

New Literature on Old Age

EDITOR

Gillian Crosby

VOLUME
42

NUMBER
250

2019

The publications listed in this bulletin have been recently added to CPA's library. Readers who wish to obtain any of the documents cited should order from their usual bookseller (or direct from the addresses given) or arrange to borrow them through public and academic libraries. In case of difficulty, CPA library staff will be pleased to advise.

CPA's full bibliographic collection can be accessed through **Ageinfo** on the web.

New Literature on Old Age is published and distributed by CPA to whom all orders should be sent. The subscription rate is £30.00 per annum in the UK and £36.00/£40.00 for overseas. Details of back issues are available from CPA.

To obtain more information about **Ageinfo** and access to CPA's library, please contact Gillian Crosby.

Centre for Policy on Ageing
Tavis House
1-6 Tavistock Square
London WC1H 9NA

Telephone: +44 (0) 207 553 6500
Fax: +44 (0) 207 553 6501
Email: cpa@cpa.org.uk
Web: www.cpa.org.uk

CPA
Information
Service

Contents for vol 42 no 250, 2019

Subject Headings	Page
Abuse, safeguarding and protection	1
Age-friendly communities	3
Ageing (general)	3
Ageism and age discrimination	4
Assessment	4
Assistive technology	4
Attitudes to ageing	5
Black and minority ethnic groups	5
Care management	5
Carers and caring	6
Crime	8
Dementia	8
Dementia care	9
Depression	10
Diet and nutrition	11
Economic issues	11
Education and training	11
Employment	11
End-of-life care	13
Environmental issues	13
Equity release	13
Family and informal care	13
Frailty	14
Health and wellbeing	14
Health care	14
Health expectancy	15
Health services	15
Home care	16
Hospital care	17
Housing	18
Housing with care	18
Income and personal finance	19

Continued...

Subject Headings	Page
Information and communication technology	19
Inheritance	19
Intergenerational issues	20
International and comparative	21
LGBT	22
Life-long learning	23
Loneliness and social isolation	23
Long term care	24
Mental capacity	25
Mental health	25
Mental health care	26
Migration	26
Neighbourhoods and communities	27
Older women	27
Oral health	28
Participation	28
Pensions and benefits	29
Person centred care	30
Personalisation	31
Physical activity	31
Poverty	32
Psychology	32
Quality of life	33
Reablement and rehabilitation	33
Research	34
Residential and nursing home care	35
Resilience	36
Retirement	36
Rural issues	37
Sensory loss	37
Sleep	37
Social care	37
Social exclusion	40
Social networks	40
Social policy and theory	41
Stroke	41
Telehealth and telecare	41
Transport	41

ABUSE, SAFEGUARDING AND PROTECTION

(See Also 250/44, 250/74, 250/87, 250/123)

- 250/1 "Opening the door": developing and pilot testing an adult protective services worker engagement training in New York city; by A K Halarewicz, Caroline Gelman, Angela Ghesquiere, Geoffrey Rogers.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 31, no 3, March-July 2019, pp 191-208.
About 10% of Americans over the age of 60 experience elder abuse (EA), but EA is frequently under-detected. As the primary responders for alleged EA cases, Adult Protective Service (APS) caseworkers are ideally positioned to improve detection and intervention. The Opening the Door (OTD) training was developed in a multidisciplinary setting and designed in collaboration with APS workers, to enhance their engagement skills in potential EA cases, and thus maximize the possibility of disclosure. Rooted in a relational approach and using adult learning theory, OTD is divided into three main topics: Preparing for Engagement, Engagement Practice, and Processing Engagement. The eight-hour training was piloted with three groups of urban APS caseworkers with a wide range of work experience. Pre- and post-tests and case reflections indicate a positive impact on caseworkers' sense of self-efficacy, while focus groups indicate the necessity for ongoing provision of training and development of additional supports for APS caseworkers. Future work could further explore the efficacy of the training and expand its reach. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 250/2 Carer insights into self-harm in the very old: a qualitative study; by Anne Pamela Frances Wand, Carmelle Peisah, Brian Draper, Henry Brodaty.: Wiley.
International Journal of Geriatric Psychiatry, vol 34, no 4, April 2019, pp 594-600.
The aim of this study was to examine the insights of carers to better understand self-harm in their older relatives. An in-depth interview was conducted with the nominated relative/friend (carer) of a person over 80 who had self-harmed within the previous month. Carer interpretation and experience of the self-harm and clinical care were explored qualitatively. Audio recordings were transcribed and the content thematically analysed using N-Vivo software. 32 carers of 30 older people who self-harmed were interviewed. Physical, social and psychological issues were identified as contributory to self-harm. Themes relating to the perceived barriers to seeking help included 'they can't communicate', 'suicide and secrets', and 'invalidation'. Themes for the intent of self-harm were 'attention seeking' and 'wanting to die'. Themes which emerged for consequences of self-harm for carers were 'anger', 'guilt and self-blame', and 'it made us ill'. Themes for solutions to address the underlying factors leading to self-harm were 'more practical support and structure', 'improving communication', 'removing means of self-harm', 'advance care directives as a solution for suffering' and 'ignoring self-harm'. Clinical care themes were 'shared shame and stigma', 'safety and supervision vs being locked up', 'clinicians dismissing the carer' and 'relief and support'. Validation of carer perspectives and understanding family dynamics may improve communication at various system levels and inform interventions for older people, concurrently support families and potentially reduce risk of repeat self-harm. Good care must be holistic, be person-centred and relieve carer burden. A shared understanding and psychotherapeutic approaches to management of self-harm in later life should be considered. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 250/3 Disclosure among victims of elder abuse in healthcare settings: a missing piece in the overall effort toward detection; by Carol Truong, David Burnes, Ramona Alaggia, Alyssa Elman, Tony Rosen.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 31, no 2, March-May 2019, pp 181-190.
Elder abuse remains a largely hidden problem in our society, and only a small minority of victims are connected to formal support or protective services. Healthcare settings have been identified as a critical milieu for uncovering cases of elder abuse; however, under-detection in these settings is a major issue. Victimisation disclosure is an important component within the overall detection effort, yet it has received little attention in the elder abuse literature. Drawing on relevant literature from other domains of family or interpersonal violence, this article highlights the disclosure process, as well as disclosure barriers, facilitators and competencies to consider when working with older adults. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 250/4 Improving medicolegal death investigative gaps of fatal elder abuse; by Stacy A Drake, Sabrina Pickens, Dwayne A Wolf, Kathleen Thimsen.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 31, no 1, January-February 2019, pp 56-65.
The authors use several case vignettes to illustrate how some common omissions or oversights within the practice of medico-legal investigation can impede forensic analysis of fatal elder abuse. The examples presented are based on the authors' personal experiences as medico-legal death investigators,

forensic case managers, forensic pathologists and adult protective service contracted evaluators. The vignettes demonstrate the need for a standardised approach in the conduct of such investigations. For each of the described oversights, a recommendation is offered to address the gap in investigation processes, which in turn could improve the determination of cause and manner of an older person's death. Inherent limitations of resources and practical realities of death investigation are discussed, and recommendations are made for future research. Viewed broadly, deficiencies in the investigation of older people's deaths can lead to the under-reporting of elder abuse and the reduction of legal options for victims, which may reflect a systemic pattern of social injustice. (RH)

ISSN: 08946566

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

250/5 Making connections: a multi-disciplinary analysis of domestic homicide, mental health homicide and adult practice reviews; by Amanda Lea Robinson, Alyson Rees, Roxanna Dehaghani.: Emerald.

Journal of Adult Protection, vol 21, no 1, 2019, pp 16-26.

The purpose of this paper was to 'read across' a sample of domestic homicide reviews (DHRs), mental health homicide reviews (MHHRs) and adult practice reviews (APRs) in order to identify cross-cutting themes. The study involved a qualitative comparative analysis of 20 Welsh reviews: 10 DHRs, 6 APRs and 4 MHHRs. Each review was triple coded by a multi-disciplinary team of researchers representing criminology, social work and law. Five overarching themes were identified from this diverse sample of cases: crossing boundaries, including transitions between services and geographical boundaries; hoodwinking, where there was manipulation of the presentation of self; faulty assessment, which was not always holistic and only based on certain aspects of behaviour; tunnel vision, resulting from the initial underpinning narrative rarely being challenged; and knowledge, with certain types being privileged over others, especially professional over that of families and para-professionals. Further research into death reviews should adopt a comparative, multi-disciplinary approach. The research highlights the possibility for duplication across the different types of reviews. The study further suggests the need for streamlining review processes and of adopting a multi-disciplinary perspective when researching death reviews. (JL)

ISSN: 14668203

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

250/6 A new role for imaging in the diagnosis of physical elder abuse: results of a qualitative study with radiologists and frontline providers; by Mihan Lee, Tony Rosen, Kieran Murphy, Paliavi Sagar.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, no 2, March-May 2019, pp 163-180.

Paediatric radiologists play a key role in the detection of child abuse through the identification of characteristic injury patterns. Emergency radiologists have the potential to play an equally important role in the detection of elder physical abuse; however, they currently play little to no part in this effort. The authors examine the reasons behind this limited role and potential strategies to expand it, by interviewing attending faculty from Emergency Radiology, Geriatrics, Emergency Medicine, Paediatric Radiology, and Paediatrics. Their interviews revealed that radiologists' contribution to elder abuse detection is currently limited by gaps in training, gaps in knowledge about imaging correlates, and gaps in inter-team clinical communication. Specifically, radiographic interpretation of elder trauma is severely restricted by lack of communication between frontline providers and radiologists about patients' injury mechanism and functional status. Improving this communication and reconceptualising emergency department (ED) workflow is critical to expanding and optimising radiologists' role in elder abuse detection. (RH)

ISSN: 08946566

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

250/7 Older adults neglected by their caregivers: vulnerabilities and risks identified in an adult protective services sample; by Joy Swanson Ernst.: Emerald.

Journal of Adult Protection, vol 21, no 1, 2019, pp 5-15.

Using a risk and vulnerability framework this paper aimed to describe the characteristics of older adults that Adult Protective Services (APS) substantiated for neglect by caregivers. The paper used a qualitative study of 21 APS case record narratives using a template analysis. Neglect related to withholding or refusing medical care was the most common. The older adults had multiple health conditions and geriatric syndromes. Caregivers had difficulties in carrying out their caregiving role due to health and mental health issues, work responsibilities and lack of insight into the older adults' needs. The refusal to access or accept services by both the older adults and the caregivers was a predominant theme. The sample size was small, limited to one geographical area and non-representative of all neglect cases. The data were extracted from written case narratives and not directly from the older adults and their family members. Case records varied in the case detail provided. To protect vulnerable older adults and improve quality of life APS involvement in cases of caregiver neglect needs strategies to get people to accept help and access services to address multiple health and psychosocial problems for both older adult victims and their caregivers. (JL)

ISSN: 14668203

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

250/8 Older adults' emotional reactions to elder abuse: individual and victimisation determinants; by Ana Joao Santos, Baltazar Nunes, Irina Kislaya, Ana Paula Gill, Oscar Ribiero.: Wiley.
Health and Social Care in the Community, vol 27, no 3, May 2019, pp 609-620.
Elder abuse has been gaining public, state and scientific attention for the past 40 years, but research focusing on emotional reactions of older adults to victimisation is still scarce. The study describes the emotions and feelings of older Portuguese people who experienced abuse in a community setting, and the association between these emotions and individual or abuse characteristics. This cross-sectional study comprises 510 older adults who were identified and referred by four institutions. Participants answered a questionnaire on elder abuse experiences, including the emotion or feeling brought out by the act of abuse that was perceived to be the most serious. Fear and sadness comprised 67.1% of all provided responses. Emotional reactions were associated with functional status, the presence of depressive symptoms, relationship with the perpetrator and, to a limited degree, to the experience of multiple types of abuse. The most significant and meaningful variable was the relationship with the perpetrator. This study demonstrates that older people present very similar patterns of emotional reactions, but individual characteristics and the established relationship with the perpetrator might mediate the emotional response. Implications for prevention and intervention of elder abuse are discussed. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

250/9 The relativity of theory: applying theories of social psychology to illuminate the causes of the abuse of older people in care homes; by Steve Moore.: Emerald.
Journal of Adult Protection, vol 21, no 2, 2019, pp 89-110.
Through the lens afforded by two theories drawn from the discipline of social psychology, the purpose of this paper was to explain the evident continuing abuse of adults at risk living in care homes by the staff who should be looking after them. By considering existing theories and research into the reasons why vulnerable adults are abused the paper proposed the relevance of other extant theories on the degradation of moral restraint and dehumanisation of victims, and on the social psychology of intergroup relations, to the perpetration of abuse. The study demonstrated how theories that explain the psychology of human behaviour in certain circumstances may be usefully applied to the inveterate social problem of the abuse of vulnerable adults living in care homes. The paper offers the opportunity to consider how these theories of social psychology may be applied to explain and guide remedies to the persistent levels of abuse in English care homes, abuse that continues despite government oversight of care provided to adults who may be at risk by virtue of the activities of the statutory regulator and health and social care commissioners, and the interventions of safeguarding staff. (JL)
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>

AGE-FRIENDLY COMMUNITIES

(See 250/90, 250/91)

AGEING (GENERAL)

250/10 Comparison of self-rated and objective successful ageing in an international cohort; by Jocelyn M Stewart, Mohammed Auais, Emmanuelle Belanger, Susan P Phillips.: Cambridge University Press.
Ageing and Society, vol 39, no 7, July 2019, pp 1317-1334.
Understanding predictors of successful ageing is essential to policy development promoting quality of life of an ageing population. Initial models preclude successful ageing in the presence of chronic disease or functional disability; however, this is discrepant with self-reported successful ageing. Indicators of social, psychological and physical health in 1,735 people aged 65-74, living in Canada, Columbia [i.e. Colombia], Brazil or Albania, were analysed in the International Mobility in Ageing Study. Multiple logistic regression analysis was performed to estimate the change in self-rated successful ageing in relation to physical health, depression, social connectedness, resilience and site, while controlling for age, gender and income sufficiency. Sixty-five per cent of participants self-rated as ageing successfully; however, this was significantly different across sites ($p = 0.0005$, range 17-85%) and gender ($p = 0.019$). Using objective measures, 6 per cent were classified as 'successful', with significant variability amongst sites ($p = 0.0005$, range 0-12%). Subjective successful ageing was associated with fewer (not absence of) chronic diseases, absence of depression and less dysfunction in activities of daily living, but not with objective measures of physical dysfunction. Social connectedness and resilience also aligned with self-rated successful ageing. Traditional definitions of objective successful ageing are likely too restrictive, and thus do not approximate self-rated successful ageing. International differences suggest that site could be a surrogate for variables other than physical or mental health and social engagement. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

AGEISM AND AGE DISCRIMINATION

- 250/11 This chair rocks: a manifesto against ageism; by Ashton Applewhite. London: Melville House UK, 2019, 250 pp.
Originally self-published by the author in America in 2016, 'This chair rocks: a manifesto against ageism' is a call to wake up to the ageism in and around us, and to adopt a more nuanced, accurate view of growing older. Geriatrician Robert Butler had coined the term "ageism" in 1969, defining it as a combination of combination of prejudicial attitudes towards older people, old age and ageing itself. The author looks at the roots of ageism and how it divides and debases society. Having considered ageism, where it comes from and what it does, she examines ageism in relation to: identity; the older brain; the older body; sex and intimacy; the workplace; the independence trap; and the end of life. The last chapter, 'Occupy age! Beyond ageism', suggests how we could move towards an all-age-friendly world. (RH)
From : Melville House UK, Suite 2000, 16/18 Woodford Road, London E7 6HA. mhbooks.com

ASSESSMENT

(See 250/84, 250/85, 250/113)

ASSISTIVE TECHNOLOGY

(See Also 250/65)

- 250/12 Good morning Alexa: what can you do for me today?; by Ron Coleman, Carole Fordyce, Wendy Mitchell (et al.): Investor Publishing.
Journal of Dementia Care, vol 27, no 3, May/June 2019, pp 14-15.
If you believe Amazon, that company's voice-activated assistant Alexa will run your life for you. But is it true? The authors asked people living with young onset dementia to tell them how they used Alexa and whether she is good value. Whilst Alexa proved difficult to set up for some, once functioning, it is good at reminding the user about something, and helps in maintaining independence. Contributors to this article are members of groups which are part of DEEP - the UK Network of Dementia Voices (dementiavoices.org.uk). They are also regular reporters for the Dementia Diaries project (dementiadiaries.org). Both projects are facilitated by Innovations in Dementia CIC. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 250/13 Key determinants to using telehealth technology to serve medically ill and depressed homebound older adults; by Eunhae Kim, Zvi D Gellis, Christine Bradway, Bonnie Kenaley.: Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 451-474.
Despite increasing evidence for the effectiveness of telehealth technology in screening and treating chronic diseases and comorbid depression among older adults they have been slow to be adopted by home health care (HHC) agencies. This study aims to identify factors that determine telehealth technology adoption. 20 directors from the National Association for Homecare and Hospice member agencies completed a 45 minute telephone interview. Questions were asked regarding their perceptions of telehealth, the key determinants of telehealth adoption and use and recommendations they would give on telehealth adoption. Most participants perceived telehealth as effective for managing symptoms and reducing cost. Meanwhile some participants had a mixed feeling toward telehealth for depression care as they did not recognise their agency as equipped with the necessary resources and trained staff. Moreover significant determinants of telehealth adoption included agency-related characteristics, the patient-home environment, reimbursement and cost-related factors as well as staff telehealth perception. Findings imply that there is a need for financial support both at the state and the federal levels to encourage telehealth adoption among HHC agencies. Future studies should consider exploring strategies used by successful programmes to overcome barriers. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>
- 250/14 Monitoring the monitors: Medicaid integration of passive remote monitoring technology; by Clara Berridge.: Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 377-383.
Implementation of passive remote monitoring is advancing faster than the knowledge base about appropriate and ethical use. For all the media and research attention these technologies are getting there has been very little discussion about how they are positioned to be integrated into health plans, yet their integration is key to how they will be incorporated into social work practice. As coverage of passive remote monitoring technologies expands in Medicaid home and community-based services (HCBS) new policies that support informed decision-making, consenting processes and regulations for ethical, appropriate use are urgently needed. Research translation often trails policy, but the rapid development and implementation of technologies that passively collect and transmit new information about older adults call for a more responsive approach. In this commentary the author describes passive remote monitoring technologies, their implementation in Medicaid HCBS and ethical issues. The paper concludes with specific suggestions for policy and practice to start addressing these issues. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>

ATTITUDES TO AGEING

(See Also 250/16)

- 250/15 'So long as there's hair there still': displaying lack of interest as a practice for negotiating social norms of appearance for older women; by Rachel Heinrichsmeier.: Cambridge University Press.
Ageing and Society, vol 39, no 7, July 2019, pp 1360-1386.
Although women's appearance is theorised as being central to their identity and social currency, much previous research has argued that as women age, other aspects of their lives assume a higher priority than their appearance. Nevertheless, they continue to invest time in appearance practices. In undertaking these various appearance practices, older women have to negotiate a range of conflicting social norms of age-appropriate appearance, such as managing the balancing act between 'letting themselves go' on the one hand, and looking like 'mutton dressed as lamb' on the other. This paper contributes to the growing literature on older women's attitudes to their appearance and related practices. Drawing on data from a two-year research project in a hairdressing salon catering primarily for older clients, the author examines the question of the importance to women of their appearance through the lens of their hair-care practices. Focusing on a group of nine female clients aged 55-90 in a small hairdressing salon in southern England, she shows how participants in their talk and embodied presentation display shifting orientations of investment or interest (or lack of interest) in their appearance. The author compares participants' appearance practices with their talk in two sequential environments (hair appointment and research interview) in which a possible interest in appearance is made particularly salient. She argues that these shifting orientations reveal participants' subtle negotiation of competing social norms of appearance for older women. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

BLACK AND MINORITY ETHNIC GROUPS

(See Also 250/20, 250/63)

- 250/16 Prevalence and context of racism experienced by older Aboriginal and Torres Strait Islanders; by Jeromey B Temple, Margaret Kelaher, Yin Paradies.: Wiley.
Australasian Journal on Ageing, vol 38, no 1, March 2019, pp 39-46.
The aim of this study was to examine the prevalence and context of racism self-reported by older Aboriginal and Torres Strait Islander people. The 2015 National Aboriginal and Torres Strait Islander Survey was used to measure the prevalence, contexts and demographic differences in reports of racism. Multivariable logistic regression was used to examine the association of age with racism in later life. Results showed that a sizeable minority of older Aboriginal people reported experiences of unfair treatment (31%) and avoidance (15%), often occurring in contexts critical to human capital investments. Specific demographic groups, including those with higher levels of education, were more likely to report experiences of unfair treatment. The prevalence of unfair treatment and avoidance remains relatively high in later life (albeit lower than younger ages), with a significant reduction from age 65. Addressing racism, particularly in contexts crucial to human capital, is important for the health and wellbeing of older Aboriginal people. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

CARE MANAGEMENT

- 250/17 A concept analysis of poor care using Rodgers' evolutionary cycle; by Denise Shanahan.: Emerald.
Journal of Adult Protection, vol 21, no 2, 2019, pp 111-125.
The purpose of this paper was to examine the concept of poor care by exploring what it is and what contributes to its occurrence in practice with a particular focus on the care of older people. The results of systematically searched published literature were analysed using an inductive, descriptive, thematic approach as part of Rodgers' evolutionary concept analysis method. The concept of poor care was understood in the context of the antecedents of vulnerability, use of healthcare services and interaction with healthcare staff. Its defining characteristics involved an individual's personal traits, interpersonal dynamics, an endangered self, misconceptions or organisational constraints. Further research is needed to explore the recognition of poor care and reporting thresholds. In addition the role of the 'zone of tolerance' of expectations in the delivery and receipt of interpersonal care and attention for older people needs to be better understood. Understanding the continuum and mapping the structures of poor care in contemporary UK healthcare practice can help sensitise practitioners to the widespread range and potential for instances of poor care. This concept analysis uniquely demonstrates consequences not only for the patient but also for healthcare staff and other individuals. (JL)
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>

250/18 Finding fault: criticism as a care management strategy and its impact on outcomes for dementia caregivers; by Amanda N Leggett, Helen C Kales, Laura N Gitlin.: Wiley. *International Journal of Geriatric Psychiatry*, vol 34, no 4, April 2019, pp 571-577. Despite a large literature on stress processes little attention has focused on how caregivers of persons living with dementia (PLWDs) provide care and how this may impact care outcomes. Criticism is a management strategy caregivers may use to respond to behavioural symptoms. This study looked at whether criticism is associated with caregivers' mental health and service utilisation. Data were drawn from the Advancing Caregiver Training intervention study including 256 informal caregivers living with a PLWD. In multiple linear regressions controlling for caregivers' demographics and PLWDs' clinical factors the study considered criticism (criticism subscale of the Dementia Management Strategies Scale) as a predictor of caregiver burden, depressive symptoms, desire to institutionalise the PLWD, level of frustration with care, and the number of home-based, social and health services utilised. On average 15% of the sample sometimes reported using criticism as a management strategy to manage the challenges of care. Greater use of criticism was associated with significantly more caregiver burden and frustration with caregiving but not depressive symptoms or a desire to institutionalise the PLWD. Criticism was also associated with significantly greater utilisation of home-based and social services but not health care services. Criticism appears to be used by more burdened and frustrated caregivers. The association of criticism with social and home-based services potentially reflects a need for greater support among this group of caregivers. Interventions that can help caregivers manage behavioural symptoms with positive, empirically validated strategies may be helpful. (JL)
ISSN: 08856230 [From : http://www.orangejournal.org](http://www.orangejournal.org)

250/19 What does Brexit mean for the UK social care workforce?: Perspectives from the recruitment and retention frontline; by Rosie Read, Lee-Ann Fenge.: Wiley. *Health and Social Care in the Community*, vol 27, no 3, May 2019, pp 676-682. European Union (EU) and European Economic Area (EEA) citizens constitute a significant proportion of the current social care workforce. The UK's departure from the European Union (Brexit) is likely to result in greater immigration and employment restrictions on EU and EEA nationals within the UK. Research evaluating the impact of Brexit on social care has highlighted potentially severe future workforce shortfalls, but has not engaged in detail with the experiences of social care personnel involved in day-to-day recruitment and retention activities. This article explores how social care managers evaluate Brexit's prospects for future workforce sustainability, through the prism of their organisation's workforce requirements. This qualitative study incorporated in-depth semi-structured interviews and questionnaire surveys with domiciliary and residential care managers. Data collection focused on an urban conurbation in south-west England, with demographic characteristics likely to make post-Brexit recruitment and retention in social care particularly challenging. A key finding is that, irrespective of whether they employ EU/EEA workers or not, research participants have deep concerns about Brexit's potential impact on the social care labour market. These include apprehension about future restrictions on hiring EU/EEA nurses, as well as fears about increased competition for care staff and their organisation's future financial viability. This article amplifies the voices of managers as an under-researched group, bringing their perspectives on Brexit to bear on wider debates on social care workforce sustainability. (RH)
ISSN: 09660410 [From : http://www.wileyonlinelibrary.com/journal/hsc](http://www.wileyonlinelibrary.com/journal/hsc)

CARERS AND CARING

(See Also 250/17, 250/18, 250/19, 250/67, 250/89, 250/127, 250/137, 250/140)

250/20 Depression in carers of people with dementia from a minority ethnic background: systematic review and meta-analysis of randomised controlled trials of psychosocial interventions; by Nazire E Akarsu, Martin J Prince, Vanessa C Lawrence, Jayati Das-Minshi.: Wiley. *International Journal of Geriatric Psychiatry*, vol 34, no 6, June 2019, pp 790-806. A systematic review and meta-analysis was carried out in order to determine the effectiveness of interventions in reducing depression in ethnic minority carers of dementia sufferers. The authors systematically searched a range of relevant databases from 1990 to 2015, supplemented by a grey literature search, hand searches of bibliographies and contacting authors. Study quality was assessed independently by two researchers using the Effective Public Health Practice Quality Assessment Tool, with an inter-rater reliability of Cohen's kappa of 0.72. Narrative synthesis and meta-analysis were used to assess intervention effectiveness. Meta-regression was used to assess whether factors such as intervention type, peer support and ethnicity accounted for heterogeneity. 13 studies were eligible for inclusion, with 1,076 participants in control groups and 980 participants in intervention groups; 12 studies provided estimates for meta-analysis. All studies were from the United States. Interventions were associated with an overall mean reduction in depression in caregivers. Meta-regression did not indicate any potential sources of heterogeneity, although narrative synthesis suggested that interventions developed with the target ethnic minority group's preferred mode of engagement in mind alongside cultural adaptations may have enhanced effectiveness. Psychosocial interventions for depression in ethnic minority carers of dementia sufferers are effective and could be enhanced by cultural adaptations. High quality studies targeting ethnic minority groups outside the United States are needed. (JL)
ISSN: 08856230 [From : http://www.orangejournal.org](http://www.orangejournal.org)

- 250/21 **Good value for money?: Public investment in replacement care for working carers in England;** by Linda Pickard.: Cambridge University Press.
Social Policy and Society, vol 18, no 3, July 2019, pp 365-382.
In the context of increasing need for long-term care, the reconciliation of employment and caring is an important social issue. In England, the annual public expenditure costs of unpaid carers leaving employment are approximately £2.9 billion. Previous research shows that provision of paid services to people cared for by working carers, sometimes known as 'replacement care', is effective in helping unpaid carers to remain in employment. This study makes an estimate of the public expenditure costs of 'replacement care' for working carers in England. Using data from the English Longitudinal Study of Ageing (ELSA) and 2015-16 costs data, the study finds that the public expenditure costs of 'replacement care' for working carers are approximately £2.5 billion a year, which is considerably lower than the costs of carers leaving employment. The study concludes that greater public investment in 'replacement care' to support working carers in England would represent good value for money. (RH)
ISSN: 14747464
From : <http://www.cambridge.org/sps>
- 250/22 **Like one of the family?: Understanding relationships between migrant live-in care workers and older care recipients in Israel;** by Karen Teshuva, Jiska Cohen-Mansfield, Esther Iecovich, Hava Golander.: Cambridge University Press.
Ageing and Society, vol 39, no 7, July 2019, pp 1387-1408.
Frail older people worldwide are increasingly being cared for in their own homes by migrant live-in care workers; however, extant literature on care relationships in this care context is sparse. This mixed-methods study explored the quality and the nature of care relationships between full-time, live-in migrant care workers and older people in Israel. Quantitative and qualitative data were drawn from a 2014 survey of 116 migrant care workers and 73 older care recipients. Mean scores for four quantitative items relating to care relationships were examined, and t-tests and Pearson correlations were performed using the sample data. Qualitative data were examined using thematic analysis. Credibility of qualitative findings was checked by peer review. Most older people and migrant care workers gave high ratings to the four items. Significant correlations between the two groups were found for their responses on all four relationship items assessed, with only one item ('get along well') producing significant t-test differences. Qualitative data provided a deeper understanding of the quantitative ratings of care relationships. Four major qualitative themes emerged as inextricably tied with both groups' perceptions of positive care relationships. These were: an emotional connection; reciprocity; effective communication; and meeting the older person's care needs. Study findings were interpreted through the theoretical lens of relationship-centred care. Implications of the findings for theory, practice and further research are discussed. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>
- 250/23 **Relational aspects of mastery for frail, older adults: the role of informal caregivers in the care process;** by Deborah Lambotte, Martinus J M Kardol, Birgitte Schoenmakers (et al), D-SCOPE Consortium.: Wiley.
Health and Social Care in the Community, vol 27, no 3, May 2019, pp 632-641.
Frail, older care recipients are often thought of as individuals with a decreased mastery of everyday life skills. Various authors have proposed acknowledgement of a relational dimension of mastery, defined as the ability to maintain control over one's life with the help of others. This Belgian study explores how frail, older adults experience relational aspects of mastery, and the role of their informal caregivers in maintaining these aspects of mastery over the care process. Qualitative interviews (N = 121) were conducted in 2016 with potentially frail, community-dwelling older adults participating in the Detection, Support and Care for Older people: Prevention and Empowerment (D-SCOPE) project. A secondary analysis of 65 interviews reveals that, according to frail, older adults, informal caregivers contribute in various ways to the preservation of their mastery. This differs across the four elements of care: caring about (attentiveness), taking care of (responsibility), care-giving (competence), and care-receiving (responsiveness). However, in some cases, older adults experienced a loss of mastery; for example, when informal caregivers did not understand their care needs and did not involve them in the decision, organisation and provision of care. A relational dimension of mastery needs to be acknowledged in frail, older care recipients, since stimulating mastery is a crucial element for realising community care objectives and person-centred and integrated care. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 250/24 **A vision for the future: innovations in care for older adults in the Netherlands;** by Hugo de Jonge.: AARP International.
AARP International: The Journal, vol 12, 2019, pp 72-77.
Today, Dutch people are living longer, healthier lives than ever before. There are 1.3 million people aged 75+ in the Netherlands, out of a population of more than 17 million. By 2030, that number will have risen to 2.1 million. The author describes his Pact on Care for Older Adults, formed in 2018 with various civil society organisations, social enterprises, companies, and ANBO, the Dutch advocacy group

for older people. He describes three interconnected programmes: Ageing in Place (focused on better quality care at home and developing new types of housing); Nursing Home Care (focused on improving the quality of nursing home care); and United Against Loneliness (focused on reducing loneliness and social isolation among older people). (RH)

From : <http://www.aarpinternational.org/journal>

CRIME

- 250/25 Why are older adults victims of fraud?: Current knowledge and prospects regarding older adults' vulnerability to fraud; by Jingjin Shao, Qianhan Zhang, Yining Ren (et al.): Taylor and Francis. Journal of Elder Abuse and Neglect, vol 31, no 3, March-July 2019, pp 225-243.

Older people are disproportionately targeted by various kinds of fraud, which result in irreversible economic losses and great psychological distress. Over the years, researchers have conducted systematic research on the prevalence, under-reporting, and research methods of fraud victimisation in older people. Research paradigms regarding fraud victimisation among older people have mainly included cognitive, emotion regulation and motivation, and comprehensive paradigms. Factors shown to influence fraud victimisation among older people include cognitive decline, emotional regulation and motivational changes, their overly trusting nature, psychological vulnerability, social isolation, risk-taking, and a lack of knowledge and information regarding fraud prevention. Based on a review of the literature, future research can benefit from constructing a comprehensive fraud victimisation theory, improving research methods, extending existing research, exploring physiological mechanisms of elder fraud, and strengthening prevention and intervention efforts. (RH)

ISSN: 08946566

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

DEMENTIA

(See Also 250/76, 250/126, 250/138)

- 250/26 The narrative self in rural dementia: a case study from eastern Nova Scotia; by Riley Chisholm, Katherine Bischooping.: Cambridge University Press.

Ageing and Society, vol 39, no 7, July 2019, pp 1436-1458.

This analysis examines how the narrative self of a person with dementia is maintained by family members in a small rural Nova Scotian community. In the literature, the expectation is often that rurality is a condition of isolation, distance from family and limited health resources. However, drawing on three years of ethnographic and interviewing research with a large extended family whose patriarch, Alexander, is a person with dementia, the authors demonstrate how a community's rurality influences interpretations of dementia. In Alexander's rurality, of particular import are local definitions of belonging, which privilege intimate knowledge of local history, working as a farmer to shape the land, and being of Scottish descent and male. As family members find Alexander's belonging to come into question in their community, the authors show them to employ narratives in which he is valorised for continuing to uphold local values - of 'usefulness' and of 'being the land'. The authors show how the family members must also revisit and revise these narratives when Alexander's belonging is further called into question outside the family setting and, specifically, at the local farmer's market, where Alexander is often no longer greeted by other marketgoers. The men and women of the family arrive at different interpretations of this development: the women consider marketgoers to demean and dehumanise Alexander, while the men feel that the marketgoers are avoiding interactions that would embarrass him. Such disagreements reveal the ongoing emotional labour of creating narratives that lack closure, certainty and consensus, as well as ways in which gender and rurality operate intersectionally in the process of meaning-making. (RH)

ISSN: 0144686X

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

- 250/27 The recall of dementia-related and neutral words by people with dementia: the ironic process of thought suppression; by Richard Cheston, Emily Dodd, India Hart, Gary Christopher.: Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 5, May 2019, pp 756-764.

For many people who are living with dementia, encountering daily reminders of their condition may be distressing or pose a threat to their self-esteem. Thought suppression may or may not work effectively for such individuals. This study looked at whether participants with dementia showed lessened or enhanced recall and recognition of dementia-related words compared with a control population. 50 participants living with dementia with mild levels of cognitive impairment and a control group of 52 participants without a diagnosis of dementia took part. A list of 12 words, composed of six dementia-related and six neutral words matched for frequency and length, was read out on four occasions with the word order being varied for each presentation. Recognition was also assessed. There was an interaction between word type and participant group at both recall and recognition. While control participants recalled more neutral than dementia-related words there was no difference for dementia participants. However dementia participants recognised a significantly higher proportion of the dementia-related words while there was no difference in word type recognition for control participants. This study adapted a social psychological paradigm to explore whether an important psychological

mechanism for reducing distress could be affected by cognitive impairment. Overall findings suggested that for people living with dementia, thought suppression may be either ineffective in reducing conscious awareness of distal threats or operate in an ironic fashion. While threatening proximal material may be repressed from awareness, distal threats may return into implicit awareness. This casts new light on research and has clinical implications. (JL)

ISSN: 08856230

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

250/28 Relationship quality and sense of coherence in dementia: results of a European cohort study; by Maria J Marques, Bob Woods, Louise Hopper (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 5, May 2019, pp 745-755.

Quality of life of people with dementia and their family carers is strongly influenced by interpersonal issues and personal resources. In this context relationship quality (RQ) and sense of coherence (SOC) potentially protect and promote health. The present study aimed to identify what influences RQ in dyads of people with dementia and their carers and to examine differences in their perspectives. Cross-sectional data were used from the Actifcare cohort study of 451 community-dwelling people with dementia and their primary carers in eight European countries. Comprehensive assessments included the Positive Affect Index and the Orientation to Life Questionnaire. Regression analyses revealed that RQ as perceived by people with dementia was associated with carer education, stress and spouse caregiving. RQ as perceived by carers was associated with carer stress, depression, being a spouse, social support, reported neuropsychiatric symptoms of dementia and carer SOC. Neuropsychiatric symptoms and carer stress contributed to discrepancies in RQ ratings within the dyad. The only factor associated with both individual RQ ratings and discrepancies was carer stress (negative feelings subscore). No significant differences in the overall perception of RQ were evident between spouses and adult children carers but RQ determinants differed between the two. In this European sample carer SOC was associated with carer-reported RQ. RQ determinants differed according to the perspective considered (person with dementia or carer) and carer subgroup. A deeper understanding of RQ and its determinants will help to tailor interventions that address these distinct perspectives and potentially improve dementia outcomes. (JL)

ISSN: 08856230

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

DEMENTIA CARE

(See Also 250/18, 250/20, 250/44, 250/46, 250/53, 250/59, 250/64, 250/104, 250/125)

250/29 Behaviours that challenge: the 5-step approach; by Tina Kukstas.: Hawker Publications.

Journal of Dementia Care, vol 27, no 2, March/April 2019, pp 32-34.

Distressed behaviours among people with dementia can pose a serious challenge for staff. The author describes the "5-step approach", which translates complex guidance on person-centred strategies into a more accessible format. The 5 step approach can be summarised as follows: gather information, look at the information, create a plan, share the plan, and review the plan. The approach is about personalised care planning for behaviours that challenge in dementia and is based on the watchwords identity, comfort, occupation, inclusion and attachment. The authors undertook an evaluation at a care home in Cheltenham, from which they found a decrease in reported incidents of violence and aggression. (RH)

ISSN: 13518372

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

250/30 Communication training: creating videos together; by Joseph Webb, Val Williams.: Investor Publishing. Journal of Dementia Care, vol 27, no 3, May/June 2019, pp 36-38.

A study of everyday interactions between people with dementia and their supporters has given valuable insights into the principles of good communication. Two authors from the University of Bristol report on their findings from the Getting Good Support research project, on which they worked with members of the Forget Me Not group in Swindon, a co-research group with diagnoses of dementia. This article considers sources of research data collected in dementia activity groups, memory cafes and other settings where people with dementia meet. The authors explain how the resulting training videos have recorded reconstructed everyday interactions with the Forget Me Not group. (RH)

ISSN: 13518372

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

250/31 Evaluation of Active Minds activity kits in care homes; by Simon Evans, Claire, Association for Dementia Studies, University of Worcester.: Hawker Publications.

Journal of Dementia Care, vol 27, no 2, March/April 2019, pp 22-25.

Activity kits can improve engagement and well-being among care home residents. The author and research colleagues at the Association for Dementia Studies, University of Worcester have also discovered that activity kits have other benefits, such as enabling residents to respond to stress and distress and promote conversation, as well as more person-centred care. This article reports on the evaluation of Active Minds activity kits at five MHA care homes. Observations were carried out for 16 residents using the Scripps Modified Greater Cincinnati Chapter Well-Being (GCCWB) tool. Research

interviews were also conducted with 12 staff. While the small sample sizes led to mixed findings, the interviews with staff confirmed findings that the kits can be used very effectively in one-to-one and group settings, as well as by residents on their own. The quality of visits from family caregivers also improved, which support findings by Crispi and Heitner in 2002. (RH)

ISSN: 13518372

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

250/32 A formulation-based model of care in a dementia inpatient ward; by Paula Maisey, Rikki Dawson, Laura Collins, Valerie Provan, Ian James.: British Psychological Society.

Psychology of Older People: the FPOP Bulletin, no 145, January 2019, pp 22-26.

This ecologically valid audit was presented as an example of clinically relevant, 'on-the-job' translational research in the presentation entitled 'Behaviours that challenge in dementia care' by Duffy and James at FPOP 2018. The study examined the impact of formulation-led interventions on an organic inpatient unit over a 12-month period, six months baseline versus six months formulation-led interventions. A lower number of problematic patient incidences were observed in the formulation phase. To control for the possibility of 'seasonal' effects, the results of the formulation unit (Unit 1) were compared to an inpatient unit in the same NHS Trust (Unit 2). The number of incidences in the second unit were significantly higher on all phases of the 12-month assessment period, indicating that the second unit experienced more problematic behaviours. A comparison of the two units showed that they differed in a number of ways, for example Unit 2 was a traditional psychiatry-led eight-bedded unit, whereas the first was a nurse led unit with 15 beds. (RH)

ISSN: 23969652

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

250/33 What influences the sustainability of an effective psychosocial intervention for people with dementia living in care homes?: A 9 to 12-month follow-up of the perceptions of staff in care homes involved in the WHELD randomised controlled trial; by Jane Fossey, Lucy Garrod, Christina Tolbol Froiland (et al.): Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 5, May 2019, pp 674-682.

The present study aimed to understand the factors that care home staff felt enabled or hindered them in continuing to use the wellbeing and health for people with dementia (WHELD) psychosocial approach in their care home and investigate whether there was sustained activity nine to 12 months after the study ended. This qualitative study was part of a wider clinical trial which demonstrated effectiveness of a psychosocial intervention on quality of life outcomes and neuropsychiatric symptoms for residents. 47 care home staff within nine care homes in the United Kingdom participated in focus groups between nine and 12 months after the intervention had finished. Inductive thematic analysis was used to identify themes and interpret the data. The findings highlighted that staff continued to use a range of activities and processes acquired through the research intervention after the study had ended. Three overarching themes were identified as influential: 'recognising the value' of the approach for residents and staff, 'being well practised' with sufficient support and opportunity to consolidate skills prior to the withdrawal of the researchers and 'taking ownership of the approach' to incorporate it as usual care. The WHELD approach can be sustained where the value of the approach is recognised and sufficient support is provided during initial implementation for staff to build skills and confidence for it to become routine care. Further follow-up is required to understand longer term use and the impact for residents. (JL)

ISSN: 08856230

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

250/34 What works in dementia education and training?; by Claire Surr.: Hawker Publications.

Journal of Dementia Care, vol 27, no 2, March/April 2019, pp 26-29.

How can training in dementia care best be delivered to health and social care Staff? The author and research colleagues at Leeds Beckett University and the University of Bradford report on the findings of a major study that set out to discover what works in providing dementia education for the workforce. Commissioned by the National Institute for Health Research Policy Research Programme (NIHR PRP) on behalf of Health Education England (HEE), the study carried out three work packages: a review of the research literature on dementia education and training; a national online audit of current dementia training; and in-depth case studies at 10 sites who responded to the audit and which indicated good training practice, based on best practice features identified in the literature review. The study found that the most effective training used methods or approaches included manner of delivery, focused training, experienced facilitators, and longer training. The tool and manual is available on the study website (<https://www.leedsbeckett.ac.uk/school-of-health-and-community-studies/what-works/>) along with a range of other outputs from the study. (RH)

ISSN: 13518372

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

DEPRESSION

(See 250/20)

DIET AND NUTRITION

- 250/35 Using a tablet application about nutrition in home care: experiences and perspectives of healthcare professionals; by Caroline Farsjo, Anders Kluge, Anne Moen.: Wiley. Health and Social Care in the Community, vol 27, no 3, May 2019, pp 683-692. Undernutrition is an extensive problem among patients in community care services. The literature identifies several barriers that hinder health professionals in identifying nutritional problems and providing nutrition interventions. The authors developed Appetitus, a tablet application (app) focused on nutrition for older adults. Patients used the app, advised by healthcare professionals. This qualitative study explores the experiences and perspectives of 24 Norwegian healthcare professionals who used Appetitus as a mediator in dialogues with patients about nutrition when providing home care; they were interviewed individually and in focus groups. Giving the older adults an active role in nutrition assessment afforded opportunities to strengthen their involvement in care. Recording food and drink consumption gave the healthcare professionals insight into patients' situations and revealed problems of which the healthcare professionals had not been aware. Based on their experience with Appetitus, healthcare professionals suggested using electronic tools to assess and document the nutritional situation of a larger patient group in home care. In future use of Appetitus, healthcare professionals' levels of knowledge and confidence when advising patients about nutrition must be emphasised and addressed. Barriers - such as time constraints and limited continuity of care - are also areas that require attention when new nutrition practices are implemented. (RH)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>

ECONOMIC ISSUES

- 250/36 Mobilising alternative futures: generational accounting and the fiscal politics of ageing in Australia; by Ben Spies-Butcher, Adam Stebbing.: Cambridge University Press. Ageing and Society, vol 39, no 7, July 2019, pp 1409-1435. Economists typically argue that population ageing generates fiscal pressures by restricting the tax base while increasing demands for social spending. Alongside other economic pressures associated with neoliberalism, this dynamic contributes to a politics of 'enduring austerity' that limits governments' fiscal discretion. The politics of population ageing reflects modelling techniques, such as generational accounting (GA), which, anticipating future deficits, create demands for policy action today to address projected intergenerational inequalities. Taking Australia as a case study, this paper explores the politics of GA in public budgetary processes. Existing critiques reject GA by arguing it relies on 'apocalyptic' or unreliable demography; but the authors focus on a different kind of contestation, which applies the techniques and even the categories of GA to frame different problems and promote different solutions. The authors identify three sites of partisan contest that refocus fiscal modelling: including the tax side of the budget equation; comparing the cost of public provision to public subsidies for private programmes; and including the costs of environmental damage. At each site, the future-orientated logic of GA is mobilised to contest the policy implications of austerity. This complicates analysis that financialisation and neoliberalism necessarily 'de-politicise' policy by removing state discretion. Instead, the authors identify an increasingly important, if technocratic, form of political contestation that offers the possibility to promote more egalitarian responses to population ageing. (RH)
ISSN: 0144686X From : <http://www.cambridge.org/aso>

EDUCATION AND TRAINING

(See 250/34, 250/75)

EMPLOYMENT

(See Also 250/21)

- 250/37 Assessing the association between late career working time reduction and retirement plans: A cross-national comparison using the 2012 Labour Force Survey ad hoc module; by Jacques Wels.: Cambridge University Press. Social Policy and Society, vol 18, no 3, July 2019, pp 393-410. As public policies are focusing on retaining the ageing workforce, flexible working time arrangements in late career have gained visibility in recent decades. However, given the institutional nature of these arrangements, little is known about the extent to which older workers reduce working hours at a cross-country level. Using data from the 2012 Labour Force Survey ad hoc module, this article aims to provide estimates about the number of workers aged fifty-five to sixty-nine reducing working time in a move towards retirement (before and after the first old-age pension). The author uses a multilevel model to assess whether these arrangements play a role in explaining the decision to work beyond the pension age in thirty European countries. Descriptive results show important variations between countries and between genders. The multilevel model shows that the impact of working time reductions in late career varies from one country to another. (RH)
ISSN: 14747464 From : <http://www.cambridge.org/sps>

- 250/38 Colliding worlds: an aging workforce, artificial intelligence, and the impact on the future of work; by Renee McGowan, Natalie Corrado.: AARP International. AARP International: The Journal, vol 12, 2019, pp 20-23. The confluence of two trends - widespread societal ageing, and the automation of work by intelligent technologies - will have a profound impact on the future of work, particularly for older workers. This article includes a graph showing the association of ageing and automation, indicating that South Korea has seen by far the largest increase in robots since 1993. The article notes how older workers are becoming more willing and able to engage in meaningful work, among reasons being financial and personal motivations. Older workers should be acknowledged for their experience, adaptability and productivity - given the right environment and opportunities. Companies would do well to incorporate older workers into their future strategies. (RH)
From : <http://www.aarpinternational.org/journal>
- 250/39 Expected lifetime in different employment statuses: employment from the economic boom-and-bust cycle in Spain; by Mikolaj Stanek, Miguel Requena.: Sage. Research on Aging, vol 41, no 3, March 2019, pp 286-309. This article analyses the impact of the recent economic crisis on the expected time spent in different employment statuses in Spain. Using data from the Economically Active Population Survey and life tables, the authors estimate the expected time in work, unemployment, retirement and other types of economic inactivity during the economic boom-and-bust cycle. Differences in expected years of life spent in different employment statuses are decomposed into effects of mortality and employment behaviour. The results show that men's working life expectancy is much more exposed to economic fluctuations. The impact of the ebbs and flows of the business cycle among women is mitigated by the long-term female trend of growing participation in the labour market associated with women's increased educational attainment. In addition, the improvement in mortality only partially contributes to gains in time spent in each status, while the main effects correspond to changes in labour market participation. (RH)
From : <http://www.journals.sagepub.com/home/roa>
- 250/40 Older workers and occupational identity in the telecommunications industry: navigating employment transitions through the life course; by Robert MacKenzie, Abigail Marks. Work, Employment and Society, vol 33, no 1, 2019, pp 39-55. The article examines the relationship between restructuring of a company and work-based identity among older workers. The focus is on occupational identity and occupational community and their roles in navigating transitions in the life course. Based on working-life biographical interviews with late career and retired telecoms engineers, the article explores the role of occupational identity in dealing with change prior to and following the end of careers at BT, the UK's national telecommunications provider. Restructuring and perpetual organisational change undermined key aspects of the engineering occupational identity, inspiring many to seek alternative employment outside BT. For older workers, some seeking bridge employment in the transition to retirement, the occupational community not only served as a mechanism for finding work, but also provided a sustained collective identity resource. Distinctively, the research points to a dialectical relationship between occupational identity and the navigation of change as opposed to the former simply facilitating the latter. (RH)
ISSN: 14698722
From : <https://journals.sagepub.com/doi/full/10.1177/0950017018760212>
- 250/41 Uncertain futures: organisational influences on the transition from work to retirement; by Chris Phillipson, Sue Shepherd, Mark Robinson, Sarah Vickerstaff.: Cambridge University Press. Social Policy and Society, vol 18, no 3, July 2019, pp 335-350. The promotion of extended working life has created a period of uncertainty between the ending of work and the beginning of retirement. This period of the life course is now 'open-ended' in respect of whether older workers decide to remain in employment or leave working. However, the choices available are framed within public policy and organisational contexts as well as personal circumstances. This qualitative study reviews the organisation of 'work-ending', the construction of age within two case study organisations (a large metropolitan local authority in the north of England, and a train operating company in the south of England), and the influences on provision of support in late working life. This article draws on a sub-set of data from a wider Economic and Social Research Council (ESRC) funded research project, 'Uncertain futures: managing late-career transitions and extended working lives'. The article concludes with a discussion on the range of pressures that might limit control over pathways through middle and late working careers.
ISSN: 14747464
From : <http://www.cambridge.org/sps>

END-OF-LIFE CARE

- 250/42 Thinking about the end of life when it is near: a comparison of German and Portuguese centenarians; by Kathrin Boerner, Daniela S Jopp, Kyungmin Kim (et al.): Sage. Research on Aging, vol 41, no 3, March 2019, pp 265-285.
This study examined the extent to which thinking of and planning for the end of life (EOL) is widespread among German and Portuguese centenarians, and whether patterns of EOL views are shaped by cultural and individual characteristics. A significant proportion of centenarians in both countries reported not thinking about the EOL, not believing in the afterlife, and not having made EOL arrangements. Latent class analysis identified three EOL patterns: Class 1 (EOL thoughts with EOL arrangements and afterlife beliefs), Class 2 (EOL arrangements and afterlife beliefs without EOL thoughts), and Class 3 (Overall low endorsement of EOL items). The proportion of Portuguese centenarians was higher in Class 1, and of German centenarians higher in Classes 2 and 3. Centenarians' demographic, social, and health characteristics were significantly different across EOL patterns. As lack of EOL planning can result in poor EOL quality, enhancing communication among centenarians, family, and health-care professionals seems imperative. (RH)
From : <http://www.journals.sagepub.com/home/roa>

ENVIRONMENTAL ISSUES

- 250/43 Food waste and quality of life in elderly populations living in retirement living communities; by Bruce McAdams, Mike von Massow, Monica Gallant.: Taylor and Francis. Journal of Housing for the Elderly, vol 33, no 1, January-March 2019, pp 72-84.
Food waste is an increasingly important issue in all food service establishments, including retirement living communities. With residents of these communities having faced food insecurity as children and young adults, they have unique and very strong feelings regarding this issue. The authors interviewed 16 Canadian residents and used manifest content analysis to gain an understanding of how their experiences, behaviours and feelings toward food waste may affect their quality of life. The results of this study may have implications for how retirement living communities approach their food service operations. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>

EQUITY RELEASE

(See 250/102)

FAMILY AND INFORMAL CARE

(See Also 250/23, 250/127, 250/128, 250/129, 250/130, 250/131, 250/132, 250/134, 250/137)

- 250/44 Family caregivers' perceptions of maltreatment of older adults with dementia: findings from the northwest of Spain; by Jesus Rivera-Navarro, Israel Contador.: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 31, no 1, January-February 2019, pp 77-95.
Dementia is a neurocognitive disorder that implies a risk factor of maltreatment by family caregivers. In this study, the authors analysed both informal caregiver's perceptions of maltreatment and aspects of the caregiver and caregiving behaviour that may be associated with maltreatment. They conducted five focus groups (FGs) in three Spanish cities: Segovia, Soria and León. The themes that were identified were related to two levels of maltreatment: relational and institutional. At the relational level, the authors observed the justification of maltreatment of Older Adults with Dementia (OAswD) by family caregivers during the occurrence of behavioural symptoms. At the institutional level, the authors noted that lack of support from the government was considered a type of maltreatment. These themes suggest that policy issues related to healthcare should be considered. (RH)
ISSN: 08946566 From : <http://www.tandfonline.com>
- 250/45 Which child is parents' preferred caregiver/listener in China?; by Anning Hu, Feinian Chen.: Sage. Research on Aging, vol 41, no 4, April 2019, pp 390-414.
In China's rapidly ageing society, adult children are an important source of care providers for parents, but we know little of which particular child is preferred by parents in time of need. The authors use the China Longitudinal Ageing Social Survey (CLASS) to investigate the factors associated with parental preference of caregivers and listeners among all his or her children. The authors fit the conditional (family) fixed-effect fractional logit model, by "nesting" children with each parent. The main results for both caregivers and listeners suggest preferences for the unmarried, the eldest or the youngest, and children who have provided them with support before. Co-resident children are favoured in rural but not urban China. The authors did not find preference for sons over daughters; nor did they find any effect of prior transfers from parents to children. These findings shed light on the changing norms of eldercare provision in a society undergoing transition. (RH)
ISSN: 01640275 From : <http://www.journals.sagepub.com/home/roa>

FRAILITY

(See Also 250/23)

- 250/46 The relationship between frailty, functional dependence, and healthcare needs among community-dwelling people with moderate to severe dementia; by Wilson Abreu, Debbie Tolson, Graham A Jackson, Harry Staines, Nilza Costa.: Wiley.
Health and Social Care in the Community, vol 27, no 3, May 2019, pp 642-653.
This paper examines the healthcare needs of community-dwelling older people living in Porto, Portugal, diagnosed with moderate or severe dementia, linked to functional dependency, cognitive decline, limitations in the activities of daily life (ADLs) and frailty levels. A sample of 83 participants was recruited. Data were collected between 2013 and 2017. A sociodemographic questionnaire, the Clinical Dementia Rating (CDR), the Barthel Index (BI), the Lawton and Brody Instrumental Activities of Daily Living (IADL) Scale, and the Edmonton Frail Scale (EFS) were used. A set of 26 healthcare needs was defined to support the assessment. The Pearson chi-square or Fisher's exact test (as appropriate) was used to examine the association of the needs (unmet and met) with the levels of dementia and frailty. Participants were diagnosed previously with moderate or severe dementia and benefited from a structured home-care programme. There was a high number rated as "severe dementia", "fully dependent", "severely or fully dependent in the activities of daily living (ADL)" and "severe frailty". There were statistically significant differences among needs identified in people with moderate or severe dementia and moderate or severe frailty. The most prevalent healthcare needs in the sample were food preparation, medication or taking pills, looking after their home, toilet use, sensory problems, communication or interaction, bladder, bowels, eating and drinking, memory, sleeping, and falls prevention. In particular, the study identifies a set of needs that are present simultaneously in both frailty and dementia stages. This study underlines that despite well-structured home-care programmes for people with dementia, unmet health needs remain. Timely healthcare needs assessment may help professionals to avoid fragmented care and to tailor quality-integrated interventions, including the emotional and psychological balance of the caregiver. (RH)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>

HEALTH AND WELLBEING

- 250/47 Silver Valley, an innovation ecosystem supporting longevity; by Nicolas Menet.: AARP International.
AARP International: The Journal, vol 12, 2019, pp 58-59.
In 2016, France passed legislation called Adaptation de la Société au Vieillessement (Adapting Society to Ageing; also known as the Loi ASV), to better integrate and include older people, and thereby transform society. This law aims to improve the daily lives of older people, improve homecare providers' working conditions, and prevent older people's loss of autonomy. The organisation Silver Valley is described by its general manager as an "innovation ecosystem dedicated to supporting longevity in society" - the only one of its kind in France - within the context of France's Silver Economy. Silver Valley's objective is to accelerate the development and launching of innovative solutions designed to improve older people's well-being. Such is the case with one of its programmes, Open Hub, which brings together some 10,000 people aged 55 to 92, who share their ageing experiences and explore products and services. Two other Silver Valley programmes are outlined: Etre Entrepreneur (Being an Entrepreneur) and the Programme Grands Groupes (Large Companies Program), which enable innovators focusing on ageing (in start-ups and large companies), to turn the vision of the ageing economy into reality. (RH) From : <http://www.aarpinternational.org/journal>

HEALTH CARE

(See Also 250/72, 250/125)

- 250/48 The shared decision making of older adults in healthcare; by Emilia Pusey, Anthea Tinker, Federica Lucivero.: Emerald.
Working with Older People, vol 23, no 2, 2019, pp 77-86.
The research question is: what are older adults' experiences of shared decision making (SDM) in a healthcare setting? This involved exploring older adults' experiences and opinions of decision making in a healthcare setting, and understanding what SDM means to older adults. The issue was discussed in a small qualitative study in a market town in England. Face-to-face, semi-structured interview were conducted with adults aged 65+, and thematic analysis was used. Three broad themes were identified which ascribed roles to individuals involved in decision making. This includes the way in which older adults felt they should be involved actively: by asking questions, and knowing their own body. The doctors' role was described as assistive by facilitating discussion, and giving options and advice. The role of the family was also explored; older adults felt the family could impact on their decisions in both a direct and indirect way. There was some confusion about what constituted a decision. Clinicians should facilitate the involvement of older adults in SDM, and consider how they can increase awareness of this. They should also involve the family in decision making.
ISSN: 13663666 From : <http://www.emeraldinsight.com/loi/wwop>

- 250/49 Summer wise: how to protect yourself in hot weather; by Independent Age. London: Independent Age, June 2019, 25 pp (Free guide 223).
While summer may lift our spirits, temperatures can become dangerously hot. Anyone can be affected by the heat; especially at risk is anyone living with a long-term health condition or on some medications. This guide looks at how to stay safe in hot weather. It offers practical tips to help in coping in hot weather, including how to look after yourself, keeping your home cool, how to spot the signs of heat-related illness, and what to do if someone becomes unwell. The information in this guide applies to England only. (RH)
Price: FOC From : Independent Age, 6 Avonmore Road, London W14 8RL.
Website: www.independentage.org/summer-wise Tel: 0800 856 6766

HEALTH EXPECTANCY

(See Also 250/39)

- 250/50 Increasing healthy life expectancy equitably in England by 5 years by 2035: could it be achieved?; by Theresa M Marteau, Martin White, Harry Rutter, Mark Petticrew, Oliver T Mytton, James G McGowan, Robert W Aldridge.
The Lancet, vol 393, no 10191, 29 June 2019, pp 2571-2573.
The leading causes of years of life lost in England are tobacco use, unhealthy diet, alcohol consumption, and physical inactivity. The upward trend in life expectancy in England has stalled since 2010 and is now declining in older adults living in poorer areas. The authors look at ways of turning around this decline, and assert that large gains in healthy life expectancy can only be achieved through healthier environments and population-wide measures. These interventions comprise three broad categories. First, fiscal and economic interventions to target the affordability of those products and activities which harm health. Second, interventions to restrict product marketing or to market healthier alternatives. Third, interventions to reduce the availability in space, time or by age of products or activities that harm health, or to increase the availability of products or activities that benefit health.
However, the authors doubt that England _ or any high-income country _ could achieve the ambition of the UK Government's Secretary of State for Health and Social Care to increase healthy life expectancy by at least 5 years by 2035, while also reducing the gap in life expectancy between the richest and the poorest groups. (NL/RH)
From : <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2931510-7>

HEALTH SERVICES

- 250/51 "They're always in a hurry": older people's perceptions of access and recognition in health and social care services; by Elisa Tiilikainen, Anneli Hujata, Sirpa Kannasojä, Sari Rissanen, Kati Narni.: Wiley. Health and Social Care in the Community, vol 27, no 4, July 2019, pp 1011-1018.
Older people's perceptions of quality of life are examined from the perspective of access to and use of health and social care services. The data include focus group discussions with older people living alone. The data were analysed using thematic analysis, focusing on the older people's collective views on health and social care services as supportive or restrictive factors for their quality of life. Two central themes were present in all the focus group discussions: the importance of accessing services and information regarding the services, and need for recognition within the services/by the professionals. Both themes were connected to the older people's desire to maintain autonomy in their everyday life despite increasing functional disabilities, which was seen as an important factor of quality of life. The older people felt that accessing and finding information about the services was difficult, and dependent on the professional's good will and the older person's own financial resources. Within the services, older people experienced a lack of recognition of their own personhood and individual needs. The participants felt that they were easily bypassed and left out of negotiations regarding their own care. The article highlights the importance of developing health and social care services and practices towards a more holistic approach that recognises older people's individual needs. (RH)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 250/52 Age of data: where's ageing?; by Alex Mihnovits.: AARP International. AARP International: The Journal, vol 12, 2019, pp 38-41.
A report by AARP and HelpAge International examines health and care needs of older men and women in low- and middle-income countries, and how health systems can respond to ensure the availability, accessibility, acceptability and quality of health services for older people.
This article considers shortcomings in the data used, for example, many countries have no death registration; and censuses and other administrative data are limited in their information on health and social care needs. Longitudinal studies (where they exist) offer a better chance of providing ageing-specific information. The article concludes by noting that in March 2018, the UN Statistics Commission established the Titchfield Group, a voluntary group of national statistical offices that aims to develop standardised tools and methods for producing statistics on ageing and age-related data. (See: <https://www.un.org/development/desa/ageing/news/2018/03/title-statistics-commission-endorses-new-titchfield-city-group-on-ageing/>). (RH) From : <http://www.aarpinternational.org/journal>

HOME CARE

- 250/53 Home care service utilisation by people with dementia: a retrospective cohort study of community nursing data in Australia; by Joel M van Weel, Emma Renehan, Kaye E Ervin, Joanne Enticott.: Wiley. *Health and Social Care in the Community*, vol 27, no 3, May 2019, pp 665-675.
Progressive aged care reforms are shifting dementia care into the community. These efforts have been shown to prevent the transition to residential care facilities and hospitals. However, there is a paucity of studies examining the utilisation of home care services for people living with dementia. This study examines the current knowledge gap by providing a comprehensive summary of older adults receiving home care and comparing service use for people with and without dementia. A retrospective secondary data analysis was conducted using routine data prospectively collected from a cohort (2,703 with dementia matched to 9,224 without dementia; total 11,927) using a community home nursing service in metropolitan Melbourne, Australia, in 2014. Descriptive statistics compared individuals with and without dementia on client-level demographics and their episode of home care service use. A comparative analysis on select variables was also performed using a conditional Poisson regression to estimate relative risk (RR). Compared to older adults without dementia, people with dementia were more likely to be born overseas (RR 1.10, 95% CI [1.03-1.19]), require an interpreter (RR 1.41, 95% CI [1.26-1.59]), and live with family (RR 1.09 [1.01-1.16]). When examining an individual's episode of care, people with dementia were more likely to require acute care (RR 1.07, 95% CI [1.01-1.14]) and be discharged from home care with personal care services (RR 1.46, 95% CI [1.24-1.72]). People with dementia were less likely to be referred from a hospital (RR 0.73, 95% CI [0.69-0.77]), achieve their home care goals (RR 0.91, 95% CI [0.87-0.94]), or die while in receipt of home care services (RR 0.82, 95% CI [0.72-0.94]). These findings suggest that people with dementia have different socio-demographic characteristics and interactions with home care services compared to people without dementia. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 250/54 Home care services for indigenous population in Taiwan: cultural and socio-structural implications for long-term care policy; by Chien-Chou Hou, Tsuann Kuo.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 62, no 3, April 2019, pp 306-323.
Taiwan faces the world's top ageing rate over the next eight years making long-term care a priority for all populations including the 16 indigenous groups who live primarily in the mountains and have different cultural practices to those of mainstream Taiwanese people. To examine how home care services are coordinated, managed and delivered to the indigenous populations, the authors of this study interviewed 10 public care managers and analysed the interview content to assess their work experiences with home care workers and indigenous users in 2016. The research revealed four findings: (1) Home care utilisation patterns and attitudes were different between the rural indigenous and non-indigenous populations; (2) home care utilisation was limited by cultural, economic and language challenges; (3) home care workers faced cultural and socio-structural challenges; and (4) policy and service provisions were rigid without the socio-structural flexibility needed to accommodate the indigenous culture. A more efficient model would require the collaboration of public care managers, home care workers and indigenous families to create a fair coordinated plan. As Taiwan launches the Ten year Long Term Care Plan 2.0, a one-stop service delivery centre to integrate care options and provide services for people of indigenous backgrounds is a must. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>
- 250/55 Housing implications of individual budget home care models for older renters: an Australian case study; by Victoria Cornell.: Taylor and Francis. *Journal of Housing for the Elderly*, vol 33, no 1, January-March 2019, pp 16-30.
Policies and programmes relating to successful ageing in place are premised on the fact that older people's housing is stable and suitable. Home-based aged care delivery models such as individual budgets (IBs) aim to deliver increased service flexibility, choice and control for consumers. Little attention has been paid to the consequences of such models for older renters, who often have less stable housing tenure and restricted rights to modify their accommodation. This article reports on a project in Australia that explored the delivery and receipt of individual budget style models of home-based aged care services to older renters in South Australia, New South Wales and Victoria. (RH)
ISSN: 02763893 From : <http://www.tandfonline.com>
- 250/56 Maine's bold initiative: homecare for all; by Sandra Butler.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 62, no 3, April 2019, pp 255-260.
During 2018 a ballot initiative in Maine, USA, proposed universal home care and improved working conditions for home care workers. Although ultimately defeated, the innovative proposal received considerable support and laid the groundwork for an upcoming legislative campaign. It offered a framework for increasing access to home care and creating quality jobs for home care aides. This commentary reviews the problems addressed by the Homecare for All initiative, what was proposed, the campaign process and anticipated next steps and implications for gerontological social workers. (JL)
ISSN: 01634372 From : <http://www.tandfonline.com>

250/57 Personal care and practical support at home: a systematic review of older people's views and experiences; by Irene Kwan, Deborah Rutter, Beth Anderson, Claire Stansfield.: Emerald.
Working with Older People, vol 23, no 2, 2019, pp 87-106.
Considering the views of service users is important in identifying their needs, as this helps providers to develop appropriate and responsive services. For older people receiving home care, recognising their needs is the first step towards supporting them to maintain independence and promote well-being. This systematic review was conducted in 2014 to explore the personal experiences of older people in England about the care and support they received at home. Studies published between 2004 and 2013 were identified from bibliographic databases and websites. A total of 17 studies satisfied inclusion criteria. Data were extracted using a standardised coding tool and narratively synthesised. Study quality was evaluated. Nine themes were identified (all except first two relate to person-centred care): characteristics or competency of home care workers; promoting independence; need to be listened to and respected; practical support and flexibility of care; barriers to communication; time to care and build working relationship; continuity and consistency; outcome-focused approach; and managing own budget to organise care. Thus, older people valued an approach that was person-centred, flexible and proactive to respond to their changing needs and priorities, focusing on what they can or would like to do to maintain their independence. Allowing time to build trust between older people and their care workers helped to realise older peoples' aspirations and goals. Practical help to promote choice and reduce social isolation was perceived to be as important as personal care. Evidence from this review has contributed to the development of a social care guideline on home care, and informed key practice recommendations for care providers in England. This review has highlighted the value older people place on person-centred care, incorporating practical help both inside and outside the realm of personal care. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>

250/58 The role of social networks in using home care by older people across continental Europe; by Celia Fernandez-Carro, Athina Vlachantoni.: Wiley.
Health and Social Care in the Community, vol 27, no 4, July 2019, pp 936-952.
Recent studies provide evidence that geographical proximity and a larger social network increase the probability of receiving informal support in old age. However, the ways in which interpersonal relationships are associated with the use of formal care, as well as the cross-country variability of this association, have been barely explored. Using a sample of 37,708 individuals aged 65+ from Wave 6 of the Survey of Health, Ageing and Retirement in Europe (SHARE), this study explores cross-European convergences and divergences to examine the extent to which the characteristics of older people's social networks predict the use of three types of home care: formal, informal or combined. Binomial logistic regressions are conducted to compare four macro-regions in continental Europe (northern countries: Denmark and Sweden; western countries: Austria, Belgium, France, Germany, Switzerland and Luxembourg; southern countries: Italy, Spain, Greece and Portugal; and eastern countries: Poland, Czech Republic, Slovenia, Estonia and Croatia). The structure, availability and accessibility to the members of the social network are the major predictors of the receipt of informal care everywhere. Regional divergences are observed regarding to formal care, on its own or combined with informal caregiving. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

HOSPITAL CARE

(See Also 250/94)

250/59 Good design for people with dementia in hospital; by Sarah Waller.: Investor Publishing.
Journal of Dementia Care, vol 27, no 3, May/June 2019, pp 32-35.
Hospital environments can greatly influence the well-being of patients with dementia. In the third article in a series on hospital dementia care, the author sets out principles of good design, starting with the revised Dementia-Friendly Hospital Charter (launched in 2018). The Charter was an outcome of work by the National Dementia Action Alliance Hospitals Taskforce, which wanted to ensure that people's experience of hospitals could be enhanced. The author draws attention to some key areas of environmental self-assessment, which is an integral part of the Taskforce's programme. Her article examines design principles developed by the King's Fund, published as 'Is your ward dementia friendly? The EHE assessment tool' (2014). (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>

HOUSING

(See Also 250/55, 250/71, 250/102)

- 250/60 Housing for older and disabled people: guidance; by Ministry of Housing, Communities and Local Government - MHCLG. London: Ministry of Housing, Communities and Local Government, 26 June 2019, (Reference ID, 63).
Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities, and help reduce costs to the social care and health systems. As part of the Planning practice guidance series <https://www.gov.uk/government/collections/planning-practice-guidance> (Ministry of Housing, Communities and Local Government - MHCLG), this guidance is to help councils in preparing planning policies on housing for older and disabled people. It covers: identifying the housing requirements of older and disabled people; accessible and adaptable housing; specialist housing for older people; and inclusive design. It includes weblinks to a range of sources including statistics, a report from a select committee, and other guidance. (RH)
From : <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>
- 250/61 Participation in everyday life before and after a housing adaptation; by Bjorg Thordardottir, Agneta Malmgren Fange, Carlos Chiatti, Lisa Ekstam.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 1, January-March 2019, pp 41-55.
Housing adaptation aims to enable clients to live independently in their own homes. Studies focusing on participation in everyday life following a housing adaptation are lacking and needed. This Swedish study aimed to explore housing adaptation clients' experiences of participation in everyday life before and after a housing adaptation, through the lens of a housing adaptation, using a qualitative follow-up design with 11 participants. It was found that when the housing adaptation met the participants' needs, performance of activities improved and the housing adaptation opened doors to engagement and participation in everyday life. Thus, focus on performance and engagement in everyday life at the onset of the housing adaptation process, combined with regular follow-ups, may enhance participation. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>
- 250/62 Rental housing for an ageing population; by Richard Best (inquiry chair), Anya Martin, All-Party Parliamentary Group on Housing and Care for Older People - APPG. London: Peabody [on behalf of the All-Party Parliamentary Group on Housing and Care for Older People], July 2019, 40 pp.
The APPG's inquiry concluded that there will be very significant demand for affordable rented homes for older people over the next 30 years. The APPG estimates a need of an average of 38,000 homes a year for rent, of which at least 12,000 should be extra care or sheltered. The inquiry investigated: how many homes for rent the nation should build to meet the needs of its ageing population; who should build those homes; the barriers to the supply of affordable and secure rental housing; and the design, care and provision characteristics that these homes should include.
This report considers demands from within the owner-occupied and the social housing sectors, presenting illustrative examples. The inquiry found that most older people will prefer to stay in their existing home, rather than "rightsize" in older age. The APPG makes recommendations to central and local government for increased grant aid for social housing in the next Spending Review. Other suggestions include: shared ownership for less affluent owners; adequate benefit support; extra help for housing with care and support; and more creative use of the planning system. This report is the fifth in the Housing our Ageing Population Panel for Innovation (HAPPI) series on Housing for an Ageing Population (see: <https://www.housinglin.org.uk/Topics/browse/Design-building/HAPPI/>). (RH)
From : <https://www.peabody.org.uk/media/10546/rental-housing-for-an-ageing-population.pdf>

HOUSING WITH CARE

(See Also 250/107)

- 250/63 A GIS analysis of East Asian care gaps in residential and assisted living facilities in Vancouver, Canada; by Blake Byron Walker, Sarah L Canham, Andrew Wister, Mei Lan Fang.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 2, April-June 2019, pp 103-119.
Residential care and assisted living services provide support to seniors who may not have the ability to live independently. However, East Asian residents often do not have sufficient access to culturally specific activities, which may result in psychosocial stress and isolation. This Canadian study presents a geographic analysis method to evaluate spatial distribution of culturally tailored senior care facilities in Metro Vancouver. The authors identify geographical disparities, indicating that many East Asian seniors have poor local access to a culturally tailored facility. The authors recommend the use of geographical analysis techniques (and geographical information systems, GIS) to improve the analysis and planning for senior care in an increasingly diverse population. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>

INCOME AND PERSONAL FINANCE

(See 250/82, 250/84)

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 250/136)

- 250/64 Acceptability and feasibility of wearing activity monitors in community-dwelling older adults with dementia; by Nicolas Farina, Gina Sherlock, Serena Thomas (et al.): Wiley. *International Journal of Geriatric Psychiatry*, vol 34, no 4, April 2019, pp 617-624. Measuring physical activity is complicated particularly in people with dementia where activity levels are low and subjective measures are susceptible to inaccurate recall. Activity monitors (eg accelerometers, actigraphs) are increasingly being used within research, however it is unclear how people with dementia view wearing such devices and what issues (if any) they have around compliance. The aim of the study was to evaluate the acceptability and feasibility of people with dementia wearing such monitors. 26 community-dwelling people with mild dementia were asked to wear an activity monitor (GENEactiv Original) over a one-month period. Perceptions of the device were measured using the Quebec User Evaluation of Satisfaction with Assistive Technology (QUEST) 2.0, alongside qualitative interviews. Device diary and activity monitor data were used to assess compliance. Overall the participants tended to find wearing the activity monitors acceptable, with only three participants (12%) withdrawing prior to the study end date. Participants were generally satisfied with wearing the devices as measured by the QUEST. Four themes were identified that influenced perceptions of wearing the device: external influences, design, routine and perceived benefits. Asking people with dementia to wear a wrist-worn activity monitor for prolonged periods appears to be both feasible and acceptable. Researchers need to consider the needs and preferences of the sample population prior to selecting activity monitors. (JL)
ISSN: 08856230
From : <http://www.orangejournal.org>
- 250/65 The potential of information technology to navigate caregiving systems: perspectives from dementia caregivers; by Nicole Ruggiano, Ellen L Brown, Shanae Shaw (et al.): Taylor and Francis. *Journal of Gerontological Social Work*, vol 62, no 4, May-June 2019, pp 432-450. Technologies designed to support caregivers of adults with Alzheimer's disease and related dementias (AD/RD) have been developing at an increasingly rapid pace. However little is known about caregivers' perspectives on how technologies can and should help them navigate larger service systems they interact with to engage in caregiving. This study involved in-depth interviews and a beta test of an AD/RD caregiver app to learn more about how they currently use technologies and how potential technological features and functions can best meet their needs. Thematic findings suggested a conceptual model for designing AD/RD caregiver technologies. Overall study findings showed that eHealth and individual technologies may not fully meet the needs of caregivers as they navigate the larger systems within which they provide care. There is a need to develop technologies for caregivers that are effective, easy to use and more widely disseminated, especially for caregivers from disadvantaged backgrounds. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>

INHERITANCE

- 250/66 Why do I need a will anyway?: Assessing the impact of a public legal education intervention embedded in a longitudinal survey; by Pascoe Pleasence, Nigel J Balmer, Catrina Denvir.: Cambridge University Press. *Social Policy and Society*, vol 18, no 2, April 2019, pp 187-201. In England and Wales less than half of the adult population report that they have a will, with similarly low numbers found in other jurisdictions. Dying intestate can have profound implications on the family relationships, housing security, finances, employment, health and welfare of those who are left behind. Social policy initiatives designed to educate the public on the implications of intestacy offer a potential solution but remain difficult to evaluate. This article explores the results of a public legal education experiment embedded in a longitudinal panel survey, the English and Welsh Civil and Social Justice Survey (CSJS). The experiment was designed to explore: the impact of information provision on will creation; and how 'opportunistic experiments' embedded in longitudinal surveys might support public legal education (PLE) evaluation. Whilst the impact of the information intervention in this study was not found to be statistically significant, the methodology points to the possibility of testing more bespoke and substantial initiatives in the future. (RH)
ISSN: 14747464
From : <http://www.cambridge.org/sps>

INTERGENERATIONAL ISSUES

- 250/67 Careshare: an intergenerational programme for people with dementia and nursery children; by Bob Woods, Lynwen Hamer, Catrin Hedd Jones, Nia Williams.: British Psychological Society. Psychology of Older People: the FPOP Bulletin, no 145, January 2019, pp 33-37.
In recent years, there seems to have been a resurgence of interest in intergenerational approaches, bringing together older people and people with dementia with children and younger people. This paper provides some brief examples from the international literature on their effects. The authors also report on the Careshare project in Wales, in which nursery-age children visited older people living in the community for three full days; for almost all, the preferred language was Welsh. This pilot programme was filmed in August 2016 at a day care centre in Caernarfon, and was on S4C in Welsh (with English sub-titles) on 28 December 2016. Further filmings have led to other television programmes in Wales, including one during Dementia Action Week in 2018. The Careshare project was driven by the need for a good TV programme; but at least one other local authority has been inspired to set up something similar. The authors hope that, by encouraging young children to interact with people living with dementia, such programmes can reduce the stigma of care settings and of dementia. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 250/68 Healing the generational divide: interim report on intergenerational connection; by Chuka Umunna (chair), Sam Dalton, All Party Parliamentary Group on Social Integration; The Challenge. London: All Party Parliamentary Group on Social Integration, May 2019, 56 pp.
The All Party Parliamentary Group (APPG) on Social Integration launched its inquiry into intergenerational connection in December 2017, to explore the growing age divide and what could be done to bridge it. This interim report examines the nature of the UK's generational divide, and sets out the beginnings of a framework through which national, regional and local government might work together to foster stronger connections between generations. Using examples, it discusses four main policy areas through which stronger intergenerational connections could be fostered: building intergenerational communities; intergenerational public services; intergenerational housing and planning; and technology and intergenerational connection. The report notes that the closure of shared spaces - such as community centres, libraries, and the reduction in local transport services - are likely to have served to reduce opportunities for different generations to connect. Appendices list organisations and individuals who submitted written evidence or attended hearings; also community visits to Manchester, south London and the West Midlands. This report was written by Sam Dalton, of the charity The Challenge, whose aim is building a more integrated society, and which also provides the secretariat to the APPG. (RH)
From : <https://socialintegrationappg.org.uk/wp-content/uploads/sites/2/2019/05/Healing-the-Generational-Divide.pdf>
- 250/69 An intergenerational audit for the UK: 2019; by George Bangham, Stephen Clarke, Laura Gardiner (et al), Resolution Foundation; Intergenerational Commission. London: Resolution Foundation, June 2019, 144 pp.
Supported by the Nuffield Foundation, this intergenerational audit for the UK takes stock of generational living standards differences in Britain according to the latest data. Living standards are considered within four domains: jobs, skills and pay; housing costs and security; taxes, benefits and household income; and wealth and assets. Throughout the analysis, the focus is mainly on five-year birth cohorts; it also uses the definitions for generations commonly referred to in the UK: the lost generation, born 1881-95; the forgotten generation, born 1896-1910; the greatest generation, born 1911-25; the silent generation, born 1926-45; the baby boomers, born 1946-65; Generation X, born 1966-80; the millennials, born 1981-2000; and the latest generation, born 2001-15. While the main focus is on present-day younger workers, the report presents data which demonstrate longer term trends. The authors detect improvements in younger people's pay; however, reductions in housing cost to income ratios for those aged under 30 are countered by spending that is predominantly on essentials. As well as what it feels like to progress into and through adulthood in Britain today, the report provides new insights into living standards differences at older ages. Among concluding remarks is a "firmly held belief that the success of a society should be measured by how well we provide for older generations". (RH)
From : <https://www.resolutionfoundation.org/publications/an-intergenerational-audit-for-the-uk/>
- 250/70 Tackling intergenerational unfairness: report of session 2017-19; by Select Committee on Intergenerational Fairness and Provision, House of Lords. London: House of Lords, 25 April 2019, 114 pp (HL 2017/19 329).
The Committee was appointed "to consider the long-term implications of government policy on intergenerational fairness and provision". The Committee finds that younger generations are not seeing the increase in living standards enjoyed by previous generations; also that older generations face a society that is not prepared for their numbers or their needs as they age. The report considers: the failures to ensure that there is affordable housing; planning for an ageing population; and creating an education and training system that can respond to coming technological change. A lack of data on the intergenerational effects of policy was frequently raised: the Office for National Statistics (ONS) should

introduce a generational breakdown of the Effects of Tax and Benefits on Household Income data. One in three of today's babies are likely to live to see their 100th birthday, so that the existing "education, work, retirement" model may no longer be suitable for careers lasting for 60 years. Consequently, government policy must support individuals in remaining economically active for longer. Accordingly, the report makes recommendations on changes to age-related benefits (raising age thresholds for eligibility), National Insurance, property taxes and inheritance tax. (RH)

From : <https://publications.parliament.uk/pa/ld201719/ldselect/ldintfair/329/329.pdf>

INTERNATIONAL AND COMPARATIVE

250/71 Affordable housing: elderly in Tehran and their housing problems; by Safar Ghaedrahmati, Foad Shahsavari.: Taylor and Francis.

Journal of Housing for the Elderly, vol 33, no 2, April-June 2019, pp 140-152.

Affordable housing for older Iranians is a necessity and an important issue in Tehran. Since the 1960s, the problem of affordable housing has become visible in Tehran; and today, despite the adoption of various policies and diverse programmes, it remains a controversial issue for policymakers. This research using descriptive and analytical techniques was conducted in 2018 to measure old age status and density analysis of the older population of Tehran (age 60+), carried out by Sturge's Rule. Calculation of this density is based on data from the Iranian Statistics Center for 1996, 2006 and 2011. In addition, indices for housing for older people in Tehran were studied, from which the most important problems have been identified. The results show that the highest density of the older population is located in areas 4, 5 and 15, respectively. Failure to provide affordable housing is a threat to the quality of life and health of many of Tehran's low-income older people, and affects providing for their other basic needs such as health, medical, social, cultural and recreational services.

Therefore, action in developing housing policies for older people in Tehran is necessary, because of many urban problems and issues such as transport provision, Tehran's air pollution, lack of health services, and increasing land price and rent. (RH)

ISSN: 02763893

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

250/72 Impact of a national medical fee schedule revision on the cessation of physician home visits among older patients in Tokyo: a retrospective study; by Chie Teramoto, Tatsuro Ishizaki, Seigo Mitsutake (et al.): Wiley.

Health and Social Care in the Community, vol 27, no 4, July 2019, pp 899-906.

As Japan's population continues to age rapidly, the national government has implemented several measures to improve the efficiency of healthcare services and to control rising medical expenses for older patients. One such measure was the revision of the medical fee schedule for physician home visits in April 2014, in which eligibility for these visits was restricted to patients who are unable to visit outpatient clinics without assistance. Through an investigation of patients who were receiving physician home visits in Tokyo, this study examines whether this fee schedule revision resulted in an increase in patients who transitioned from home visits to outpatient care. In a retrospective analysis of health insurance claims data, the authors examined 80,914 Tokyo residents aged 75 years or older who had received at least one physician home visit between January and May 2014. The study period was divided into four periods (January-February, February-March, March-April, and April-May), and the authors examined the number of patients receiving home visits in the index month of each period who subsequently transitioned to outpatient care in the following month. Potential factors associated with this transition to outpatient care were examined using a generalised estimating equation. The March-April period that included the fee schedule revision was significantly associated with a higher number of patients who transitioned from home visits in the index month to outpatient care in the following month (odds ratio: 4.46, p 0.001) than the other periods. In addition, patients receiving home visits at residential facilities were more likely to transition to outpatient care (odds ratio: 10.40, p 0.001). These findings indicate that the fee schedule revision resulted in an increase in patients who ceased physician home visits and began visiting outpatient clinics for treatment. (RH)

ISSN: 09660410

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

250/73 Pensions and social inclusion in an ageing China; by Huoyun Zhu, Alan Walker.: Cambridge University Press.

Ageing and Society, vol 39, no 7, July 2019, pp 1335-1359.

The inclusive development strategy proposed by the Chinese government embraces social inclusion for older people. In line with most developing countries, China's policy on social inclusion for older people focuses almost exclusively on material security in the form of pensions. This paper uses data from the 2014 China Longitudinal Ageing Social Survey to examine the impact of pensions on social inclusion for older people across four dimensions: family interaction, social support, social participation and self-assessment. The results demonstrate that pensions improve dramatically the relationships between older adults and their family members and friends, and therefore their social inclusion more widely. The exception is social participation, which seems to be immune to material income effects. However, the stratified pension system in China generates complex and hierarchical effects on social inclusion among different sub-groups. Social inclusion among older people with high exclusion risks but low pensions

is very sensitive to pension levels. Conversely, most pensions are distributed to those with the lowest exclusion risks as a result of the disappearance of their impact on social inclusion. The authors argue that future social inclusion policies for older people in China should focus first on achieving greater equality in pensions. (RH)

ISSN: 0144686X

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

LGBT

- 250/74 Abuse and older lesbian, gay bisexual, and trans (LGBT) people: a commentary and research agenda; by Sue Westwood.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 31, no 2, March-May 2019, pp 97-114.
With increasing visibility of older lesbian, gay, bisexual and trans (LGBT) people, there is an urgent need to understand abuse in their lives. This is an under-researched area, which this scoping study (based on a literature review and a small subset of data taken from a larger project) serves to demonstrate. The content of this article formed the basis of a paper presented at a workshop on 'LGBT Elder Abuse' held at Keele University in 2017, convened and chaired by the author. It considers LGBT elder abuse in terms of poly-victimisation, intersectionality and the abuse of power. The author identifies knowledge gaps, proposes a research agenda, and explains why such an agenda matters. In particular, researchers of elder abuse, LGBT domestic abuse and organisational abuse need to cut across their traditional boundaries of inquiry, in order to address how the abuse of older LGBT people intersects with each domain. (RH)
ISSN: 08946566
From : <http://www.tandfonline.com>
- 250/75 LGBT awareness training: learning from Australia; by Allison O'Kelly.: Investor Publishing.
Journal of Dementia Care, vol 27, no 3, May/June 2019, pp 16-17.
The author travelled extensively in Australia to research awareness and care for lesbian, gay, bisexual and transgender (LGBT) people who develop dementia. She found widespread good practice, initiatives and training materials, and much for the UK to emulate. Examples include Silver Rainbow, initiated by the LGBTI Health Alliance, and is committed to sharing knowledge and resources, and promoting a better understanding of LGBT people's care needs. The Council on The Ageing (COTA), with a presence in every Australian state or territory, has been delivering Silver Rainbow training. In Melbourne, the organisation Transgender Victoria (TGV) does its own LGBT aged care training, while Anglicare (in Brisbane), which provides residential care, is an example of a faith-based organisation. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 250/76 Risk of dementia and mild cognitive impairment among older adults in same-sex relationships; by Jaime Parales-Puchalt, Kathryn Gauthreaux, Jason Flatt, Merilee Ann Teylan (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 34, no 6, June 2019, pp 828-835.
Sexual minority discrimination may lead to a higher risk of mild cognitive impairment (MCI) and dementia. The aim of this study was to assess the risk of MCI and dementia between older adults in same sex relationships (SSR) compared with opposite sex relationships (OSR). The authors analysed longitudinal data from the National Alzheimer's Coordinating Center up to September 2017. Analyses included cognitively normal individuals aged 55+ at baseline who had a spouse, partner or companion as study partner at any assessment. Associations were calculated using survival analysis adjusting for demographics and APOE-e4 carrier status. Hazard ratios of MCI and dementia did not differ statistically between SSR and OSR individuals in the total sample nor stratified by sex. The lack of association between SSR and MCI and dementia warrants future research into their potential resilience mechanisms and the inclusion of sexual minority status questions in research and surveillance studies. The potential recruitment bias caused by nonprobabilistic sampling of the cohort and the reporting and ascertainment bias caused by using SSR to infer sexual minority status may have influenced findings. (JL)
ISSN: 08856230 From : <http://www.orangejournal.org>
- 250/77 The state of theory in LGBTQ aging: implications for gerontological scholarship; by Vanessa D Fabbre, Sarah Jen, Karen Fredrikson-Goldsen.: Sage.
Research on Aging, vol 41, no 5, June 2019, pp 495-518.
Social research in lesbian, gay, bisexual, transgender and queer (LGBTQ) ageing is a rapidly growing field, but an examination of the use of theory has not yet been conducted for its impact on the field's direction. The authors conducted a systematic review of empirical articles published on LGBTQ ageing in the years 2009-2017 (N = 102). Using a typology of theory use in scholarly articles, they analysed these articles for the types of theories being used, the degree to which theories were used in each article, and the analytical function they served. The authors found that 52% of articles consistently applied theory, 23% implied or partially applied theory, and 25% presented as atheoretical. A wide range of theories were used and served multiple analytical functions, such as concept development and explanation of findings. The authors discuss the strengths and weaknesses of theory use in this body of literature, especially with respect to implications for future knowledge development in the field. (RH)
ISSN: 01640275 From : <http://www.journals.sagepub.com/home/roa>

LIFE-LONG LEARNING

- 250/78 Education, lifelong learning and self-rated health in later life in the USA; by Takashi Yamashita, Anthony R Bardo, Darren Liu, Ji Won Yoo.: Sage.
Health Education Journal, vol 78, no 3, April 2019, pp 328-339.
Socioeconomic disparities in health are a major public health concern in economically developed nations where improving socioeconomic status (e.g. formal educational attainment) at the population level is challenging. In the light of population ageing, alternative approaches to improve health through malleable factors are urgently needed. Recent research suggests that participation in organised learning activities - lifelong learning - could attenuate the lack of formal educational attainment on health. This study examined the mediating effects of lifelong learning on the association between self-rated health and educational attainment among a nationally representative sample of US residents aged 50+ . It found that approximately 3%-5% of the effect of formal education on self-rated health was mediated by lifelong learning activity. Findings from this study support the notion that ongoing participation in organised learning activities is beneficial for health in later life. Lifelong learning reflects a promising autonomous and sustainable strategy to improve health in later life. Future public health and education policy as well as education institutions should consider providing more learning opportunities for older populations. (RH)
ISSN: 00178969
From : <http://www.journals.sagepub.com/home/hej>

LONELINESS AND SOCIAL ISOLATION

(See Also 250/138)

- 250/79 Lonely ageing in a foreign land: social isolation and loneliness among older Asian migrants in New Zealand; by Hong-Jae Park, Tessa Morgan, Janine Wiles, Meryn Gott.: Wiley.
Health and Social Care in the Community, vol 27, no 3, May 2019, pp 740-747.
Ageing does not reduce people's need to connect with family members, friends and acquaintances, and neither does migration. For those older migrants living in a foreign land, connectedness with others plays a particularly important role in achieving a sense of belonging and sustaining their health and well-being. This paper explores the issues of social isolation and loneliness among older Asian migrants in New Zealand. Data were collected from in-depth semi-structured interviews with Chinese- or Korean-speaking migrants aged between 75 and 84 years (n = 10, all females), and from three focus groups consisting of Chinese- and Korean-speaking migrants (n = 10: 7 females, 3 males) and Chinese professionals (n = 5: 3 females, 2 males) between June 2016 and December 2016. The qualitative data obtained were analysed applying a thematic analysis approach using NVivo software for group analysis by a multidisciplinary research team. The findings from the study show that older Asian migrants experienced high levels of isolation and loneliness, at least at some points in their migrant lives. Most participants in this study were living alone or with only their spouse, and this living arrangement was likely to provide fertile ground for isolation and loneliness to grow in the context of later-life migration. It was also observed that their lonely ageing ironically resulted from their efforts to preserve family relationships by avoiding being a burden, while allowing them a sort of space to maintain now barely connected lives. The participants revealed multiple ways of coping with lonely and isolated experiences in their limited social network, and these individual strategies allow us to make suggestions about how best to reduce older migrants' social isolation and loneliness in the New Zealand context and beyond. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 250/80 Reading-based activities enable older people to reduce loneliness; by Cath Burley, Natalie Frost, Debbie Hicks, Aaron Ingham.: British Psychological Society.
Psychology of Older People: the FPOP Bulletin, no 145, January 2019, pp 53-58.
A presentation by Hicks and Burley at the Faculty of Psychology of Older People (FPOP) 2017 Conference described how the development of the Reading Well: Books on Prescription scheme had revealed that there were many lonely, isolated and vulnerable older people in the UK who often did not speak to anyone in the course of a day, week, or month. The UK-wide Reading Friends project is being developed to combat this, on which the authors gave an update at the 2018 FPOP Conference. As part of the Public Libraries Universal Health Offer, social reading activities have been developed since June 2017 by six pilot projects in Conway, Newcastle, Oldham, Sheffield, Stirling and West Sussex, each with a different focus. This article provides further details of how work at the test site run by the Abbeyfield Society at Westall House, Horstead Keynes in Sussex has been taken further. It also comments that the Reading Agency (TRA) has developed an evidence base regarding the efficacy of reading. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

- 250/81 Ringing the changes: the role of telephone communication in a helpline and befriending service targeting loneliness in older people; by Claire Preston, Stephen Moore.: Cambridge University Press. Ageing and Society, vol 39, no 7, July 2019, pp 1528-1551.
The drive to deliver services addressing loneliness in older people by telephone and online makes it increasingly relevant to consider how the mode of communication affects the way in which people interact with services and the capacity of services to meet their needs. This paper is based on the qualitative strand of a larger mixed-methods study of a national phonenumber tackling loneliness in older people in the UK. The research comprised thematic analysis of four focus groups with staff and 42 semi-structured interviews with callers. It explored the associations between telephone delivery, how individuals used the services and how the services were able to respond. To understand these associations, it was useful to identify some constituent characteristics of telephone communication in this context: namely its availability, reach and non-visual nature. This enabled various insights and comparison with other communication media. For example, the availability of the services attracted people seeking frequent emotional support but this presented challenges to staff. More positively, the ability of the services to connect disparate individuals enabled them to form different kinds of satisfying relationships. The evolution of mixed communication forms, such as internet-based voice communication and smartphone-based visual communication, makes analysis at the level of a technology's characteristics useful. Such a cross-cutting perspective can inform both the design of interventions and assessment of their suitability for different manifestations of loneliness. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

LONG TERM CARE

(See Also 250/127, 250/128, 250/129, 250/130, 250/131, 250/132, 250/133, 250/134, 250/135)

- 250/82 Financial advice for funding later life care: a scoping review of evidence from England; by Emily Heavey, Kate Baxter, Yvonne Birks.: International Long Term Care Policy Network, London School of Economics.
Journal of Long-Term Care, 2019, pp 51-65.
Ageing populations across the world make the provision of long-term care a global challenge. A growing number of people in England are faced with paying for later life social care costs, but do little to plan for these costs in advance. Recent legislation in the form of the Care Act 2014 gave local authorities new responsibilities to provide information on how people can access independent financial advice on matters relating to care needs. This scoping review aimed to identify existing evidence about people's engagement with financial advice in relation to paying for later life care in England. Electronic and manual searching identified seventeen papers reporting empirical evidence on the topic, published between 2002 and 2017. The authors note that their paper does not include a formal quality assessment of the included research papers. Their interpretation of study findings was hindered by lack of methodological transparency in some papers, and a lack of studies focusing specifically on the topic of financial planning for long-term care. An improved evidence base could assist financial advisers specialising in this area and local authorities that are now obliged to signpost people to such advice. With better evidence, such organisations would be better placed to explain to members of the public the financial and non-financial implications of obtaining financial advice about care costs. It might also enable those organisations to overcome barriers and facilitate access to appropriate advice. (RH)
From : <https://journal.ilpnetwork.org/articles/abstract/8/>
- 250/83 Long-term services and supports use among older Medicare beneficiaries in rural and urban areas; by Andrew F Coburn, Erika C Ziller, Nathan Paluso (et al): Sage.
Research on Aging, vol 41, no 3, March 2019, pp 241-264.
State and federal policies have shifted long-term services and support (LTSS) priorities from nursing home care to home and community-based services (HCBS). It is not clear whether the rural LTSS system reflects this system transformation. Using the Medicare Current Beneficiary Survey, the authors examined nursing home use among rural and urban Medicare beneficiaries aged 65 and older. Study findings indicate that even after controlling for known predictors of nursing home use, rural Medicare beneficiaries exhibited greater odds of nursing home residence and that the higher odds of rural nursing home residence are, in part, associated with higher rural nursing home bed supplies. A complex interplay of policy, LTSS infrastructure, and social, cultural, and other factors may be influencing the observed differences. Federal and state efforts to build rural HCBS capacity may be necessary to mitigate stubbornly persistent rural-urban differences in the patterns of institutional and community-based LTSS use. (RH)
From : <http://www.journals.sagepub.com/home/roa>

MENTAL CAPACITY

- 250/84 Assessment of financial decision making: an informant scale; by Rebecca C Campbell, Peter A Lichtenberg, Latoya N Hall (et al.): Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 31, no 2, March-May 2019, pp 115-128.
Older adults with cognitive impairment are a population at great risk of financial exploitation. At-risk older adults often have difficulty reporting on their own financial abilities. Collecting information from trusted others is vital for professionals investigating the financial exploitation of older adults. There are few reliable, valid and standardised informant-report measures of financial capacity, and none that assess decisional abilities for an ongoing, real-world financial transaction. The present study sought to examine the psychometric properties of a new informant report scale of financial decisional abilities in older adults. One hundred fifty participants were recruited to complete the Family and Friends and Interview regarding a known older adult's financial decisional abilities. A factor analysis identified two subscales. The full scale had adequate sensitivity and specificity to detect an informant's current concerns regarding financial exploitation. The Family and Friends Scale is a useful tool for collecting informant report information regarding an older person's ability to make financial transactions. (RH)
ISSN: 08946566 From : <http://www.tandfonline.com>
- 250/85 Assessments of mental capacity: upholding the rights of the vulnerable or the misleading comfort of pseudo objectivity?; by Jim Rogers, Lucy Bright.: Emerald.
Journal of Adult Protection, vol 21, no 2, 2019, pp 74-84.
The purpose of this paper was to present findings from a research project which investigated the approaches of different groups of assessors to the mental capacity assessments which are required to be conducted as part of Deprivation of Liberty Safeguards (DOLS). Four case study vignettes were given to participants. Three groups involved in the DOLS assessment process were interviewed by telephone about the factors that may influence their capacity assessments. Most assessors did not refer to the required two-stage test of capacity or the 'causative nexus' which requires that assessors must make clear that it is the identified 'diagnostic' element which is leading to the inability to meet the 'functional' requirements of the capacity test. The normative element of capacity assessments is acknowledged by a number of assessors who suggest that judging a person's ability to 'weigh' information, in particular, is a subjective and value-based exercise, which is given pseudo objectivity by the language of the Mental Capacity Act (MCA). A number of elements of good practice were also identified. In this exploratory study participant numbers were small at 21, and the authors relied on self-report rather than actual observations of practice or audit of completed assessments. The findings are of relevance to all of those working in health and social care who undertake assessments of mental capacity, and will be helpful to all of those tasked with designing and delivering training in relation to the MCA 2005. They also have relevance to policymakers in the UK who are involved with reforms to DOLS regulations, and to those in other countries which have legislation similar to the MCA. (JL)
ISSN: 14668203 From : <http://www.emeraldinsight.com/loi/jap>

MENTAL HEALTH

(See Also 250/76)

- 250/86 The importance of sources of meaning in life of community dwelling psychologically frail older people; by Lieve Josee Hoeyberghs, Emily Verté, Dominique Verté (et al.): Emerald.
Working with Older People, vol 23, no 2, 2019, pp 65-76.
Psychological frailty adds most to overall feelings of frailty, but is often neglected, even though meaning in life is important for psychological well-being. This paper explores the sources of meaning in life for psychologically frail older people. Data (n= 16,872) generated from the Belgian Ageing Studies were collected, using the Comprehensive Frailty Assessment Instrument and the Sources of Meaning Profile (SOMP-R) instrument. Psychometric properties of the SOMP-R were explored using factor and reliability analysis; and one-way-ANOVA analysis were used to assess mean differences. It was found that financial security, meeting basic needs and personal relations play an important role as sources of meaning in life. Moreover, the SOMP-R showed excellent psychometric properties. The findings emphasize that sources of meaning in life are relevant and can be assessed using the SOMP-R upon which individually tailored care plans can be developed. The results show that meaning in life, as such, plays an important role for psychologically frail older people, and consequently offer insights in supporting these older people. Caregivers and policymakers might therefore take these results into account. Guaranteeing and/or following up on financial security, assessing and enabling personal relationships, and meeting basic needs are very important when taking care of psychologically frail older individuals. Besides the practical implications, the social inclusion of psychologically frail older people seems to be relevant. To the best of the authors' knowledge, the association between meaning in life and psychological frailty in later life has not yet been investigated. Further, this study's findings emphasize that sources of meaning in life are relevant and can be assessed using the SOMP-R, upon which individually tailored care plans can be developed. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>

250/87 Mental health law under review: messages from English safeguarding adults reviews; by Jill Manthorpe, Stephen Martineau.: Emerald.
Journal of Adult Protection, vol 21, no 1, 2019, pp 46-64.
The purpose of this paper was to examine safeguarding adults reviews (SARs) that refer to mental health legislation in order to contribute to the review of English mental health law. Searches of a variety of sources were conducted to compile a list of relevant SARs. These were summarised and their contexts assessed for what they revealed about the use and coherence of mental health legislation. The interaction of the statutes under consideration, in particular the Mental Health Act (MHA) 1983, the Mental Capacity Act (MCA) 2005, together with the Care Act 2014, were found to present challenges to practitioners and the efficacy of their application was variable. In light of the absence of a duty to report SARs to a national register, it is possible that relevant SARs were missed in the search phase of this research, meaning that the results did not present a complete picture. Examining cases where use of legislative provisions in mental health has been found wanting or legislation may not be easily implemented may inform initiatives to increase understanding of the law in this area. (JL)
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>

250/88 Social participation perspectives of people with cognitive problems: a descriptive qualitative study; by Hanneke Donkers, Myrra Vernooij-Dassen, Dinja van der Veen (et al).: Cambridge University Press.
Ageing and Society, vol 39, no 7, July 2019, pp 1485-1511.
The aim of this study is to explore how community-dwelling older people with cognitive problems and their care-givers (dyads) perceive their own social participation, how care-givers evaluate the social participation of the people they care for, and what factors they perceive as influential. This Dutch qualitative study performed 13 semi-structured, in-depth interviews with dyads who participated in the Social Fitness Programme. The study used content analysis to analyse the interviews thematically. Social participation perceptions include changes over time and a discrepancy in perspectives. All the people with cognitive problems and most care-givers perceived a decreased social participation. Most people with cognitive problems answered that they were satisfied, in contrast to most care-givers who were dissatisfied with the decreased social participation of the people they cared for. Analysing the influencing factors resulted in five themes: behavioural, physical, social environmental, physical environmental and activity-related. People with cognitive problems and their care-givers displayed a discrepancy in social participation perspectives. This becomes a major dilemma, especially for younger care-givers. A key element is a sometimes deliberate choice of people with cognitive problems to refrain from social participation to protect themselves from the consequences of cognitive problems and from encounters with others. This highlights the dynamics of social participation as an interaction between personal factors and the social and physical environment in which social participation occurs. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

MENTAL HEALTH CARE

250/89 Care-giving dynamics and futures planning among ageing parents of adult offspring with intellectual disabilities; by Ruth Walker, Claire Hutchinson.: Cambridge University Press.
Ageing and Society, vol 39, no 7, July 2019, pp 1512-1527.
The number of older parents ageing in tandem with their adult children with intellectual disability (ID) is increasing. This unique situation calls for greater research that investigates how older parents experience this extended care-giving role, including the extent to which they are engaging in futures planning. Participants were recruited via disability service providers in South Australia. Using the theoretical perspective of hermeneutic phenomenology to understand lived experiences, semi-structured in-depth interviews were carried out with 17 older parents (mean age 70 years). Six offspring were living in the family home while the remainder were in supported accommodation. Main themes to emerge from the data were: (a) perpetual parenting, (b) costs and rewards and (c) planning to plan. Parents were providing care across a range of areas, regardless of whether their offspring lived at home or in supported accommodation. While aware of the need to plan for the future, most did not have a firm plan in place. Parents are providing a high level of support to their adult children with ID, regardless of whether they live in supported accommodation or the family home. While some have started to think about future care arrangements, most appear unclear over what the future holds. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org/aso>

MIGRATION

(See 250/22, 250/79)

NEIGHBOURHOODS AND COMMUNITIES

(See Also 250/96)

- 250/90 Active ageing in London; [and] Safer ageing in London; by Age UK London.: Age UK London. London Age, Spring 2019, pp 5-18.
Five of the eight domains of a WHO Age-Friendly City are grouped under the term active ageing, while the other three domains cover the process of ageing safely. The World Health Organization (WHO) defines active ageing as 'optimising opportunities for health, participation and security, in order to enhance quality of life as people age'. The first of these paired articles considers the accessibility and affordability of: transport (also reliability, frequency, travel destinations and age-friendliness of vehicles); social and community participation (including fighting isolation); community support and health services; civic participation and employment (including volunteering); and outdoor spaces and public buildings (e.g. age-friendly pavements). The second article is based on the premise that a truly age-friendly London will allow all older citizens to feel confident, safe and respected in their city. It considers: housing (affordability, design, modifications and maintenance); communication and information (distribution, the spoken word, and written formats and design); and respect and social inclusion (behaviour and respect, in preference to ageism and ignorance). The website www.agefriendlylondon.org.uk provides further information about plans for an age-friendly London. (RH)
ISSN: 13571109
From : <http://www.ageuk.org.uk/london>
- 250/91 Growing older in cities: addressing the twin challenges of ageing and urbanization; by Tedros Adhanom Ghebreyesus, Alana Officer.: AARP International. AARP International: The Journal, vol 12, 2019, pp 34-35.
The quest for better health of older people will be won or lost in our cities. Today, more than half (57 percent) of all older people live in towns and cities. By 2050, over 1 billion adults aged 60+ will be living in urban areas. Hence, why in 2010 the World Health Organization (WHO) set up the WHO Global Network for Age-Friendly Cities and Communities. The authors identify two ways whereby cities that are age-friendly will foster healthy and active ageing. The first is by promoting health, and building and maintaining physical and mental capacity across the life course, for example, by reducing air pollution. The other is enabling people who experience a loss of capacity to continue to do the things they value, e.g., offering accessible public transport, modifying housing, developing safer neighbourhoods, and providing long-term care. (RH)
From : <http://www.aarpinternational.org/journal>
- 250/92 Planning for healthy ageing: how the use of third places contributes to the social health of older populations; by Sara Alidoust, Caryl Bosman, Gordon Holden.: Cambridge University Press. Ageing and Society, vol 39, no 7, July 2019, pp 1459-1484.
In recent years, there has been an increasing focus on creating age-friendly cities to accommodate the changing needs of older people and to promote their overall health and well-being. This paper focuses on some of the urban planning implications related to maintaining the social health as a main component of older people's overall health and well-being. Specifically, the authors look at the role and accessibility of third places (popular public places where many people go to socialise) in relation to older people living in different neighbourhood built-form patterns, and how these factors affect the formation of absent, weak and strong social ties. The data draw on interviews with 54 older people living in different neighbourhood built-form patterns on the Gold Coast, Queensland, Australia. The findings demonstrate the significant role third places have in affording older people opportunities to engage in the social lives of their local communities, thus contributing to their social health and overall well-being. This research supports previous studies relating to the accessibility of amenities by re-emphasising the importance of planning for the provision of third places that are conveniently located and easily accessible by older people. The paper concludes by arguing for the planning of transport and third-place interventions in Australia's sprawling suburban landscapes to allow older people more opportunities to be socially connected. (RH)
ISSN: 0144686X From : <http://www.cambridge.org/aso>

OLDER WOMEN

(See Also 250/98, 250/99)

- 250/93 Social protection for older women; by Isabel Ortiz, Florian Juergens.: AARP International. AARP International: The Journal, vol 12, 2019, pp 28-31.
Without considering older women, the Sustainable Development Goals (SDGs) and other commitments by all countries in the United Nations (UN) risk failure. This article considers key social protection issues for older women, the most important and widespread being pensions, for which women generally receive lower benefit levels than men. Lessons could be learned from Norway, where a 43% income difference between working women and men has been reduced to only 7% in pension income. The authors conclude that public policies must tackle unpaid care work, women's empowerment, access to

decent work and equitable social security systems;. Social pensions are key in reducing poverty for older women. (RH)

From : <http://www.aarpinternational.org/journal>

ORAL HEALTH

250/94 Improving the oral health of older people in hospital; by Jennifer M Gibney, Frederick A Wright, Mario D'Souza, Vasi Naganathan.: Wiley.

Australasian Journal on Ageing, vol 38, no 1, March 2019, pp 33-38.

The aim of this study was to determine whether an oral health intervention performed daily by an oral health specialist, compared with the same routine performed by nurses with some dental support, could improve the oral health of older inpatients. A prospective study was conducted at two tertiary referral hospitals with three phases: (i) pre-intervention (PI) usual oral care; (ii) oral health therapist intervention (OHTI); and (iii) nurse-led intervention (NI). Oral health was assessed with the Oral Health Assessment Tool. 350 patients participated across three phases. In the intervention groups, there was a significant decrease in 'unhealthy' oral cleanliness at day 7. Movement from 'unhealthy' oral cleanliness at day 1 to 'healthy' at day 7 was significantly higher in the OHTI (35%) and NI (37%) compared to PI (17%). With support, nurses can improve the oral health of older patients similarly to an oral health therapist. (JL)

ISSN: 14406381 From : <http://www.wileyonlinelibrary.com/journal/ajag>

PARTICIPATION

(See Also 250/61)

250/95 Changing lives: the social impact of participation in culture and sport: eleventh report of Session 2017-19; report, together with formal minutes relating to the report; by Digital, Culture, Media and Sport Committee, House of Commons. London: House of Commons, 14 May 2019, 62 pp (HC 2017/10 734). Recommendations made by the Committee in this report focus on specific successful uses of culture and sport in tackling criminal justice, education and health issues, also transforming towns and cities. Section 3, on improving health and well-being, is of particular interest. Health was a dominant theme in the evidence received from organisations, for example, Dance to Health, a nationwide community dance programme for older people; and walking football, aimed at people aged 50+. Various forms of social prescribing as alternatives to only offering medication are highlighted: Arts on Prescription (Cambridgeshire and Peterborough); Artlift (Gloucestershire); and the widely available Reading Well Books on Prescription. The power of the arts in delaying the onset of dementia, and improving quality of life for people living with dementia is demonstrated by: Rhythmix and the Bournemouth Symphony Orchestra delivering live music sessions in dementia wards and units; Historic Royal Palaces' Sensory Palaces programme; and the National Museums Liverpool's House of Memories training programme. Sefton Library Service have been recording the life stories of people with the beginning of memory loss, providing a reminiscence tool for the patient and supporting the local history archive. Thus, arts interventions may not slow down the progression of dementia, but play an increasing role in helping people to cope with the emotional and cognitive effects. (RH)

From : <https://publications.parliament.uk/pa/cm201719/cmselect/cmcmds/734/734.pdf>

250/96 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.: Wiley.

Health and Social Care in the Community, vol 27, no 4, July 2019, pp 1102-1110.

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)

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

PENSIONS AND BENEFITS

(See Also 250/73)

- 250/97 The EXTEND project: exploring pension reforms, work, and inequalities; by Brian Beach, Geraldine Bedell, International Longevity Centre UK - ILC UK; Joint Programming Initiative (JPI) "More Years, Better Lives - the Potential and Challenges of Demographic Change". London: International Longevity Centre UK, 2019, 29 pp.
The EXTEND project examined the impact on social inequalities of policy initiatives and reforms to extend working lives in five European Union (EU) member states: Denmark, Finland, Germany, the Netherlands and the UK. The project was part of the EU Joint Programming Initiative, "More Years, Better Lives - the Potential and Challenges of Demographic Change". This report draws on material presented during an ILC stakeholder event held on 3 December 2018. It explores the findings and their implications for policy and practice in relation to issues including: linking pensions to life expectancy; and the influence of health, and the role of employers on extending working lives. (RH)
From : <https://ilcuk.org.uk/the-extend-project-exploring-pension-reforms-work-and-inequalities/>
- 250/98 Improving gender outcomes in social security retirement systems; by Simon Brimblecombe, Shea McClanahan.: Wiley.
Social Policy and Administration, vol 53, no 3, May 2019, pp 327-342.
Much has been written about the gender inequalities inherent in labour markets and how these are reflected and reproduced in pension systems; and there is growing evidence that recent reforms have exacerbated these trends. Recent research has turned to the policy measures available to policymakers to forestall or reverse these trends; but this literature tends to overlook important administrative measures that have the potential to reduce inequalities in access that could improve pension outcomes for women within the current policy framework. This paper examines the main issues surrounding gender inequality in retirement outcomes. It explores the implications of recent reform trends in light of the differential outcomes for women, including policy options to mitigate the negative impacts. It concludes with a review of key administrative measures, including streamlining affiliation procedures, improving information, simplifying payment of contributions and receipt of benefits, and better compliance of employers. Assessing whether retirement systems meet their varying objectives requires analysing outcomes across different categories of beneficiaries with different working, financial, demographic and family situations. Policymakers should therefore assess systems on the distribution of outcomes rather than average outcomes. (RH)
ISSN: 01445596
From : <http://www.wileyonlinelibrary.com/journal/spol>
- 250/99 Pay, gender, and pensions: high time to retire the gender pay gap; by Zara Nanu.: AARP International. AARP International: The Journal, vol 12, 2019, pp 24-27.
It has been 55 years since the United States passed equal pay legislation, and 49 years in the UK. That being so, women entering the workforce at that time should now be retiring on equal footing with men. Instead, pay disparities are still very much a part of employment and retirement. The author notes such trends in this article, among the most noticeable being that the gender pay gap starts to accelerate when women reach their 30s, that it doubles with every decade in the workplace, and increases even more if women stay in the same workplace. Data indicate three issues that can help narrow the gender pay gap: occupational segregation in specific occupations; shared parental leave; and a rethink of pay structures and remuneration. The World Economic Forum estimates that the gender pay gap is at 60% globally, and it will take 217 years to close. It will take until at least 2270 to start receiving retirement benefits that would be free of pay disparities. (RH)
From : <http://www.aarpinternational.org/journal>
- 250/100 Requiring auto-enrollment: lessons from UK retirement plans; by Jonathan Cribb, Carl Emmerson. Chestnut Hill, MA: Center for Retirement Research at Boston College.
Issues in Brief, ib2019-6, March 2019, 8 pp.
Policymakers around the world are concerned that workers are not saving enough for retirement. One reason is that, in some countries, many workers do not have an employer-based retirement plan. For example, at any given time, around half of private sector employees in the United States do not have a plan and, as recently as 2012, the coverage rate in the United Kingdom had fallen to just one in three. Since relatively few people save for retirement outside of employer plans, those without a plan are at greater risk of being unable to maintain their pre-retirement standard of living in retirement. To address this coverage gap, one option gaining traction is requiring some or all employers to enrol their workers in a plan automatically, with the worker allowed to opt out. California, Connecticut, Illinois, Maryland and Oregon have all enacted such policies, while Germany, Ireland and Poland are actively considering them. So far, however, the United Kingdom is the only country to have completed the nationwide rollout of a policy that requires all private sector employers to auto-enrol their workers in a retirement plan. The UK experience provides a unique opportunity to evaluate the effectiveness of such a wide-scale policy on plan participation and saving. This brief summarises the results of two recent studies on the UK reform. It provides background on the UK reform; and assesses the effects of auto-enrolment on

participation at medium and large employers and, separately, at small employers. It compares UK participation to US participation; looks at how auto-enrolment affects UK contribution rates; and considers how "re-enrolling" workers affects retirement plan participation. It concludes that the UK reform has substantially increased participation rates - to about 90 percent at medium and large employers, and 70 percent at small employers. Although most of the increase is among employees making minimum default contributions, the share of employees contributing at higher rates has also risen significantly as a result of the policy. The authors (from the Institute for Fiscal Studies - IFS) have used data from the Annual Survey of Hours and Earnings (Office for National Statistics, ONS). (RH)

From : <https://retirementincomejournal.com/wp-content/uploads/2019/04/CRR-Lessons-from-UK-3-19.pdf>

250/101 Understanding the gender pensions gap: report sponsored by NOW: Pensions; by Chetan Jethwa, Pensions Policy Institute - PPI. London: Pensions Policy Institute, July 2019, 54 pp.

There is a gender pension gap in the UK, driven by pay differentials and exacerbated by the fact that women are more likely to take career breaks to care for children or older relatives, and by the design factors of the current pension system. This gap has ramifications for the fairness of retirement for half of the population. The Pensions Policy Institute (PPI) was sponsored by NOW: Pensions to examine the scale and extent of the current gender pension gap, and the main factors driving the difference and their relative importance. The State Pension system is also analysed, to assess the Government's contribution to the gender pensions gap. The report analyses four possible policy alternatives, to understand how they might affect the pension gap and estimate the cost of implementation: family carer top-up: higher contributions; contributions from the first pound: for any individual earning; and a flat rate of tax relief. Appendices present tables of the data used and of key results. (RH)

From : <https://www.pensionspolicyinstitute.org.uk/media/3227/20190711-understanding-the-gender-pensions-gap.pdf>

250/102 Unlocking housing equity for pensions in urban China; by Qiang Li, Satish Chand.: Taylor and Francis. Journal of Housing for the Elderly, vol 33, no 1, January-March 2019, pp 1-15.

The authors examine the extent to which a reverse mortgage may improve the income of an older person household. This is analysed in the context of an ageing society, where the existing Confucian contract of filial piety has been eroding with the advent of economic and demographic transitions under way in contemporary China. The authors use data from a China Household Finance Survey that was administered in 2011, and covered 949 older person households from 22 provinces. The authors used models from the literature to calculate the incremental gains to income from the use of a reverse mortgage, regarding which, the findings are revealing in terms of the potential gains. On average, an older homeowner makes a monthly mortgage payment of RMB ¥1,383. A reverse mortgage for the same household raises monthly income by RMB ¥1,388 or 29%. The major beneficiaries of a reverse mortgage are single and older individuals possessing significant housing equity and living in the more developed regions. Overall, the reverse mortgage provides a means for society to allow older people access to income without being a burden on the state. (RH)

ISSN: 02763893

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

250/103 Women millennials' perceptions of pension savings through the use of autoenrolment in the UK pension system; by Liam Foster, Martin Henegham, Dineli Wijeratne.: Taylor and Francis.

Journal of Women and Aging, [vol 30, pre-publication], 2019.

There has been concern about younger people - women in particular - not saving enough for retirement and how to encourage them further with saving. Partly funded by the Fawcett Society in association with Scottish Widows, this study uses 40 semistructured interviews and a focus group to explore female millennials' attitudes and motivations toward pension saving and automatic enrolment. The findings show that although the introduction of auto-enrolment pensions is generally positively received, pensions knowledge is still limited, and this intensifies the risk of undersaving for retirement among millennial women, particularly given women's diverse work histories.

This article is partly based on work from COST Action IS1409, Gender and health impacts of policies extending working life in western countries, supported by COST (European Cooperation in Science and Technology). (RH)

ISSN: 08952841

From : <https://www.tandfonline.com/doi/abs/10.1080/08952841.2019.1591889>

PERSON CENTRED CARE

250/104 Patient-centred care training needs of health care assistants who provide care for people with dementia; by Susan Foster, Deborah Balmer, Merryn Gott (et al.): Wiley.

Health and Social Care in the Community, vol 27, no 4, July 2019, pp 917-925.

It is well-documented that health care assistants (HCAs) provide the most hands-on care to residents in aged care facilities, and play a critical role in the provision of care to dementia residents. Over the last 25 years, a philosophy of person-centred care has become the preferred approach to care, and this has meant that HCAs are encouraged to get to know the resident very well. This paper reports the experiences of HCAs in caring for people at end of life, identifies the skills required for their work, and

examines the education provided against these skills. Semi-structured interviews were conducted with 34 HCAs in 49 facilities across New Zealand, and the data analysed thematically, with the aim of critically examining the adequacy of education for health care assistants which meets their needs within a person-centred environment. The results confirm that the skills include traditional tasks of care (showering, feeding, toileting and dressing), but the increasingly important communication and de-escalation skills, both verbal and non-verbal, have become central to their care skills. Education provided has not sufficiently shifted focus to include these more complex skills. Provision of educations that acknowledges the increased complexities of their role needs to be provided. Facilities also need to be challenged to reconsider the HCA's position in the facility care team. (RH)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>

250/105 The tasks and characteristics of supportive support brokers; by Ellen Mahoney, Grace Oh, Kevin Mahoney, Andrew DeVellis.: Taylor and Francis.

Journal of Gerontological Social Work, vol 62, no 2, February-March 2019, pp 216-235.

In the United States, under the Cash and Counselling or budget authority model of self-directed personal assistance where the participant manages his or her own services and supports, the Support Broker role was established to assist and coach the participant. The support broker role grew out of a person-centred planning process where focus groups and surveys helped ascertain what potential participants wanted to help them establish a self-directed alternative. But despite this role being described in policy guidance from the Center for Medicare and Medicaid little research has been conducted examining the functions, activities and usefulness of this position. This study draws on 76 ethnographic case studies with early Cash and Counselling participants, examines what participants and their caregivers actually saw the support broker doing, and looks at what the participants found helpful and less than helpful. Participants and family caregivers saw support broker duties as falling into four areas: Coaching, Problem Solving, Advocacy and Monitoring. Equally important was how the support broker performed these duties. Key aspects of quality included: Familiarity, Supportive Relationship, Proactive Engagement, Responsiveness, Knowledge and Cultural Friendliness. These findings can provide the basis for establishing quality indicators for self-direction. (JL)

ISSN: 01634372 From : <http://www.tandfonline.com>

250/106 Unmet needs in self-directed HCBS programs; by Kevin J Mahoney, Ellen K Mahoney, Carmen Morano, Andrew DeVellis.: Taylor and Francis.

Journal of Gerontological Social Work, vol 62, no 2, February-March 2019, pp 195-215.

Unmet need for long-term services and supports has been linked to a variety of harmful health outcomes. One suggested strategy for improving and meeting unmet need is to give recipients of Home Community Based Services (HCBS) control of a budget and let them construct individualised plans. This study shows how the evaluation of the Cash and Counseling controlled experiment (CCDE) documented a marked reduction in unmet need when compared to traditional agency-based solutions but it also showed that significant unmet needs remained. The paper reanalyses 76 case studies from the CCDE in order to understand for the first time what those unmet needs are, who sees them and what participants, caregivers and support brokers think might reduce this problem. Using a collective or multiple case study approach to understand this phenomenon unmet needs were sorted into five categories using real life experiences of respondents. Unmet needs for assistance in managing the employer and budget tasks of self-direction were also captured. This paper discusses situations where the clinician researchers documented needs that were not expressed by the care recipients and provides a picture of where and why unmet needs remain. The paper concludes with strategies for reducing unmet needs and training future social workers. (JL)

ISSN: 01634372 From : <http://www.tandfonline.com>

PERSONALISATION

(See 250/55)

PHYSICAL ACTIVITY

(See Also 250/64)

250/107 The mediating effect of resilience between social support for exercise and resident satisfaction in assisted living; by Sarah D Holmes, Elizabeth Galik, Barbara Resnick.: Taylor and Francis.

Journal of Housing for the Elderly, vol 33, no 1, January-March 2019, pp 56-71.

This American study examined whether residents' level of resilience mediated the relationship between social support for exercise from staff and resident satisfaction in assisted living. This was a secondary data analysis using baseline data from a function-focused care intervention study of 171 residents from four assisted living facilities. The authors used structural equation modelling, and found that mood and social support for exercise from staff were the only variables associated with resilience. Mood, gender, cognition and social support for exercise from staff directly influenced resident satisfaction and explained 31% of the variance in the model. Implications for future research and practice are discussed. (RH) ISSN: 02763893 From : <http://www.tandfonline.com>

- 250/108 To sit or not to sit?: A systematic review and meta-analysis of seated exercise for older adults; by Bernadette P Sexton, Nicholas F Taylor.: Wiley.
Australasian Journal on Ageing, vol 38, no 1, March 2019, pp 15-27.
The objective of this study was to determine the effect of seated exercise on impairment, activity and participation levels of older adults living with a health condition or disability. A systematic search of health databases combined concepts of seated exercise and controlled trials. Selected trials were appraised for quality and results synthesised by calculating standardised mean differences (SMD) and conducting meta-analyses where appropriate. 14 randomised controlled trials were found to meet the inclusion criteria. Compared to usual care or social activities, seated exercise had a large positive effect on cognition with smaller effects on strength, spinal flexion, activity, depression and quality of life. There was no effect on balance or mobility. There were no positive effects when seated exercise was compared to weight-bearing and functional exercise. Seated exercise has a positive effect on cognition and is also of some benefit for older adults who are unable to exercise in upright positions. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

POVERTY

- 250/109 The generation of poverty: poverty over the life course for different generations; by Fahmida Rahman, Resolution Foundation. London: Resolution Foundation, May 2019, 25 pp.
Funded by the Nuffield Foundation, this briefing examines the incidence of poverty throughout the life course for different generations, and how this has changed in the UK over the last six decades. The focus is on relative poverty - the proportion of people with household incomes below 60 per cent of the median - accepting that economic growth has brought about large declines in 'absolute' poverty through the generations. The author uses data from the Family Resources Survey (FRS) and Households below Average Income, produced by the Department for Work and Pensions (DWP and its predecessors) to chart trends since 1961 in the proportions of people living in absolute and relative poverty (after housing costs). Graphs demonstrate how, for example, children and pensioners have had the highest rates of poverty during that time, but that poverty in later life has fallen significantly. Also examined are material deprivation indicators: these directly measure whether people can afford certain basic needs (e.g. heating their homes) and non-housing spending, as measured by the Living Costs and Food Survey (Office for National Statistics, ONS). The author concludes that poverty rates will continue to increase for children and working-age adults, unless adequate solutions are found. (RH)
From : <https://www.resolutionfoundation.org/publications/the-generation-of-poverty-poverty-over-the-life-course-for-different-generations/>

PSYCHOLOGY

- 250/110 'It reminds you really of what the job is about': introducing narrative practices to an older adult day hospital; by Daniel Blake, Polly Kaiser.: British Psychological Society.
Psychology of Older People: the FPOP Bulletin, no 145, January 2019, pp 47-52.
Two clinical psychologists describe how they used narrative informed approaches to support clients, colleagues and themselves in an older adult day hospital. Using narrative practices have resulted in innovative approaches to team formulation and group level interventions being developed and piloted. An unexpected consequence was the benefits for the staff in reconnecting them with their values. Working together in these ways helped colleagues to remember 'what the job is about', which was sustaining in the context of the modern-day NHS. Also, these practices reconnected the authors with their own values and opened up new possibilities for their own future practice. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>
- 250/111 The path from individual therapy to co-production and community-based projects; by Chris Allen, Isabel Li.: British Psychological Society.
Psychology of Older People: the FPOP Bulletin, no 145, January 2019, pp 41-46.
Examples from the literature chart the changing experiences of clinical psychologists in qualifying in their chosen discipline, from seeing individual patients in a consulting room for therapy, to the development of models for therapy. More recently, co-production has been supporting people to become social change agents, with improvements in involvement, satisfaction, empowerment and quality of life, and reducing depression and anxiety. In Windsor, Ascot and Maidenhead (WAM), co-production has been used to develop a dementia action plan and to establish priorities for services for older people and their carers, from improving accessibility and transport, to social prescribing as an alternative or adjunct to medication. The authors argue that co-production and community-based projects help in developing preventative approaches and in adjusting care to meet self-identified needs. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-psychology-older-people-fpop>

QUALITY OF LIFE

- 250/112 Quality of life enhancement research program: lessons learned; by Daniel Paulson, Nicholas James, David Brush.: Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 392-398.
The goal of the research project in this study was to improve the Quality of Life (QoL) in older adults living in assisted living facilities (ALFs) and/or nursing homes by providing them the opportunity to attend arts and sporting events at the University of Central Florida (UCF). The programme appeared to be a novel method for creating a symbiotic and sustainable relationship between the university and local nursing home and assisted living facilities (ALF), through which the residents would attend such events. During implementation however it was discovered that this project was unsustainable, undesired, unneeded by many care centres, difficult to implement and required a dedicated and specialised staff. After attempting to enrol 14 local care facilities only two were interested in becoming involved and produced a mere five eligible participants. During the programme itself, coordination with facilities and residents was difficult to maintain and unique transportation and accommodation needs were challenging to overcome. Finally data collection was time consuming and generally unfruitful. Ultimately the project was discontinued after a year of attempted recruitment and implementation of inclusive changes to protocol. While creating an ongoing relationship with local care facilities and local universities may enhance opportunities for residents and research into important areas such relationships take time, effort, and specialised staff to maintain. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>

REABLEMENT AND REHABILITATION

- 250/113 The Hopkins Rehabilitation Engagement Rating Scale - Reablement Version (HRERS-RV): development and psychometric properties; by Emese Mayhew, Bryony Beresford, Alison Laver-Fawcett (et al.): Wiley.
Health and Social Care in the Community, vol 27, no 3, May 2019, pp 777-787.
Patient or user engagement with health and social care interventions is receiving increased attention and interest within practice settings and research. An English evaluation of three reablement services wished to include a measure of user engagement so as to explore its association with outcomes. As no measure of reablement engagement existed, an existing measure designed for use with physical rehabilitation patients (the Hopkins Rehabilitation Engagement Rating Scale) was adapted and its psychometric properties were tested. The adapted version was completed by reablement staff at the time an individual (n = 129) was discharged from one of the three reablement services. Outcomes data (Barthel Index, Nottingham Extended Activities of Daily Living Scale - NEADL, General Health Questionnaire-12 - GHQ-12) collected by the evaluation study at baseline (that is, at entry into reablement), discharge and 6 months post-discharge was used for some psychometric testing. Internal consistency and construct, predictive and discriminant validity were investigated. The adapted scale measured a single construct and had good internal consistency. Tests of predictive and discriminant validity were positive. Findings from a separate, small?scale (n = 31) test-retest study offer an early indication that this is acceptable. There was, however, evidence of a ceiling effect and the authors consider ways this may be ameliorated. The Hopkins Rehabilitation Engagement Rating Scale - Reablement Version offers a means by which user engagement in reablement can be measured using a staff?completed instrument. The association between engagement and reablement outcomes, revealed when testing for predictive validity, supports the argument for greater attention and investment in research on user engagement in reablement. More broadly, researching engagement within the context of an intervention often delivered by multiple practitioners offers the opportunity to further understand this concept which, in the past, has particularly focused on interventions delivered by a single practitioner. In addition, future work should include developing a companion measure completed by service users. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

- 250/114 Ideal and reality: community healthcare professionals' experiences of user-involvement in reablement; by Kari Jokstad, Kirsti Skovdahl, Bjorg Th Landmark, Heidi Haukellen.: Wiley.
Health and Social Care in the Community, vol 27, no 4, July 2019, pp 907-916.
User involvement is a valued ideal that professionals strive towards when providing healthcare. This study explored healthcare professionals' experiences of user involvement in reablement in an urban municipality in south-eastern Norway, where reablement had been implemented into home-care services 1.5 years previously. Eighteen healthcare professionals recruited from home-care services participated in focus groups. Study data was analysed using qualitative content analysis, and the findings resulted in one main theme: Transforming user involvement from ideal to reality _ a demanding process. There were four sub-themes: (a) An ideal of self-determination and cooperation; (b) Diverse ability to commit to what user involvement requires; (c) Continuous co-creation processes; and (d) Challenged by old traditions. Two main strategies used by professionals to enable user involvement when providing healthcare were identified: spending sufficient time and having patience with users during the initial stage of an intervention, and starting an intervention by introducing small tasks that users can master. It was also seen that if the time and arenas for interdisciplinary meetings were lacking, professionals

could demonstrate traditional attitudes and practice when faced with limited user involvement in the intervention. There is a need for follow-up over time at the structural, personal and cultural levels to develop reablement as an intervention with a strong person-centred approach. These findings have relevance for practice development in several reablement settings. (RH)

ISSN: 09660410

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

RESEARCH

(See Also 250/10, 250/30, 250/112)

- 250/115 Binary and nonbinary measures of successful aging: do they yield comparable conclusions?; by Matthew Manierre.: Sage.
Research on Aging, vol 41, no 5, June 2019, pp 467-494.
Recently, some researchers have employed non-binary measures of successful ageing. Little has been done to determine whether these newer measures yield similar findings compared to traditional binary measures. To test for differences, three measures of successful ageing were constructed within five waves of the Americans' Changing Lives data set. A number of demographic, behavioural and psychosocial predictors were used to predict each outcome, examining whether estimates of effect sizes and statistical significance were similar across measures. Although many effect sizes were similar, conclusions regarding statistical significance were inconsistent. For instance, the binary measure downplayed income gradients, the ordinal measure found more racial disparities, and the continuous measure was most likely to detect effects for stressful life events. These differences may be due to the statistical techniques used to handle each outcome. Results imply that uneven application of operationalisation approaches may complicate replication efforts, suggesting a need for consistent measurement standards. (RH)
ISSN: 01640275
From : <http://www.journals.sagepub.com/home/roa>
- 250/116 Exploration of the research circle methodology for user involvement in research on home and health dynamics in old age; by Charlotte Lofqvist, Eva Månsson Lexell, Maria H Nilsson, Susanne Iwarsson.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 2, April-June 2019, pp 85-102.
The usefulness of research circle methodology in the later stages of the research process was explored at the Centre for Ageing and Supportive Environments (CASE) at Lund University (<https://www.case.lu.se/>). The study's starting point was based on the ENABLE AGE Project (Iwarsson, 2007). In an active collaboration with the researchers, participants (i.e. users of research) discussed and prioritised research on home and health dynamics. Reflections, comments and evaluations from both leaders and users were analysed, applying content analysis. The usefulness of the research circle methodology from the user's perspective reflected the importance of the content, form for research presentations, leadership methods and the mix of participants. Research leaders reflect on the role as challenging and demanding, where the composition of users plays an important role for the usefulness of the methodology, as well as for practicalities, form and content of the research presentations. Research circle methodology offers opportunities for knowledge translation. However, it is demanding and presents a range of challenges - such as the heterogeneity of the group - which needs further exploration. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>
- 250/117 Negotiating tensions between methodology and procedural ethics; by James Rupert Fletcher.: Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 384-391.
In this commentary the author considers what can go wrong in research when tensions arise between methodology and procedural ethics. The author recounts difficulties negotiating and implementing a participant recruitment strategy during his doctoral research project which aimed to explore the experiences of people affected by dementia in the United Kingdom who were disengaged from services. To access this hard-to-reach population the author intended to adopt an informal recruitment strategy, snowball sampling from personal contacts and striking up conversations in public places. The procedural ethics committee were unhappy with this approach, deeming it potentially coercive. They suggested a more formal recruitment strategy enacted via emailing community organisations and churches. This approach entailed practical consequences that ultimately weakened the study sample, data and findings. This case raises questions about the negotiation of tensions between methodology and procedural ethics in gerontological research. (JL)
ISSN: 01634372
From : <http://www.tandfonline.com>

- 250/118 Research that went wrong; by James Rupert Fletcher, Daniel Paulson, Nicholas James (et al.): Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 384-414.
Special focus section comprising of four articles in which researchers share experiences where their research study did not go as planned and what the result was for their project. Topics include: tensions between research methodology and procedural ethics; quality of life enhancement in geriatric psychology; transit crime as a barrier to qualitative urban health research with older adults; and hypothesis testing of perceptions by Certified Nurse Assistants (CNAs) of organisational culture in long term care. An editorial introduction to the section precedes the articles (pp 375-376).
ISSN: 01634372
From : <http://www.tandfonline.com>

RESIDENTIAL AND NURSING HOME CARE

(See Also 250/29, 250/31, 250/33, 250/35)

- 250/119 The "Cameos of Care Homes" project: care home staff's Vanguard involvement and reflections; by Jess Harris, Jill Manthorpe.: Emerald.
Working with Older People, vol 23, no 2, 2019, pp 107-115.
The Cameos of Care Homes project is an opportunity to use the medium of film to showcase the experiences and reflections of frontline care home staff whose employers participated in the National Health Service (NHS) England Vanguard programme.
This article reports the experiences of 12 care home staff, purposefully recorded on film about their participation and reflecting on their involvement in one of the Enhanced Health in Care Homes Vanguards. It describes the impact on themselves and their colleagues, on their care for their older residents, and on the wider culture of the care home. It also describes the recruitment of the care homes and staff, the development of interview questions, and the approaches needed when filming is considered as a research method. Participating care home staff reported that their involvement in the Vanguard programme had improved knowledge, confidence, morale, communication skills and the homes' learning cultures. They were enthusiastic about reporting their experiences on film. Examples were given of proactive early support from local NHS staff leading to improvements in care, thereby reducing demand on the NHS. However, participation was resource intensive for care homes. Care home staff hoped the support that accompanied the Vanguard programme would continue, but were uncertain as to what degree this would happen once the Vanguard programme ceased. There are limitations to this research, not least that interviews were undertaken with a self-selecting group of care home staff from two care homes operating in one of the six Vanguard sites in England. By their very nature, interviews for a public film cannot provide anonymity. Researchers seeking the views of care home staff may wish to consider filming interviews and presenting the film as a research output that is engaging and informative for care home and wider audiences. In contrast to the sizeable literature relating to NHS activity and expenditure, the views of care workers working with older people on the Vanguard initiative have not been widely considered. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>
- 250/120 Activity engagement in residential care settings: findings from the National Survey of Residential Care Facilities; by Manisha Sengupta, Sheryl Zimmerman, Lauren Harris-Kojetin.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 2, April-June 2019, pp 120-139.
Assisted living and similar residential care are important sources of care for older people, including those with dementia. Meaningful activities may help residents to maintain function, improve self-esteem, and enhance quality of life. This study uses data from the 2010 US National Survey of Residential Care Facilities to identify the extent of resident engagement in different types of activities. The study examines the extent to which cognitive status, other resident characteristics, and residential care community characteristics relate to activity engagement; and, among cognitively impaired residents, it assesses whether being in dementia-specific settings is associated with activity engagement. Compared with people without cognitive impairment, those with severe cognitive impairment are less likely to go on outings (79% versus 36%) or talk with family and friends (85% versus 72%). Residents with mild to severe cognitive impairment have higher participation in leisure activities than other residents if they live in dementia-specific settings (73% higher) than those who do not. (RH)
ISSN: 02763893
From : <http://www.tandfonline.com>
- 250/121 A national-level analysis of the relationship between nursing home satisfaction and quality; by Pamela Nadash, Jennifer Gaudet Hafele, Edward Alan Miller (et al.): Sage.
Research on Aging, vol 41, no 3, March 2019, pp 215-240.
Little research has explored the relationship between consumer satisfaction and quality in nursing homes (NHs) beyond the few US states mandating satisfaction surveys. The authors examine this relationship using data from 1,765 NHs in the 50 states and District of Columbia using My InnerView resident or family satisfaction instruments in 2013 and 2014, merged with Certification and Survey Provider Enhanced Reporting, Long-Term Care: Facts on Care in the US (LTCfocus), and NH Compare (NHC)

data. Family and resident satisfaction correlated modestly. Both correlated weakly and negatively with any quality of care (QoC) and any quality of life deficiencies and positively with NHC five-star ratings. This latter positive association persisted after covariate adjustment; however, the negative relationship between QoC deficiencies and family satisfaction also remained. Overall, models explained relatively small proportions of satisfaction variance; and correlates of satisfaction varied between residents and families. Findings suggest that satisfaction is a unique dimension of quality, and that resident and family satisfaction represent different constructs. (RH)

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

- 250/122 Quality procedures and complaints: nursing homes in Portugal; by Ana Paula Gil.: Emerald. Journal of Adult Protection, vol 21, no 2, 2019, pp 126-143.

In most European countries there is a range of quality control system mechanisms, however poor quality and institutional violence can be found in the residential sector. Taking Portugal as an example of a country that uses an inspection only approach, this paper focused on the monitoring system for controlling the quality of care in nursing homes. The purpose of this paper was to analyse how mistreatment of older people is identified and dealt with by the national social security services. In particular it looked at what the indicators are with which to assess poor quality care and mistreatment (how it is perceived and defined), which factors affect mistreatment of older people and intervention outputs (i.e. what are the sanctions to prevent and combat this). An exploratory approach was based on a mixed method, using a database of 3,685 complaints reported to the social security inspection services. To understand the context of the complaints and the assessment of institutional violence focus groups were carried out with inspectors from the National Inspection Service. The focus groups identified severe situations of poor care, mistreatment of older people and loss of human rights and dignity. Some indicators were found in key areas of care and the factors associated with this were based on Kamavarapu's typology (2017): physical conditions of facilities; closed organisational models; difficult working conditions; and perceived concerns of residents. Monitoring and inspection systems were still based on minimum standards focusing on structural and process quality, devoting little attention to the human rights situation of older people and clinical issues. The number of participants in the focus groups was limited in size but the uniqueness of this exploratory method draws a dark picture of non-licensed nursing homes in Portugal. (JL)

ISSN: 14668203 From : <http://www.emeraldinsight.com/loi/jap>

- 250/123 Resident-to-resident elder mistreatment (R-REM): a study in residential structures for elderly people (ERI) in Portugal; by Joana Ferreira, Joao Tavares, Liliana Sousa.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, no 1, January-February 2019, pp 66-76.

This qualitative study explores patterns of resident-to-resident elder mistreatment (R-REM) in Portuguese Residential Structures for Elderly People (ERI: Estruturas Residenciais para Idosos).

The 15 participants in the sample were 6 qualified care home or middle management and 8 non-qualified direct care workers, all women. In semi-structured interviews, each was asked to think about one or more events that had occurred in ERI involving R-REM. Interviews were completed by asking questions going further into detail, complete description of the event, and a history of the incident (including whether a single or repetitive situation). Interviews were audiotaped, transcribed in full and thematically analysed. Six patterns of R-REM emerged: a resident towards one, a group, or all other residents; mutual; a group of residents towards one resident; residents without dementia or mental disorder towards a resident with dementia or mental disorder; a resident with dementia or mental disorder towards other(s); and wife towards husband. The results display a serious situation of R-REM, which occurs in different patterns. (RH)

ISSN: 08946566 From : <http://www.tandfonline.com>

RESILIENCE

(See 250/107)

RETIREMENT

(See Also 250/37, 250/41)

- 250/124 Gender, financial literacy, and preretirement planning in the UK; by Sue Farrar, Jonathan Moizer, Jonathan Lean, Mark Hyde.: Taylor and Francis.

Journal of Women and Aging, vol 31, no 4, 2019, pp 319-339.

This study uses a two-stage logistic regression model to explore the determinants of retirement planning behaviour. A survey of 516 UK women and men of pre-state retirement age was used to establish interrelationships between gender, retirement planning and financial literacy, taking account of attitudinal and expectational variables. Findings confirm lower levels of planning among women; but contrary to previous studies, this study reveals that financial literacy is not significantly related to planning. Furthermore, when attitudinal and expectational variables are incorporated as independent variables, gender becomes statistically insignificant as a determinant of planning. (RH)

ISSN: 08952841 From : <https://www.tandfonline.com/doi/full/10.1080/08952841.2018.1510246?scroll=top&needAccess=true>

RURAL ISSUES

(See 250/26, 250/83, 250/143)

SENSORY LOSS

- 250/125 Health and social care practitioners' understanding of the problems of people with dementia-related visual processing impairment; by Anne McIntyre, Emma Harding, Keir X X Yong (et al.): Wiley. *Health and Social Care in the Community*, vol 27, no 4, July 2019, pp 982-990. It has been highlighted that health and social care staff need a greater awareness of the needs and problems of those people with young onset dementia in the UK. Symptoms of Alzheimer's disease are relatively well known (memory loss, disorientation, language difficulties and behavioural problems). However, there is less awareness of dementia-related visual processing impairments in Alzheimer's disease, dementia with Lewy Bodies, or rarer dementia syndromes such as posterior cortical atrophy (PCA), leading to delayed assessment, diagnosis and management. This qualitative study explored health and social care practitioners' opinions of the needs of people with dementia-related visual processing impairment (such as individuals with PCA), and identified any training that these practitioners might need. Social workers, occupational therapists, care home staff, rehabilitation workers (visual impairment), optometrists and admiral nurses participated in focus groups or one-to-one semi-structured interviews. All participants were shown video clips of people with dementia-related visual impairment to facilitate discussion. Sixty-one participants took part in focus groups or interviews between November 2014 and December 2015. Participants' experiences and understanding of dementia were explored and thematic analysis of the data identified two major themes. Theme 1 explores participants' understanding of dementia-related visual impairments. Theme 2 recounts how participants address and support people with dementia-related visual impairment and their families. Participants discussed, reflected and critically analysed the video clips during data collection. Most considered new perspectives of their own clients' difficulties; and those participants working with people with rarer dementias consolidated their experiences. However, some participants seemed hesitant to accept the existence of visual processing impairment arising due to dementia, rationalising novel information to existing understanding of memory loss or behavioural problems. This study highlights that health and social care practitioners want more training and better understanding of less well-recognised symptoms of dementia and rarer syndromes (including PCA) to ensure appropriate, evidence-based assessment and intervention. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

SLEEP

- 250/126 Monitoring the sleep patterns of people with dementia and their family carers in the community; by Rosemary Helen Gibson, Philippa Helen Gander.: Wiley. *Australasian Journal on Ageing*, vol 38, no 1, March 2019, pp 47-51. Gold standard overnight polysomnography (PSG) does not reliably capture highly variable sleep patterns across the 24-hour day that are common with dementia and often problematic for carers. This study evaluated the reliability of automatically scored actigraphy data as an alternative. Actigraphy has been successfully used with older people and people with dementia (PWD) for describing sleep/wake patterns, screening for sleep problems and measuring outcomes of interventions. The advantage over PSG is that data can be collected continuously over multiple days. In this study, actigraphy recordings were analysed from 15 community-dwelling people with dementia (135 days total) and 14 of their family carers (124 days total). Manual scoring used participant sleep diaries to identify sleep periods. Automated scoring used the manufacturer's algorithm to score entire records. For people with dementia, automated scoring identified more sleep fragmentation at night and increased sleep during the day, with comparable sensitivity but lower specificity than for carers. Automated scoring offers reasonable agreement with manual scoring and may better describe the fragmented nature of dementia-related sleep, which can be challenging to record accurately in a sleep diary. Automated scoring reduces participant burden and could improve research and treatment protocols. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>

SOCIAL CARE

(See Also 250/51, 250/125)

- 250/127 Cash for care and care employment: (Missing) debates and realities; by Barbara Da Roit, Francisco Javier Moreno-Fuentes.: Wiley. *Social Policy and Administration*, vol 53, no 4, July 2019, pp 596-611. The introduction of cash-for-care (CfC) schemes in different European countries in recent years has responded to a plurality of strategies aimed at attending the rising demand and increasing costs of the long-term care needs of an ageing population. The specific system of care provision in each country shaped the response given to those challenges, as well as the room for manoeuvre for policymakers

when trying to transform the domain of care into a sphere where markets may play a larger role, partly relieving families, and also the state, from these responsibilities. Policy debates and scholarly analyses largely overlooked the contribution of these schemes to the creation and shaping of employment. This article provides a comparative analysis of how CfC-based policies entail - alongside the regulation of informal care - a(n) implicit or explicit) connection with care employment and may contribute to structuring employment relations in this sector. It looks jointly at the specific features of CfC and at the institutional context - welfare regime - in which they are embedded, in order to assess the extent to which these schemes contributed (generally unintendedly) to a transformation of the care employment size and features in seven European countries. (RH)

ISSN: 01445596

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

- 250/128 Cash for long-term care: policy debates, visions, and designs on the move; by Barbara Da Roit, Blanche Le Bihan.: Wiley.

Social Policy and Administration, vol 53, no 4, July 2019, pp 519-536.

Cash-for-care (CfC) schemes have introduced a key transformation in long-term care policies across Europe since the 1990s. This article explores the extent to which CfC policies have changed over time and in which directions, the ways in which change (if any) have occurred, and the forces underlying it. By combining the literature on institutional change with ideational approaches, the article focuses on policy theories and policy designs, on modes of change and factors pushing for change within the CfC policy, and in the long-term care and neighbouring policy fields. In doing so, the authors aim to contribute to understanding institutional change and the transformation of an increasingly important sector of the welfare state. This is one of six articles (plus an editorial) in this special issue of Social Policy and Administration on the theme of cash-for-care schemes in Europe. (RH)

ISSN: 01445596

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

- 250/129 Cash-for-care payments in Europe: changes in resource allocation; by Cristiano Gori, Marcello Morciano.: Wiley.

Social Policy and Administration, vol 53, no 4, July 2019, pp 537-550.

Resource allocation has been a main policy issue in cash-for-care schemes (CfCs) for older people in Europe since their inception. It regards how publicly funded care benefits and services are distributed among older people. The raising pressures of an ageing population and the tensions on the financial sustainability of welfare regimes in place have further exacerbated the relevance of this topic over the recent years. Nevertheless, comparative research so far has overlooked changes in resource allocation in CfCs over time. This article contributes to fill this gap, exploring changes in resource allocation of CfCs for older people in a sample of European countries: Austria, England, France, Germany, Italy and The Netherlands since the early '90s (or since the introduction of the scheme). It examines three analytical dimensions: (a) the mix of public services and benefits provided to older people (CfCs, community services in kind, residential care); (b) the level of CfCs coverage; and (c) its generosity. A combined view of these dimensions leads to the discussion of two dilemmas. First, how to allocate the resources devoted to CfCs in the light of the trade-off between its coverage and intensity. Second, within the whole long-term care system, how to allocate resources between CfCs and services in kind. (RH)

ISSN: 01445596

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

- 250/130 Cash-for-care schemes in Europe: Special issue; by Barbara Da Roit, Cristiano Gori (eds).: Wiley.

Social Policy and Administration, vol 53, no 4, July 2019, pp 515-611.

Cash-for-care (CfC) schemes are publicly-funded monetary transfers provided to people assessed as in need of care so that they can organise their own care. Many of these schemes have been introduced in European long-term care policies since the 1990s. The six articles in this special issue of Social Policy and Administration are the result of collective research by an international team of LTC and CTC experts across seven European countries. Each article focuses on a central question about the development of CfC: policy debates and choices; change and persistence in resource allocation; how the right to care established by CfC legislation is substantially limited by eligibility criteria and levels of benefits; regulation and delivery of CfCs; the relationship between CfCs and informal care care across countries; and the relationship between the development of CfC and employment in the care sector. (RH)

ISSN: 01445596

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

- 250/131 Coverage versus generosity: comparing eligibility and need assessment in six cash-for-care programmes; by Costanzo Ranci, August Osterle, Marco Arlotti, Andrea Parma.: Wiley.

Social Policy and Administration, vol 53, no 4, July 2019, pp 551-566.

This paper investigates the potential trade-offs between extension of coverage and adequate generosity in cash-for-care (CfC) programmes in six European countries (Austria, Germany, France, Great Britain, Italy, and Spain), which are characterised by different configurations of CfC programmes. Building on an empirical analysis of the eligibility rules, of the regulation applied to classify beneficiaries according to their level of dependency, and the ways CfC benefits are distributed among them, it becomes clear

that these programmes differ substantially in terms of coverage and generosity. Such differences reflect the variety of ways by which universalism, selectivity and adequacy are built up together throughout Europe. (RH)
ISSN: 01445596
From : <http://www.wileyonlinelibrary.com/journal/spol>

250/132 Regulating the delivery of cash-for-care payments across Europe; by Cristiano Gori, Matteo Luppi.: Wiley.

Social Policy and Administration, vol 53, no 4, July 2019, pp 567-578.

This article aims to understand how governments across Europe have modified the regulation of the delivery of cash-for-care schemes (CfCs) to dependent older people since the beginning of the century. In the authors' terminology, the regulation of the CfCs delivery defines the norms, rules and practices that public actors adopt to manage how beneficiaries can use the benefits. To discuss the regulation of CfCs delivery, an original framework is employed that take three analytical dimensions into account: the degrees of freedom in benefits' utilization ("CfCs utilisation" dimension), the provision of information / orientation / advice / counselling to older people and families ("professional support" dimension), and the relationship between the delivery of CfCs and the delivery of the other publicly funded long-term care inputs ("care system" dimension). The analysis adopts a comparative perspective, looking at six countries: Italy, Austria, the Netherlands, France, Germany and England. Among various findings, the main one shows that there has been a shared and increased interest in consolidating the regulation of CfCs delivery. This trend has been mostly directed towards the new policy aim of strengthening professional support, a goal underestimated in the past, when this dimension was not a major topic of both debate and practice concerning CfCs across Europe. (RH)

ISSN: 01445596

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

250/133 Social care funding: time to end a national scandal: 7th report of session 2017-19; by Economic Affairs Committee, House of Lords. London: House of Lords, 4 July 2019, 57 pp (HL 2017/19 392).

Chaired by Lord (Michael) Forsyth of Drumlean, the Economic Affairs Committee investigated the extent to which funding for social care in England has failed to keep pace with demand: in real terms, a decline of 13 per cent between 2009/10 and 2015/16. The Committee's report examines existing funding arrangements, and recommends that the Government should produce a White Paper, not a Green Paper, with "clear and plausible proposals" for sustainable funding. It identifies the challenges: the reviews and attempted reforms since 1999; inadequate funding; rising demand; unmet demand; unpaid carers; and the system's general unfairness, e.g. disparity between conditions where health care is free at the point of use, whereas social care users have to make substantial payments. A workforce of 1.3 million people had a 6.6 per cent vacancy rate in 2016/17. An appendix summarises discussion between Committee members and a group of care workers on recruitment, turnover, working conditions and qualifications. Lastly, a section on options for reform examines public versus private individual funding, noting free personal care in Scotland, and options for funding such as mandatory social insurance in Germany and Japan (the latter submitted as evidence by CPA and PSSRU among others). The report recommends that the Government immediately spends £8 billion to restore social care to acceptable standards, and then introduces free personal care over a 5-year period. (RH)

From : <https://publications.parliament.uk/pa/ld201719/ldselect/ldconaf/392/392.pdf>

250/134 The turn to optional familialism through the market: long-term care, cash-for-care, and caregiving policies in Europe; by Blanche Le Bihan, Barbara Da Roit, Alis Sopadzhiyan.: Wiley.

Social Policy and Administration, vol 53, no 4, July 2019, pp 579-595.

Cash-for-care (CfC) schemes are monetary transfers to people in need of care who can use them to organise their own care arrangements. Mostly introduced in the 1990s, these schemes combine different policy objectives, as they can aim at (implicitly or explicitly) supporting informal caregivers, as well as increasing user choice in long-term care or even foster the formalisation of care relations and the creation of care markets.

This article explores the link between CfC policies and informal care from a comparative perspective, and by looking at transformation over time. Building on the scholarly debate on familialisation vs defamilialisation policies, the paper proposes an analytical framework to investigate the trajectories of seven European countries over a period of 20 years (Austria, Germany, France, the Netherlands, England, Spain and Italy). The results show that, far from being simply instruments of supported familialism, CfC schemes have contributed to a turn towards "optional familialism through the market", according to which families are encouraged to provide family care and are (directly or indirectly) given alternatives through the provision of market care. (RH)

ISSN: 01445596

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

250/135 What do we want from the next Prime Minister?: A series of policy ideas for new leadership: social care; by Warwick Lightfoot, Will Heaven, Jos Henson Gric, Policy Exchange. London: Policy Exchange, 2019, 16 pp.

This is a policy proposal that would "help to address the serious and urgent problems affecting the provision of social care in the UK". Among its seven recommendations for the government is to ensure

that complex long-term social care is available on the basis of need, largely free at the point of delivery. It suggests that this should be changed into a "limited co-payment regime of the order of £5,000 per person per year, means-tested in income". The authors present findings from polling carried out by DeltaPoll in June 2019, which found that 69% of respondents said that the most agreed with the idea that "social care should be funded like the NHS, free at the point of delivery and paid for through general taxation". Key problems identified include the unworkable structure, economic unsustainability and deep unfairness in social care. Instead, affordability should be its aims. The role of technological innovation in alleviating problems is also considered. Much of this short report first appeared in the authors' more detailed report, '21st century social care: what's wrong with social care and how we can fix it' (<https://policyexchange.org.uk/wp-content/uploads/2019/05/21st-Century-Social-Care.pdf>).
From : <https://policyexchange.org.uk/wp-content/uploads/2019/06/Manifesto-social-care.pdf>

SOCIAL EXCLUSION

- 250/136 Digital by default?: A qualitative study of exclusion in digitalised welfare; by Jannick Schou, Anja Svejgaard Port.: Wiley.
Social Policy and Administration, vol 53, no 3, May 2019, pp 464-477.
Digitalisation reforms have become increasingly pervasive across European welfare agencies and public sector institutions. As welfare provision becomes premised on the use of digital technologies, often in the form of "self-service" solutions, new demands are imposed on citizens, including already disadvantaged groups. Although existing research has showcased how digitalisation often reproduces existing lines of stratification, little to no work has been conducted on such processes in the context of welfare provision and public administration. Through a study of citizen service centres in Denmark, based on ethnographic observations and qualitative interviews, this article analyses the new exclusionary mechanisms that emerge at the frontline of the digital agenda. The article argues that digitalised welfare agencies simultaneously sustain existing lines of social stratification and enhance these by producing new forms of digital exclusion. Taken together, the article contributes with new knowledge on the impact of digitalisation policies and their exclusionary consequences for disadvantaged citizens. (RH)
ISSN: 01445596
From : <http://www.wileyonlinelibrary.com/journal/spol>

SOCIAL NETWORKS

(See Also 250/58)

- 250/137 Actions to influence the care network of home-dwelling elderly people: a qualitative study; by Wendy Kemper-Koebrugge, Marian Adriaanssen, Miranda Laurant, Michel Wensing.: Wiley.
Health and Social Care in the Community, vol 27, no 4, July 2019, pp 973-981.
Positive impact of care networks of older people living at home may be based on several network mechanisms: navigation to resources, negotiation between participants, and contagion of behaviours. Little is known about actions of participants - older people, informal caregivers or formal care providers - to activate such mechanisms and generate support. This study aimed to identify actions in relation to these network mechanisms. A cross-sectional qualitative study of 48 interviews with home-dwelling older people, informal caregivers and formal care providers in eastern parts of the Netherlands was conducted between March and September 2016. A framework analysis on network mechanisms categorised actions. Actions were reviewed by network party and compared between networks to explore relations between actions and networks. Results showed that participants navigated through existing relations to seek support. Actions on negotiation were aimed at ameliorating existing relations. Few examples and no actions on contagion of behaviours were found. Actions seemed driven by incidents and existing relations. Older people rarely initiated actions, while informal caregivers felt hampered by their position in the network. Consistent patterns of relations between actions and network characteristics did not emerge. The study concluded that the full potential of network-based support of older people is probably under-used. Particularly promising seem: navigating the neighbourhood for new informal care, using opposite opinions as a catalyst for change, and bringing quality of life and dilemmas into dialogue in the network. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>
- 250/138 Social networks and loneliness in people with Alzheimer's dementia; by Sara Balouch, Enas Rifaat, Hengli Lisa Chen, Naji Tabet.: Wiley.
International Journal of Geriatric Psychiatry, vol 34, no 5, May 2019, pp 666-673.
Modifiable lifestyle risk factors are of great interest in the prevention and management of Alzheimer's disease (AD). Loneliness and social networks may influence the onset of AD but little is known about this relationship in people with AD. The current study aimed to explore the relationship between loneliness and social networks (social measures) and cognitive and mental health decline (AD outcomes) in people with AD. 93 participants with mild to moderate AD were recruited from memory clinics in a cross-sectional study. Social networks (measured by the Lubben Social Network Scale-6), feelings of loneliness (measured by De Jong Loneliness Scale), cognition (measured by the Standardized Mini-Mental State Examination) and state of mental health (measured by the Neuropsychiatric

Inventory) were assessed in an interview setting. Two multiple regressions with bootstrap were conducted on cognition and mental health as outcome variables. Family and friends subsets of social networks and loneliness were entered as predictors and age, gender and depression as covariates. The friendship subset of social networks was found to be significantly related to cognition (independent of age, gender, depression, loneliness and family subset of social network). Neither loneliness nor social networks predicted mental health. Maintaining or developing a close friendship network could be beneficial for cognition in people with AD. Alternatively greater dementia severity may lead to fewer friends. More research on the direction of this relationship in people with AD is needed. (JL)

ISSN: 08856230

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

SOCIAL POLICY AND THEORY

(See 250/9, 250/77)

STROKE

250/139 Adapted acceptance and commitment therapy for a (mainly) older adult stroke population; by Reg Morris.: British Psychological Society.

Psychology of Older People: the FPOP Bulletin, no 145, January 2019, pp 59-65.

Psychological problems are the most frequent issues after stroke in survivors and their carers. The author signposts the literature on the impact of, and interventions for, psychological problems after stroke. He summarises conclusions of reviews of treatments for psychological conditions. An alternative approach, the adoption of transdiagnostic approaches such as Acceptance and Commitment Therapy (ACT), is advocated. ACT adopts a health model rather than an illness model, and is conducive to promoting well-being, improving psychological adjustment after stroke. The author concludes that ACT may be delivered by cost-effective means such as bibliotherapy, but it requires evaluation in a full clinical trial. (RH)

ISSN: 23969652

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

TELEHEALTH AND TELECARE

(See 250/13)

TRANSPORT

250/140 Assisted-transport caregiving and its impact towards carer-employees; by Anastassios Z Dardas, Allison Williams, Peter Kitchen, Li Wang.: Taylor and Francis.

Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 475-497.

Assisted transport is the most common informal caregiving task and will be in greater demand in future as the population ages. One group that predominantly covers the demands of informal eldercare while working full time in paid employment are known as carer-employees. The developing carer-employee literature addresses: the health risks for carer-employees; employers of carer-employees, and policy/programme interventions. Little research focuses on assisted transport, which impacts health. This Canadian study aimed to address the following objectives: (1) develop a socioeconomic profile of carer-employees performing assisted transport tasks; (2) identify any gender differences based on the profile, particularly employment and caregiving traits; (3) examine behavioural factors that increase the likelihood of conducting assisted transport caregiving, and; (4) determine whether carer-employees are more likely to be overwhelmed from assisted transport caregiving. It was found that compared to general carer-employees, assisted transport carer-employees have higher education, household income and caregiving hours per week and feel more tired and overwhelmed from caregiving. Gender gaps exist based on socioeconomic and caregiving characteristics. Logit results show that female carer-employees are more likely to perform assisted transport caregiving and feel overwhelmed. Carer-employees conducting assisted-transport caregiving are more likely to be overwhelmed than those who do not. (JL)

ISSN: 01634372

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

250/141 Fatal road transport crashes among Australian residential aged care facility residents; by Hui-Ching Lee, Marilyn Johnson, Lyndal Bugeja (et al.): Wiley.

Australasian Journal on Ageing, vol 38, no 1, March 2019, pp 52-56.

The purpose of this study was to examine fatal road transport crashes of residential aged care facility (RACF) residents to determine crash characteristics and risk factors. This was a cross-sectional study of a retrospective national cohort of RACF resident deaths notified to Australian coroners. Study inclusion criteria were as follows: death occurred between 1 July 2000 and 30 June 2013, cause of death was classified as a 'transport injury event' and any coronial investigation was completed. Descriptive statistical analyses were conducted on crash characteristics and risk factors. 38 deaths met the inclusion criteria. Median age of deceased RACF residents was 84 years, and gender was equally distributed. Men

were most frequently pedestrians (37%) and women were most frequently motor vehicle passengers (37%). Road user factors contributed to two-thirds of crashes (66%), with 'failure to yield' (45%) most frequent. Reducing fatal crashes of RACF residents requires effective road safety strategies and public awareness of risks for this increasing and vulnerable population. (JL)

ISSN: 14406381

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

- 250/142 FlexDanmark optimizes Scandinavian software solution to deliver efficient, high quality transportation to its citizens; by Jana Lynott.: AARP International.
AARP International: The Journal, vol 12, 2019, pp 52-57.
In October 2018, AARP's Office of Policy, Research and International Affairs staff Jana Lynott and Kim Sedmark travelled to Denmark for a study tour and video shot of the FlexDanmark transport system. FlexDanmark enables more than 550 private transport providers to be integrated into this single system, which serve both urban and rural customers throughout Denmark. This article outlines the system's cost efficiency features, which have led to regional transport authorities in Denmark being able to transport more passengers in fewer vehicles, and offering shared yet shorter trips. (RH)

From : <http://www.aarpinternational.org/journal>

- 250/143 Solutions to the challenge of meeting rural transportation needs: middle-aged and older adults' perspectives; by Moon Choi, Amy M Schuster, Nancy E Schoenberg.: Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 415-431.

This study aimed to explore how the ageing population in the Appalachia region of the U.S. manages its transport and plans for the transition to non-driving and to seek possible solutions to the challenge of meeting rural transport needs. Four focus groups were conducted supplemented by a questionnaire in Appalachian Kentucky. Results showed that few alternative means of transport existed except a local paratransit service and informal transport support. Compared to older adults, middle-aged adults reported a greater willingness to use mobile phones and the Internet to arrange transport if they were available. Participants also recommended expanding the use of existing transport in the community _ such as church vans _ to better meet the ageing population's needs. Findings of this study suggest that partnership between government, non-profit and private sectors is needed, not solely focusing on a tax-dependent solution. Additionally information and communication technology-based transport management systems would help maximise the use of scarce but existing resources in rural areas. (JL)

ISSN: 01634372

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

Centre for Policy on Ageing



New attitudes to old age ..

AgeInfo

a key information resource
for gerontologists.

<http://www.cpa.org.uk/ageinfo>

