews were conducted with 30 older people and 32 carers, and the case studies of individual pairings demonstrate issues about particular experiences in coping with challenges of doing so, and the extent to which their often changing needs are met by current options to allow third party access. The report concludes that it is important that older people are empowered to manage their money and finances for as long as possible, and it makes recommendations accordingly. (RH)
- From : <https://www.fca.org.uk/publication/research/coping-mechanisms-third-party-access.pdf>

- 249/66 Ageing population and financial services; by Victoria McLoughlin, Sophie Stern, Financial Conduct Authority - FCA.: Financial Conduct Authority, September 2017, 101 pp (FCA Occasional paper 31).
- The Financial Conduct Authority (FCA) launched the Ageing Population Project in February 2016, to start exploring how this impacts financial services in particular. This Occasional Paper sets out the Project's key findings and outcomes, and the FCA's strategy for mitigating the potential harm arising. It aims to provide an overview of who older consumers are, how they make decisions, what products and services they need, and whether they are able to access them. The report sets out ways in which financial service firms could do more in respect of how they treatment customers fairly, under the themes of product and service design, customer support, and continuously reviewing and adapting strategies. It examines and makes recommendations on issues including: retail banking; third party access (ranging from powers of attorney to sharing details such as passwords; later life lending; and long term care. (RH)
- From : <https://www.fca.org.uk/publication/occasional-papers/occasional-paper-31.pdf>

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 249/6, 249/7, 249/8)

- 249/67 Digital inclusion evidence review 2018; by Susan Davidson, Age UK. London: Age UK, November 2018, 30 pp.
- Digital technology can offer people of all ages many benefits and opportunities. While the last 10 years has seen increasing internet use among the older population, a substantial group - including the majority of those age 75+ - are not online. This evidence review considers reasons for not using the internet and those who are digitally excluded, for example, for reasons of perceived lack of need, and issues around privacy, scams, fraud and other cyber crime. It points to the benefits for those who do use the internet: help in staying connected or reconnecting with others; accessing services and amenities; getting practical help and information; education and learning; and pursuing hobbies and interests. It uses data from the Office for National Statistics (ONS), Ofcom, the Understanding Society survey, and some Age UK analyses of the English Longitudinal Study on Ageing (ELSA). However, rigorous evidence about the benefits is lacking; and there are gaps in our knowledge on why older people become lapsed users, how to support older people in overcoming barriers and challenges, and how digital technology

interfaces need to be modified to improve older users' experience. (RH)

From : https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/age_uk_digital_inclusion_evidence_review_2018.pdf

249/68 Internet use and well-being in later life: a functional approach; by Rinat Lifshitz, Galit Nimrod, Yaacov G Bachner.: Taylor and Francis.

Aging and Mental Health, vol 22, no 1, January 2018, pp 85-91.

This study aimed at exploring the Internet's role in supporting subjective wellbeing in later life by applying a functional approach by simultaneously but separately examining each of the principal online functions common among older adults, namely: interpersonal communication, information, task performance and leisure. Data were collected online from 306 Internet users aged 50 years and over. Subjective wellbeing was measured according to indicators of depression and life satisfaction. Interpersonal communication and information seeking were the most commonly used Internet functions, followed by task performance. Use for leisure and recreation was significantly less prevalent. All four online functions were positively correlated with life satisfaction, and task performance and leisure were negatively correlated with depression. After controlling for sociodemographic variables, only leisure associated significantly with the wellbeing measures. These findings revealed a paradoxical situation in which the most beneficial use of the Internet is the least popular. (JL)

ISSN: 13607863

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

249/69 Representing the 'older end user?': Challenging the role of social scientists in the field of 'active and assisted living'; by Vera Gallistl, Anna Wanka.: Policy Press.

International Journal of Care and Caring, vol 3, no 1, February 2019, pp 123-128.

As digital technologies have gained vast relevance in contemporary societies, technological assistance and support has also become an important topic in the field of care. Despite the fact that older adults are often framed as 'laggards' in the innovation process, they have become one major target group for technology development. This poses challenges to care recipients and infrastructures, but also to research in the field of gerontechnologies (or gerotechnology). In this debate article, the authors raise some fundamental questions about the role that social sciences play in the field of active assisted living (AAL). New directions for research on ageing and technologies are proposed. (RH)

ISSN: 23978821

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

INTEGRATED CARE

(See Also 249/64)

249/70 The development of integration in the elderly care sector: a qualitative analysis of national policies and local initiatives in France and Sweden; by Blanche Le Bihan, Alis Sopadzhyan.: Cambridge University Press.

Ageing and Society, vol 39, no 5, May 2019, pp 1022-1049.

Due to a significant increase in the complexity of the care demands of older people having multiple care needs, the necessity for integrated care is increasingly acknowledged. This paper uses a qualitative approach based on a secondary literature analysis and an empirical survey to explore the integration policy of health and social care for older people with complex needs in two European countries - France and Sweden - where various policy measures aiming at developing and delivering integrated care can be identified. These are, at the national level, through the supportive measures of organisational, institutional and/or professional integration from central government; and at the local level, with the implementation of concrete integrative initiatives. The authors use a comparative qualitative approach to investigate both of these levels and the interplay between them. They show the importance of this double - local and national - approach of the issue of integration, and highlight the continuous negotiation process which underlies the integration activities. Local integration initiatives are in fact constantly reshaped by top-down and bottom-up dynamics which appear to be strongly interconnected. (RH)

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

INTERGENERATIONAL ISSUES

249/71 Age war as the new class war?: Contemporary representations of intergenerational inequity; by Susan Pickard.: Cambridge University Press.

Journal of Social Policy, vol 48, no 2, April 2019, pp 369-386.

This paper examines intergenerational justice discourses that feature prominently in both the contemporary UK and American media, arguing that these constitute a continuation of previous debates about the economic and social burden of the dependent 'fourth age', and a newer and more prominent denigration of the 'third age', both of which possess deep cultural and psychological roots. Both themes are subsumed in the trope of the old as in some ways stealing the future of the nation, represented by youth. Analysing media depictions of intergenerational injustice across several themes, the paper suggests that whilst justifying welfare retrenchment and other aspects of neoliberalism, social problems are portrayed in terms of generational war, which emerges from age ideology and an age system that

(among other things) intersects with and naturalises other forms of stratification. This partly accounts for the fact that the attack on the 'third age' is particularly prevalent in left of centre or progressive media on both sides of the Atlantic.

That the age system has been overlooked and underplayed in sociological terms is an important oversight, since the former materially and ideologically facilitates the ever-growing socio-economic inequality that is a feature of our times. (RH)

ISSN: 00472794

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

249/72 Exploring intergenerational, intra-generational and transnational patterns of family caring in minority ethnic communities: the example of England and Wales; by Christina R Victor, Christine Dobbs, Kenneth Gilhooly, Vanessa Burholt.: Policy Press.

International Journal of Care and Caring, vol 3, no 1, February 2019, pp 75-96.

The authors used established questions from national surveys of 1,206 adults aged 40+ from six minority ethnic communities in England and Wales to investigate family care. Included in their analysis were factors that predisposed caring (age, sex, marital status and household composition), and enabled caring (health, material resources, education, employment and cultural values). In the general population, 15% of adults are family carers. Three groups reported lower levels of caring: Black African (12%), Chinese (11%) and Black Caribbean (9%); and three reported higher levels of caring: Indian (23%), Pakistani (17%) and Bangladeshi (18%). However, ethnicity predicted caring independent of other factors only for the Indian group. (RH)

ISSN: 23978821

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

249/73 Generational (dis)agreements: family support, national law and older immigrants in extended households; by Anika Liversage.: Cambridge University Press.

Ageing and Society, vol 39, no 5, May 2019, pp 899-923.

As detailed knowledge on multigenerational migrant families is sparse, this paper draws on quantitative and qualitative data to investigate intergenerational co-residence for older Turkish immigrants in Denmark. Registry data show that 23 per cent of Turkish immigrants in the 65-74 years age group live in intergenerational households - a level halfway between levels in Denmark and Turkey. These extended households are predominantly of the 'culturally ideal' type - formed by sons, sons' wives and often the couple's children. However, one in five extended households include unmarried sons, and hence do not provide access to the labour power of daughters-in-law. Many factors seem to contribute to the observed pattern, including variable meanings of intergenerational co-habitation, high levels of poverty, and limited housing options for extended families. Interviews with older Turkish immigrants point to another contributing factor, namely men's difficulties in finding wives who would be willing to live with parents-in-law. The sons' hardships in this regard can be tied to a Danish immigration regime that bars marriage migrants from entering into extended households. While Turkish women raised in Denmark do not face such legal restrictions, such young women may reject marriage proposals entailing in-law co-habitation. This study thus adds new nuances to our understanding of how the dynamics of age, gender and immigration experience may shape the ways in which older immigrants live in Europe today. (RH)

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

INTERNATIONAL AND COMPARATIVE

(See Also 249/19, 249/83, 249/105)

249/74 Aging and well-being in Goa, India: a qualitative study; by Alex Cohen, Amit Dias, Fredric Azariah (et al): Taylor and Francis.

Ageing and Mental Health, vol 22, no 2, February 2018, pp 168-174.

India's rapidly ageing population are facing a host of challenges to their mental health and wellbeing, especially depression. The present study reported on qualitative research intended to inform the development of a locally acceptable and appropriate intervention to improve the wellbeing of older adults in Goa, India and specifically, to prevent late life depression. The research carried out semi-structured interviews with 20 individuals aged 60 years and older attending two primary care clinics in Goa, India. Transcripts were reviewed to identify emerging themes, a coding scheme was developed and thematic analyses were conducted. Analyses of the interview transcripts revealed the following key themes: (1) notions of old age tended to be negative and there were widespread fears of becoming widowed or incapacitated; (2) the most frequently reported health conditions were joint pain, diabetes and heart disease; (3) emotional distress was described using the terms 'tension', 'stress', 'worry' and 'thinking'; (4) family issues often involved financial matters, difficult relationships with daughters-in-law and conflicted feelings about living with the family or independently; (5) other than a pension scheme, participants did not know of community resources available to older adults. These research findings are in general agreement with those of previous research and will inform the development of an intervention to prevent depression in older adults in Goa. (JL)

ISSN: 13607863

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

- 249/75 Elderly suicide in India; by Avanish Bhai Patel.: Emerald.
Working with Older People, vol 23, no 1, 2019, pp 46-53.
Older people face many problems, suicide being one such in contemporary times. The problem of suicide among the elderly is one of them. This paper focuses on the cause of death due to suicide among older people. It aims to examine the nature and problem of elderly suicide in Indian society, and to explore the factors affecting suicidal tendency among older people. Data were collected from two newspapers from January 2013 to April 2013. The content of news items was analysed using content analysis. The study finds that factors such as family problems, chronic diseases, poverty, lack of social status and bankruptcy give rise to suicidal ideation among older people. (RH)
ISSN: 13663666 From : <http://www.emeraldinsight.com/loi/wwop>
- 249/76 The experiences of grandparents raising grandchildren in Indonesia; by Rista Fauziningtyas, Ratmo Indarwati, Delisa Alfriani (et al.): Emerald.
Working with Older People, vol 23, no 1, 2019, pp 17-26.
The raising of grandchildren by grandparents is a global phenomenon, and is common in Indonesia. This is because parents are often unable or unwilling to raise their own children. However, the debate around "grandparenting" is still limited in Indonesia. The purpose of this qualitative study is to gain a better understanding of the experience and views of grandparents on "grandparenting". The authors conducted in-depth interviews with 13 grandparents who were raising their grandchildren aged under five years old. The data were analysed using thematic content analysis. Five main themes and 13 subthemes emerged from the analysis: responses, strategies for overcoming negative responses, the grandparents' role, the reason for raising grandchildren, and the cultural aspect of "grandparenting" in Java. All of the grandparents enjoyed their roles as grandparents. They felt that they helped fulfil their grandchildren's physical and educational needs. The experience of raising a grandchild can be both positive and negative, depending on the cultural aspects in the Java and the family as a whole system. Grandparents require healthcare and informal support to maintain their well-being. This paper provides new insights into "grandparenting" closely related to social and cultural aspect within the community. Grandparents enjoy being a part of the Javanese tradition. The supportive role of grandparents in Indonesia is important. However, older adults need to balance the role of "grandparenting" and rest time so that they remain healthy and happy. (RH)
ISSN: 13663666 From : <http://www.emeraldinsight.com/loi/wwop>
- 249/77 The factors affecting the re-employment satisfaction of middle-aged and older workers in South Korea: based on the mediation effect of family and employment types; by Sanghee Kim.: Emerald.
Working with Older People, vol 23, no 1, 2019, pp 7-16.
Middle-aged workers are a key human resource for economic growth in South Korea, which is faced with a "super ageing" population. This study aims to determine employment satisfaction of middle-aged and older workers who obtain a job after their initial retirement. It also describes factors affecting employment satisfaction among workers, focusing on family and employment types and their mediating effects. The study performed a secondary data analysis on data from the Korean Longitudinal Study of Aging (fifth wave of KLoSA). The author used data from the 2014 KLoSA for 1,307 middle-aged and older workers who obtained a new job after leaving the previous workplace, and determined their employment satisfaction, family type and employment type. In this study, high scores were indicated in turnover intentions of the participants, and job stability presented was lowest in the subcategories of employment satisfaction. Employment type showed a significant mediating effect between dwelling type and re-employment satisfaction (pp0.05).
Recently, international society has encountered the same problems as in South Korea of low birth rate and ageing in those who are economically viable and/or engaged. We should all come to realise and recognise the changes in population structure facing the world today, and to find effective strategies to stabilise employment among middle-aged workers. This study provides evidence for one of the differing perspectives on understanding employment turnover in middle-aged workers. The South Korean Government could use these findings to formulate a strategy concerning family types that improves re-employment satisfaction for middle-aged and older workers. In addition, the path of mediation effects, such as choice of employment type, will need to apply to a strategy of work stability for middle-aged and older workers. (RH)
ISSN: 13663666 From : <http://www.emeraldinsight.com/loi/wwop>
- 249/78 The fall risk assessment and correlated factors among Iranians' older adults; by Leili Salehi, Elham Akhondzadeh, Sara Esmaelzadeh (et al.): Emerald.
Working with Older People, vol 23, no 1, 2019, pp 27-36.
Falling has been distinguished as a leading cause of fatal and non-fatal injuries among older people, but there is a lack of information regarding falls risk factors in developing countries. This paper investigates the risk of falling and correlated factors in community-dwelling older people. A cross-sectional study which used a multi-sectional questionnaire was performed on a stratified random sample of 280 older people in Karaj, Iran. Adults aged 60+, living independently, able to walk independently and safely, with no cognition problems, and speaking in Persian were enrolled in the study.
Mean age of participants was 69.55 ±8.8, and 51 per cent were female. Exclusion criteria were residing in assisted living facility, or being unwilling to participate. Several statistical tests including logistic

regression analysis were used to analyse the data. The results showed that there are significant differences between low-, medium- and high-risk groups regarding age, marital status, diabetes, blood pressure and osteoarthritis (pp0.05). The main predictors of a higher chance of falling were age (OR=1.61; 95% CI 1.025-1.097), marital status (OR=1.485; 95% CI 1.170-1.279), vision acuity (OR=1.603; 95% CI 1.297-2.223), activities of daily living (OR=2.10; 95% CI 1.047-3.859), heart disease (OR=1.448; 95% CI 1.268-1.728), osteoarthritis (OR=1.238; 95% CI 1.711-2.127), falling history (OR=1.026; 95% CI 1.015-1.089) and medication (OR=5.975; 95% CI 1.525-23.412). better understanding of falling risk factors can lead to the implementation of effective preventive interventions, thus reducing public health expenditure, and improving quality of life. (RH)

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

- 249/79 Health outcomes associated with participating in community care centres for older people in Taiwan; by Yu-Hsien Chiang, Hui-Chuan Hsu.: Wiley.
Health and Social Care in the Community, vol 27, no 2, March 2019, pp 337-347.
Community care centres (CCCs) are widespread across Taiwan and have provided health promotion and social activities for older people in communities since 1995. This study describes the status of the delivery and management of CCCs for older people, and explores the effects of individual factors and the organisational factors on the health-related outcome of older people's participation in CCCs. The sample comprised 25 managers and 417 participants at 25 CCCs in Taichung, Taiwan who completed face-to-face interviews. The participants reported that self-reported health, sleep quality, memory, family relationships, care for health and health literacy improved after they participated in the programme. There were no consistent organisational factors related to the outcomes. However, management style was related to sleep quality improvement; and staff who were paid was related to family relationship improvement. Policy recommendations are provided. (RH)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 249/80 Social capital and health care access among the older adults in Bangladesh; by Md Shahidul Islam.: Emerald.
Working with Older People, vol 23, no 1, 2019, pp 54-63.
The association between social capital (SC) and health care access problem among the older people in Bangladesh is investigated in a random sample of 310 older adults (all aged 60). Exploratory factor analysis was employed to extract SC dimensions; and logistic regression was applied to measure the association of SC dimensions and access. The logistic regression result shows that with a one-unit increase in social network, norms of reciprocity, and civic participation, health care access problem will be decreased by OR= 0.732 (95% CI =0.529-1.014); OR=0.641 (95% CI = 0.447-0.919); and OR=0.748 (95% CI = 0.556-1.006) units. Respondents who have economic hardship were 3.211 (OR=3.211, CI = 0.84-5.59) times more likely to say that they had health care access problems, compared with who had no economic hardship. The study shows that the lower level of SC and presence of economic hardship increased the probability of problems for older people in accessing health care. Improving SC may be helpful in reducing health care access problem. However, economic hardship reductions are also important in reducing the problem of access to health care. Improving SC and reducing economic hardship should therefore be implemented at the same time. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>
- 249/81 Unmet long-term care needs and depression: the double disadvantage of community-dwelling older people in rural China; by Bo Hu, Jing Wang.: Wiley.
Health and Social Care in the Community, vol 27, no 1, January 2019, pp 126-138.
This study looked at the relationship between unmet long-term care needs and depression among community-dwelling older people in China. The data came from a nationally representative sample of 1,324 disabled older people from the China Health and Retirement Longitudinal Survey (CHARLS) collected between 2013 and 2014. Regression analyses were conducted to examine factors associated with unmet needs and their impact on depression. It was found that disabled older people living in rural communities had a higher level of unmet needs than their urban counterparts. Unmet needs caused more severe depression among rural older people but they did not have a significant impact among urban older people. Depression was also affected by people's health conditions in rural China and by household income in urban China. It is argued that older people living in rural communities face a double disadvantage. The first disadvantage relating to unmet needs reinforces the second one relating to mental health. These findings highlight the urgent need for more investment by the Chinese government in formal social care services and support for carers in rural areas. (JL)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 249/82 Whom should I rely on for my future care?: Patterns of care expectations and intergenerational correlates among ageing Chinese adults in Hong Kong; by Xue Bai.: Wiley.
Health and Social Care in the Community, vol 27, no 1, January 2019, pp 115-125.
This study examined ageing parents' care expectations across multiple care domains (financial and material, emotional, personal and informational) towards filial and formal sources and identified intergenerational correlates of care expectation patterns using a proposed care expectation model. Data

of 780 eligible ageing parents were drawn from a representative household survey of adults aged 50 years and above conducted during 2016 through to 2017. Latent class analysis was used to examine the typological structure underlying ageing parents' care expectations. Four patterns of care expectations were discovered: mixed-maximal, filial-modest, formal-modest and neither-minimal. Multinomial logistic regression analysis was conducted to validate the newly proposed care expectation model. In addition to certain predisposing factors (participants' age, sex and education), parental enabling resources (economic status), health characteristics (physical, mental and functional health status), children-related enabling characteristics (number of sons and marital status of children) and intergenerational enabling circumstances (intergenerational relationships and caregiving to their own parents) were introduced into the model and found to be associated with ageing parents' care expectations. The findings can inform policy and programmes that effectively respond to ageing adults' diverse care expectations in Hong Kong and have implications for other Asian societies facing rapid population ageing and increasing care demands. (JL)

ISSN: 09660410

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LEARNING DIFFICULTIES

(See 249/53)

LIVING ALONE

249/83 Older people living alone in Shanghai: a questionnaire survey of their life experience; by Yu Chen, Alison E While.: Wiley.

Health and Social Care in the Community, vol 27, no 1, January 2019, pp 260-269.

Globally the number of older people living alone is increasing, however little is known about the life experience of older people living alone in mainland China. This study aimed to explore older people's experience regarding different components of their lives. A cross-sectional survey of 387 older people aged 60 years and above and living alone in two communities in Shanghai was conducted from April to July 2015. A structured questionnaire including 15-item Geriatric Depression Scale, Activity of Daily Living Scale, UCLA Loneliness Scale version 3, Social Support Rate Scale and Older People's Quality of Life Questionnaire was used to assess the health status, loneliness, social support, quality of life and demographic information. A total of 15.7% of the participants rated their health as poor with 56.8% reporting chronic diseases and 26.9% reporting being depressed. A total of 71.1% of the participants reported a high level of functional ability. However 54.3% and 21.7% of the participants reported a moderately and moderately high level of loneliness respectively. The median of SSRS was 30 and the mean of Older People's Quality of Life Questionnaire was 120.2, indicating a lower level of social support and quality of life. There were statistically significant differences in health, loneliness, social support and quality of life across the participants with different characteristics. Interventions to improve the health status, reduce loneliness, increase social support and maintain or improve quality of life of older people living alone in Shanghai could be developed and implemented. Potential interventions include providing frequent home care services, early detection of depression, encouraging more contacts from children and other family members, and providing support from other sources. (JL)

ISSN: 09660410

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

LONELINESS AND SOCIAL ISOLATION

(See Also 249/42, 249/101, 249/121)

249/84 Loneliness, socio-economic status and quality of life in old age: the moderating role of housing tenure; by Agnes Szabo, Joanne Allen, Fiona Alpass, Christine Stephens.: Cambridge University Press.

Ageing and Society, vol 39, no 5, May 2019, pp 998-1021.

The study investigated housing tenure as a factor moderating the effects of loneliness and socio-economic status (SES) on quality of life (control and autonomy, pleasure and self-realisation) over a two-year period for older adults. Data from the 2010 and 2012 waves of the New Zealand Health, Work and Retirement Study were analysed. Using case-control matching, for each tenant (N = 332), the authors selected a home-owner (N = 332) of the same age, gender, ethnicity, SES, working status and urban/rural residence. Structural equation modelling was employed to examine the impact of SES, housing tenure and loneliness on quality of life over time. Emotional loneliness exerted a significant negative main effect on control and autonomy and pleasure. Tenure and SES influenced control and autonomy, but not pleasure or self-realisation. Tenure moderated the effect of emotional loneliness on control and autonomy, with the negative effect of emotional loneliness weaker for home-owners compared to renters. Tenure moderated the effect of SES on control and autonomy, with the positive impact of SES stronger for home-owners. Findings suggest that owners capitalise on their material and financial resources more than tenants in terms of their quality of life. In addition, home-ownership can act as a protective factor against the harmful effects of emotional loneliness in old age. (RH)

ISSN: 0144686X

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

249/85 Long-term predictors of loneliness in old age: results of a 20-year national study; by Lena Dahlberg, Lars Andersson, Carin Lennartsson.: Taylor and Francis.
Aging and Mental Health, vol 22, no 2, February 2018, pp 190-196.
There is a general lack of longitudinal research on loneliness in old age. The aim of this study was to examine whether there is an association between loneliness in old age and social engagement 20 years earlier, as stated by life course theory and the convoy model. Data from the nationally representative Swedish Panel Study of Living Conditions of the Oldest Old (2002 and 2011 data collection waves) and the Swedish Level of Living Survey (1981 and 1991 data collection waves) were used. The sample included 823 individuals with an average age of 62.2 years at baseline and 82.4 years at follow-up. Each form of social engagement in old age was significantly associated with the same form of social engagement 20 years earlier. Close forms of social engagement were associated with loneliness in old age as were more distant forms of social engagement, but only when they were considered solely in old age. Overall study findings showed that patterns of social engagement in old age were established at least 20 years earlier and close forms of social engagement were long-term predictors of loneliness, although current social engagement tended to be more influential on loneliness. The study underlines the importance of interventions targeted at close relationships that can provide social support in old age. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>

249/86 The relation between social isolation and increasing suicide rates in the elderly; by Christoph Heuser, Jurgen Howe.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 1, 2019, pp 2-9.
Suicidal attempts and thoughts and can have an impact not only on the older individual, but also on the spouse or partner, wider family and friends. The topic is important for the gerontological research community, particularly as it relates to social isolation and feelings of loneliness that are common in this population group. This paper investigates new knowledge about the relationship between an increased risk of suicide in older people and social isolation or loneliness. Database searches of PubMed and PsycINF were conducted to find relevant studies published in the last 10 years. The title and abstract of relevant articles were screened before the full text was acquired. In PubMed, 163 studies were identified, and in PsycINFO, 66 studies were identified. After a thorough screening, nine studies were found to be appropriate for this study. It is not clear which risk factor leads to an increase in suicidal thoughts and attempts; however, most studies contemplated loneliness and isolation as a covariant. A causal link between the concepts is not simple. Nevertheless, loneliness and isolation seem to be relevant factors for suicidal ideations. (RH)
ISSN: 14717794
From : <http://www.emeraldinsight.com/loi/qaoa>

LONG TERM CARE

(See 249/81)

MENTAL HEALTH

(See Also 249/10, 249/14, 249/44, 249/53, 249/81, 249/117, 249/125, 249/127)

249/87 The ageing population: ageing mind: literature review report; by Lisa Edgar, Nicola Stenberg, Frances Green, Emma Kirkby-Geddes, Big Window Consulting; Financial Conduct Authority - FCA. Hepworth, West Yorkshire: The Big Window Consulting Ltd [on behalf of] Financial Conduct Authority, 2017, 95 pp.
The Financial Conduct Authority (FCA) launched its Ageing Population Project in 2016, with the aim of encouraging firms to reflect on how they can better meet older consumers' needs and adapt their practices accordingly. The FCA commissioned the Big Window Consulting Ltd (www.the-big-window.co.uk) to conduct this literature review which informs the Project, and is published alongside the Occasional paper, 'Ageing population and financial services'. It presents current thinking on cognitive ageing, and considers how age-related changes in cognitive abilities affect consumer interactions with financial products and services. It discusses the implications of this for banks and other financial service providers, by focusing on financial services-related tasks, such as paying by cash or with a card; using an Automated Teller Machine (ATM); accessing services in a branch; monitoring accounts; making a telephone enquiry; online banking and financial management; changing product or provider; and longer-term financial tasks or decisions. Service providers must make their local branches more welcoming; and attention should also be paid to frontline staff-customer interactions; the equipment used; digital interfaces and technologies; product and services development and communication; and the provision of decision (or processing) aids. (RH)
From : <https://www.fca.org.uk/publication/research/ageing-mind-literature.pdf>

- 249/88 Mediators of the relationship between social activities and cognitive function among older Irish adults: results from the Irish longitudinal study on ageing; by Joanna McHugh Power, Jianjun Tang, Brian Lawlor (et al.): Taylor and Francis.
Aging and Mental Health, vol 22, no 1, January 2018, pp 129-134.
Evidence points to an association between social and leisure activity (SLA) engagement and cognitive outcomes but the mechanisms underlying this link remain unknown. The aim of this study was to investigate three potential mechanisms: vascular function, perceived stress and cognitive reserve. With data from 8,163 adults aged over 50 in the Irish Longitudinal Study of Ageing the study used a structural equation model to evaluate vascular function and perceived stress as potential mediators and cognitive reserve as a potential antecedent in the relationship between SLA at baseline (2009) and cognitive outcomes collected at a two-year follow-up point (2011). Study results indicated that cognitive reserve was strongly associated both with cognitive outcomes and with SLA. Perceived stress acted as a significant mediator in the relationships between SLA and cognitive outcomes although vascular function did not. These results indicate that SLA may protect cognitive function partly because of its association with cognitive reserve, and partly through its impact on perceived stress. Results have policy implications for those interested in facilitating SLA to protect cognitive outcomes among older adults. (JL)
ISSN: 13607863 [From : http://www.tandfonline.com](http://www.tandfonline.com)
- 249/89 Recognising delirium: a vital skill for all involved in care; by Vicki Leah.: Hawker Publications.
Journal of Dementia Care, vol 27, no 2, March/April 2019, pp 14-15.
Delirium is a medical emergency, yet it sometimes goes unrecognised. In the second of a series on good practice in hospital dementia care, the author gives guidance on identifying the characteristics and how they can be distinguished from those of dementia or depression. (RH)
ISSN: 13518372 [From : http://www.journalofdementia.co.uk](http://www.journalofdementia.co.uk)
- 249/90 Understanding self-harm in older people: a systematic review of qualitative studies; by Anne Pamela Frances Wand, Carmelle Peisah, Brian Draper, Henry Brodaty.: Taylor and Francis.
Aging and Mental Health, vol 22, no 3, March 2018, pp 289-298.
Rates of suicide in older adults are generally higher than other age groups. Although risk factors for suicide attempts and self-harm more generally in this population are well-characterised, many of these vulnerabilities are common to older people and individual motivations are less well understood. Qualitative research may reveal more about the underlying thought processes, meaning and experiences of older people who self-harm. In this study a systematic review of qualitative studies examining reasons why older people self-harm was undertaken by searching databases and screening the reference lists of articles. The search yielded eight studies of variable quality which met the inclusion criteria. Of these, three pertained to indirect self-harm (refusal to eat or take medications and self-neglect) and five related to suicidal behaviour. Themes emerging from the analysis of studies of people who had self-neglected included control, impaired decision-making and coping skills and threats to self-identity and continuity. In those who had suicidal behaviour, themes related to loss of and regaining control; alienation, disconnectedness and invisibility; meaningless and *raison d'être*; and accumulated suffering and a 'painful life'. There is scant literature evaluating self-harm in older people using qualitative methods. Nonetheless this review suggests that active and passive self-harm should be considered as distinct entities as the underlying motivations and intents differ. Understanding individual perceptions and experiences which lead to self-harm may guide clinicians in delivering more sensitive, holistic interventions and counter ageism. (JL)
ISSN: 13607863
[From : http://www.tandfonline.com](http://www.tandfonline.com)

MENTAL HEALTH CARE

- 249/91 'I had a sort of epiphany!': An exploratory study of group mindfulness-based cognitive therapy for older people with depression; by Caroline M Williams, Frances Meeten, Susan Whiting.: Taylor and Francis.
Aging and Mental Health, vol 22, no 2, February 2018, pp 208-217.
Mindfulness-based cognitive therapy (MBCT) has been successful in reducing symptoms in people with chronic-recurrent depression. However the research evaluating the efficacy of this approach, and other innovative treatments for mood disorders, has mainly been with people under 65 years. This paper aimed to explore older people's own reflections of their experience of MBCT. A qualitative approach was used to explore 13 participants' experiences of MBCT. Participants were interviewed pre- and post-intervention and again after six months. To see whether the standard course required any adaptations for older participants, the two MBCT course facilitators were interviewed post-intervention. Thematic analysis identified five overarching themes and showed that older people reported positive changes in their mental health and wellbeing and reported being 'released from the past'. The facilitators reported that they needed to be aware of later life issues, such as loneliness and potential physical limitations, but otherwise only minor adaptations were needed to the standard MBCT course for older people. MBCT is an acceptable approach for people aged 65 years and over and further research should explore potential mechanisms of change including changes in meta-cognitive awareness and self-compassion. (JL)
ISSN: 13607863 [From : http://www.tandfonline.com](http://www.tandfonline.com)

- 249/92 Characteristics of double care demanding patients in a mental health care setting and a nursing home setting: results from the SpeCIMeN study; by Janine Collet, Marjolein E de Vugt, Frans R J Verhey (et al): Taylor and Francis.
Aging and Mental Health, vol 22, no 1, January 2018, pp 33-39.
Older patients suffering from a combination of psychiatric disorders and physical illnesses and/or dementia are called Double Care Demanding patients (DCDs). Special wards for DCDs within Dutch nursing homes (NHs) and mental health care institutions (MHCI) offer a unique opportunity to obtain insight into the characteristics and needs of this challenging population. This observational cross-sectional study collected data from 163 DCDs admitted to either a NH or a MHCI providing specialised care for DCDs. Similarities and differences between both DCD groups were noted. Neuropsychiatric symptoms were highly prevalent in all DCDs but significantly more in MHCI-DCDs. Cognitive disorders were far more present in NH-DCDs, while MHCI-DCDs often suffered from multiple psychiatric disorders. The severity of comorbidities and care dependency were equally high among all DCDs. NH-DCDs expressed more satisfaction in overall quality of life. The institutionalised older DCD population is very heterogeneous. Specific care arrangements are necessary because the severity of a patient's physical illness and the level of functional impairment seem to be equally important as the patient's behavioural, psychiatric and social problems. Further research should assess the adequacy of the setting assignment and the professional skills needed to provide adequate care for older DCDs. (JL)
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MENTAL ILLNESS

(See 249/97)

MIGRATION

- 249/93 Is family relations related to health service utilisation among older immigrants: evidence from Chinese elderly in the United States; by Man Guo, Nadia Sabbagh Steinberg, Xinqi Dong, Agnes Tiwari.: Wiley.
Health and Social Care in the Community, vol 27, no 1, January 2019, pp 215-225.
In the United States the family is often an overlooked context in which to understand older immigrants' health service utilisation. Most studies on this topic either focus on individual or institutional factors that affect how older immigrants use formal health services. Using data from the 2011 Population Study of Chinese Elderly in Chicago, this study examined potential linkages between family relationships and health service utilisation among older Chinese people. Negative binomial and logistic regressions were carried out to investigate whether health service use of these older immigrants are related to positive family relations, negative family relations and/or health-related communications among family members. Findings showed that positive spousal or family relations were not associated with either physician visits or hospital stays. However respondents with more negative family relations had more doctor visits and were marginally more likely to use inpatient services. Respondents who talked to their spouse for medical concerns were less likely to use inpatient services. These findings show that family relations play a role in Chinese older immigrants' health service use. In addition family conflict seems to be more influential than close family relations in predicting service use. Practitioners need to thoroughly assess family dynamics to fully understand the resources and barriers for health service utilisation among older immigrant populations. (JL)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 249/94 The reasons older immigrants in the United States of America report for returning to Mexico; by Alma Vega, Karen Hirschman.: Cambridge University Press.
Ageing and Society, vol 39, no 4, April 2019, pp 722-748.
Mexicans are the largest immigrant group in the United States of America (USA) and are ageing rapidly. Few studies investigate whether older immigrants return to Mexico for different reasons than younger immigrants. The authors use data for 952 individuals from the Mexican Health and Aging Study to examine whether Mexican immigrants in the USA who returned to Mexico at age 50+ report different reasons for returning compared to those who returned at younger ages. Few immigrants (regardless of age) returned for economic reasons. The most commonly reported reason for returning for both groups was missing family. However, the odds of selecting missing family over illness as their main reason for returning were lower for older immigrants than younger immigrants, after controlling for the duration of their stay in the USA and other socio-demographic factors (odds ratio (OR) = 0.27; 95% confidence interval (CI) = 0.11, 0.68). Results indicate that older immigrants were just as likely to report returning due to economic reasons and migration problems as they were to report returning because of illness (OR = 0.57, 95% CI = 0.15, 2.21; OR = 0.41, 95% CI = 0.12, 1.43). While existing research shows that older immigrants in the USA typically experience fewer migration problems and are often more economically stable than younger immigrants, the research suggests this may be entirely due to the duration of their stay in the USA. (RH)
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From : <http://www.cambridge.org/aso>

NEIGHBOURHOODS AND COMMUNITIES

- 249/95 'What works here doesn't work there': the significance of local context for a sustainable and replicable asset-based community intervention aimed at promoting social interaction in later life; by Josephine M Wildman, Nicole Valtorta, Suzanne Moffatt, Barbara Hanratty.
Health and Social Care in the Community (pre-publication version), 2 February 2019, 9 pp.
Interventions that harness local assets to benefit a community are increasingly being promoted to improve health and well-being. In practice, we know little about how local contexts or reliance on local resources affect the sustainability and scalability of asset-based community developments. This qualitative case study documents the development and implementation of a novel asset-based community development project. Based in a large, mainly rural county in North East England with relatively high levels of socioeconomic deprivation, the project aimed to prevent social isolation among older people, using a range of food-related activities. Twenty-one semi-structured interviews were conducted with service users, volunteers, project partners, project development workers and senior staff. Interviews explored the project's design and implementation process, outcomes for participants and the wider community, and project sustainability and scalability. Thematic analysis of the data identified four factors likely to be important for creating sustainable and replicable asset-based community projects. These factors are (a) recognising and harnessing assets among local people who may be otherwise marginalised due to age, geographical isolation and/or socioeconomic deprivation; (b) identifying assets that can be provided by local businesses; (c) genuine project co]production to develop activities that meet local needs and inspire enthusiasm among all stakeholders; and (d) ongoing organisational support to meet the challenges to sustainability that exist in socioeconomically deprived areas. We conclude that successful asset-based community projects require extensive community input and learning captured from existing programmes can facilitate the replicability of programmes in other community contexts. (NL/RH) [From : https://onlinelibrary.wiley.com/doi/epdf/10.1111/hsc.12735](https://onlinelibrary.wiley.com/doi/epdf/10.1111/hsc.12735)

- 249/96 Planning age-friendly cities across the globe; by Stephanie Firestone, Mildred Warner, Xue Zhang.: AARP International.
AARP International: The Journal, vol 12, 2019, pp 46-51.
What can age-friendly community advocates do to foster awareness within the planning community? In Autumn 2017 AARP, Cornell University and consultants Arup, carried out a global survey of planners to assess how and why they are (or are not) integrating the principles of Livable Communities for All Ages (LCA) into their planning work. Overall, the main factor was the recognition of substantial growth in the ageing population, followed by 'a priority identified during a community planning process'. In Europe, mandated policies from national or regional government came second, but this was much less important elsewhere in the world. The article expresses surprise that 'economic development' came last. "The generally low rating for economic development planning that incorporates aging considerations suggests a significant missed economic opportunity for local communities." The most effective strategies to encourage planners to engage in LCA were: engaging elected officials and legislators to talk about LCA; and hosting training and seminars. In the workplace the most important factor was receiving support from colleagues.
[From : http://www.aarpinternational.org/journal](http://www.aarpinternational.org/journal)

OLDER OFFENDERS

(See Also 249/27)

- 249/97 Psychiatric disorders among older prisoners: a systematic review and comparison study against older people in the community; by Claudio Di Lorito, Birgit Vollm, Tom Denning.: Taylor and Francis.
Aging and Mental Health, vol 22, no 1, January 2018, pp 1-10.
Despite emerging evidence that older prisoners experience poor mental health literature in this area is still limited. In the present systematic review and meta-analysis the authors reported on the prevalence of psychiatric disorders among older prisoners. Findings were then compared against community studies on older people. The authors searched a range of databases, Google and other websites. They carried out bias assessments, rated studies for quality and ran a heterogeneity test. They meta-analysed prevalence rates of psychiatric disorders through an aggregate weighted mean and calculated relative risk (RR) and statistical significance against community studies. Sensitivity analyses were further performed. They reviewed nine studies and obtained the following prevalence: 'Any psychiatric disorder' 38.4%, depression 28.3%, schizophrenia/psychoses 5.5%, bipolar disorder 4.5%, dementia 3.3%, cognitive impairment 11.8%, personality disorder 22.9%, alcohol abuse 15.9%, anxiety disorders 14.2%, PTSD 6.2%. Older prisoners were found to have higher RR for every single psychiatric disorder against older people in the community with the sole exception of alcohol abuse and dementia. The prevalence rates were significantly higher among the prisoners for 'Any psychiatric disorder', depression and personality disorder. Overall the sensitivity analyses confirmed the authors' original results. These findings point at a high prevalence of every single psychiatric disorder among older prisoners who also experience rates of dementia and alcohol abuse comparable to those reported in the community. The results have relevant implications for policy and practice. (JL)
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OLDER WOMEN

(See 249/13)

PALLIATIVE CARE

- 249/98 Volunteer involvement in the organisation of palliative care: a survey study of the healthcare system in Flanders and Dutch-speaking Brussels, Belgium; by Steven Vanderstichelen, Joachim Cohen, Yanna van Vesemael (et al.): Wiley.
Health and Social Care in the Community, vol 27, no 2, March 2019, pp 459-471.
Ageing populations increasingly face chronic and terminal illnesses, emphasising the importance of palliative care and quality of life for terminally ill people. Facing resource constraints in professional healthcare, some governments expect informal caregivers such as volunteers to assume a greater share of care provision. We know volunteers are present in palliative care and perform many roles, ranging from administration to providing companionship. However, we do not know how involved they are in the organisation of care, and how healthcare organisations appraise their involvement. To address this, this study provides an extensive description of the involvement of volunteers who provide direct patient palliative care across the Flemish healthcare system in Belgium. This study conducted a cross-sectional postal survey of 342 healthcare organisations in Flanders and Brussels in 2016, including full population samples of palliative care units, palliative day care centres, palliative home-care teams, medical oncology departments, sitting services, community home-care services, and a random sample of nursing homes. Volunteer involvement was measured using Sallnow and Paul's power-sharing model, which describes five hierarchical levels of engagement, ranging from being informed about the organisation of care, to autonomy over certain aspects of care provision. Response was obtained for 254 (79%) organisations. Volunteers were often informed about and consulted regarding the organisation of care, but healthcare organisations did not wish for more autonomous forms of volunteer involvement. Three clusters of volunteer involvement were found: "strong involvement" (31.5%), "restricted involvement" (44%), and "uninvolved" (24.5%). Degree of involvement was found to be positively associated with volunteer training ($p < 0.001$) and performance of practical ($p < 0.001$) and psychosocial care tasks ($p < 0.001$). Dedicated palliative care services displayed a strong degree of volunteer involvement, contrary to generalist palliative care services, suggesting volunteers have a more important position in dedicated palliative care services. A link is found between volunteer involvement, training and task performance. (RH)
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PENSIONS AND BENEFITS

(See Also 249/51)

- 249/99 Pension Freedom Day in the United Kingdom: Early evaluation of consumer response; by Căzilia Loibl, Barbara Summers, Simon McNair, Wändi Bruine de Bruin.
International Journal of Consumer Studies, Vol 43, No 1, January 2019, 35-45.
Understanding decumulation decisions in retirement is an important component of public policy that influences pension regulations in aging societies. This research examines a recent, substantial change to pension regulation in the United Kingdom: the newly established flexibility to obtain a lump-sum payout from personal or occupational pension savings. Conducting an online survey of individual's eligible to take advantage of the Pension Freedom regulation, the study finds that almost half of study participants plan to obtain a lump-sum payout, on average £33,741, intending it for an average of three different investments or purchases. The decision to obtain a lump-sum withdrawal is related to better knowledge of the new regulation. It is also more likely among older respondents and those not worried about a decline in standard of living during retirement. Dispositional measures do not affect the lump-sum decision. Close to one-third of study participants still planned to invest retirement savings into an annuity, especially those who retire at a later age, have concerns about care costs and worry about decline in standard of living in retirement. Comments about the changes to pension regulation were slightly more positive than negative. From our analysis of the effect of the Pension Freedom regulation on savings decumulation decisions, we conclude that the new Pension Freedom regulations do meet consumer demands, and demonstrate that pension knowledge and retirement expectations, in particular, influence consumer evaluations. We further conclude that annuity investments continue to play a role for older adults in the United Kingdom, especially for those concerned about meeting financial needs during retirement.
From : <https://doi.org/10.1111/ijcs.12481>

PERSONALISATION

- 249/100 Social care managers and care workers' understandings of personalisation in older people's services; by Martin Stevens, Jo Moriarty, Jess Harris (et al.): Emerald.
Working with Older People, vol 23, no 1, 2019, pp 37-45.
This paper explores the impact of personalisation policy on the providers of social care services in England, mainly to older people, in the context of austerity and different conceptions of personalisation.

The paper draws on part of a longitudinal study of the care workforce, which involved 188 interviews with managers and staff, undertaken in two rounds. Four themes were identified: changing understandings and awareness of personalisation; adapting services to fit new requirements; differences in contracting; and the impact on business viability. The paper reflects a second look at the data focusing on a particular theme, which was not the focus of the research study. Furthermore, the data were gathered from self-selecting participants working in services in four contrasting areas, rather than a representative sample. The research raises questions about the impact of a commercial model of "personalised care", involving personal budgets (PBs) and spot contracts, on the stability of social care markets. Without a pluralistic, well-funded and vibrant social care market, it is hard to increase the consumer choice of services from a range of possible providers, and therefore fulfil the government's purposes for personalisation, particularly in a context of falling revenues from local authorities. The research presents an analysis of interviews with care providers and care workers mainly working with older people. Their views on personalisation have not often been considered, in contrast to the sizeable literature on PBs recipients and social workers. (RH)

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PHYSICAL ACTIVITY

- 249/101 The association between physical activity and social isolation in community-dwelling older adults; by Lauren M Robins, Keith D Hill, Caroline F Finch (et al.): Taylor and Francis.
Aging and Mental Health, vol 22, no 2, February 2018, pp 175-182.

There is growing need to determine effective interventions addressing social isolation among older adults. This study aimed to determine whether a relationship exists between physical activity (recreational and/or household-based) and social isolation. An examination was conducted in order to determine whether group- or home-based falls prevention exercises are associated with social isolation. A cross-sectional analysis of telephone survey data was used to investigate relationships between physical activity, health, age, gender, living arrangements, ethnicity and participation in group- or home-based falls prevention exercises on social isolation. Univariable and multivariable ordered logistic regression analyses were conducted. Factors found to be significantly associated with reduced social isolation in multivariable analysis included living with a partner/spouse, reporting better general health, higher levels of household-based physical activity and feeling less downhearted or depressed. Being more socially isolated was associated with symptoms of depression and a diagnosis of congestive heart failure. These findings suggest that household-based physical activity is related to social isolation in community-dwelling older adults. Further research is required to determine the nature of this relationship and to investigate the impact of group physical activity interventions on social isolation. (JL)

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- 249/102 Exploring the acceptability and usability of a novel social innovation to encourage physical activity: the iStep prototype; by Cheryl Grindell, Sue Mawson, Kate Gerrish (et al.): Wiley.
Health and Social Care in the Community, vol 27, no 2, March 2019, pp 383-391.

Obesity is a major public health issue and physical inactivity is one of the many factors that influence this, especially in childhood and later life. This study explored the acceptability and usability of the iStep prototype, a novel social innovation to encourage intergenerational physical activity (PA) to help reduce obesity levels in older age. The iStep (a pedometer and interactive website) sought to increase PA levels across the life course, through intergenerational partnerships participating in walking challenges together. This was a qualitative mixed methods study involving 130 participants from two different settings. Pupils and teachers from a local secondary school (n = 120) tested the iStep prototype over two separate 2-week periods. Pupil and teacher partnerships engaged in a walking challenge around Sheffield using pedometers and the website platform. In addition, 10 retirement age women were involved in a modified cooperative evaluation of the prototype. Two focus groups with pupils (n = 9 and 20), semi-structured interviews with teachers (n = 5), and one dyadic interview (pupil/teacher) were undertaken. Data were analysed using an iterative thematic approach.

Five themes were identified: perceptions of the technology, attitudes towards the walking challenge, attitudes to the intergenerational partnership, competition versus collaboration and promoting PA. The pedometer was a useful motivational tool, which raised awareness of PA levels. The website was thought to be simple and easy to use. Walking was deemed inclusive and accessible to all age groups, and setting a target goal was considered beneficial. Engaging in PA with a partner was regarded as a good way to provide support and encouragement. Overall, this early prototype evaluation showed that iStep has potential to be an innovative and engaging way to encourage increased PA across generations. It may positively contribute towards reducing obesity levels in old age, but outcomes that effectively measure this need to be incorporated in any future iStep testing. (RH)

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[From](http://www.wileyonlinelibrary.com/journal/hsc) : <http://www.wileyonlinelibrary.com/journal/hsc>

- 249/103 Motivation for movement: influences for walking event participation; by James D Beauchemin, Todd A Gibbs, Paul F Granello, Nicole T Gabana.: Sage.
Health Education Journal, vol 78, no 2, March 2019, pp 111-123.

There is widespread evidence of the health and wellness benefits associated with moderate physical activity, and that lack of engagement with these behaviours remains a significant contributor to the

burden of chronic disease in the US adult population. This study explored motivational influences on personal adherence to physical activity, by examining the factors relating to participants' behaviours in an organised walking event, the New Albany Walking Classic in central Ohio, across a variety of demographic characteristics. The study sample of 345 participants included 101 aged 60-69 and 19 aged 70-79. The participants completed an online survey that gathered information relating to personal demographics, behaviours and sources of motivation, as measured by the Motives for Physical Activity Measure - Revised scale (MPAM-R). This instrument was developed within the context of self-determination theory, to measure different motives for implementing behaviours associated with physical activity. Findings revealed different intrinsic (competence, enjoyment and social) and extrinsic (fitness and appearance) motivational influences on participation in walking events that varied based upon demographic characteristics. Motives for participation in walking events, as a mode of health promotion, are influenced by demographic characteristics and health states, and may be relevant for focused efforts to promote engagement with physical activity programming. (RH)

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

POVERTY

- 249/104 Older people in Sweden without means: on the importance of age at implementation for being 'twice poor'; by Bjorn Gustafsson, Hanna MacInnes, Torun Osterberg.: Cambridge University Press. *Ageing and Society*, vol 39, no 6, June 2019, pp 1172-1199.

This paper examines immigrant poverty at an older age in Sweden with an emphasis on late-in-life immigrants. The authors analyse tax data for the entire Swedish-born and non-Swedish-born population. The poverty status of a household is assessed using two criteria. First, the disposable income of the household in which the person lived in 2007 must be below 60 per cent of the median equivalent income in Sweden as a whole. Second, to be classified as 'twice poor', a household's net assets must be below SEK 10,000. The results indicate that three out of four Swedish-born older people were not classified as poor by either of the criteria, and only 1 per cent by both criteria. In contrast, among older people born in low-income countries, almost three out of four were classified as poor according to one of the criteria, and no fewer than one in three according to both criteria. Results of estimating logistic models indicate that the risk of being considered poor according to both criteria is strongly positively related to one's age at immigration. The results indicate that it is crucial that migrants, particularly those who arrive after age 40, be better integrated into the Swedish labour market. To alleviate poverty among those migrants who are already of older age, increased transfers are probably the only possible alternative. (RH)

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

- 249/105 Poverty, deprivation and life satisfaction among Hong Kong older persons; by Kelvin Chi-Kin Cheung, Kee-Lee Chou.: Cambridge University Press. *Ageing and Society*, vol 39, no 4, April 2019, pp 703-721.

This investigation examines the association of four measures of poverty (income-based, expenditure-based and asset-based poverty, and material deprivation) with life satisfaction. Perceived life satisfaction was measured among 1,410 older Chinese people aged 65 and over. Besides life satisfaction and measures of poverty, the study assessed socio-demographic variables, financial strain, health indicators, and social and community resources. Those who faced expenditure-based poverty, material deprivation and asset-based poverty reported a significantly lower level of perceived life satisfaction, while the association between expenditure-based poverty and life satisfaction was found to be the strongest. Other factors that had an impact on life satisfaction included gender, education and marital status; financial strain; social support; the number of close family members and friends; self-rated health; functional capacity; perceived memory; pain; sleep quality; neighbourhood collective efficacy; and engagement in cultural and entertainment activities. From the theoretical perspective, the findings have strong implications for the understanding of the factors that shape the perception of quality of life in old age. The results also have important policy implications for the official measurement of poverty, monitoring of the poverty situation and the development of anti-poverty measures to help older people living in poverty to improve the quality of their lives. (RH)

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RELATIONSHIPS (PERSONAL)

(See 249/31)

RESEARCH

- 249/106 Community ageing research 75+ study (CARE75+): an experimental ageing and frailty research cohort; by Anne Heaven, Lesley Brown, John Young 9et al). *BMJ Open* 2019;9:e026744, 7 March 2019, 10 pp.

The Community Ageing Research 75+ Study (CARE75+) is a longitudinal cohort study collecting an extensive range of health, social and economic data, with a focus on frailty, independence and quality of life in older age. CARE75+ is the first international experimental frailty research cohort designed using

Trial within Cohorts (TwiCs) methodology, to align applied epidemiological research with clinical trial evaluation of interventions to improve the health and well-being of older people living with frailty. This article explains the aims of CARE75+, whereby 1,000 community-dwelling older people (aged 75+) will be recruited from UK general practices. Nursing home residents, those with an estimated life expectancy of 3 months or less and people receiving palliative care will be excluded. Data collection assessments will be face-to-face in the person's home at baseline, 6 months, 12 months, 24 months and 48 months, including assessments of frailty, cognition, mood, health-related quality of life, comorbidity, medications, resilience, loneliness, pain and self-efficacy. A modified protocol for follow-up by telephone or web-based will be offered at 6 months. Consent will be sought for data linkage and invitations to additional studies, including intervention studies using the TwiCs design. A blood sample biobank will be established for future basic science studies. The CARE75+ study was approved by the National Research Ethics Service (NRES) Committee Yorkshire and the Humber - Bradford Leeds in October 2014 (14/YH/1120). Formal written consent is sought if an individual is willing to participate and has capacity to provide informed consent. Consultee assent is sought if an individual lacks capacity.

Study results will be disseminated in peer-reviewed scientific journals and at scientific conferences. Key study results will be summarised and disseminated to all study participants via newsletters, local older people's publications and local engagement events. Results will be reported on a bespoke CARE75+ website.

The research was funded by the NIHR CLAHRC Yorkshire and Humber (www.clahrc-yh.nihr.ac.uk) (study funding number IS-CLA-0113-10020), and supported by the NIHR CLAHRC South West Peninsula and West Midlands NIHR CLAHRC (National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care). (RH)

From : <http://dx.doi.org/10.1136/bmjopen-2018-026744>

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249/107 Research partnerships - embracing user involvement: practical considerations and reflections; by Roger O'Sullivan.: Emerald.

Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 220-231.

Academic researchers are increasingly required to demonstrate the impact of their work beyond the university. This has led to an increasing focus, especially in response to funded calls, on developing research partnerships that cross disciplines, sectors and borders to help address our grand societal challenges. This paper sets out learning from the work of the Centre for Ageing Research and Development in Ireland (CARDI), an organisation which delivered a highly successful programme of interdisciplinary, cross-sectoral and cross-country research partnerships in rural and urban areas across the island of Ireland between 2007 and 2015. The paper reflects on how to bring forward effective research partnerships involving users, in this instance older people. It finds that research partnerships that wish to involve users require time, commitment, support, understanding and a willingness to change and be challenged. It highlights that there are methodological, philosophical, moral, economic and practical aspects to be considered. The author emphasises that for research partnerships involving users to be successful, not only do they need to consider the most effective research methods, but also focus on the overarching purpose of the work, and adopt an ethos and practice that maximises each partner's knowledge and expertise to their full potential. This reflective paper focused on the characteristics associated with partnership success, i.e. communication style, values, philosophy and practice. It argues that establishing effective and inclusive partnerships requires time, the appropriate framework and reviewing the process on an ongoing basis. Researchers, government, funders, businesses and service providers are increasingly recognising the benefits of "user" involvement to help design programmes and services that are most effective. (RH)

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RESIDENTIAL AND NURSING HOME CARE

(See Also 249/15, 249/38, 249/92)

249/108 Handovers in care homes for older people - their type, timing and usefulness: findings from a scoping review; by Jo Moriarty, Valerie Lipman, Caroline Norrie, Jekha Elasarapu, Jill Manthorpe.: Cambridge University Press.

Ageing and Society, vol 39, no 4, April 2019, pp 851-871.

There is a considerable body of literature on the importance of effective shift handovers in hospitals and other health-care settings, but less is known about the transfer of information between staff starting and completing stints of paid work in care homes. In the first of two articles considering this under-explored topic, the authors report findings from a scoping review examining what is known about shift-to-shift handovers in care homes for older people and their equivalents. It is based on systematic searches of electronic databases of English language journals on ageing and internet searches for material published between January 2005 and October 2016. Guidance from the Care Quality Commission (CQC, the regulatory body for health and social care in England) highlights the importance of handovers in care homes. However, the degree to which handovers are embedded into care home routines appears to be variable, influenced by factors such as workplace culture, shift patterns and the extent to which they involve all those on duty or just those with professional qualifications. Staffing shortages and whether or not members of staff are paid for their time attending handovers appear to be further constraints on

their use. The authors conclude that there is considerable scope for further research in this field to identify and develop good practice. (RH)
ISSN: 0144686X [From : http://www.cambridge.org/aso](http://www.cambridge.org/aso)

- 249/109 Say hello, wave goodbye: CSI's fourth annual report on care homes for older people in England 2018; by Mike Short, Care Sector Innovations - CSI. Worthing: CSI Market Intelligence, [2019], 27 pp.
Report produced for the National Care Forum (NCF), which analyses the number of care home beds operated by the not-for-profit sector in 2018. It uses Care Quality Commission (CQC) data relating to care homes with 10 or more beds; and it includes all care home services, with or without dementia as a user band, and with or without people as a user band. It uses bar charts and maps to indicate information on sector, closures, and size of home. It finds that 37% of homes that closed had an Inadequate CQC rating, but 33% were Good. 148 care homes opened, adding around 6,850 beds, but 299 closed losing 9,874 beds. Also included is an overview for 2015-2018, which indicates that on average around 140 homes open each year, but at the same time 280 also close. 26,268 new beds have been created, but 34,387 have been lost and their residents have had to be relocated. Overall, the market is still serviced by small independent providers. (RH)
[From](http://www.csi-marketintelligence.co.uk) : CSI Market intelligence, 2nd Floor, The Mill Building, 31 Chatsworth Road, Worthing, West Sussex BN11 1LY. www.csi-marketintelligence.co.uk

RETIREMENT

- 249/110 Productive activity patterns among 60-70-year-old retirees in Germany; by Andreas Mergenthaler, Ines Sackreuther, Ursula M Staudinger.: Cambridge University Press.
Ageing and Society, vol 39, no 6, June 2019, pp 1122-1151.
Numbers of retired people have been steadily growing since the 1950s. The rules and regulations relating to retirement have been changing. Recent cohorts have reached this phase in better health than previous ones. Until recently, retirement has been rather void of societal expectations, leaving room for individual decisions regarding amount and type of activity. A review which investigates predictors and outcomes activity patterns during this life phase seems overdue. This study addresses three questions: (a) Which distinct clusters of productive activities among retirees can be identified in Germany? (b) Do activity patterns of clusters follow complementary or substitutive composition rules? (c) Which are the most important predictors of cluster membership? Using probability-based sample data (N = 2,141) from the Transitions and Old Age Potential (TOP) survey, this study investigated clusters of productive activities among retirees aged 60-70 in Germany. The activities examined included paid work after retirement, formal and informal volunteering, child care and care-giving. Results showed a four-cluster structure. The clusters (Multiple Engagers, Volunteers, Family Helpers and Family Disengagers) differed with regard to composition and intensity of productive activities. Both complementary and substitutive relations were identified within clusters. Individual, familial and economic resources were predictors of cluster membership. Results are discussed with regard to role theory, cumulative inequality theory and the ongoing debate about potential in old age. (RH)
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RURAL ISSUES

(See Also 249/43)

- 249/111 Assessment of metabolic syndrome risk factors among rural-dwelling older adults requires innovation: partnerships and a mobile unit can help; by Martha R Crowther, Cassandra D Ford, Latrice D Vinson (et al): Emerald.
Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 251-260.
Older adults are at risk of developing metabolic syndrome (MSX). Given the growing rural older adult population and the unknown prevalence rate of MSX in rural communities, this paper aims to assess the risk factors for MSX among rural older people. Individuals aged 55+ from four West Alabama rural communities were assessed by an interdisciplinary healthcare team via a mobile unit (n=216). Descriptive analyses and analysis of variances (ANOVA) were conducted to assess the effect of gender, race and community on the number of risk factors of MSX among rural older people. Results of a three-way ANOVA revealed a significant interaction between gender, age and community on the number of MSX risk factors [F (16,193)= 2.41, p 0.01]. Rural communities with lower social economic status (SES) and predominantly African American residents were at higher risk for developing MSX compared to communities with higher SES [F(3, 68) = 7.42, pp0.05]. Findings suggest low SES rural communities are at risk of developing MSX. Innovative approaches such as mobile healthcare delivery are crucial to providing quality healthcare and preventive health screens to underserved rural older adult communities. Limited research is available on assessing rural middle aged and older people at risk for metabolic syndrome, largely due to lack of communication or transport infrastructure and their history of negative experiences with public institutions. This research demonstrates how these barriers can be addressed. (RH)
ISSN: 14717794
[From](http://www.emeraldinsight.com/loi/qaoa) : <http://www.emeraldinsight.com/loi/qaoa>

- 249/112 Interdisciplinary partnerships for rural older adults' transitions of care; by Joyce Weil, Gwyneth Milbrath, Theresa Sharp (et al.): Emerald.
Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 232-241.
Interdisciplinary partnerships are suggested as ways to improve rural care transitions by blending complementary skills of disciplines to increase the holistic nature of care. Yet only multidisciplinary efforts are frequently used in practice, and often lack synergy and collaboration. This paper presents a case of a partnership model using nursing, gerontology and public health integration to support older people in rural areas of Colorado, Wyoming and Nebraska as a part of building an Adult-Gerontology Acute Care Nurse Practitioner programme. The paper uses Roger O'Sullivan's Centre for Ageing Research and Development in Ireland (CARDI) framework to examine the creation of an interdisciplinary team. Two examples of interdisciplinary work are discussed: the creation of an interdisciplinary public health course; and team-based on-campus live simulations with a panel and site visit. With team-building successes and challenges, outcomes show the need for knowledge exchange among practitioners, to enhance population-centred and person-centred care to improve health care services to older people in rural areas. There is a need to educate providers about the importance of developing interdisciplinary partnerships. Dependent upon the needs of the community, other similarly integrated partnership models can be developed. Transitions of care work for older people tend to be multi- or cross-disciplinary. A model for interdisciplinary training of gerontological practitioners in rural and frontier settings broadens the scope of care and improves the health of the rural older population served. (RH)
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From : <http://www.emeraldinsight.com/loi/qaoo>
- 249/113 Learning from international models for delivering quality care and support to older people living in rural communities: guest editorial; by Lyn M Holley, Roger O'Sullivan (eds.): Emerald.
Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 217-219.
This editorial serves as an introduction to the eight articles in this special issue of Quality in Ageing and Older Adults, which has the title 'Quality care and support for older people living in rural communities: learning from international models'. An overarching theme is how partnerships can be used in addressing need and pooling resources across disciplines. Authors variously representing five disciplines and from Ireland, Wales, Canada and the United States provide new insights about developing partnerships that result in improved models of care for older people in rural areas. (RH)
ISSN: 14717794
From : <http://www.emeraldinsight.com/loi/qaoo>
- 249/114 Professional associations can nurture interdisciplinary partnerships to better serve rural-dwelling older adults; by Cassandra D Ford.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 298-303.
This paper describes how interdisciplinary partnerships can enhance existing resources to better meet the unique needs of rural older adults. It describes the work of the Rural Aging Special Interest Group of the Gerontological Society of America as an example of how a professional association has facilitated the process of creation and dissemination of knowledge about this approach. An overview of the process is provided, with additional information relating partnerships to improving programmes and services for rural older adults. The paper illustrate how professional associations can provide the context for developing formal and informal interdisciplinary collaboration, and for promoting advancement and dissemination of useful knowledge among disciplines and across geographic boundaries. (RH)
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From : <http://www.emeraldinsight.com/loi/qaoo>
- 249/115 Strategic partnerships enhance resources for care of rural-dwelling older adults; by Lyn M Holley, Christopher M Kelly, Silvester Juanes, Loretta Wolf.: Emerald.
Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 242-250.
The authors aim to disseminate a new model that addresses the urgent social challenge of providing adequate long-term care in rural circumstances in the United States through innovative use of existing resources. The model was created by a residential long-term care facility director working with a network of partnerships that he discovered and developed. This exploratory paper is based on the analysis of qualitative observations (interviews and site visits), framed in the financial and operational records of the facility studied, macro- and micro-level demographics, and scholarly and practice literatures. Significant cost savings upon implementation, improvements in quality of care, and both worker and client satisfaction were apparent. Although the model has been in operation for only one year, the trend has been positive. However, more research is needed to identify its stability and develop a more refined description of its components. While essential features of this innovative model can be applied in any residential long-term care situation, replicating its success is obviously linked with the skill and authority of the director. Evaluation research is currently in progress. The paper suggests budget-neutral solutions to persistent challenges of caring for older adults in rural circumstances.
Quality and financing of long-term residential care for elders is insufficient and worsening. This model addresses problems central to financing and quality of care by connecting existing resources in new ways. It does not require additional funding, or changes in the qualifications required for jobs. In the work on the model described, the partnerships discovered and developed include a broad range of

organisations in the public and non-profit sectors, and the state university. (RH)

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- 249/116 Supporting older military veterans in the rural US; by Ben Hicken, Kimber Parry.: Emerald. Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 286-297.
In this descriptive paper, the authors provide an overview of rural older veterans in the USA and discuss how the US Department of Veterans Affairs (VA) is increasing access to health care for older veterans in rural areas. This paper also summarises population and program data about rural American veterans. VA provides a variety of health care services and benefits for older veterans to support health, independence and quality of life.
With the creation of the Veterans Health Administration Office of Rural Health (ORH) in 2006, the needs of rural veterans (who are on average older than urban veterans) are receiving greater attention and support. ORH and VA have implemented several programs to specifically improve access to health care for rural veterans, and to improve quality of care for older veterans in rural areas. This paper is one of the first to describe how VA is addressing the health care needs of older, rural veterans. (RH)
ISSN: 14717794 From : <http://www.emeraldinsight.com/loi/qaoa>

SEXUALITY

(See 249/5)

SLEEP

- 249/117 Sleep and cognitive aging in the eighth decade of life; by Simon R Cox, Stuart J Ritchie, Mike Allerhand (et al).
Sleep (advance pre-publication access), 21 January 2019, 12 pp.
The authors examined associations between self-reported sleep measures and cognitive level and change (age 70-76 years) in a longitudinal, same-year-of-birth cohort study (baseline N = 1091; longitudinal N = 664). They also used Genome-wide association studies (GWAS) summary data to ascertain whether polygenic scores (PGS) of chronotype and sleep duration related to self-reported sleep, and to cognitive level and change. Shorter sleep latency was associated with significantly higher levels of visuospatial ability, processing speed, and verbal memory memory (beta greater than or =|0.184|, SE less than or =0.075, p less than or =0.003). Longer daytime sleep duration was significantly associated slower processing speed (beta = ?0.085, SE = 0.027, p = 0.001), and with steeper 6-year decline in visuospatial reasoning (beta = ?0.009, SE = 0.003, p = 0.008), and processing speed (beta = ?0.009, SE = 0.002, p = 0.001). Only longitudinal associations between longer daytime sleeping and steeper cognitive declines survived correction for important health covariates and false discovery rate (FDR). PGS of chronotype and sleep duration were nominally associated with specific self-reported sleep characteristics for most SNP thresholds (standardized beta range = |0.123 to 0.082|, p range = 0.003 to 0.046), but neither PGS predicted cognitive level or change following FDR. Daytime sleep duration is a potentially important correlate of cognitive decline in visuospatial reasoning and processing speed in older age, whereas cross-sectional associations are partially confounded by important health factors. A genetic propensity toward morningness and sleep duration were weakly but consistently related to self-reported sleep characteristics, and did not relate to cognitive level or change. (RH)
From : doi:10.1093/sleep/zsz019

SOCIAL CARE

(See Also 249/12, 249/100, 249/126)

- 249/118 Fixing the care crisis; by Damian Green. London: Centre for Policy Studies, April 2019, 40 pp.
Damian Green, Chair of the All Party Parliamentary Group on Longevity and Conservative MP for Ashford, has as his starting point that "a good level of care must be free to all at the point of use, regardless of circumstances". In meeting that condition, any new social care policy must also fulfil four key principles. First, it must provide more money for social care and ensure it is spent wisely. Second, the system must be fair across generations and medical conditions, and to those who have saved. Third, the system must increase the supply of reasonably priced care options and retirement housing. Lastly, the system should aim to secure public and cross-party consensus. The report is arranged in four parts, starting with "the trouble with social care", its funding, and the impact of the current system on the NHS, care homes and retirement housing. Part 2 suggests a model based on the pension system, with the state providing a Universal Care Entitlement. This could then be topped up with private support, for those who want it, via a Care Supplement (Part 3). The scheme would be nationally funded. It is estimated that this would cost an additional £2.75 billion per year which might be funded by taxing the winter fuel allowance and a 1% surcharge on National Insurance payments for the over 50s. Part 4, on reducing the cost of care and improving its aquality, examines overall provision. (RH)
Price: £9.99 (or free PDF)
From : Centre for Policy Studies, 57 Tufton Street, London SW1P 3QA. PDF at:
<https://www.cps.org.uk/files/reports/original/190426143506-DamianGreenSocialCareFinal.pdf>

249/119 Thinking ahead?: Exploring adult social care provision with older people in Northern Ireland; by Alexandra Chapman.: Wiley.
Health and Social Care in the Community, vol 27, no 1, January 2019, pp 161-169.
A plethora of government policies impacting older people in the United Kingdom have been strongly influenced by the rhetoric that service users should be actively involved in their social care, including decisions and delivery. User involvement is integral to the government's current drive to make service more 'person-centred' or 'personalised' in adult social care. However there has been little engagement with the broader Northern Ireland public on future adult social care policies. It has been suggested that knowing preferences for the type of future care and where and how it should be provided can be valuable for service users, providers and policymakers. Using a qualitative approach this paper drew on data collected from three focus groups with people aged over 60 who were not in receipt of social care services. The focus groups took place between April 2016 and January 2017. The findings demonstrate that participants had limited knowledge and understanding of the current social care system in Northern Ireland. In addition participants had not thought about their possible future care needs. These findings emphasise the importance of promoting and engaging the public in social care debates, particularly at a time when the need for reform of the health and social care system has been identified in Northern Ireland. (JL)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

249/120 Unmet need for social care among older people; by Athina Vlachantoni.: Cambridge University Press. Ageing and Society, vol 39, no 4, April 2019, pp 657-684.
Understanding the nature and extent of older people's unmet need for social care is a critical policy priority in the United Kingdom and beyond, as national governments juggle the provision of adequate social care for a growing older population with competing funding priorities. Several factors can heighten the experience of unmet need among older people, for instance their family environment, and their health and socio-economic status. This paper contributes empirical evidence on the patterns of older people's unmet need for social care in England today. It uses data from Wave 7 (2014-2015) of the English Longitudinal Study of Ageing (ELSA). The focus is on the individual characteristics associated with experiencing unmet need in relation to mobility tasks, activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The results show that about 55 per cent of older individuals with an ADL difficulty had unmet need, compared to 24 per cent of those with an IADL difficulty, and 80 per cent of those with a mobility difficulty. Characteristics reflecting greater vulnerability were more strongly associated with the risk of experiencing unmet need for ADLs, and such vulnerability was greater for particular ADLs (e.g. bathing), and for a higher number of ADLs. The findings reaffirm the complexity of conceptualising and empirically investigating unmet need in later life, and add to our understanding of the challenges of providing adequate and appropriate social care to older people. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

SOCIAL NETWORKS

(See Also 249/80, 249/82, 249/88, 249/93)

249/121 The association of social support networks and loneliness with negative perceptions of ageing: evidence from the Irish Longitudinal Study on Ageing (TILDA); by Ziggi Ivan Santini, Ai Koyanagi, Stefanos Tyrovolas (et al.): Cambridge University Press.
Ageing and Society, vol 39, no 5, May 2019, pp 1070-1090.
It is well known that negative ageing perceptions have various detrimental effects on indicators of successful ageing, but less is known about the role of social support networks and loneliness in perceptions of ageing. This study aimed to assess the association of social networks, relationship quality and loneliness with negative ageing perceptions in late life. Cross-sectional data on 6,912 adults aged >50 years from the first wave of the Irish Longitudinal Study on Ageing (TILDA) were analysed. Ageing perceptions were assessed with the Brief Ageing Perceptions Questionnaire. Information on social support networks, loneliness and socio-demographics were obtained using standard questions. Depressive symptoms were assessed with the Center for Epidemiologic Studies Depression scale (CES-D). Multivariable linear regression was conducted to assess the associations. Social isolation, poor relationship quality (with spouse, children, other family members or friends) and loneliness were all significantly associated with negative ageing perceptions even after adjustment for all potential confounders including depressive symptoms. The authors' study indicates that targeting integration into social support networks and improving relationship quality may potentially reduce the extent to which older individuals adopt negative ageing perceptions. Future studies with prospective design are warranted to understand the temporal direction and causal association of social support networks and loneliness with negative ageing perceptions. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

- 249/122 Non-kin ties as a source of support amongst older adults 'left behind' in Poland: a quantitative study on the role of geographic distance; by Nina Conkova, Russell King.: Cambridge University Press. *Ageing and Society*, vol 39, no 6, June 2019, pp 1255-1280.
 In the transition to democracy and a market economy, the Central and Eastern European countries experienced rapid and fundamental changes. Large-scale emigration flows and pronounced reductions in previously universal welfare systems increased the phenomenon of 'left behind' older adults. The authors examine this phenomenon in the case of Poland, a rather family-oriented society, which in recent years, sent most emigrants to Western Europe in absolute terms. The authors use a support system framework and representative survey data to enquire into older people's patterns of support. Their results suggest that older people in Poland rely predominantly on family support, although this varies greatly across living arrangements. They also find a positive association between distance separating parents and their closest child, and support from at least one non-kin. Yet, their findings reveal differences between practical and emotional support, with the latter being more likely to be provided by non-kin, but with distance mattering to a lesser degree. Parents with very distant child(ren) are few and differ only from parents with very proximate child(ren), a finding prompting the question as to what is the difference between being 'left behind' by international and by internal migration. They conclude that the phenomenon of 'left behind' in Poland, at least in terms of support, is less a matter of children's migration, and more an issue of household and regional context. (RH)
 ISSN: 0144686X
 From : <http://www.cambridge.org/aso>
- 249/123 Social network members who engage in activities with older adults: do they bring more social benefits than other members?; by Sato Ashida, Daniel K Sewell, Ellen J Schaefer (et al): Cambridge University Press. *Ageing and Society*, vol 39, no 5, May 2019, pp 1050-1069.
 Active participation in social activities is important for older people's well-being. This study explored benefits of active social engagement by evaluating whether relationships that comprise active involvement (e.g. co-engagement in activities) bring more social benefits (i.e. social support, companionship, positive social influence) than other relationships that do not involve co-engagement. A total of 133 adults aged 60+ living in a rural Midwestern city in the United States of America were interviewed once and provided information on 1,740 social network members. Among 1,506 social relationships in which interactions occurred at least once a month, 52 per cent involved engagement in social activities together, and 35 per cent involved eating together regularly. Results of the generalised linear mixed model showed that relationships involving co-engagement were significantly more likely to also convey social support (i.e. emotional, instrumental, informational), companionship and social influence (encouragement for healthy behaviours) than relationships that do not involve co-engagement. Having more network members who provide companionship was associated with higher sense of environmental mastery, positive relations with others and satisfaction with social network. Interventions may focus on maintaining and developing such social relationships and ensuring the presence of social settings in which co-engagement can occur. Future research may explore whether increasing co-engagement leads to an enhanced sense of companionship and psychological well-being. ()
 ISSN: 0144686X
 From : <http://www.cambridge.org/aso>
- 249/124 Social network type and informal care use in later life: a comparison of three Dutch birth cohorts aged 75-84; by Bianca Suanet, Marjolein L Broese van Groenou, Theo G van Tilburg.: Cambridge University Press. *Ageing and Society*, vol 39, no 4, April 2019, pp 749-770.
 Recent societal changes have increased the salience of non-kin relationships. It can be questioned whether network types that are more strongly non-kin-based give more informal care nowadays. The authors study how informal care use differs according to network type for three birth cohorts. Data from the Longitudinal Aging Study Amsterdam (LASA) on older adults aged 75-84 years, interviewed in 1992, 2002 and 2012, respectively (total sample size N = 2,151; analytical sample having functional limitations N = 926). Four network types were found: restricted, family-focused with a partner, family-focused without a partner, and wider community-focused diverse networks. Wider community-focused diverse networks are more common in the late birth cohort, whereas restricted networks and family-focused networks without a partner are less common. Logistic regression analyses reveal that those in a family-focused network with a partner use informal care more often than those in the other three network types, and insignificant interaction terms show that this does not differ by birth cohort. Irrespective of their network type, those in the late birth cohort use informal care less often. However, after controlling for need, predisposing and context factors, this cohort-difference is no longer significant. The authors conclude that despite large-scale societal changes, wider community-focused diverse networks do not provide more informal care than before; and that among the functionally impaired, the odds of receiving informal care do not decline across birth cohorts. (RH)
 ISSN: 0144686X
 From : <http://www.cambridge.org/aso>

- 249/125 Social support and mental health status of older people: a population-based study in Iran-Tehran; by Maryam Tajvar, Emily Grundy, Astrid Fletcher.: Taylor and Francis. *Aging and Mental Health*, vol 22, no 3, March 2018, pp 344-353.
The present study sought to investigate direct and stress-buffering associations between social support from family and the mental health of older people in Iran, a country which has recently undergone an exceptionally fast fertility transition and is consequently experiencing rapid population ageing. A cross-sectional stratified random survey of 800 people aged 60+ years resident in Tehran was conducted. In total 644 people responded. The Social Provisions Scale and the General Health Questionnaire were used to measure perceived social support and mental health, respectively. Multilevel mixed-effects models were used to examine the hypotheses. The findings supported the hypothesis of a direct association between perceived and received social support and mental health. However no strong evidence was found to suggest that social support buffered the effects of stress arising from limitations of physical functioning. Lack of help doing paperwork was associated with worse mental health for women but not men. Source of support did not seem to be important. These results indicated that in Tehran, as in Western settings, social support is important for the mental wellbeing of older people. Recommendations for policy and further research priorities based on the study findings are provided. (JL)
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From : <http://www.tandfonline.com>

SOCIAL SERVICES

- 249/126 How formal navigators interpret their roles supporting families; by Laura Funk, Wanda Hounslow.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 1, 2019, pp 10-19.
This study explores role interpretations for a diverse range of service providers who assist older people and their families with accessing services and support (i.e. formal service navigators). This study was an interpretive inquiry, informed by critical gerontology and discourse analytic methods. Interview data were collected and analysed from 22 formal service providers who helped older adults and their families navigate health and social care resources in one Western Canadian city. The study found that while acknowledging structural barriers to service access, participants emphasised individual empowerment as their dominant strategy, interpreting their roles as providing information and education about services. In part, these interpretations may reflect the limited nature of their ability to help broker access or advocate; in part, they may also reflect the broader political and economic discourses surrounding care in Canada. When providers position navigation and access to care as individual problems, this can obscure structural burden as well as potential inequities among older adults. Future research should examine whether navigational role interpretations are similar or different to those of navigators in other regions. Navigators in other health and social care contexts may enact differing meanings in their work. Although formal public navigators can play an important role, approaches that go beyond providing information may better meet families' needs for support. This is one of the first studies focused specifically on providers' interpretations of the meaning of navigational work in health and social care for older adults, and to extend a critical gerontological gaze toward the issue of system navigation. (RH)
ISSN: 14717794
From : <http://www.emeraldinsight.com/loi/qaoa>

SPIRITUALITY AND RELIGION

- 249/127 Buddhism-as-a-meaning-system for coping with late-life stress: a conceptual framework; by Jianbin Xu.: Taylor and Francis.
Aging and Mental Health, vol 22, no 1, January 2018, pp 100-108.
Religion is increasingly conceptualised as a meaning system for adjustment and coping. Most of the conceptualisations are grounded in the Judeo-Christian tradition. They may thus not be applicable to Buddhism which provides a distinct tenor of meaning for coping. This study aimed to construct a conceptual framework of Buddhism as a meaning system for coping with late life stress. A literature review and conceptualisation were employed. Under this framework it was found that Buddhism functions as a meaning system involving existential meaning, cognitive meaning and behavioural meaning. There is reason to believe that this framework promises to offer a holistic conceptual map of Buddhist coping in later life. Thus it could serve as a guide for further empirical and theoretical exploration in the uncharted terrains of Buddhist coping in old age. In addition gerontological practitioners could use this framework as a point of reference when working with older Buddhist clients who are in stressful circumstances. (JL)
ISSN: 13607863
From : <http://www.tandfonline.com>

SUICIDE

(See 249/75, 249/86)

TRAUMA, CONFLICT AND WAR

- 249/128 A perfect storm: challenges encountered by family caregivers of persons with Alzheimer's disease during natural disasters; by Allison Gibson, Jessica Walsh, Lisa M Brown.: Taylor and Francis.
Journal of Gerontological Social Work, vol 61, no 7, October 2018, pp 775-789.
Since Hurricane Katrina there has been a movement across the US to examine best practice for disaster response within the ageing population. However little is known about the experience of natural disasters from the perspective of family caregivers of persons with Alzheimer's disease and related dementia (ADRD). In this exploratory qualitative study, 27 family caregivers were interviewed about their experience with the historic 2015 South Carolina flood. By using thematic analysis, themes were identified to better understand what unique challenges caregivers of person with ADRD experienced. While many caregivers stated they had experienced a natural disaster previously none had ever done so in their current caregiving role. The caregiving role affected their ability to prepare for the storm and influenced their decision-making regarding evacuation and utilisation of recovery resources. Thus caregivers were confronted by a 'perfect storm' of circumstances and uncertainty. Family caregivers need to have actionable emergency plans for disasters that are specific to their role as caregivers of persons with ADRD. Study implications also suggest the role social work professionals can have in educating, advocating, evaluating and coordinating support to assist caregivers of persons with ADRD as a potentially vulnerable and at risk population during all phases of disaster. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>
- 249/129 Trauma-informed care and elder abuse: a synergistic alliance; by Joy Swanson Ernst, Tina Maschi.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 30, no 5, November-December 2018, pp 354-367.
Elder abuse is a global systemic problem in which one or more traumatic or stressful life experiences directly affect older adults, their families and communities. Despite its devastating impact, the understanding of (and response to) elder abuse has rarely been explored through a trauma-informed lens. Despite the prevalence of traumatic and stressful life experiences, research and practice are just beginning to target the intersection of elder abuse and life course trauma. This article demonstrates how knowledge about the causes, consequences and responses to elder abuse can be integrated with the principles of trauma-informed care, to improve agency and community responses to preventing or intervening in elder abuse and neglect. In order to address ongoing problems with detection and treatment of elder abuse, the authors assert that instilling trauma-informed care in tackling elder abuse in organisational services and policies forms a synergistic alliance, and would address many of these concerns. (RH)
ISSN: 08946566
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VOLUNTEERING AND THE VOLUNTARY SECTOR

- 249/130 Volunteer association perceptions of municipal policy strategies to promote co-production of healthy ageing services; by Christian Elling-Scheele, Karsten Vrangbaer, Margit Kriegbaum.: Cambridge University Press.
Ageing and Society, vol 39, no 6, June 2019, pp 1152-1171.
Civic society voluntary associations promote healthy ageing by increasing older people's social and physical activity levels, and through the co-production of services aimed at other senior citizens. Local governments are increasingly interested in collaborating with such associations as a policy response to an expanding ageing population. Co-production requires a flexible, network-based governance approach, which has not been examined from the voluntary associations' point of view. This study explores how voluntary associations perceive the relevance and usefulness of public policies aimed at promoting co-production of services for ageing citizens. The study is based on quantitative data collected through a survey sent to 1,060 voluntary associations (N = 571) in three Danish municipalities. The authors also studied municipalities' policies relevant to co-production of services aimed at senior citizens. They found that all of these policies included the explicit ambition of network governance of co-production of services targeted to address healthy ageing issues. However, this study indicates that the voluntary associations perceive the actual network governance to be somewhat fragmented and the corresponding scope of co-production was limited, which indicates the failure of municipalities to implement policy goals. Accordingly, municipal co-production in this area could probably benefit from the use of relevant key performance indicators that can enable political-administrative monitoring, in order to secure deeper implementation and political accountability that promotes healthy ageing at the local level. (RH)
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From : <http://www.cambridge.org/aso>