

New Literature on Old Age

EDITOR

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Contents for vol 42 no 252, 2019

Subject Headings	Page
Abuse, safeguarding and protection	1
Advance directives	3
Age-friendly communities	3
Ageism and age discrimination	3
Arts, craft and music	3
Assessment	4
Assisted dying	4
Assistive technology	5
Attitudes to ageing	7
Bereavement	7
Black and minority ethnic groups	7
Carers and caring	7
Crime	9
Dementia	9
Dementia care	9
Demography and the demographics of ageing	14
Depression	14
Education and training	15
Employment	15
Epidemiology	17
Falls	17
Family and informal care	17
Frailty	18
Green issues and climate change	18
Health care	18
Healthy ageing	18
Home care	19
Hospital care	19
Housing with care	19
Income and personal finance	20
Information and communication technology	20

Continued...

Subject Headings	Page
Intergenerational issues	21
International and comparative	21
LGBT	22
Life-long learning	23
Loneliness and social isolation	23
Long term care	23
Long term conditions	24
Medical issues	24
Medication	24
Mental health	25
Mental health care	26
Neighbourhoods and communities	26
Nursing	27
Older men	27
Pensions and benefits	27
Personalisation	28
Physical activity	29
Politics and campaigning	30
Prevention	30
Quality of life	30
Reablement and rehabilitation	31
Religion and spirituality	31
Research	32
Residential and nursing home care	33
Resilience	34
Retirement	35
Rural issues	35
Sensory loss	35
Social care	36
Social inclusion	36
Social policy and theory	36
Trauma, conflict and war	36
Volunteering and the voluntary sector	37

ABUSE, SAFEGUARDING AND PROTECTION

(See Also 252/85)

- 252/1 Could curiosity save lives?: An exploration into the value of employing professional curiosity and partnership work in safeguarding adults under the Care Act 2014; by Helen Thacker, Ann Anka, Bridget Penhale.: Emerald.
Journal of Adult Protection, vol 21, no 5, 2019, pp 252-267.
The authors consider the importance of professional curiosity and partnership work in safeguarding adults from serious harm, abuse and neglect. Their paper draws on a range of materials including: review of published materials in relation to professional curiosity, reports from adult serious case reviews (SCRs) and safeguarding adult reviews (SARs); relevant materials drawn from the SAR Library, thematic reviews of SARs and Google searches; and observations from practice and experience. The paper also refers to the relevant academic literature. Lessons from SCRs and SARs show that a lack of professional curiosity and poor coordination of support can lead to poor assessments and intervention measures that can fail to support those at risk of harm and abuse. There are a number of barriers to professionals practising with curiosity. Working in partnership enhances the likelihood that professional curiosity will flourish. There are clear implications for improving practice, by increasing professional curiosity amongst professionals. The authors argue that there is scope to improve professional curiosity by utilising and developing existing partnerships, and ultimately to help reduce the number of deaths and incidents of serious harm - so enabling practitioners to better safeguard adults at risk of abuse and neglect. (RH)
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>
- 252/2 Mandatory reporting and adult safeguarding: a rapid realist review; by Sarah Donnelly.: Emerald.
Journal of Adult Protection, vol 21, no 5, 2019, pp 241-251.
The concept of mandatory reporting in adult safeguarding in the jurisdictions of Australia, Canada, England, Northern Ireland and Scotland is critically analysed. A rapid realist evaluation of the literature on this topic was carried out, to answer the question, "What works, for whom and in what circumstances?" Particular attention was paid to Context(s), Mechanism(s) and Outcome(s) configurations of adult safeguarding reporting systems and processes. The evaluation found a range of arguments for and against mandatory reporting; and there were international variations in the scope and powers of mandatory reporting. This review was undertaken in late 2018, so any subsequent policy and practice developments will be missing. The evaluation's focus on five jurisdictions may not necessarily translate to other contexts. Even so, it highlights the potential advantages and challenges of introducing mandatory reporting, which some jurisdictions have introduced mandatory while others are considering doing so. The introduction of mandatory reporting may offer professionals increased powers to prevent and reduce the abuse of adults, but this could also change the dynamic of relationships within families, and between families and professionals.
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>
- 252/3 Media reports of abuse in adult residential care: implications for staff and practice; by Yvonne Pedley, Paul McDonald.: Emerald.
Working with Older People, vol 23, no 3, 2019, pp 177-184.
There is often a focus on the negative aspects of residential care for older people. In the UK, there has been increasing media attention on abuse in these and other care settings; and this has had an impact on public perceptions and subsequent government policy. Consequently, care staff are "tarred with the same brush", yet narratives of their views have rarely been investigated. The paper aims to discuss these issues. Two undergraduates at Newman University in Birmingham conducted a qualitative, single-case study to investigate the views of staff and explore implications for them and their practice. The views of 15 participants in a residential care home were obtained through interviews and a focus group. Although the findings reveal sensitivities to the negative portrayal of care roles, they also reveal positive responses through a willingness to change practice, a strengthening of care values and a reduction in risks. This study will be of interest to those multi-disciplinary residential teams who care for older people, since it uncovers a striking sense of guardianship amongst residential care staff, and a willingness to reflect on and change practice. The study endorses the value of small, practitioner-led research as an illustration of how a residential care team consisting of managers and staff can strengthen its resolve against adverse media coverage and negative public perceptions. This study suggests that this will have positive implications for the health and safety of older people living in residential settings. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>

- 252/4 Paths to perdition: exploring the trajectories of care staff who have abused older people in their care; by Steve Moore.: Emerald.
Journal of Adult Protection, vol 21, no 3, 2019, pp 169-189.
The purpose of this paper was to present findings from face-to-face interviews with three former care staff who were proven to have abused some of the older people living in the care and nursing homes in which they had once worked. The research sought to explore the intra-personal dynamics, personal characteristics and work experiences that led these staff to perpetrate abuse. None of the three people interviewed had intended to become care staff and reported that the interview and induction processes they experienced did little to establish their suitability for the work they would be undertaking or to prepare them for its demands. Participants expressed their generally negative perceptions of older people, particularly those living with dementia, and told of how they also felt that they were under pressure to conform with the often abusive care home regimes that they had entered. They also recounted some specific abusive practices developed to allow them to manage the constant tension between the time available to complete all of the tasks required when 'caring' for older people, and revealed their perceptions of external scrutiny of care home conduct and the behaviours developed to deflect the effectiveness of this oversight. Two interview participants also revealed their unfavourable attitudes to some of the people they were employed to care for that were based upon perceptions of ethnic differences, and of how this had contributed to the abuse they perpetrated. Though the research in this paper draws upon the experiences of only three former care staff, the data reveal some of the intra-personal dimensions of individual staff who have engaged in abusive acts, and illuminates how the care home environment with which they interact can engender conditions under which abuse is more likely to occur. (JL)
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>
- 252/5 The road goes ever on: evidence of the continuing abuse of older people in care homes; by Steve Moore.: Emerald.
Working with Older People, vol 23, no 3, 2019, pp 152-166.
Findings are presented from a research project designed to enhance knowledge of the current extent and nature of abuse in care homes for older people. A self-completion, postal questionnaire was used to elicit both numerical and textual data that were subsequently subjected to both quantitative and qualitative analysis. The questionnaire was distributed to newly appointed care staff in five participating care homes providing care to older people, to determine the nature of any abuse they may have witnessed in the homes in which they had previously worked. A significant proportion of respondents had witnessed numerous occurrences of primarily psychological and physical abuse and neglect, perpetrated against the older people living in the care homes in which they had previously worked. Although the research draws on the experiences of only 197 anonymous questionnaire respondents, of whom 180 had witnessed abuse, data suggest that abuse continues to occur in some care homes for older people. The research has revealed staffs' recent experiences of a range of abusive acts and practices. When combined with two previous studies using the same or a similar methodology, the research also confirms the enduring presence of abuse in care homes. Findings again suggest that changes are required to current methods of external scrutiny and investigation of practices in care homes. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>
- 252/6 Social workers' perceptions of restorative approaches with families in cases of elder abuse: a qualitative study; by Carole Anne Kirk, Campbell Killick, Anne McAllister, Brian Taylor.: Emerald.
Journal of Adult Protection, vol 21, no 3, 2019, pp 190-200.
The complex structure of families requires flexible, person-centred approaches in order to safeguard older people more effectively. Restorative approaches can be a more constructive alternative to punishing offenders in some situations of abusive relationships with older people. The aim of restorative justice approaches is to restore or recreate the relationship between the offender and the victim. Varieties of restorative approaches, such as family group conferences and family mediation, are emerging as complementary or potential alternatives to family processes. The purpose of the present study was to explore professional perspectives on restorative approaches with families in elder abuse cases. Data were gathered from 37 social workers in statutory and voluntary organisations through nine focus group sessions in one region of Northern Ireland. A thematic analysis was undertaken and themes were derived from the data using NVivo software. The study reported main findings under the themes of engaging families and service users; managing risk in working with families in adult safeguarding; and challenges for professionals in practice. A key finding was that professionals felt challenged personally and professionally in managing the risks and working with families in these highly complex cases. This study adds to the existing knowledge base, identifies potential practice developments and discusses the challenges in adopting restorative approaches with families in elder abuse cases. The study highlights the need for further specialist training. Managers should consider the creation of specialist teams with a focus on alternative or restorative approaches with families. (JL)
ISSN: 14668203
From : <http://www.emeraldinsight.com/loi/jap>

ADVANCE DIRECTIVES

- 252/7 Advanced care planning: an exploratory study of community-based mental health practitioners' views and experiences of ACP in practice with people with dementia; by Jill Manthorpe, Kevin Goodwin.: Emerald.
Working with Older People, vol 23, no 4, 2019, pp 195-207.
Advanced care planning (ACP) involves the discussion of preferences relevant to a possible future time when one's ability to make decisions may be compromised. ACP is considered as having potential to enhance choice and control, and thereby to improve the experience of care for people with dementia and their carers. Care coordinators have been highlighted as possibly playing a central role in facilitating these discussions among people with long-term care needs. However, there is limited evidence of how ACP is facilitated by community mental health professionals who may be supporting people with dementia and carers. This paper discusses this issue in an exploratory study. Qualitative semi-structured interviews sought the views and experiences of community mental health professionals when discussing ACP with people with dementia and/or their carers. A convenience sample of 14 participants working in community mental health services in a NHS Mental Health Trust in London was recruited. Interview data were analysed using a framework approach, from which five themes emerged: knowledge and experience, use of ACP, inhibitors of discussion, service influences, and the future. The depth of ACP facilitation appeared dependent on the knowledge, confidence and skills of the individual professional. Limited resources leading to service rationing were cited as a major barrier to ACP engagement. In the face of competing and increasing demands, helping people with dementia and their carers with ACP was not viewed as a priority. A further organisational barrier was whether ACP was viewed by service managers as "core business". Findings indicate that practice was generally to refer people with dementia to other agencies for ACP discussions. However, pockets of ACP practice were reported, such as explaining proxy decision-making options for finances. Research limitations/implications: This exploratory study took place in the community mental health services in one NHS Mental Health Trust that may not be representative of other such teams. Case records were not scrutinised or clinical conversations with people with dementia or carers. Barriers to initiating ACP discussions were cited, including: limited resources; lack of time and knowledge; unclear role remit; uncertain service direction; and poor documentation sharing processes. However, participants held a common belief that ACP for people with dementia is potentially important, and were interested in training, a greater team focus on ACP and pathway development. This indicates the potential for staff development and continuing professional development. Few studies have asked a wide range of members of community mental health services about their knowledge, skills and confidence in ACP. This study suggests the value of taking a team-wide approach rather than uni-professional initiatives. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>

AGE-FRIENDLY COMMUNITIES

(See 252/88)

AGEISM AND AGE DISCRIMINATION

- 252/8 Ageism in breast cancer; by Brian Beach, Sally Bowell, Jennifer Mitchell, International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, 2019, 43 pp.
Age discrimination in the provision of health and care services was banned in the UK in 2012. However there continue to be age-related discrepancies in the prevalence, treatment and outcomes experienced by people with breast cancer.
This report examines the extent to which ageism plays a part in the diagnosis, treatment and care of people with breast cancer in England. It also examines some attempts by the Westminster government, and by healthcare systems at a local level in England, to address differences in breast cancer outcomes by age. It recommends that data collection remains a priority, and that system leaders across the NHS ensure that care and support needs are not barriers to accessing treatment or to clinical cancer trials. The NHS should also promote age-relevant awareness-raising campaigns for older women, including the AgeX age extension trials, screening and programmes for (some) women aged 47-73. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
Link to download: <https://ilcuk.org.uk/ageism-in-breast-cancer/>

ARTS, CRAFT AND MUSIC

- 252/9 After you are two: exemplary practice in participatory arts with older people; by Kate Organ, Baring Foundation. London: The Baring Foundation, [2013?], 52 pp.
The author asks us to consider what can happen when people are fully included in the nation's cultural life for their whole lifetime, whatever their age. She uses examples of work by arts organisations that have been supported by The Baring Foundation. Among themes examined are: the relationship of

reminiscence and life story work to arts in older age; the role of participatory arts with older people in the wider public realm; and is it useful to think of a field of practice that specialises in arts and older people? (RH)

From : The Baring Foundation, 60 London Wall, London EC2M 5TQ.

Website: www.baringfoundation.org.uk

- 252/10 Celebrating best practice in the arts and dementia care; by Maria Parsons.: Investor Publishing. Journal of Dementia Care, vol 27, no 5, September/October 2019, pp 20-22. Ahead of a Creative Arts and Dementia conference, the author reviews the role of the performing and creative arts in dementia care, as exemplified in guidance from NICE (National Institute for Health and Care Excellence) and source materials from other organisations. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 252/11 The impact of The Art of Happiness class on community dwelling older adults: a positive psychology intervention; by Katie E Greenawalt, Elizabeth Orsega-Smith, Jennie L Turner (et al.): Taylor and Francis. Activities, Adaptation and Aging, vol 43, no 2, April-June 2019, pp 118-132. Mental health is often negatively affected throughout the ageing process; and declines in psychological health can result in a decreased sense of well-being and overall quality of life in the older adult population. Research has shown that positive psychology interventions can enhance psychological well-being in older adults; however few studies have targeted this population. Researchers sought to evaluate a positive mental health intervention, 'The Art of Happiness', an 8-week intervention (based on the teachings of the Dalai Lama) which was conducted at two senior centres in Delaware. Pre- and post-intervention assessments of participants' subjective happiness, stress, gratitude, life satisfaction, depression, mindfulness, arousal states, and general demographic and health information were completed. By the end of the intervention, the 34 participants experienced significantly less perceived stress, and were significantly calmer and less tired than before the intervention, compared to the control group (n=18). Results from this study contribute significantly to the field of positive psychology, suggesting that interventions similar to 'The Art of Happiness' are applicable to older adult populations. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 252/12 The role of the visual arts in the resilience of people living with dementia in care homes; by Andrew Newman, Anna Goulding, Bruce Davenport, Gill Windle.: Cambridge University Press. Ageing and Society, vol 39, no 11, November 2019, pp 2465-2482. This study responds to a gap in the literature relating to the resilience of people living with dementia in care homes. The authors applied an ecopsychosocial framework of resilience, theorising that sources of resilience may be personal, social and structural. Visual arts enrichment activities were examined to see how they might provide opportunities for resilience. The data used for this study were qualitative and originated from people with dementia aged between 70 and 99 years old (N = 48) living in four care homes in North East England and staff, carers, and family members (N = 37). The results showed that visual arts enrichment activities supported the resilience of those with dementia through creative expression, increased communication, improved self-esteem, and influenced relationships with carers and family members. It is concluded that even those with advanced dementia are capable of demonstrating resilience which can be supported by, and explored through, visual arts enrichment activities. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org.aso>

ASSESSMENT

(See 252/60)

ASSISTED DYING

- 252/13 Educational needs of healthcare professionals and members of the general public in Alberta, Canada, 2 years after the implementation of medical assistance in dying; by Donna M Wilson, Jean A C Triscott, Joachim Cohen, Rod MacLeod.: Wiley. Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1295-1302. Medical assistance in dying (MAID) was implemented across Canada in 2016 after each province and territory had developed their own processes. Over the first 2 years, just under 300 Alberta citizens received MAID services, less than 0.5% of all 52,000 deceased persons. An online 2017-2018 survey of Alberta healthcare providers and members of the general public was conducted to assess and compare their knowledge of MAID. A devised brief survey tool was posted online, with broad-based advertising for voluntary participants. The survey was taken down after 282 Albertans had participated (100+

healthcare professionals and 100+ members of the general public), a non-representative sample. Through SPSS data analysis, educational needs were clearly evident as only 30.5% knew the correct approximate number of MAID deaths to date, 33.0% correctly identified the point in life when MAID can be done, 48.9% correctly identified the locations where MAID can be performed, 49.3% correctly identified who can stop MAID from being carried out, and 52.8% correctly identified how MAID is performed to end life. Healthcare professionals were significantly more often correct, as were participants born in Canada, university degree holders, working persons, those who identified a religion, had experience with death and dying care, had direct prior experience with death hastening, thought adults had a right to request and receive MAID, had past experience with animal euthanasia, and had hospice/palliative education or work experience. Age, gender and having previously worked or lived in a country where assisted suicide or euthanasia was performed were not significant for educational needs. These findings indicate that new approaches to meet sudden assisted suicide educational needs are needed. (JL)

ISSN: 09660410

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

ASSISTIVE TECHNOLOGY

- 252/14 Data, bots and drones: can technology help increase uptake of adult immunisation?; by International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, 2019, 43 pp. The roles that big data, artificial intelligence (AI) and technology might play in increasing vaccination coverage are considered. This report draws on a futures workshop in Brussels hosted by ILC-UK on 26 June 2018, attended by experts from across Europe. It considers the importance of adult vaccination and reviews barriers to uptake. Chief among these are that people do not know they are eligible for vaccination, decide not to be vaccinated, or they lack access to vaccination. The report presents examples from around the world of innovation in action, and calls on European policymakers to: develop a funding programme on "what works" to ensure that policy and financial investment in technology delivers its potential; legislate to ensure that products and services are accessible and usable for all ages and abilities; recognise the challenges of demographic change and ageing populations, such that policy supports vaccination across our lives; and develop an EU-wide programme of action to encourage uptake of adult and child immunisation. The report was supported by a charitable donation from Sanofi. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
Download: <https://ilcuk.org.uk/wp-content/uploads/2019/04/Data-bots-and-drones-1.pdf>
- 252/15 Economic impacts of changing technologies on New Zealand homecare delivery; by Julia Lesley-Hennessy, Averyl Rodrigues.: Emerald. Journal of Enabling Technologies, vol 13, no 3, 2019, pp 188-200. The population of New Zealand (NZ) is ageing. The proportion of people aged 65+ as compared with younger age groups is expected to increase from 15 per cent in 2016 to approximately 30 per cent by 2068. This change in demographics is bound to apply some pressure on economic resources due to factors such as superannuation and increased healthcare needs. This paper explores the use of technology as being economically beneficial for managing the grey tsunami that has commenced in NZ. Although technology is still not being utilised to its full capacity in the healthcare sector, there is reason enough to believe that it could be used in assisting with ageing in place. However, its cost-effectiveness has not been clearly demonstrated. A literature search was performed using search engines such as ProQuest, EBSCO, CINAHL and Google Scholar. Keywords used were ageing in place, technology, assisted living technology, ageing, telecare and telehealth. The papers selected were publicly available. To determine whether the cost evaluation literature was of acceptable quality, papers were assessed according to a well-recognised economic evaluation checklist (M Drummond et al, 'Methods of the economic evaluation of health care programme'; 3rd ed, OUP, 2005). As is evident from the demographic figures and given the projected financial and population figures, there needs to be timely intervention to manage the ageing population appropriately. Technology has proved beneficial, especially with positive ageing. A significant reason for it hardly being used is the lack of thorough studies that demonstrate its cost-effectiveness. The studies that have tackled the subject of economic evaluation have provided mixed results, with some labelling technology as cost-effective and the others opposing this finding. Studies have shown that even the simplest form of technology such as a phone call, mobile health application or a pedometer can be effective. The majority of research and funding is directed towards supporting frail adults. Instead, there should be equal focus on those who are reaching the old age group, since current data suggest that people are living longer; and early intervention is beneficial to reduce the number of years lived with disabilities, along with associated costs of disease burden. Healthcare policymakers need to take more proactive steps by incorporating technology, rather than deferring its use until proven beneficial by large studies. However, this is not feasible, given the rate at which technology is developing. Studies have shown that even the simplest form of technology such as a phone call, mobile health application or a pedometer can be effective. Technology increases awareness and allows people to be more disciplined with their health plan, which increases good health. Early intervention also means relying on and involving the primary level of care to manage disease. This would be more economically beneficial than postponing care until the disease progresses; in which case, secondary or tertiary levels of care must be sought. This is an emerging field in the area of aged care,

and only begins to expand potential horizons. Studies show that a significant number of the population prefer to stay in their own homes as they age; and that with the improvement in technology, this could become a reality. However, health planners need to be considering technology when developing health and social services. (RH)

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

- 252/16 Negotiating contradictions: engaging disparate stakeholder demands in designing for active and healthy ageing; by Daryoush Daniel Vaziri, David Unbehaun, Konstantin Aal (et al.): Emerald.

Journal of Enabling Technologies, vol 13, no 1, 2019, pp 40-50.

Designing technologies for active and healthy ageing (AHA) requires a subtle understanding of end users (primary stakeholders) and healthcare professionals (secondary stakeholders). Often, their perspectives can be heterogeneous and contradictory. Identifying and negotiating them may be a challenge for designers. The authors present their approach to understanding and negotiating contradictory stakeholder perspectives when designing AHA technologies for older people.

As part of the European research project MY-AHA, the authors conducted an exploratory interview study with 15 community-dwelling older people and 11 healthcare stakeholders, including doctors, health insurance agencies, policymakers and caregivers. The authors analysed the interview material and negotiated contradictory perspectives. The results show the heterogeneity and contradictions in stakeholder perspectives on AHA technologies and how these perspectives may be negotiated. This could help understand and facilitate long-term use of AHA technologies among older people. This study alerts researchers to contradictory perspectives among older people and healthcare stakeholders and the importance of involving them in the design of AHA technologies. (RH)

ISSN: 23986263

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

- 252/17 Tablet-based intervention to foster music-related hand responses and positive engagement in people with advanced Alzheimer's disease; by Giulio Lancioni, Nirbhay Singh, Mark O'Reilly (et al.): Emerald.

Journal of Enabling Technologies, vol 13, no 1, 2019, pp 17-28.

Music stimulation is considered beneficial for people with advanced Alzheimer's disease. This paper assesses a tablet-based program to promote music-related hand responses and positive engagement (e.g. singing, or moving the body in time with the music) in people with advanced Alzheimer's disease. The program was implemented with 20 participants who were provided with a tablet whose screen worked as a sensor. During the intervention, sensor activations by hand responses led the tablet to present segments of one individual's preferred songs. An absence of sensor activation led the tablet to produce a prompt. The participants' mean frequencies of hand responses (i.e. sensor activations) per 5 minute session increased from mostly zero during baseline to between about 9 and 20 during the intervention. The mean percentages of observation intervals with participants' positive engagement increased from 0 to 12 during the baseline, to between 13 and 55 during the intervention. The differences between baseline and intervention data were statistically significant for all participants. A tablet-based program, such as that used in this study, may help people with advanced Alzheimer's disease develop specific music-related responses and positive engagement. (RH)

ISSN: 23986263

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

- 252/18 User-centred design of an active computer gaming system for strength and balance exercises for older adults; by Sarah C Howes, Darryl Charles, Katy Pedlow (et al.): Emerald.

Journal of Enabling Technologies, vol 13, no 2, 2019, pp 101-111.

Active computer gaming (ACG) is a way for older people to participate in strength and balance exercise. Involving older adults in the development of a bespoke ACG system may optimise its usability and acceptability. The authors use user-centred design to develop an ACG system to deliver strength and balance exercises, which is explored for its safety, usability and acceptability in older adults. The authors describes user involvement from an early stage, and its influence on the development of the system to deliver strength and balance exercise suitable for display on a flat screen or using an Oculus Rift virtual reality (VR) headset. The paper describes user testing of this ACG system in older adults. Service users' feedback was used to modify the ACG system prior to user testing of a prototype of the ACG system by 9 older people at two Age NI day centres. Results indicated the safety, usability and acceptability of the system; there was a strong preference for the screen display. Although the sample size for user testing was small, it was considered to have provided sufficient information to inform further development of the system. Findings from user testing were used to modify the ACG system. This paper identified that future research could explore the influence of repeated use on the usability and acceptability of ACG for older adults. However, there is limited information on the usability and acceptability VR headsets in this population. (RH)

ISSN: 23986263

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

- 252/19 Using embodied experiences to re-design enabling technologies; by Suhas Govind Joshi.: Emerald. Journal of Enabling Technologies, vol 13, no 1, 2019, pp 3-16.
 This study introduces a phenomenological approach to the design of enabling technologies for older adults, focusing on their capabilities rather than disabilities. In total, 31 older people (mean age 80.5; SD=5.97 years) were engaged in a participatory design process around their embodied experiences. The aim was to design new wireless chargers for their existing enabling technologies. The co-designed alternatives were compared to the current alternative. The design results and statistical analyses of performance evaluations are presented. The statistical analyses revealed an average increase in performance of 45.35 percent across all participants when using designs anchored in embodied experiences. The significance of these results suggests that a shift from disabilities to capabilities provides new opportunities to understand and facilitate interaction between older people and technology. The study follows the theoretical argument into real-use scenarios involving co-designed artifacts, to demonstrate how the suggested approach can be a viable alternative strategy to how we facilitate the design of enabling technologies for older people. The suggested design approach contributes to the ongoing development of enabling technologies for older people, by introducing a respectful and inclusive alternative strategy. (RH)
 ISSN: 23986263
 From : <http://www.emeraldinsight.com/loi/jet>

ATTITUDES TO AGEING

- 252/20 Mature conversations on ageing: a report of the pilot study [on] Have your say - Make a difference!; by Community Fund; EngAgeNet (English Age Network).: EngAgeNet Publications, 2019, 73 pp.
 In determining how society responds to demographic change, the voices of older people need to be heard, but are listened to the least. From October 2018 to February 2019, EngAgeNet (English Age Network) conducted a pilot project with 100 older people across England, in conversations about four key policy issues: social care; employment and retirement; technology; and housing. This report presents the findings from the "mature conversations" and topic discussions; also the reflective analysis questionnaire (designed by the University of Brighton) used in evaluating the pilot study. The report demonstrates the effectiveness of the approach used in gathering older people's collective views and opinions on topical issues, and in ensuring their prominence in the formulation of policies. (RH)
 From : Hard copy, email: tony@hartleywatts.co.uk Link to download: <http://www.engagenet.org.uk/2019/10/16/house-of-lords-launch-for-mature-conversations-report/>

BEREAVEMENT

(See 252/71)

BLACK AND MINORITY ETHNIC GROUPS

(See 252/108)

CARERS AND CARING

(See Also 252/4, 252/59)

- 252/21 The availability of carers for older disabled people in Spain: demographic insights and policy implications; by Celia Fernandez-Carro, Rosa Gomez-Redondo, Noelia Camara-Izquierdo.: Policy Press. International Journal of Care and Caring, vol 3, no 3, August 2019, pp 323-337.
 The growth of the older population with care needs, together with the decrease of the population traditionally providing such care, are the most frequently cited consequences of demographic change affecting long-term care policies. This study examines changes in the availability of carers in Spain (1998-2018). It uses data from the Survey of Disabilities, Independence and Dependency Situations (DIDS-08) conducted by the Instituto Nacional de Estadística (INE) in 2008. Data from two other sources are used to calculate ratios: the Human Mortality Database (HMD) for 1998 to 2014; and INE projections for 2015-2018. Results point to a decrease in potential carers in terms of intergenerational care, but also to an increase in potential carers among older people of the same generation. (RH)
 ISSN: 23978821
 From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>
- 252/22 Claiming rights: the future for carers and the need for a radical imagining; by Kathryn Knight, Laura Davy.: Policy Press.
 International Journal of Care and Caring, vol 3, no 3, August 2019, pp 453-458.
 The authors echo concerns expressed by Ara Cresswell in her article 'Collateral damage: Australian carers' services caught between aged care and disability care reforms' (International Journal of Care and Caring, vol 1, no 2, June 2017). Their view is that unless the carers' movement is willing to embrace a rights-based agenda, then carers' claims will continue to be regarded as secondary to those of existing

rights holders. This agenda will need to be accompanied by a more radical approach that challenges cultural norms regarding caring and carers. A radical imagining (or re-imagining) is needed to create a fair and inclusive society for the carers of the future. (RH)

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

252/23 Issues and challenges in comparing carers' quality of life in England and Japan: lessons from developing the Japanese version of the ASCOT-Carer; by Mai Yamaguchi, Stacey Rand.: Policy Press. International Journal of Care and Caring, vol 3, no 3, August 2019, pp 459-464.

Improving the quality of life of carers is the ultimate goal of carers' policy and support services. This article discusses the issues and challenges in conceptualising and comparing carers' quality of life in England and Japan, based on developing a Japanese version of the self-completion Adult Social Care Outcomes Toolkit for Carers (ASCOT-Carer). Since supporting carers in employment is a key concern in both countries, the focus is on this group of carers: their similarities and differences, and the issues and challenges in translating into Japanese. (RH)

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

252/24 Male working carers: a qualitative analysis of males involved in caring alongside full-time paid work; by Kevin Maynard, Allison Williams, Chloe Ilagan.: Policy Press.

International Journal of Care and Caring, vol 3, no 3, August 2019, pp 425-444.

Given ageing demographics, the need for carers will increase; and studies suggest that men are nearly as likely as women to become carers. This study aims to understand the specific challenges that male working carers experience with regard to social life and paid work. Participant recruitment was conducted through local carer support groups and male-dominated workplaces. Using a semi-structured format, 15 interviews were conducted. Findings suggest a variety of themes, including caring characteristics, the effects of caring, support systems and coping strategies. The results indicate that the male working carer population faces specific challenges in the workplace and social settings. (RH)

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

252/25 Perceived stress, resilience, and health-related quality of life among Parkinson's disease caregivers in Mexico; by Melissa M Ertl, Stephen K Trapp, Susana González Arredondo (et al.): Wiley.

Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1303-1310.

The stress process model of caregiving posits that caregivers' internal psychosocial resources may serve as buffers between the stress associated with caregiving and wellbeing. Empirical support for the stress process model exists for several caregiving contexts, however little research has investigated the Parkinson's disease caregiving experience. Using a cross-sectional correlational design, the objective of this Mexican study was to examine whether resilience moderates the relation between perceived stress and health-related quality of life (HRQOL) among Parkinson's disease caregivers. Data were collected from April 2015 to February 2016 during outpatient neurology appointments in Mexico City. Participants included 95 informal caregivers for a family member with Parkinson's disease. The caregivers completed a battery of questionnaires assessing their level of perceived stress, resilience and HRQOL. Regression analyses indicated that resilience moderated the inverse relation between perceived stress and mental HRQOL. However contrary to hypotheses, resilience did not moderate the relation between stress and physical HRQOL. These findings shed light on resilience as a potential protective factor for mental HRQOL among Parkinson's disease caregivers in Mexico and indicate that resilience may be beneficial to target in mental health promotion interventions. (JL)

ISSN: 09660410

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

252/26 Supporting ex-service personnel moving to social care work with older people: a systematic rapid review of the role of education; by Jill Manthorpe, Stephanie Bramley.: Emerald.

Working with Older People, vol 23, no 3, 2019, pp 127-141.

Social care has long-standing, well-recognised problems of staff recruitment and retention in many jurisdictions. Within ageing societies, the need for more social care staff is predicted to rise. Therefore, policy makers and employers are exploring if there are untapped sources of potential employees. Some ex-service personnel may be interested in exploring a move to social care work with older people, but may need to gain additional qualifications. The authors review evidence about the role of education in supporting ex-service personnel to move to social care work with older people. They conducted a systematic search of databases and grey literature to provide an overview of the evidence on this topic. Six articles were included in the review. A narrative analysis revealed two themes: preparing ex-service personnel for enrolment onto health and social care programmes, and supporting ex-service personnel during health and social care programmes. This review was confined to English language studies published between 2008 and 2018. Few mentioned specific user or client groups. The review identified evidence gaps relating to whether the skills, education, training and experience gained in the armed services are transferable to civilian social care work with older people. Evidence gaps were also

identified in the types of support offered to ex-service personnel who are interested in completing qualifications necessary for social care roles, and in the views of ex-service personnel about their experiences of completing educational courses to facilitate a transition into social care work with older people. (RH)

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

CRIME

(See 252/69)

DEMENTIA

(See Also 252/98)

- 252/27 Dementia-friendly design of television news broadcasts; by Liam Funnell, Isabel Garriock, Ben Shirley, Tracey Williamson.: Emerald.

Journal of Enabling Technologies, vol 13, no 3, 2019, pp 137-149.

The purpose of this paper is to understand factors that affect viewing of television news programmes by people living with dementia. A further aim is to identify dementia-friendly design principles for television news programmes and factors for personalising object-based media broadcast.

Public involvement comprising two discussion groups with people with dementia and family carers informed the study design and provided supplementary secondary data. Primary data collection comprised a focus group interview with people with dementia (n=4) and family carers (n=4). Past viewing experiences and perceived barriers and facilitators to viewing television were explored. Participants commented on an array of video clips comprising varying segments of fictional news programmes, plus control versions of each segment. Four themes were identified: content (general comments, context, type of media and pace); presenter (body language, clothing and accent); background (location and studio appearance); and technical aspects (graphics, sound, colours, camera, transitions, general issues). Participants from this modestly-sized sample benefited from sharing views with their peers. They expressed enhanced well-being from knowing that their participation could lead to improved television viewing in the future, an important social occupation for people with dementia. (RH)

ISSN: 23986263

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

- 252/28 Living well as dementia progresses: a MOOC for all; by Marie Poole.: Investor Publishing. Journal of Dementia Care, vol 27, no 6, November/December 2019, pp 20-23.

Family carers are often left in the dark about the true nature of dementia and its challenges. The author (with colleagues in Newcastle) charts the development of a new free "massive open online course" - or MOOC - for carers, called 'Dementia care: living well as dementia progresses' (<https://www.futurelearn.com/courses/comfort-care>). The course is based on seven themes supporting good end of life care identified through SEED research, in which learners explore three themes in detail: conversations around care, comfort and future changes; ensuring car and comfort; and supporting carers, recognising me. The article outlines key objectives, including understanding symptoms, involvement in decisions, signposting to services, identifying sources of support, person-centred care and maintaining quality of life. A further MOOC, (<https://www.futurelearn.com/courses/dementia-care>) has also been developed at Newcastle University. (RH)

ISSN: 13518372

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

DEMENTIA CARE

(See Also 252/10, 252/12, 252/17, 252/49, 252/63, 252/108)

- 252/29 The assessment experience of spousal dementia care-givers: 'It's made me realise that I am a person also'; by Nancy Guberman, Janice Keefe, Pamela Fancy.: Cambridge University Press.

Ageing and Society, vol 39, no 11, November 2019, pp 2443-2464.

This article is based on a study that used a validated care-giver assessment instrument known as the C.A.R.E. (Caregivers' Aspirations, Realities, and Expectations) Tool, to understand its usefulness in working with older adults caring for a spouse with cognitive impairment. It draws on data collected as part of a larger, quasi-experimental pre- and post-test study examining the impact of a care-giver assessment on older spousal care-givers of a partner with cognitive impairment. One hundred community-living individuals (average age of 74) from two Canadian provinces (Nova Scotia and Prince Edward Island) participated in the study. Participants met with a third-year nursing student who administered the C.A.R.E. Tool. Within three to seven days following this, a research team member conducted a semi-structured interview by telephone. This interview provided participants with the

opportunity to comment on their experience and the usefulness of the C.A.R.E. Tool. Transcriptions of the interviews were analysed using a thematic analysis. Results indicate that the assessment experience was evaluated positively by most participants. Two broad themes emerged: assessment encourages care-givers to take stock of their situation, and it provides a relationship with a caring professional. In particular, the assessment experience gave these care-givers the opportunity to reflect, while expressing emotions and developing awareness; and provided them with an appreciated relationship with a caring professional who helped to validate and normalise their situation. For care-givers, the results suggest that assessment may serve as a catalyst for taking action in their care-giving situation or turning to services for help. For practitioners, assessment may increase awareness of the experience of spousal care-givers, potentially leading to interventions to support them. This study found that practitioners' attitudes and knowledge play a role in care-givers' experience of the assessment as positive. However, the goal of assessment must be clarified, as outcomes of other tools will differ depending on the aims. (RH)

ISSN: 0144686X

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

252/30 Behaviours that challenge: setting-specific interventions; by Paula Maisey, Alan Howarth.: British Psychological Society.

Psychology of Older People: The FPOP Bulletin, October 2019, pp 31-36.

At the Division of Clinical Psychology (DCP) funded programme consultation meeting in February 2019, a workshop followed a 15-minute presentation on 'Setting-specific Interventions'. Adaptations that practitioners might need to consider when working with a person who displays 'Behaviours that Challenge' in different setting was discussed. There was strong consensus that settings need to be described to detail to allow improved consideration of how we adapt ways of working across these settings. Five dimensions emerged from the discussion: functions of the settings; availability of time; depth of analyses; formulation and care planning; and knowledge of caregivers about both dementia and the person with dementia. This paper brings together some of the ideas that were discussed during the workshop. (RH)

ISSN: 23969652

From : <http://www.bps.org.uk/member-microsites/dcp-faculty-older-people>

252/31 Challenging behaviour: BPSD or a form of distress?; by Caroline Baker.: Investor Publishing.

Journal of Dementia Care, vol 27, no 5, September/October 2019, pp 32-34.

It is time to throw down the gauntlet once again, and recognise that certain forms of behaviour by people with dementia are a reaction to distress. The author writes in the context of revised guidelines (NG97) on dementia from the National Institute for Health and Care Excellence (NICE), which refers to reducing "distress", while unfortunately referring also to "aggression". Her article sets out some of the challenges arising for dementia care in practice, including: poor communication; pain or discomfort; emotional distress; and environmental hazards. In addition to training, use of the DECIDE tool that enables staff to carry out a reflective analysis of distress, is described. (RH)

ISSN: 13518372

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

252/32 Connections with nature for people living with dementia; by Simon Chester-Evans, Julie Barrett, Neil Mapes (et al.): Emerald.

Working with Older People, vol 23, no 3, 2019, pp 142-151.

The benefits of "green dementia care", whereby people living with dementia are supported to connect with nature, are increasingly being recognised. Evidence suggests that these benefits span physical, emotional and social spheres and can make a significant contribution towards quality of life. However, care settings often present specific challenges to promoting such connections, due to a range of factors including risk-averse cultures and environmental limitations. This paper reports on a project that aims to explore the opportunities, benefits, barriers and enablers to interaction with nature for people living with dementia in residential care and extra care housing schemes in the UK. Data were gathered from 144 responses to an online survey by managers and staff of extra care housing schemes and care homes in the UK. In depth-case studies were carried out at three care homes and three extra care housing schemes, involving interviews with residents, staff and family carers. A wide variety of nature-based activities were reported, both outdoor and indoor. Positive benefits reported included improved mood, higher levels of social interaction and increased motivation for residents, and greater job satisfaction for staff. The design and layout of indoor and outdoor spaces is key, in addition to staff who feel enabled to promote connections with nature. This paper is based on a relatively small research project in which the participants were self-selecting and therefore not necessarily representative. The paper makes some key recommendations for good practice in green dementia care, and outdoor activities can promote social interaction for people living with dementia in care settings. The authors' findings are relevant to the recent policy focus on social prescribing. (RH)

ISSN: 13663666

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

- 252/33 Do we need specialist teams for behaviours that challenge in dementia care?; by Gillian Bowie, Frances Duffy, Joanna Marshall.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, October 2019, pp 37-42.
The authors describe three examples of specialist teams in the UK: Durham and Darlington Care Home Liaison Team, Tees Esk and Wear Valleys (TEWV) NHS Foundation Trust, North East England; IDEAS Team (Intervention in Dementia Education, Assessment and Support), Dumfries and Galloway, South West Scotland; and the Dementia Home Support team (DHST), Northern Health and Social Care Trust (NHSCT), Northern Ireland. They discuss some of the advantages and disadvantages of such teams. They include ideas generated following a presentation by Frances Duffy on 'The value of specialist teams' at a Behaviours that Challenge workshop in February 2019. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-older-people>
- 252/34 Does DCM improve care in care homes?: The EPIC trial; by Claire Surr, Barbara Woodward-Carlton, Alys Griffiths.: Investor Publishing.
Journal of Dementia Care, vol 27, no 5, September/October 2019, pp 24-27.
Care home frequently use Dementia Care Mapping (DCM) to assess the quality of their care. The authors report on findings from their randomised controlled trial (RCT), Enhancing Person-centred care In Care homes (EPIC), as to whether DCM (Bradford Dementia Group, 1996) is effective. They recruited 50 care homes in Yorkshire, London and Oxfordshire, involving 726 people living with dementia (mean age 85; 73% female; 96% white British). 31 care homes were assigned to DCM, and 19 to "usual care" over a 16-month period. Overall, the findings were that DCM cannot be recommended for reducing agitation or improving quality of life for people living in standard care homes when led by care home staff. The authors concluded that DCM may be too complex and time-consuming to be implemented, for lack of staff, time and finance) to make it happen. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 252/35 Effects of nonpharmacological interventions on functioning of people living with dementia at home: a systematic review of randomised controlled trials; by Iona Scott, Claudia Cooper, Monica Leverton (et al.): Wiley.
International Journal of Geriatric Psychiatry, vol 34, no 10, October 2019, pp 1386-1402.
Slowing functional decline could enable people living with dementia to live for longer and more independently in their own homes. The authors aimed to update previous syntheses examining the effectiveness of non-pharmacological interventions in reducing functional decline (activities of daily living, activity-specific physical functioning, or function-specific goal attainment) for people living in their own homes with dementia. Electronic databases were systematically searched from January 2012 to May 2018; and two researchers independently rated risk of bias of randomised controlled trials (RCTs), fitting predetermined inclusion criteria using a checklist. The authors narratively synthesised the findings, prioritising those studies judged to have a lower risk of bias. Of the 29 papers (describing 26 RCTs) that met eligibility criteria, 13 RCTs were judged to have a lower risk of bias. Study interventions were evaluated in four groups: physical exercise, occupational, multi-component, and cognition-oriented interventions. Four out of 13 RCTs reported functional ability as a primary outcome. In studies judged to have a lower risk of bias, in-home tailored exercise, individualised cognitive rehabilitation, and in-home activities-focused occupational therapy significantly reduced functional decline, relative to control groups in individual studies. There was consistent evidence from studies at low risk of bias that group-based exercise and reminiscence therapies were ineffective at reducing functional decline. The authors found no replicated evidence of intervention effectiveness in decreasing functional decline. Interventions associated with slower functional decline in individual trials have been individually delivered and tailored to the needs of the person with dementia. This is consistent with previous findings. Future intervention trials should prioritise these approaches. (RH)
ISSN: 08856230 From : <http://www.orangejournal.org>
- 252/36 Evaluating interventions for Behaviours that Challenge (BtC) in dementia care: what instruments do specialist practitioners working in the UK use?; by Rosie Dunn, Esme Moniz-Cook.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, October 2019, pp 51-61.
Written feedback was examined from participants who attended the February 2019 consultation on the treatment of Behaviours that Challenge (BtC) funded by the Division of Clinical Psychology (DCP). This informed the 35-item online survey that followed (May-June 2019). One item questioned practice on instruments used by specialist BtC practitioners to evaluate the effects of their interventions. Analysis of quantitative and qualitative data from this question is summarised in this article. The authors discuss what might be useful instruments for practitioners to use in routine practice in recognition of what might be considered clinically significant BtC in family and care home settings. The authors conclude that more work needs to be done with respect to evaluation of BtC work in family care settings. This should focus on use of instruments for recognition of BtC and evaluation of how families cope with BtC following the specialist interventions they have received. (RH)
ISSN: 23969652 From : <http://www.bps.org.uk/member-microsites/dcp-faculty-older-people>

- 252/37 Formulating and formulations in dementia care: reviewing our perspectives; by Katharina Reichelt, Laura Moody, Julia Wells, Ian A James.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, October 2019, pp 17-25.
Seventy-four participants were given the opportunity to comment on a 15-minute presentation on formulations for Behaviours that Challenge (BtC) and to participate in a guided workshop on the topic. The contents of the responses, feedback and discussions were analysed. It emerged that participants, particularly non-psychologists, were cautious about the use of formulations in the treatment of BtC. Some participants were unclear about the meaning of the term; some felt that formulations were "too psychological"; and it was also thought that formulations were not always required. These issues are examined, and the authors also discuss whether they need to alter their approach in describing and using formulations in dementia care. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-older-people>
- 252/38 A formulation-based model for behaviours that challenge on an organic assessment unit: staff perspectives; by Morag Ritchie, Paula Maisey.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, October 2019, pp 12-16.
The authors further explore the findings of Maisey et al (in the January 2019 issue), by gaining and understanding of ward staff's perspectives on the impact of psychological formulation, both for themselves in their job roles, and the people they care for. They were interested in: what staff found helpful about formulation; views on whether formulation had improved patient well-being; perspectives on whether formulation had improved staff well-being; and what was helpful about formulations. The authors devised and used a 17-item survey conducted with 13 staff (out of 26; 50%) over a 4-week period in May-June 2019. Potentially, the sample comprised of well-being practitioners, healthcare assistants, nurses, clinical leads, occupational therapists and healthcare and nursing students. The authors report the verbal responses received, including comments on how useful it was to understand more about the person before developing his/her dementia. Another issue was the timing of sessions, not to clash with other equally important obligations. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-older-people>
- 252/39 How figurative language may be related to formal care-givers' person-centred approach toward their patients with dementia; by Miriam Ethel Bentwich, Ya'arit Bokek-Cohen, Nomy Dickman.: Cambridge University Press.
Ageing and Society, vol 39, no 12, December 2019, pp 2653-2670.
Person-centred care that respects a patient's personhood is the gold standard in dementia care, but is often difficult to achieve, given the complexity of caring for people with dementia. This article delves into the narration style of formal care-givers from a variety of ethnocultural backgrounds in search of linguistic cues that may be related to their emphasis on a person-centred approach to care. A qualitative study, using a discourse analysis of semi-structured interviews with 20 formal care-givers (nurses, occupational therapists and a physiotherapist) in an institutional setting (hospital or nursing home), was employed. The care-givers fell into three groups: Arabs, immigrants from the former Soviet Union (IFSU), and Jews born in Israel (JBI). The results show 20 figurative language expressions (FLEs) in the narratives of the JBI care-givers and 11 among the IFSU care-givers. In contrast, the Arab care-givers conveyed 48 FLEs. Many of the Arab care-givers' FLEs were not associated with the 'regular' domains articulated by other care-givers (family, children, militaristic language) and were primarily individual-focused, emphasising the personhood of the patient. These findings, together with relevant theoretical literature, suggest that the extensive use of figurative language by Arab care-givers may be a possible tool assisting these care-givers to employ a person-centred approach, manifested in their stress on the patient's personhood. Such tools may be useful for better achieving person-centred care for these patients. ()
ISSN: 0144686X
From : <http://www.cambridge.org.aso>
- 252/40 A methodological approach to accessing informal dementia care; by James Rupert Fletcher.: Emerald. Working with Older People, vol 23, no 4, 2019, pp 228-240.
A growing body of research seeks to include people with dementia as both participants and co-designers. It is also increasingly recognized that dementia research must pay greater attention to informal care provided by family and friends in non-institutional settings, because this is the situation of most people affected by dementia. Accessing these kinds of naturalistic care sites through meaningfully inclusive studies can be challenging for researchers in many fields. This paper aims to discuss the issue. It describes the implementation and lessons learned from use of a methodology designed to facilitate meaningful inclusion and access to hard-to-reach dementia care networks. A two-step sampling approach was used: people with dementia were sampled through organisations unrelated to dementia; and care networks were sampled through ecomapping with people with dementia. The strategy successfully accessed the desired population, but it was labour-intensive and biased the sample in several respects.

It is hoped that what this paper outlines will encourage further reflection and discussion regarding methodological approaches to complex sampling and recruitment issues in dementia research. (RH)
ISSN: 13663666
From : <http://www.emeraldinsight.com/loi/wwop>

- 252/41 Pharmacological interventions in dementia; by Afifa Qazi, Ilona Kiss, Samuel Oyekan, Shahanaj Parveen.: British Psychological Society.
Psychology of Older People: The FPOP Bulletin, October 2019, pp 26-30.
The authors outline information relating to two ways of looking at pharmacological interventions in dementia, the first of which are for cognitive symptoms in dementia. These include AChE inhibitors - donepezil (Aricept), Galantimine and Rivastigmine; and memantine. The second are for non-cognitive symptoms, for which pharmacological interventions are not recommended as a first choice, since some form of infection is usually the cause: urinary tract infection (UTI), chest infection, pain or discomfort, constipation and dehydration. Much the same applies to whether anxiety, agitation, psychotic symptoms (such as delusions and hallucinations), aggression, agitation, irritability or sleep disturbance - common at all stages of dementia - are present. Whereas anti-depressants should be considered early for those with severe depression, in general, non-pharmacological options should be the first-line treatment strategy before deciding if and when pharmacological interventions are to be used. (RH)
ISSN: 23969652
From : <http://www.bps.org.uk/member-microsites/dcp-faculty-older-people>
- 252/42 Positive connections: the Fidget Widget Toolkit; by Judith Bower, Jane Souyave.: Investor Publishing.
Journal of Dementia Care, vol 27, no 6, November/December 2019, pp 16-17.
Fidgeting actions are common in people with advanced dementia, but should this always be seen in a negative light? The authors outline how funding by the Alzheimer's Society and the University of Central Lancashire led to the Positive Connections project, in which observation of repetitive movements prompted the design, development and creation of the wooden, hand-held Fidget Widget Toolkit. They describe two phases of testing with people with advanced dementia at home, in care homes and day centres, evaluated using dementia care mapping (DCM). They conclude by commenting on the enhancement of well-being, also the need for occupation and inclusion to be fulfilled. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 252/43 The story so far: past, present, and into the future [for Admiral Nursing]; by Hilda Hayo, Rachel Thompson.: Investor Publishing.
Journal of Dementia Care, vol 27, no 6, November/December 2019, pp 25-27.
Admiral Nurses are dementia specialist nurses who support families affected by dementia. Founded in 1994, the charity has become Dementia UK, and its role has expanded in terms of numbers and how it works. The authors tell the story of the organisation's past, present and future, including the development of the Admiral Nurse role and the future of Admiral Nursing. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 252/44 A suitcase of memories: multisensory reminiscence; by Jane M Mullins.: Investor Publishing.
Journal of Dementia Care, vol 27, no 6, November/December 2019, pp 18-19.
For most people, holidays have a role in forming happy memories. The author describes the process of developing a "suitcase of memories", a multi-sensory holiday reminiscence activity, as part of her PhD research. This involved five visits over three months to a couple in their eighties, one a carer for the other who had Alzheimer's disease, and had collected together souvenirs, maps, photographs and other holiday memorabilia. The author explains how things worked (including the memories engendered) and lessons learned (e.g. in relation to verbal and sensory communication). Her aims is to find out more about the potential of the suitcase of memories to enhance communication, develop as an educational tool for families and friends, and provide the basis of a counselling and therapeutic practice. (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>
- 252/45 Working with older people with dementia: motivations and demotivations among health carers; by Sara Cheloni, Anthea Tinker.: Emerald.
Working with Older People, vol 23, no 3, 2019, pp 117-126.
Motivation is central to the ongoing professional development, performance and retention of healthcare workers. Despite the increasing prevalence of people with dementia (PwD) and the associated demand for geriatric nurses, there exists a paradoxical shortage. This paper explores healthcare professionals' motivation and demotivation for working with older PwD: the challenges faced, factors influencing intention to leave the field of work, and methods to enhance staff motivation to continue working with this group. This grounded-theory study used thematic analysis to synthesise data from 13 semi-structured interviews with healthcare professionals (nurses and healthcare assistants) relating to motivating and demotivating factors for working with older PwD in a hospital setting.

Staff were motivated by previous personal experiences, personal characteristics and the fulfilment of the carer-patient relationship. Conversely, staff were mostly demotivated by organisational and working environment factors (e.g. poor leadership characteristics, inadequate staffing levels, lack of development opportunities), negatively influencing their intention to remain in employment. The generalisability of the results is limited by the sample size. Different organisational strategies or interventions (i.e. support, training, recognition and rewards) are necessary to nurture staff motivation, improve retention, create positive working environments and enhance patient care. This study offers numerous ways in which to address factors contributing to demotivation in working with PwD, thereby helping to improve staff retention and support the needs of a growing population of older people with dementia. (RH)

ISSN: 13663666

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

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See Also 252/21)

- 252/46 Ageing, fast and slow: when place and demography collide; by Charlie McCurdy, Resolution Foundation; Intergenerational Centre. London: Resolution Foundation, October 2019, 57 pp. Different parts of the UK have very different average ages, yet local demographic change has received far less attention than national trends.

This report describes differences in ageing in different regions across the UK, and the implications for politics and policy. It provides an overview of national trends in ageing in the context of how rising longevity and fluctuations in birth rate affect population structure. It focuses on differences in population ageing across the country as places have aged at different paces, with older places ageing faster while some places are getting younger. It looks into how demographic factors including births, deaths and migration explain this demographic divergence. It reflects on the implications of this intersection between geography and demography for politics and policy makers. Maps, graphs and bar charts illustrate the effects of a range of factors on demographic change and divergence. (RH)

From : <https://www.resolutionfoundation.org/app/uploads/2019/10/Ageing-fast-and-slow.pdf>

- 252/47 Trends in life expectancy and age-specific mortality in England and Wales, 1970-2016, in comparison with a set of 22 high-income countries: an analysis of vital statistics data; by David A Leon, Dmitry A Jdanov, Vladimir M Shkolnikov.

The Lancet Public Health, vol 4, no 11, 1 November 2019, pp e575-e582.

Since 2010, the rate of improvement in life expectancy in the UK has slowed. This article aims to put this trend in the context of changes over the long term and in relation to a group of other high-income countries. The authors used annual mortality data (1970-2016) from the Human Mortality Database to compare sex-specific trends in life expectancy since 1970 and age-specific mortality in England and Wales with median values for 22 high-income countries (in western Europe, Australia, Canada, New Zealand, Japan and the USA). Until 2011-16, male life expectancy in England and Wales followed the median life expectancy of the comparator group. By contrast, female life expectancy was below the median and is among the lowest of the countries considered. In 2011-16, the rate of improvement in life expectancy slowed sharply for both sexes in England and Wales, and slowed more moderately in the comparator group because of negative trends in all adult age groups. This deceleration resulted in a widening gap between England and Wales and the comparators from 2011 onwards. Since the mid-2000s, for the first time, mortality rates in England and Wales among people aged 25-50 years were appreciably higher than in the comparator group. Although many countries have seen slower increases in life expectancy since 2011, trends in England and Wales are among the worst. The poor performance of female life expectancy over the long-term is in part driven by the relative timing of the smoking epidemic across countries. The previously overlooked higher mortality among young working-age adults in England and Wales relative to other countries deserves urgent attention. (RH)

From : DOI: [https://doi.org/10.1016/S2468-2667\(19\)30177-X](https://doi.org/10.1016/S2468-2667(19)30177-X)

DEPRESSION

- 252/48 Marital power and depressive symptoms among older Mexican adults; by Joseph L Saenz, Sunshine Rote.: Cambridge University Press.

Ageing and Society, vol 39, no 11, November 2019, pp 2520-2540.

An extensive body of research documents marital status differences in health among older adults. However, few studies have investigated the heterogeneity in depressive symptomatology among older married adults living in developing countries. This study investigates the interplay of gender and marital power dynamics for mental health among older Mexican adults. Our sample includes older married couples in the 2015 Wave of the Mexican Health and Aging Study (N = 3,621 dyads). The authors use seemingly unrelated regression to model the association between self-reported distributions of decision-making power within marriages and depressive symptoms for husbands and wives. For approximately 41 per cent of couples, the husband and wife both reported an equal distribution of power in the marriage. Compared to those who reported an equal power distribution, husbands and wives who

reported an imbalance of power (having more power or less power than their spouse) reported more depressive symptoms. Levels of depressive symptoms were higher in marriages characterised by power inequality. The relationship between equality in power and depressive symptoms is not explained by health-care needs or living arrangements. Marital quality is an important factor for understanding depressive symptoms among older Mexican adults. (RH)

ISSN: 0144686X

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

EDUCATION AND TRAINING

(See Also 252/26)

- 252/49 Enhanced education: a simulation-based approach; by Jan Zietara.: Investor Publishing. Journal of Dementia Care, vol 27, no 5, September/October 2019, pp 16-17.
How can you engage the emotions of care staff or achieve the best outcomes for people? This fifth article in a series on hospital-based dementia care considers a simulation-based approach to "training the trainers", which takes into account experiences from the point of view of the person living with dementia. The author describes the programme developed by Health Education England (HEE) for acute NHS Trusts across England, Dementia Education and Learning Through Simulation 2, or DEALTS 2. The programme's focus includes dementia awareness raising, and developing knowledge, skills and attitudes of staff who have regular contact with people with dementia. This article also looks at a review carried out by the Ageing and Dementia Research Centre at the University of Bournemouth, which has led to DEALTS 2 being made accessible on the HEE website (www.hee.nhs.uk). (RH)
ISSN: 13518372
From : <http://www.journalofdementiacare.co.uk>

EMPLOYMENT

(See Also 252/89, 252/91)

- 252/50 Does apprenticeship work for adults?: The experiences of adult apprentices in England: project report; by Alison Fuller, Pauline Leonard, Lorna Unwin, Gayna Davey, UCL Institute of Education, University College London; University of Southampton. London: UCL Institute of Education, University College London, March 2015, 93 pp.
Apprenticeship has long been seen as a model of learning preparing young people to enter the labour market. This report presents findings from the first research study of government-supported apprenticeship in England to focus on the experiences and perspectives of apprentices aged 25 and over and of their employers. The report presents statistics and summarises the research literature. Two of the employment sectors examined in five organisational vignettes were health and social care, the latter particularly attracting older workers. The report provides evidence about the training, upskilling and reskilling of adult workers, including detailed empirical evidence about their reasons, motivations, experiences of participation, and perceptions of what they have learned. There is also evidence on why employers in different sectors recruit older apprentices, how adult apprenticeship fits with workforce development and business goals, and on how the training is delivered. An executive summary (7 pp) outlines the research, conclusions and recommendations; also the questions adult apprentice employers need to ask of potential apprentices. The project was funded by the Nuffield Foundation. (RH)
From : UCL Institute of Education, 20 Bedford Way, London WC1H 0AL.
<http://generic.wordpress.soton.ac.uk/workfutures/wp-content/uploads/sites/188/2013/08/Adult-Apprenticeship-Full-Report.pdf>
- 252/51 Exploring employment as a space of respite and resistance for family caregivers; by Gillian Joseph, Alun Joseph.: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1481-1489.
The authors challenge traditional definitions of work and leisure as separate concepts, by suggesting that a space where individuals engage in employment (paid work) can, at the same time, be a space of respite (leisure) for employees who are also family caregivers. The research aims to better understand what caregivers perceive as ideal respite space, what that space means to them, how the space where employment takes place fits that ideal, and what forces restrict caregivers' ability to engage with employment as a space of respite. The term "space" is used, because a caregiver's presence in a particular space (inside or outside of a place) gives it meaning that is simultaneously social, political and emotional. The paper uses a reflective iterative process, and reports on a qualitative intrinsic case study of primary caregivers who are both employed and providing care to relatives with dementia. Twelve participants were recruited and interviewed from two Canadian provinces in 2013/14. Using a non-temporal view of respite facilitated the identification of employment as an important space for caregivers to experience effective respite. Although this connection has been noted by other scholars, this research goes further. It identifies four forces that create challenges for caregivers who want to maintain engagement with employment as a space of respite: internalised socialisation, family,

organisational pressures and government policy. In addition, this research is one of the first to suggest ways that caregivers resist these forces. The authors reflect on the study's limitations, and offer suggestions for further research aimed at elucidating the spatial nature of caregiver respite and the complex and dynamic aspects of resistance. (RH)

ISSN: 09660410

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

- 252/52 Extending working life and the management of change: is the workplace ready for the ageing worker?; by David Wainwright, Joanne Crawford, Wendy Loretto (et al.): Cambridge University Press. Ageing and Society, vol 39, no 11, November 2019, pp 2397-2419.

Increasing longevity and the strain on state and occupational pensions have brought into question long held assumptions about the age of retirement, and raised the prospect of a workplace populated by ageing workers. In the United Kingdom, the default retirement age has gone, incremental increases in state pension age are being implemented, and ageism has been added to workplace anti-discrimination laws. These changes are yet to bring about the anticipated transformation in workplace demographics, but it is coming, making it timely to ask if the workplace is ready for the ageing worker and how the extension of working life will be managed. The authors report findings from qualitative case studies of five large organisations located in the UK. Interviews and focus groups were conducted with employees, line managers, occupational health staff and human resource (HR) managers. The findings reveal a high degree of uncertainty and ambivalence among workers and managers regarding the desirability and feasibility of extending working life; wide variations in how older workers are managed within workplaces; a gap between policies and practices; and evidence that while casualisation might be experienced negatively by younger workers, it may be viewed positively by financially secure older workers seeking flexibility. The authors conclude with a discussion of the challenges facing employers and policy-makers in making the modern workplace fit for the ageing worker. (RH)

ISSN: 0144686X

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

- 252/53 Occupational health and extended working lives in the transport sector; by Helen Beers, Nina Day, Sheena Johnson, Health and Safety Executive - HSE; Alliance Manchester Business School, University of Manchester. Buxton: Health and Safety Laboratory; Health and Safety Executive, 2017, 50 pp (Research report, RR1104).

The average age of the working population in the UK is increasing, and people are now more likely to work to an older age. Increasing the number of years spent at work, extending working lives, is something that is evident across many sectors. However, evidence about the implications of working into older age is relatively scarce, and there are gaps in knowledge and understanding regarding the potential health and safety impacts.

This study gathers evidence about the health effects of working into older age, by focusing on the transport and logistics sector. Interviews were carried out with professional drivers of heavy goods vehicles (HGVs) aged 50+, and those who manage or supervise them. A recurrent finding was that the work of a professional HGV driver in the UK is likely to involve long, unsociable hours, high physical and mental demands, and often long periods of sedentary work. The adverse health consequences of these factors were reported to be musculoskeletal disorders, stress, tiredness and fatigue, and issues associated with being overweight. However, having an appropriate amount of physical work was believed to be beneficial in helping drivers to remain fit and strong, and to keep their weight down, as they continued to work into older age. The study provides insights into the health impact of the changing world of work, as individuals work into older age. The study participants highlight the importance of appropriate management of working hours and physical tasks for older workers. They also indicate that any employer interventions to support older workers may need to look beyond these individual factors and consider how the wider social and cultural aspects of work might also be adapted. (RH)

From : Health and Safety Laboratory, Harpur Hill, Buxton, Derbyshire SK17 9JN. <http://www.hse.gov.uk/research/rrhtm/rr1104.htm>

- 252/54 Supporting an ageing workforce: implications for working life, training and skills policy in England: a literature review; by Lorna Unwin, Gayna Davey, Alison Fuller, Pauline Leonard, Centre for Learning and Life Chances in Knowledge Economies and Societies - LLAKES, UCL Institute of Education, University College London. London: Centre for Learning and Life Chances in Knowledge Economies and Societies (LLAKES), UCL Institute of Education, University College London, 2015, 28 pp(LLAKES research paper, 51).

Funded by the Nuffield Foundation, this literature review draws on areas of research including: adult learning; life course transition; workplace learning; human resource management; sociology of work; and ageing and the workforce. It is arranged in three main sections: defining and extending working age; workplace practices, training and quality of work; and implications for skills policy in England. This last section explores the dominance of a qualifications-led approach to adult skills, as exemplified in two key initiatives: Train to Gain; and Adult Apprenticeship. From a growing literature on the relationship between ageing, skill formation, retraining and upskilling, and workplace behaviours related to older workers, it is clear that assumptions about work, training and age are being challenged in many countries

(also by the EU and OECD), particularly in the light of extended life spans and working lives. Government policies and workplace practices in the UK will need to embrace the challenge of an ageing workforce. (RH)

From : <https://www.llakes.ac.uk/sites/default/files/51.%20Nuffield%20report.pdf>

Email: llakescentre@ioe.ac.uk

EPIDEMIOLOGY

- 252/55 Contained or contagious?: The future of infectious disease in ageing societies; by Lily Parsey, International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, 2019, 24 pp.
2018/19 marked the centenary of the Spanish flu (influenza) pandemic. As part of a global programme to explore how policymakers should address the issue of infectious disease in the future, the ILC organised a series of discussion events with policymakers, health systems experts and practitioners in Toronto, London and Boston.
This report draws on input from those meetings. It argues that while there have been huge strides in combatting infectious disease, through improvements in hygiene and sanitation, clean water and preventative health interventions such as vaccinations, there is no room for complacency. The report considers preventing future outbreaks of infectious disease as a public health priority, and in terms of: improving digital records; making prevention accessible; and tackling negative attitudes towards prevention. Previously, a short publication (6 pp), 'The future of infectious diseases: 100 years since the Spanish flu', had sought people's views. (RH)
From : <https://ilcuk.org.uk/contained-or-contagious-the-future-of-infectious-disease-in-ageing-societies/>
- 252/56 The future of infectious diseases: 100 years since the Spanish flu; by International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, [2019], 6 pp.
2018/19 marked the centenary of the Spanish flu (influenza) pandemic. In preparation for a final report, this short publication sought views on risk factors for infectious diseases, also engaging the public in understanding the subject. For more detailed information, see the final report, 'Contained or contagious? The future of infectious disease in ageing societies'. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.

FALLS

- 252/57 Evaluation of older people's knowledge, awareness and perceptions about falls and falls prevention in residential aged care homes: a tale of two cities; by Jacqueline Francis-Coad, Tessa Watts, Christopher Etherton-Beer (et al.): Cambridge University Press.
Ageing and Society, vol 39, no 11, November 2019, pp 2541-2559.
Falls prevention strategies can only be effective in reducing falls amongst older people if they are adopted and enacted in their daily lives. There is limited evidence identifying what older people in residential aged care (RAC) homes understand about falls and falls prevention, or what may limit or enable their adoption of strategies. This study was conducted in two countries and explored older people's knowledge and awareness of falls and their preferences, opportunities and motivation to undertake falls prevention strategies. A cross-sectional survey was administered to participants (N = 70) aged 65 years and over, living in six RAC homes in Perth, Australia and six RAC homes in Swansea, Wales. Participants had limited knowledge about intrinsic falls risk factors and strategies to address these and frequently expressed self-blame regarding falling. Almost all (N = 67, 95.7%) participants felt highly motivated to maintain their current functional mobility and independence in everyday tasks. Key preferences for receiving falls prevention messages favoured a positive approach promoting wellness and independence (N = 41, 58.6%) via pictorial posters or brochures (N = 37, 52.9%) and small group discussions preferably with demonstrations (N = 18, 25.7%). Findings from this study may assist organisations and staff to more effectively engage with older people living in RAC about falls prevention and design targeted resources to address the motivations and preferences of this population. (RH)
ISSN: 0144686X From : <http://www.cambridge.org/aso>

FAMILY AND INFORMAL CARE

(See Also 252/51, 252/72)

- 252/58 Qualitative exploration of the experiences of informal care-givers for dependent older adults in Mexico City; by Liliana Giraldo-Rodriguez, Nathalia Guevara-Jaramillo, Marcela Agudelo-Botero (et al.): Cambridge University Press.
Ageing and Society, vol 39, no 11, November 2019, pp 2377-2396.
Population ageing and increasing prevalence of chronic diseases and their consequences, changes in family structure and a decrease in the potential pool of family care, increase the need for formal long-term care for older adults in Mexico, and the need to understand the experiences of informal

care-givers and how this impacts their social, family and personal conditions. This study investigates the experience of informal care-givers of dependent older adults, and uses a cross-sectional qualitative study with an ethnographic focus. Thematic analysis was performed. The study comprised 48 semi-structured interviews with care-givers of dependent older adults who are beneficiaries of an in-home medical programme in Mexico City. The average age of care-givers was 54.7 years (standard deviation = 13.1, age range = 24-86), and 75 per cent (36) were women. Results show care-giving experiences are diverse and complex, and profoundly affect the care-giver's life in terms of emotional burden, health deterioration and adverse life conditions due to economic deprivation. They also revealed key aspects, such as the need to improve communication between care-givers and health-care personnel, the need for training about specific care needs, and opportunity costs incurred. This information can serve as a basis for generating support strategies that may be integrated into the in-home programme. It is essential to promote actions that consider the 'dependent older adult-informal care-giver' dyad, and that aim to reduce the care-giving burden. (RH)

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

252/59 Towards sustainable family care: using goals to reframe the user-centred design of technologies to support carers; by Myles Leslie, Jacque Eales, Janaet Fast (et al.): Policy Press.

International Journal of Care and Caring, vol 3, no 3, August 2019, pp 445-451.

Technology has been identified as an important strategy in making caring sustainable. This article takes the design process for carer support technology as a lens on the divergent definitions that are in play when governments, technology developers and carers contemplate 'sustainability'. The article argues that a central impediment to finding a productive point of overlap among the three perspectives is a predominant focus on carers' needs. The article contrasts this needs-based approach, and the focus on doing the tasks of care, with a goal-oriented approach focused on being in relationships. Reframing the conversation around goals is important to achieving truly sustainable caring. (RH)

ISSN: 23978821

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

FRAILITY

252/60 Attitudes towards frailty assessment in clinical practice among psychiatrists in the UK; by Kanthee Anantapong, Anthea Tinker.: Emerald.

Working with Older People, vol 23, no 4, 2019, pp 185-194.

Although there is substantial evidence about the association between frailty and mental illnesses in older people, there is currently little evidence about how this is integrated into psychiatric clinical practice. This research used a qualitative approach with semi-structured interviews, to explore the attitudes of a sample of ten psychiatrists in the UK about the concept and assessment of frailty in their clinical practice. Interview schedules and transcripts were analysed using thematic analysis. NVivo software and an audit trail were used for the data analysis. It appeared that some of the respondents were not be fully familiar with existing concepts of frailty. However, from their perspectives, frailty appeared to be multidimensional, reversible, and for some, could be enhanced by older people's ability. Negative stereotypes of being frail could undermine the accessibility to appropriate assessment and care. Existing multidisciplinary assessments, with some adjustments to the particular needs of psychiatric patients, can be used to establish a frailty index. The concept of frailty, especially those concerning its multidimensional and homeostatic nature, should be further examined to make it more applicable to psychiatric practice. Without much more effort, frailty could be assessed within current psychiatric practices. This could constitute a care plan tailored for frail people with a psychiatric illness, so as to improve the outcomes of their treatment and quality of life. (RH)

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

GREEN ISSUES AND CLIMATE CHANGE

(See 252/32)

HEALTH CARE

(See 252/8, 252/61, 252/80)

HEALTHY AGEING

(See Also 252/65, 252/110)

252/61 Does the association between age and major illness vary by healthcare system quality?; by Matthew A Andersson, Lindsay R Wilkinson, Markus H Schafer.: Sage.

Research on Aging, vol 41, no 10, December 2019, pp 988-1013.

This study builds on research into global ageing, by offering a multiple-indicator test of whether national healthcare system quality modifies the association between age and major illness. Recent

individual-level data on morbidity among respondents aged 50+ for 16 countries in the 2014 European Social Survey are merged with nation-level healthcare indicators. Healthcare system quality is assessed using a subjective, evaluation-based approach and an objective, attributable-mortality approach. Lagged nation-level economic and health indicators are controlled to help isolate healthcare system effects. Results across subjective and objective approaches to healthcare system quality are strikingly consistent. While older individuals showed approximately a 10% reduction in probability of major illness when residing in countries with higher healthcare quality, associations between age and morbidity indices combining number and severity of illness showed greater modification by healthcare quality, with reductions around 18%. Taken together, results are suggestive of healthcare's protective role in reducing age-related illness and disability. (RH)

ISSN: 01640275

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

252/62 Living environment, social support, and informal caregiving are associated with healthcare seeking behaviour and adherence to medication treatment: a cross-sectional population study; by Erik Berglund, Per Lytsy, Ragnar Westerling.: Wiley.

Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1260-1270.

Despite well-known associations between local environment and health, few studies have focused on environment and healthcare utilisation, for instance healthcare seeking behaviour or adherence. This study was aimed at analysing housing type, behaviour based on perceived local outdoor safety, social support, informal caregiving, demographics, socioeconomic and long-term illness, and associations with health-seeking and adherence behaviours at a population level. This study used data from the Swedish National Public Health Survey 2004-2014, an annually repeated, large sample, cross-sectional, population-based survey study. In all postal questionnaires from 100,433 individuals were returned, making the response rate 52.9%. Descriptive statistics and multiple logistic regressions were used to investigate associations between explanatory variables and the outcomes of refraining from seeking care and non-adherence behaviour. Living in rented apartment, lodger, a dorm or other was associated with reporting refraining from seeking care and non-adherence. Refraining from going out due to a perceived unsafe neighbourhood was similarly associated with refraining from seeking care. Social support and status as an informal caregiver was associated with higher odds of refraining from seeking medical care and non-adherence. This study suggests that living in rental housing, refraining from going out due to neighbourhood safety concerns, lack of social support or informal caregiver status are associated with lower health-seeking behaviour and non-adherence to prescribed medication. (JL)

ISSN: 09660410

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

HOME CARE

(See 252/15, 252/35)

HOSPITAL CARE

252/63 Supporting the dementia friendly hospital charter; by Rachel Thompson.: Investor Publishing. Journal of Dementia Care, vol 27, no 6, November/December 2019, pp 32-34.

In the sixth article in a series on hospital dementia care, the author and colleagues provide some examples of how Admiral Nurses are working in acute care settings to support improvement in line with the Dementia Friendly Hospital Charter. The article examines of the role of Admiral Nurses in line with the charter standards in relation to staffing, partnership, assessment, cure, environment, governance and volunteering. For each, there are examples shared by the community of practice. The Admiral Nurse role in supporting carers and families is highlighted. (RH)

ISSN: 13518372

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

HOUSING WITH CARE

252/64 A marketization process in dispute: an analysis of serviced housing for the elderly in Finland 2000-14; by Timo Toikko, Teemu Rantanen.: Wiley.

Social Policy and Administration, vol 53, no 5, September 2019, pp 709-727.

Marketisation can be viewed as a potential response to the economic challenges of the public sector. This study focuses on the development of marketisation in serviced housing for older people in municipalities within Finland. Marketisation is approached by asking the question: What kind of municipality-level factors are associated with marketisation and its development? The data consist of 290 municipalities and cover the years 2000-14. According to the study, the size of the municipality, the political distribution of the municipality council, and the economic situation of the municipality are found to be associated with marketisation. More precisely, the municipality size was found to be a kind of prism, which creates two different realities when it is linked with political distribution and transfers. In the case of big municipalities, the big share of Green-Left council members on local councils has been

associated with a low level of marketisation. However, in the case of small- and medium-sized municipalities, the low level of marketisation has been associated with the government statutory transfers between the state and municipalities, which has helped smaller municipalities to avoid fiscal stress. In a policy context, the present study suggests that the marketisation process can be slowed down by supporting the economically weakest municipalities to avoid fiscal stress. On the other hand, the marketisation process can be supported by creating bigger municipalities which are then attractive enough to create an effective market mechanism. (RH)

ISSN: 01445596

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

INCOME AND PERSONAL FINANCE

252/65 The influence of lifecourse financial strains on the later-life health of the Japanese as assessed by four models based on different health indicators; by Hidehiro Sugihara, Erika Kobayashi, Taru Fukaya, Jersey Liang.: Cambridge University Press.

Ageing and Society, vol 39, no 12, December 2019, pp 2631-2652.

Four models used for assessing the influence of life-course financial strains on later-life health (the latent period effects, pathway, social mobility and accumulative effects models) were tested in the context of Japan, by using different types of health indicators: comorbidity, disabled activities of daily living, disabled cognitive function, self-rated health and depressive symptoms. The authors hypothesised that suitable models for describing the influence of financial strain would differ according to the type of health indicator used. Participants aged 60-92 years (N = 2,500) were obtained in 2012 by using a two-stage stratified random sampling method (data were from the National Survey of Japanese Elderly). The final number of participants in the sample was 1,324. The results indicate that three models - pathway, accumulative effects and social mobility - describe the influence of a person's life-course financial strain on comorbidity, cognitive function, self-rated health and depressive symptoms. In turn, the latent period effects model explains the influence of life-course financial strain on comorbidity. However, only the pathway model described the influence of life-course financial strain on activities of daily living. These results suggest that disadvantages in life-course socio-economic status influence the decline of health in older Japanese people, similar to people in Western countries. However, the finding that suitable models for describing the influence of socio-economic status on health will differ according to the type of health indicator is an original contribution of this study. (RH)

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

252/66 What it's worth: revisiting the value of financial advice; by Brian Beach, International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, 2019, 15 pp.

In 2017, ILC UK published a report, 'The value of financial advice', which quantified the value of taking financial advice for people's overall financial outcomes, and demonstrated that expert advice provided by professionals delivers real value in improving people's finances. This report updates the empirical evidence, using data from Waves 1 and 5 (2006/08 and 2014/16) of the Wealth and Assets Survey (WAS). It highlights the potential for technology to support improved access to financial advice, in which there is scope for innovation. The report was produced with the support of Royal London. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Link to download: <https://ilcuk.org.uk/what-its-worth/>

INFORMATION AND COMMUNICATION TECHNOLOGY

252/67 Digitising the wisdom of our elders: connectedness through digital storytelling; by Simone Hausknecht, Michelle Vanchu-Orosco, David Kaufman.: Cambridge University Press.

Ageing and Society, vol 39, no 12, December 2019, pp 2714-2734.

Digital storytelling extends the practice of telling stories, by using technology to combine text, images, music, narration, sound effects and videos. It provides older adults with an opportunity to become digital producers, connect with others through story and explore their life history. The authors report on the results of a digital storytelling project for older adults. The study investigated the experiences and perceived benefits of older adults who created digital stories during a ten-week course and explored the reactions of story viewers to the digital stories they viewed during a special sharing event. Eighty-eight older adult participants in Metro Vancouver who attended one of 13 courses offered were included in the study. Most of the participants were female and over half were immigrants. Results from the focus group interviews demonstrated a rich array of reported social and emotional benefits experienced through the process of creating a digital story within the course. Three main themes emerged: social connectedness through shared experience and story; reminiscence and reflecting on life; and creating a legacy. Viewers who attended a 'Sharing Our Stories' event reported that the stories were meaningful, well-constructed and invoked a range of emotions. The researchers conclude that digital storytelling may help digital storytellers increase connectedness to others and to self. Additionally, this connectedness may extend over time, through the process of examining the past to create a digital story that can serve as a legacy to connect to future generations. (RH)

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

INTERGENERATIONAL ISSUES

- 252/68 Australian attitudes to intergenerational equity: impacts of social and policy change; by Hal Kendig, Rafat Hussain, Kate O'Loughlin, Lisa Cannon.: Cambridge University Press.
Ageing and Society, vol 39, no 12, December 2019, pp 2671-2698.
Attitudes to ageing can predispose decision-making as governments, interest groups and electorates negotiate competing demands in the context of economic constraints and social change. This paper draws on data from the Australian Survey of Social Attitudes (ASSA) from 2009-2010 to 2015-2017, to investigate change and stability in Australian attitudes to intergenerational equity, alongside concurrent socio-economic and policy change as well as cohort succession. The emphasis is on the baby-boom cohort who are viewed as significant beneficiaries of social change, relative to opportunities of younger and older cohorts. Views of older people as a needy group may be changing slightly as more enter later life with substantial wealth and resources. With the exception of the Millennial cohort whose life chances are compromised by economic and expenditure constraint over the past decade, the results show that there is little perception of intergenerational conflict. Overall, attitudes remain sympathetic to older people, especially among women and people rendered vulnerable by poor health, non-home-ownership and low socio-economic positions. The findings do not align with government portrayals of intergenerational inequalities, notwithstanding many having negative views of the future and ongoing expenditure restraint strategies. At what appears to be a critical turning point in the life chances of successive cohorts, the findings indicate the interplay between attitudes and social and policy change, as well as implications for social equity and processes of attitudinal change. (RH)
ISSN: 0144686X From : <http://www.cambridge.org.aso>

INTERNATIONAL AND COMPARATIVE

(See Also 252/23, 252/25, 252/48, 252/58, 252/65, 252/68, 252/82, 252/123)

- 252/69 Factors affecting fear of crime: a study of elderly in a district of Uttar Pradesh; by Avanish Bhai Patel.: Emerald.
Working with Older People, vol 23, no 4, 2019, pp 217-227.
Fear of crime is an emerging social problem in Indian society that has a significant impact on older people's quality of life. In view of this fact, this paper applies a mixed method approach to examine factors such as prior victimisation, vulnerability and incivility which contribute in bringing fear of crime to older people. This study has been designed as an exploratory lead-in to a planned wider study into rural-urban context as possible factors in shaping the victimisation experience. The study was conducted from October 2012 until January 2013 with a sample of 220 older people living in both rural and urban areas of Lucknow in the state of Uttar Pradesh, India. The study found that older people have been victimised by known persons as compared to unknown persons. Further, the study found that the immediate neighbourhood was swarming with loiterers, unruly teenagers, gangs, beggars and alcoholics who significantly disturb the older population and pose a threat to the neighbourhood. (RH)
ISSN: 13663666 From : <http://www.emeraldinsight.com/loi/wwop>
- 252/70 Perceived quality of life and living arrangements among older rural South Africans: do all households fare the same?; by Margaret Ralston, Enid Schatz, Sangeetha Madhavan (et al).: Cambridge University Press.
Ageing and Society, vol 39, no 12, December 2019, pp 2735-2755; + Corrigendum p 2776.
This study explores how living arrangements influence perceived quality of life in an older population in rural South Africa. The authors use data from the longitudinal World Health Organization Study of Global Ageing and Adult Health Survey (WHO-SAGE) and from the Agincourt Health and Socio-Demographic Surveillance System (HDSS). On average, older men and women who reside in single-generation and complex-linked multigenerational households report worse quality of life than those in two-generation and linear-linked multigenerational households. However, after controlling for previous well-being status, the authors find living arrangements to have a significant impact on women's perceived quality of life only, and that it is moderated by age. The authors conclude that not all multigenerational arrangements are protective of older adults' well-being. They also highlight the gendered impact of living arrangements on quality of life. These results suggest the necessity to understand how living arrangements change with age and influence older people's social roles. (RH)
ISSN: 0144686X From : <http://www.cambridge.org.aso>
- 252/71 Response to spousal death according to faith in traditional Chinese culture among older Chinese: moderation by occupation; by Haimin Pan.: Wiley.
Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1224-1231.
This study aimed to enrich the knowledge of the effects of traditional Chinese culture on bereavement outcomes among older Chinese, and to examine the moderating role of occupation in the relationship between traditional culture and bereavement outcomes. A sample of 352 older Chinese in widowhood was interviewed by quota sampling. A scale of faith in traditional Chinese culture was developed and

confirmed by factor analysis. Complicated grief (CG) functioned as the outcome variable. Results showed that faith in traditional culture did affect CG among the sample, and previous occupation moderated the effect of traditional culture on CG. Within the sample, the effect of faith in Chinese culture on CG was found to be stronger in a non-peasant group when compared with a peasant group. These results broaden the knowledge of spousal bereavement in a Chinese context. Services such as death education and occupational therapy were recommended according to this study. (JL)

ISSN: 09660410

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

252/72 Trends in women's informal eldercare in China, 1991-2011: an age-period-cohort analysis; by Meng Sha Lao, Ernest Wing, Tak Chui.: Cambridge University Press.

Ageing and Society, vol 39, no 12, December 2019, pp 2756-2775.

Although many studies have described society-wide changes in adult women's care-giving for ageing family members, few have examined how this informal eldercare has changed across care-givers' life-course and the temporal changes across different time periods and birth cohorts. Using a hierarchical age-period-cohort model to disentangle the confounding effects of age, period and cohort, this study examines the life-course and temporal changes in women's informal eldercare in China that can be attributed to the processes of ageing and social transformation. It advances understanding of the extent to which urbanisation and education have affected women's care-giving over time. The results reveal positive age, period and cohort effects which, together, indicate that the tradition of xiao (filial piety) is in a stable state or even resurgent. Higher education and urban residency are both positively related to women's care-giving behaviour. As women age, the gap between residency differences in eldercare decreases. This study supports the argument that xiao culture is resilient and resistant to change, and that education can function as an enabler to promote it. (RH)

ISSN: 0144686X

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

LGBT

252/73 Experiences and perceptions of residential and home care services among older lesbian woman and gay men in Australia; by Andrea Waling, Anthony Lyons, Beatrix Alba (et al.): Wiley.

Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1251-1259.

The needs of older gay men and lesbians regarding access and use of aged care services remain under-researched. This paper reported the findings of 33 qualitative interviews with older gay men and lesbians about their perceptions and experiences of residential aged care and home care services in Australia. The focus of this paper was their preparedness for using aged care services. The results highlighted that participants had a number of concerns related to accessing residential care services in particular, including perceptions of a lack of inclusivity and concerns of potential for discrimination and hostility, loss of access to community and partners, decreased autonomy and concerns relating to quality of care and the potential for elder abuse. Participants noted a number of strategies they employed in avoiding residential care services, including the use of home care services, renovating the home for increased mobility, moving to locations with greater access to outside home care services, a preference for lesbian/gay-specific housing and residential care options if available, and the option of voluntary euthanasia to ensure dignity and autonomy. Participants on the whole were hopeful that they would never require the use of residential care services, with some believing that having current good health or the support of friends could prevent this from happening. The findings suggest that older gay men and lesbians have a variety of concerns with aged care and may need additional support and education to improve their perceptions and experiences of services, whether these are needed now or in the future. (JL)

ISSN: 09660410

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

252/74 Raising the equality flag: health inequalities among older LGBT people in the UK; by Brian Beach, International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, 2019, 15 pp.

New data analysis shows that LGBT men and women aged 50+ have poorer self-rated health and are more likely to have other conditions that affect their health and well-being. For the first time, the analysis demonstrates that these differences persist, even after accounting for other factors. This report highlights new findings from a project conducted by researchers at University College London (UCL), Cardiff University and ILC UK, funded by the Wellcome Trust [207986/Z/17/Z]. It outlines: evidence around various outcomes related to health and well-being among the LGBT community aged 50+; a meta-analysis using a range of existing datasets to identify disparities in such outcomes; and findings from a roundtable bringing together a group of experts. (RH)

From : ILC-UK, 11 Tufton Street, London SW1P 3QB.

Download: <https://ilcuk.org.uk/wp-content/uploads/2019/05/ILC-Raising-the-equality-flag.pdf>

LIFE-LONG LEARNING

(See 252/50, 252/54)

LONELINESS AND SOCIAL ISOLATION

- 252/75 Understanding the psychological drivers of loneliness: the first step towards developing more effective psychosocial interventions; by Guy Robertson.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 3, 2019, pp 143-154.
The author outlines the need to develop a more balanced approach to addressing the loneliness experience by older people, by recognising the psychological and emotional dynamics which cause it. He proposes a more holistic psychosocial approach to loneliness, by drawing on and reviewing the published literature on the psychological aspects of loneliness. Although not extensive and a fair degree of it has not been fully trialled with older people, there is sufficient evidence to begin to develop and test more psychosocial approaches to addressing loneliness. However, there is an a priori case for using the evidence that exists to develop and test out new psychosocial interventions for addressing loneliness. It is possible that a more psychosocial approach to loneliness will enable more to be done to address the significant distress of older people who experience severe and chronic loneliness. It may also be possible to develop more effective preventative strategies which build resilience in older people. The field of loneliness practice and research is overwhelmingly based on sociological analysis and social interventions. This paper is one of the first to explicitly highlight the value of drawing on psychological data to develop psychosocial approaches. (RH)
ISSN: 14717794
From : <http://www.emeraldinsight.com/loi/qaoa>
- 252/76 The virtual care farm: a preliminary evaluation of an innovative approach to addressing loneliness and building community through nature and technology; by Keith A Anderson.: Taylor and Francis.
Activities, Adaptation and Aging, vol 43, no 4, October-December 2019, pp 334-344.
Social relationships and engagement are critically important to well-being in later life and have been found to be strongly correlated with isolation and loneliness. Addressing loneliness has emerged in recent years as a grand challenge for our health and social care systems. In this article, the author introduces, describes and provides a preliminary evaluation of the "virtual care farm", an innovative union of high-technology online communities and low-technology care farms. Preliminary evaluation suggests that connecting older adults with nature and with each other have the potential to facilitate social engagement, foster relationships and address loneliness and isolation. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>

LONG TERM CARE

- 252/77 How do supervisor support and social care matter in long-term care?: Correlates of turnover contemplation among long-term care facility workers; by Guytano Virido, Tamara Daly.: Policy Press.
International Journal of Care and Caring, vol 3, no 3, August 2019, pp 413-424.
Direct care workers from three Canadian provinces were surveyed in this study examining long-term care workers' contemplation to leave their current employment situation. Intention to leave was measured with a survey question asking participants whether they had seriously considered quitting their job recently. The results of the binary logistic regression indicated that both immediate supervisor support and social care tasks performed were statistically significant predictors of intention to leave. Higher levels of supervisor support and more social care tasks performed regularly were associated with lower intention to quit among direct care workers. (RH)
ISSN: 23978821
From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>
- 252/78 Should the planned cap on liability to meet care costs be uniform across England?: a briefing note; by Raphael Wittenberg, Care and State Pension Reform Team - CASPeR. London: Pensions Policy Institute, October 2016, 7 pp.
The Care and State Pension Reform Team (CASPeR) is a collaborative project between the Pensions Policy Institute (PPI), the University of East Anglia (UEA) and the Personal Social Services Research Unit (PSSRU) at London School of Economics and Political Science (LSE), funded over two years by the Nuffield Foundation, to investigate the long-term impacts of both long term care and state pension reforms and their potential interactions. This briefing note presents data on regional variations in a range of relevant variables to inform discussion about whether there is a case for the planned cap on liability to meet care costs to vary in value between regions or areas of England. (RH)
From : <https://www.pensionspolicyinstitute.org.uk/media/2654/20161027-casper-briefing-note-2-final.pdf>

LONG TERM CONDITIONS

- 252/79 Accepting, active and in control: older women' experiences of ageing with peripheral arterial disease; by Kimberley Bassett, Judith Gullifer, Ramon L Varcoe.: Cambridge University Press. Ageing and Society, vol 39, no 12, December 2019, pp 2605-2630.
The population of Australia is ageing, with women being the primary beneficiaries of this increase in longevity. Increasingly older individuals are being diagnosed with different chronic illnesses, such as peripheral arterial disease (PAD) which causes blockages of the blood vessels in the legs, resulting in pain, non-healing ulcers, immobility and the potential amputation of the threatened limb. PAD has been traditionally thought to affect men more than women. Consequently, women have been under-represented in clinical trials of PAD and under-diagnosed in the health-care setting. However, it has recently been acknowledged that women are indeed more likely to suffer from PAD than men, due to increased presence of disease and survival advantage. As such, very little is known about women's understanding of, and the meaning they create, of their experiences of PAD. Therefore, how older women with PAD experience the ageing process is the focus of this qualitative research project. Interviews were conducted with 11 women from Sydney, Australia aged over 65 years who had been diagnosed with PAD. The interviews were analysed using an inductive thematic analysis. Three manifest themes were constructed: independence and control, active and involved, and the acceptance of ageing. These findings emphasised the idea that despite the presence of a chronic illness and increased age, remaining independent and engaged with life was vital to these women's well-being. Their subjective experiences of ageing reflect the fact that by adapting to the physical, mental and social changes that come with growing older, the focus does not need to be on loss and decline, but rather can be about the continuation of life that can be both positive and meaningful. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org.aso>

MEDICAL ISSUES

(See Also 252/8, 252/55, 252/56)

- 252/80 Under the skin: listening to the voices of older people on influenza immunisation; by Dan Holden, International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, 2019, 36 pp.
Preventing ill health and reducing the burden of disease are increasingly recognised as vital in the context of an ageing society; and influenza immunisation programmes are key preventative strategies in many countries. This report explores the attitudes of older adults to influenza immunisation. It is based on qualitative research with 48 members of the public (age 60+) and 19 public health stakeholders. The research was conducted in Australia, the UK, Canada and Japan, to provide insight using a cross-section of developed countries with established vaccination programmes. The research found that attitudes are significant in influencing rates of influenza vaccination among older adults. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
Download: <https://ilcuk.org.uk/wp-content/uploads/2019/05/ILC-Under-the-skin.pdf>

MEDICATION

- 252/81 Pharmacist-led influenza vaccination services in residential aged care homes: a pilot study; by Nicole C McDerby, Sam Kosari, Kasia S Bail (et al): Wiley. Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 132-135.
The feasibility of pharmacist-led influenza vaccination services in residential aged care homes has not previously been studied. The primary objective of this pilot study from Australia was to evaluate the feasibility of such a service. A secondary objective was to assess the effect of the service on employee vaccination rates. An in-house pharmacist-led vaccination service was implemented at a single site in 2017. De-identified employee influenza vaccination records at the site for 2016 and 2017 were compared to assess the change in vaccination rate. The residential care pharmacist administered 37% of all influenza vaccinations to employees in 2017. Between 2016 and 2017, there was a significant improvement in the employee vaccination rate at the site (46.5% versus 69.2%). It is feasible for pharmacists to administer influenza vaccinations to employees in residential aged care. The flexibility of an in-house pharmacist improves accessibility and can therefore promote uptake of influenza vaccination by employees. (JL)
ISSN: 14406381
From : <http://www.wileyonlinelibrary.com/journal/ajag>
- 252/82 Sociodemographic inequality in joint-pain medication use among community-dwelling older adults in Israel; by Aviad Tur-Sinai, Jennifer Shuldiner, Netta Bentur.: Wiley. Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1167-1174.
Joint pain is a common experience among adults aged 65 and over. This paper examined the use of medication among older adults with joint pain in Israel and looked at whether socioeconomic factors

were associated with this usage. The data, harvested from the Survey of Health, Aging and Retirement in Europe (SHARE), included 1,294 randomly selected community-dwelling individuals aged 65 and over in Israel. Bivariate analysis and logistic regression were used to identify factors associated with the presence of joint pain medication use. About 38% of respondents reported experiencing joint pain and 45% of those who so reported were not taking prescription medication. Back pain was the most common type, reported by 64% of individuals who reported joint pain. Taking medication was found to be independently associated with younger age, more education and better ability to cope economically. However older age and ability to cope economically were independently associated with women but not with men. It is suggested that socioeconomic inequality exists in healthcare access among adults aged 65 and over. Since income and gender are strongly associated with taking pain medication, physicians should follow up on women and less affluent people to ensure that medication prescribed has been obtained. Policymakers should consider programmes that would facilitate better access to pain medication among vulnerable older individuals. (JL)

ISSN: 09660410

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

- 252/83 Use of medicines that may precipitate delirium prior to hospitalisation in older Australians with delirium: an observational study; by Gizat M Kassie, Lisa M Kalisch Ellett, Tuan A Nguyen, Elizabeth E Roughead.: Wiley.

Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 124-131.

The objective of this study was to assess the use of medicines associated with delirium prior to hospital admission in older Australian patients with a recorded diagnosis of the condition. A retrospective observational study was conducted using de-identified data from the Australian Government Department of Veterans' Affairs Health Care Claims Database. The prevalence of use of medicines associated with delirium was determined in people 65 years or older with a delirium diagnosis. Three-quarters of the 22,923 study participants were taking at least one medicine associated with delirium, the median number of medications per patient being two. The most frequently used medicines known to be associated with delirium were psycholeptics, opioids and tricyclic antidepressants. A substantial proportion of older hospitalised patients with a delirium diagnosis were taking medicines known or suspected to precipitate delirium prior to admission. There may be an opportunity to decrease medication-associated delirium by reducing use of risky medication. (JL)

ISSN: 14406381

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

MENTAL HEALTH

(See Also 252/11, 252/48, 252/83, 252/106, 252/122)

- 252/84 Investing in happiness: the gerontological perspective; by Andrew Steptoe.: Karger.

Gerontology: Behavioural Science Section, 10 September 2019, 6 pp.

Optimising happiness is a desirable societal aim in itself, but there are four more specific reasons why research on happiness is an important emerging theme in gerontology. First, happiness is not merely the mirror of depression, anxiety or distress, but has distinct relationships with a range of outcomes, so benefits from study in itself. Second, happiness appears to be a protective factor for morbidity and mortality; although studies are complex and take a long time to complete, there is accumulating evidence that greater happiness predicts survival among older people independently of covariates including health status and depression. Third, happiness has broad ramifications at older ages, being related to personal and social relationships, economic prosperity, biological risk factors, health behaviours, and time use as well as health. Fourth, happiness is malleable, and can potentially be modified in ways that will enhance the health and well-being of older people. (RH)

ISSN: 14230003

From : <https://doi.org/10.1159/000501124>

- 252/85 Self-neglect and safeguarding adult reviews: towards a model of understanding facilitators and barriers to best practice; by Michael Preston-Shoot.: Emerald.

Journal of Adult Protection, vol 21, no 4, 2019, pp 219-234.

The purpose of this paper was twofold: firstly, to update the core data set of self-neglect safeguarding adult reviews (SARs) and accompanying thematic analysis; and secondly, to draw together the learning available from this dataset of reviews to propose a model of good practice that could be used as the basis for subsequent SARs. Further published reviews were added to the core data set from the websites of Safeguarding Adults Boards (SABs). Thematic analysis was updated using the four domains employed previously. A sufficient number of reviews were performed from which to construct an evidence-based model of good practice. A framework was presented with the proposition that this could be used as a proportional methodology for further SARs where self-neglect was in focus. Familiar findings emerge from the thematic analysis. This level of analysis, constructed over time and across reviews, enables a framework to be developed that pulls together the findings into a model of good practice with individuals who self-neglect and for policies and procedures with which to support those practitioners

involved in such cases. This framework can then be used as an evidence-based model with which to review new cases where SARs are commissioned. The national database of reviews commissioned by SABs is incomplete and does not contain many of the SARs reported in this evolving data set. The Care Act 2014 does not require publication of reports but only a summary of findings and recommendations in SAB annual reports. It is possible, therefore, that this dataset is also incomplete. Drawing together the findings from the reviews nonetheless enables conclusions to be proposed about the components of effective practice, and effective policy and organisational arrangements for practice. Future reviews can then explore what enables effective practice to be achieved and what barriers obstruct its realisation. (JL)
ISSN: 14668203

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

MENTAL HEALTH CARE

252/86 Clinical supervision in older adult mental health services; by Alessandra Merizzi.: Emerald. Working with Older People, vol 23, no 4, 2019, pp 241-250.

This paper explores how supervision is applied in the context of NHS services for older adults, with particular regard to the profession of clinical psychology and psychotherapy. The clinical supervision theories that are considered are the Seven-Eyed Model (Hawkins and Shoet, 2012) and the Cyclical Model (Page and Wosket, 2015). The discussion also integrates an overview of psychological dynamics, as presented by the existing literature with the author's reflections on the influence of ageing stereotypes in the therapeutic work with older people. The author finds that the theoretical models of clinical supervision considered can offer a robust framework and pathway for supervisory work in psychology and psychotherapy for older people. However, this alone seems insufficient, and needs to be combined with the supervisor's knowledge on psychology of ageing as well as self-reflection on internalised ageing stereotypes. The paper suggests a need for health care professionals who provide clinical supervision on older adult therapeutic work to be familiar with the aspects analysed. Clinical supervision handbooks overlook aspects related to age as an issue of difference. This paper adds value to the clinical work with older people, through a novel attempt to link implications of ageing stereotypes with therapeutic and supervisory practice. (RH)

ISSN: 13663666

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

NEIGHBOURHOODS AND COMMUNITIES

252/87 Association between neighbourhood convenience stores and independent living in older people in Japan; by Hiroshige Matsumoto, Ayumi Igarashi, Miho Suzuki, Noriko Yamamoto-Mitani.: Wiley. Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 116-123.

Shopping can be a challenge for older people facing functional decline. In Japan convenience stores (CVSs) play an important role in older people's daily lives. This study investigated the relationship between the geographical accessibility of CVSs, supermarkets and grocery stores and shopping independence. This study used administrative long term care insurance data from a sample of 7,703 older adults. The spatial coverages of the stores were calculated using a geographic information system. A multilevel regression analysis was conducted to examine the association between neighbourhood spatial coverage and individual shopping independence. After adjusting for demographic characteristics, individual functioning and neighbourhood-level population density the regression analysis revealed that the CVSs spatial coverage was negatively associated with a risk of shopping dependence. These findings suggest that geographical accessibility of CVSs may be beneficial for maintaining shopping independence. (JL)

ISSN: 14406381

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

252/88 Developing age-friendly cities: an evidence-based evaluation tool; by Stefanie Buckner, Daniel Pope, Calum Mattocks, Louise Lafortune, Mukesh Dherani, Nigel Bruce. Journal of Population Ageing, vol 12, no 2, June 2019, pp 203-223.

Recent years have seen a proliferation of initiatives aimed at enhancing the age-friendliness of urban settings. The World Health Organization's (WHO) global Age-Friendly Cities (AFC) programme has been central to these. Cities seeking to become more age-friendly need reliable ways of assessing their efforts. This article describes an evidence-based evaluation tool for age-friendly initiatives whose development was informed by fieldwork in Liverpool. The tool complements existing assessment frameworks, including those provided by WHO, by paying particular attention to the structures and processes underlying age-friendly initiatives. It reflects the complexity of age-friendliness, by reconciling a focus on breadth with detail and depth; and it allows for a highly accessible visual presentation of findings. Using selected examples from Liverpool, the article illustrates how the evaluation tool can be applied to guide policy and practice with an age-friendly focus in different urban contexts. Pilot testing in further settings is underway to refine the tool as a practical method for evaluation and for supporting city-level decision making. (RH)

ISSN: 18747876 From : <https://link.springer.com/article/10.1007/s12062-017-9206-2>

NURSING

- 252/89 Older assistant nurses' motivation for a full or extended working life; by Kristina Gyllensten, Kerstin Wentz, Carita Hakansson, Mats Hagberg, Kerstin Nilsson.: Cambridge University Press. *Ageing and Society*, vol 39, no 12, December 2019, pp 2699-2713.
This Swedish study was part of a larger research project, 'Enabling participation, health and well-being of ageing workers: towards a sustainable and inclusive working life'. Its aim was to explore older workers' motivation for a full or extended working life, in particular assistant nurses aged 55-64 years working in the elder care sector. Focus group interviews were conducted with five different groups of assistant nurses. Inductive thematic analysis was used to analyse the interviews and five main themes were developed from the data: 'Organisational issues', 'Health-related problems', 'Private issues', 'Meaningfulness and appreciation' and 'Social support'. Several of the main themes concerned problems with overly high work demands on the assistant nurses, suggesting that it is important to improve their working conditions in order to create a more sustainable working life. Increasing the number of staff and improving recovery opportunities and work-life balance could be important steps to improving the working conditions for this group. Finally, upgrading assistant nurses' competency and professionalism could help to increase motivation for a full or extended working life. (RH)
ISSN: 0144686X
From : <http://www.cambridge.org.aso>

OLDER MEN

- 252/90 Men's Sheds: a conceptual exploration of the causal pathways for health and well-being; by Danielle Kelly, Artur Steiner, Helen Mason, Simon Teasdale.: Wiley. *Health and Social Care in the Community*, vol 27, no 5, September 2019, pp 1147-1157.
Although men have a lower life expectancy than women and are more susceptible to illness, they have been found to be less likely to engage in health-seeking behaviour. Men's Sheds, as a gendered intervention, has been identified as an effective way to engage men in meaningful activity and gain social support from others. However, links between sheds and health and well-being are not well-documented, and evidence is lacking of the potential causal pathways to health generation. This study aims to develop a plausible empirically based causal theory of how Men's Sheds influence participants' health and well-being, and to set out future research directions to test this theory. Drawing on a scoping review of academic, peer-reviewed journal articles published between 1990 and 2018, potential causal linkages between shed activity and health and well-being outcomes are synthesised into a logic model framework. Sixteen relevant peer-reviewed articles were identified from the academic literature. The data from the articles are predominantly self-reported, and characterised by small sample sizes and/or low response rates. Furthermore, information is lacking on the demographics of Men's Shed participants and the contexts in which they exist. Most notably, while there is some evidence on the potential mental health and social well-being impacts of shed activities, physical health is less documented. The study shows that there is a lack of reliable and systematic evidence of the potential causal pathways between Men's Shed activities and health and well-being outcomes. In order to address research gaps, further research is required to test and develop the proposed theory and logic model. (RH)
ISSN: 09660410
From : <http://www.wileyonlinelibrary.com/journal/hsc>

PENSIONS AND BENEFITS

- 252/91 Good job, good pension?: The influence of the workplace on saving for retirement; by Lynne Robertson-Rose.: Cambridge University Press. *Ageing and Society*, vol 39, no 11, November 2019, pp 2483-2501.
Most private-sector employees in the United Kingdom (UK) are automatically enrolled into individualised defined contribution (DC) pension accounts. In a DC environment, income adequacy in retirement is highly dependent on the decisions that individuals make earlier in their lives. The ease with which they move into employment, and the pension support that they then receive from their employer, can be critical in determining outcomes. This paper discusses how employees respond to workplace pension schemes, and the circumstances under which they assess the suitability of their contributions. The findings are based on an embedded case study comprising qualitative interviews with 25 employees of a large UK utility company. Participants were selected on the basis of socio-economic similarity. The research concluded that fixed-term employment negatively affected saving for retirement, both with respect to scheme membership and to the level of saving. Furthermore, it was found that the employment context had an influence upon retirement savings behaviour. The proactive approach of the employer in providing retirement benefits, and the trust that employees had in their employer, positively influenced membership and contribution levels. In addition to employer endorsement effects, both the encouragement of older work colleagues and workplace norms had a role to play in influencing how successfully individuals prepared for retirement. (RH)
ISSN: 0144686X From : <http://www.cambridge.org.aso>

- 252/92 Retirement pension reforms in six European social insurance schemes between 2000 and 2017: more financial sustainability and more gender inequality?; by Manuela Arcanjo.: Cambridge University Press. *Social Policy and Society*, vol 18, no 4, October 2019, pp 501-515.
In 2000, the European Union (EU) established three principles that should guide Member State pension systems and their reforms: the financial sustainability of pension systems; adequacy of pensions; and the modernisation of systems. The latter included the achievement of greater gender equality and sought to respond to the significant gender gaps in public pension systems. This article demonstrates how the reforms carried out over the period 2000-2017 have focused on strengthening the financial sustainability of systems but may also have contributed to even greater gender inequality in old age protection. To this end, the authors examine the major legislative amendments concerning eligibility criteria and entitlement conditions in six countries (Austria, Belgium, France, Germany, Portugal and Spain), as representative of the social insurance scheme. (RH)
ISSN: 14747464 From : <http://www.cambridge.org/sps>

PERSONALISATION

- 252/93 The dynamics of co-production in the context of social care personalisation: testing theory and practice in a Scottish context; by Sarah Sophie Flemig, Stephen Osborne.: Cambridge University Press. *Journal of Social Policy*, vol 48, no 4, October 2019, pp 671-697.
Increasing pressures on social systems have spurred innovations in service delivery models. One such innovation is an increased focus on co-production-based models of care, which focus on increased personal autonomy and service-user self-determination. However, there is little empirical evidence on how co-production interacts with other social policies, such as personalisation. This paper uses data from two qualitative case studies to explore the role of co-production for personalisation in the context of recent Scottish policy initiatives. This study uses Osborne et al's 'Co-production and the co-creation of value in public services: a suitable case for treatment?' *Public Management Review*, vol 18, 2016, pp 639-653) co-production matrix, to understand what forms of co-production are used in personalisation, what factors act as drivers and barriers, how co-production relates to outcomes, and how co-production theory can inform social policy and legislative reform on personalisation. (RH)
ISSN: 00472794
From : <http://www.cambridge.org/JSP>
- 252/94 Evaluating direct payments in residential care: the perspective of care home providers; by Daniel Lombard, Raphael Wittenberg, Stefanie Ettelt (et al).: Policy Press. *International Journal of Care and Caring*, vol 3, no 3, August 2019, pp 393-411.
This article reports findings from the evaluation of the Direct Payments in Residential Care Trailblazers in England (2014-16). It focuses on the perspective of residential care providers on implementing direct payments, which aimed to improve the level of choice and control over care available to their residents. The article explores the views of providers, using interviews and survey responses of care home managers and owners. Concerns expressed by providers include issues that have arisen in domiciliary care but also issues specific to residential care, especially challenges in facilitating greater choice and control in settings that provide care collectively for substantial numbers of residents. (RH)
ISSN: 23978821
From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>
- 252/95 Personalisation, customisation and bricolage: how people with dementia and their families make assistive technology work for them; by Grant Gibson, Claire Dickinson, Katie Brittain, Louise Robinson.: Cambridge University Press. *Ageing and Society*, vol 39, no 11, November 2019, pp 2502-2519.
Assistive technologies (ATs) are being 'mainstreamed' within dementia care, where they are promoted as enabling people with dementia to age in place alongside delivering greater efficiencies in care. AT provision focuses on standardised solutions, with little known about how ATs are used by people with dementia and their carers within everyday practice. This paper explores how people with dementia and carers use technologies in order to manage care. Findings are reported from qualitative semi-structured interviews with 13 people with dementia and 26 family carers in North-East England. Readily available household technologies were used in conjunction with and instead of AT to address diverse needs, replicating AT functions when doing so. Successful technology use was characterised by 'bricolage' or the non-conventional use of tools or methods to address local needs. Carers drove AT use by engaging creatively with both assistive and everyday technologies, however, carers were not routinely supported in their creative engagements with technology by statutory health or social care services, making bricolage a potentially frustrating and wasteful process. Bricolage provides a useful framework to understand how technologies are used in the everyday practice of dementia care, and how technology use can be supported within care. Rather than implementing standardised AT solutions, AT services and AT design in future should focus on how technologies can support more personalised, adaptive forms of care.
ISSN: 0144686X From : <http://www.cambridge.org/aso>

PHYSICAL ACTIVITY

(See Also 252/18, 252/113)

- 252/96 Physical activity and long-term survival in older men and women: a 21 year longitudinal study; by Wasim Ahmed, Oluwafemi Fayoyin, Peter A Bath.: Taylor and Francis. Activities, Adaptation and Aging, vol 43, no 4, October-December 2019, pp 294-314. The Nottingham Longitudinal Study of Activity and Ageing (NLSAA survey) was conducted in 1985 with 1,042 participants. As of 31st May 2006 (21 years from baseline), there had been 919 recorded deaths (368 men and 551 women). Mortality analyses were from baseline interview to death or censorship (May 2006). Men and women were analysed separately in unadjusted models and adjusting for demographic and health-related variables. In separate unadjusted models, participation in outdoor activities, indoor productive activities, leisure activities, walking, undertaking activities requiring flexibility, and physical effort were associated with reduced long-term mortality among both men and women. In adjusted models, participation in physical activities had no significant association with mortality risk for men. Among women, participation in outdoor activities and leisure activities remained significantly associated with long-term survival in adjusted models. Among men, the benefits of physical activities for mortality risk were explained through demographic, health and psychosocial variables. However, participation in outdoor and leisure physical activities was beneficial for women and had a significant association with survival, even when controlling for demographic, health and psychosocial variables. Therefore, encouraging participation in specific physical activities, such as gardening, swimming, and dancing among older women may improve long-term survival. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 252/97 Self-limiting progressive intensity to promote initiation and maintenance of physical activity; by Carolyn J Murrock, Judith A Juvancic-Heltzel, Mary A Dolansky.: Taylor and Francis. Activities, Adaptation and Aging, vol 43, no 3, July-September 2019, pp 186-194. Older people with multiple chronic conditions face many challenges in initiating and maintaining regular physical activity. In addition to rate of perceived exertion, the utilisation of self-limiting progressive intensity can play a significant role in physical activity initiation and maintenance to improve older people's quality of life and life satisfaction. Self-limiting progressive intensity has therapeutic applications which activity professionals could use in daily practice. This paper describes self-limiting progressive intensity as an alternative or adjunct method to promote the initiation and maintenance of physical activity in older people with multiple chronic conditions. (RH)
ISSN: 01924788
From : <http://www.tandfonline.com>
- 252/98 Temporal changes in cardiorespiratory fitness and risk of dementia incidence and mortality: a population-based prospective cohort study; by Atefe R Tari, Javaid Nauman, Nina Zisko (et al). The Lancet Public Health, vol 4, no 11, 1 November 2019, pp e565-e574. Cardiorespiratory fitness is associated with risk of dementia, but whether temporal changes in cardiorespiratory fitness influence the risk of dementia incidence and mortality is still unknown. The authors tested the hypothesis that change in estimated cardiorespiratory fitness over time is associated with change in risk of incident dementia, dementia-related mortality, time of onset of dementia, and longevity after diagnosis in healthy men and women at baseline. The authors linked data from the prospective Nord-Trondelag Health Study (HUNT) conducted in Nord-Trondelag, Norway with dementia data from the Health and Memory Study and cause of death registries (n=30,375). Included participants were apparently healthy individuals for whom data were available on estimated cardiorespiratory fitness and important confounding factors. Cardiorespiratory fitness was estimated on two occasions 10 years apart, during HUNT1 (1984-86) and HUNT2 (1995-97). To assess the association between change in estimated cardiorespiratory fitness and dementia, four categories of change were used: unfit at both HUNT1 and HUNT2; unfit at HUNT1 and fit at HUNT2; fit at HUNT1 and unfit at HUNT2; and fit at both HUNT1 and HUNT2. Cox proportional hazard analyses were used to estimate adjusted hazard ratios (AHR) for dementia incidence and mortality related to temporal changes in estimated cardiorespiratory fitness. During a median follow-up of 19.6 years for mortality, and 7.6 years for incidence, there were 814 dementia-related deaths, and 320 incident dementia cases. Compared with participants who were unfit at both assessments, participants who sustained high estimated cardiorespiratory fitness had a reduced risk of incident dementia (AHR 0.60, 95% CI 0.36-0.99) and a reduced risk of dementia mortality (0.56, 0.43-0.75). Participants who had an increased estimated cardiorespiratory fitness over time had a reduced risk of incident dementia (AHR 0.52, 95% CI 0.30-0.90) and dementia mortality (0.72, 0.52-0.99) when compared with those who remained unfit at both assessments. Each metabolic equivalent of task increase in estimated cardiorespiratory fitness was associated with a risk reduction of incident dementia (adjusted HR 0.84, 95% CI 0.75-0.93) and dementia mortality (0.90, 0.84-0.97). Participants who increased their estimated cardiorespiratory fitness over time gained 2.2 dementia-free years (95% CI 1.0-3.5), and 2.7 years of life (0.4-5.8), when

compared with those who remained unfit at both assessments. Change in estimated cardiorespiratory fitness is an independent risk factor for incidence dementia and dementia mortality. Maintaining or improving cardiorespiratory fitness over time may be a target to reduce risk of dementia incidence and mortality, delay onset, and increase longevity after diagnosis. The data highlight the importance of assessing cardiorespiratory fitness in health risk assessment for people at risk of dementia. (RH)
From : DOI: [https://doi.org/10.1016/S2468-2667\(19\)30183-5](https://doi.org/10.1016/S2468-2667(19)30183-5)

POLITICS AND CAMPAIGNING

- 252/99 Great expectations: ambitions for family carers in UK parliamentary debates on the Care Bill; by Jill Manthorpe, Jose Luis Fernandez, Nicola Brimblecombe (et al): Policy Press. International Journal of Care and Caring, vol 3, no 3, August 2019, pp 359-374. The Care Act 2014 amended legislation relating to government responsibilities for adults with care needs. It set out new statutory responsibilities for the support of family or informal carers. As part of a study investigating the impact of the Care Act 2014 on family carers in England, the authors undertook a contextual literature review, focusing on Parliamentary Debates available online from Hansard (<https://hansard.parliament.uk/>). They describe the content of debates seeking to amend the law relating to carers and aspirations for the proposed reforms. They highlight the role of Parliamentary carer champions, as well as carer-related themes and the lack of controversy over this subject. (RH)
ISSN: 23978821
From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>
- 252/100 Pressure without pain: what politicians (don't) tell you about welfare state change; by Achim Goerres, Staffan Kumlin, Rune Karlsen.: Cambridge University Press. Journal of Social Policy, vol 48, no 4, October 2019, pp 861-884. How do political leaders politicise welfare state "reform pressures", e.g. unemployment, ageing or globalisation, in election campaigns? Competing expectations range from no politicisation at all, to a clear and unbiased coupling between pressures and intended policy responses. Eighteen speeches held by prime ministerial candidates at election-year party congresses in Germany, Norway and Sweden (2000-2010) reveal an unfinished and biased problem-solution coupling. On the one hand, even in these affluent countries, pressures are frequently politicised. On the other hand, leaders either cherry-pick less painful policy solutions, or refrain altogether from debating them. So while citizens learn that the welfare state is pressured, they are not exposed to the full range of policies they increasingly have reason to expect after elections. (RH)
ISSN: 00472794
From : <http://www.cambridge.org/JSP>

PREVENTION

- 252/101 Prevention in an ageing world; by International Longevity Centre UK - ILC UK. London: International Longevity Centre UK, 2019, 13 pp. To explore the role of prevention in an ageing world, ILC has launched an international programme of work, to influence the discourse and promote preventative measures across the life course. The programme will draw together examples of effective preventative interventions and activities among adults in mid and later life, along with evidence on the value of a range of primary, secondary and tertiary preventative interventions. This pamphlet presents ILC UK's initial findings. (RH)
From : ILC-UK, 11 Tufton Street, London SW1P 3QB.
Download at: <https://ilcuk.org.uk/wp-content/uploads/2019/09/Prevention-in-an-ageing-world.pdf>

QUALITY OF LIFE

(See Also 252/70)

- 252/102 Older people and social quality: what difference does income make?; by Liam Foster, Mark Tomlinson, Alan Walker.: Cambridge University Press. Ageing and Society, vol 39, no 11, November 2019, pp 2351-2376. Social Quality is defined as "the extent to which people are able to participate in the social, economic and cultural lives of their communities under conditions which enhance their well-being and individual potential". This article explores the relationship between Social Quality and income in later life, and represents the first application of the concept to a United Kingdom data-set with an explicit focus on older people. In order to undertake this analysis, confirmatory factor analysis models are employed in conjunction with the British Household Panel Survey (BHPS). This enables various dimensions or domains of Social Quality to be measured and then subjected to further scrutiny via regression analysis. Initially, the paper explores links between low income, poverty and older people, before outlining the concept of Social Quality and its four conditional factors. Following the methodology, the impact of

income on Social Quality domains is explored. The authors identify that differences in income in older age provide a partial explanation of differences in individual Social Quality. While there is a statistically significant relationship between income and certain aspects of Social Quality such as economic security, altruism, social networks and culture and/or participation, other factors such as health, identity and time did not have a statistically significant relationship with income. This indicates that improvements in the income of older people are likely to positively impact on aspects of their Social Quality. Finally, some policy implications of the finding are outlined, with particular reference to the potential role for pensions in enhancing aspects of Social Quality in retirement. (RH)

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REABLEMENT AND REHABILITATION

- 252/103 Cost-minimisation analysis of home care reablement for older people in England: a modelling study; by Annette Bauer, Jose-Luis Fernandez, Cate Henderson (et al): Wiley.

Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1241-1250.

Many governments have introduced or encouraged home care reablement schemes for older people at home with the aim of improving outcomes and reducing costs. In this study the authors examined whether such schemes have the potential to reduce costs from the perspective of the National Health Service (NHS) and Personal Social Services (PSS) in England. The study was carried out to inform recommendations of a national guideline. Cost minimisation analysis was carried out using decision-analytic Markov modelling. Home care reablement was compared with standard home care. Costs included those of the intervention, home care and hospital admission. Uncertainty was explored using univariate and probabilistic sensitivity analysis. Mean costs per person were £56,499 to 57,307 in the reablement group, and £58,560 in the standard care group. The mean difference was £2,061. The probability that home care reablement costs less than standard home care was 94.5%. In sensitivity analyses, this probability remained above 85% in all scenarios. Home care reablement can be a successful cost minimisation strategy for supporting some older people. More research is needed about the impact of home care reablement on health outcomes for different groups of older people and the effects of different durations of reablement on outcomes and costs for different subpopulations. (JL)

ISSN: 09660410

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

- 252/104 Rehabilitation Indices associated with sustaining a minimal trauma fracture within 12 months of a stroke in Western Australia; by Shivlal M David, Kien Chan, Charles Inderjeeth, Warren D Raymond. Wiley Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 107-115.

The present study aimed to identify Rehabilitation Indices associated with a minimal trauma fracture (MTF), especially following a fall, within 12 months post-stroke. This was a retrospective case control study. Stroke survivors with MTF were matched 5:1 with stroke survivors without MTF. Logistic regression determined whether Rehabilitation Indices, such as Physiotherapy Ambulation score (PhysioAmb), were associated with a MTF within 12 months post-stroke. 43 stroke survivors (mean age 79.8; 55.81% female) experienced a MTF. Those with a MTF within 12 months had lower PhysioAmb and Berg Balance Scale (BBS) on admission, lower BBS score on discharge and a greater change in PhysioAmb 4 and BBS scores after rehabilitation. Greater changes in PhysioAmb score increased the odds of a MTF within 12 months by 18%. So rehabilitation Indices are associated with a MTF within 12 months post-stroke. (JL)

ISSN: 14406381

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

RELIGION AND SPIRITUALITY

(See Also 252/71)

- 252/105 A model of spirituality for ageing Muslims; by Mahjabeen Ahmad, Shamsul Khan. Journal of Religion and Health, vol 55, no 3, June 2016, pp 830-843.

Spirituality's influence on general well-being and its association with healthy ageing has been studied extensively. However, a different perspective has to be brought in when dealing with spirituality issues of ageing Muslims. Central to this perspective is the intertwining of religion and spirituality in Islam. This article aims to contribute to the understanding of the nature of Islamic spirituality and its immense importance in the life of a practising ageing Muslim. Consequently, it will help care providers to include appropriate spiritual care in the care repertoire of a Muslim care recipient. It is assumed that the framework for a model of spirituality based on Islamic religious beliefs would help contextualise the relationship between spirituality and ageing Muslims. Not only challenges, but also the opportunities that old age provides for charting the spiritual journey have underpinned this model. (OFFPRINT.) (RH)

From : https://www.researchgate.net/profile/Shamsul_Khan/publication/274316928_A_Model_of_Spirituality_for_Ageing_Muslims/links/5608ae2c08aea25fce3b85cd/A-Model-of-Spirituality-for-Ageing-Muslims.pdf

- 252/106 Religious attendance, religious importance, and the pathways to depressive symptoms in men and women aged 50 and over living in Ireland; by Joanna Orr, Katy Tobin, Daniel Carey (et al.): Sage. *Research on Aging*, vol 41, no 9, October 2019, pp 891-911.
The relationship between religiosity and depressive symptoms longitudinally was explored in a sample aged 50+ from four waves (2009-2016) of the Irish Longitudinal Study on Ageing (TILDA). The authors created growth curve models (GCM) of depressive symptoms and religious attendance versus religious importance for the sample, and structural models to assess the longitudinal associations between religious attendance versus religious importance and depressive symptoms. They tested whether this relationship was mediated by social connectedness. GCM showed that higher religious attendance at baseline was associated with lower baseline depressive symptoms, while higher religious importance was associated with higher baseline depressive symptoms. Social connectedness partially mediated the baseline associations between religious attendance and lower depressive symptoms. There were no associations between religious factors and the development of depressive symptoms over time. This study found that the relationship between religion and depressive symptoms is complex, and any protective effect was driven by religious attendance. (RH)
ISSN: 01640275 From : <http://www.journals.sagepub.com/home/roa>

RESEARCH

- 252/107 Conversation Analysis (CA) as a tool for exploring interaction in an online video-conferencing based support service; by John Chatwin, Phil McEvoy.: Emerald.
Journal of Enabling Technologies, vol 13, no 3, 2019, pp 150-157.
Around 60 per cent of people with dementia in the UK live at home. The experience of caring for a family member with dementia can be rewarding and positive, but it can also be significantly stressful. Current healthcare policy is encouraging greater provision to support family carers. Along with respite care, day-care and support group-based initiatives, there has also been a focus on developing dementia-specific communication training. This article discusses the issue in relation to a new initiative is being piloted in the North of England. Empowered Carers is an online support and communication training service for family carers who are caring for someone with dementia at home. It utilises online video conference-calling technology to connect carers with support workers, and also allows for simultaneous interactions involving other family members. A central tenet of the approach is a theoretically grounded support model, based on the concept of mentalisation. The article also describes how a conventional evaluation strategy for the Empowered Carers initiative is being used alongside a socio-linguistic approach (Conversation Analysis - CA). This aims to provide empirical evidence about how the assimilation of mentalisation is reflected in the structuring of carers' speech patterns during support sessions. The authors explain how the CA method has been applied to similar talk-based therapeutic settings, and why its ability to explore sequential linguistic patterns across extremely large data-sets is particularly suited to studying interaction in emerging online arenas. (RH)
ISSN: 23986263 From : <http://www.emeraldinsight.com/loi/jet>
- 252/108 Diversity and inclusion in dementia research; by Lucy Whitman.: Investor Publishing.
Journal of Dementia Care, vol 27, no 5, September/October 2019, pp 28-31.
Care interventions to support people with dementia from ethnic minorities must be evidence-based to receive funding, but what if research is lacking? The author investigates whether minority ethnic groups are being overlooked by the research community. (RH)
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 252/109 Resurrecting the interval of need concept to improve dialogue between researchers, policymakers, and social care practitioners; by Rosalind Willis, Andrew Amos Channon, Joe Viana (et al.): Wiley.
Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1271-1282.
Academics, social care practitioners and policymakers speak different languages. If academic research is to have an impact on society it must be understandable and convincing to end users. The authors argue that the conceptualisation of social care 'need' is different among these stakeholders, leading to poor communication between them. Academics should use concepts that have more meaning to practitioners. The authors propose resurrecting a little-used concept from the 1970s, 'interval of need', to help to bridge this gap. The interval of need concept identifies how often people require help, supplementing the usual data about types of tasks where assistance is needed. The history of the concept is described, followed by a test of its usefulness for today's researchers by applying it to data from the English Longitudinal Study of Ageing. An updated version of interval of need is proposed. Validation checks were conducted against mortality data, and through conceptual validation from a social work practitioner. The nature of the dataset limited comparability with previous studies. However this study concludes that the interval of need concept has promising scope to enhance communication of research findings, potentially leading to improved outcomes for service users. The paper strives to mark a turning point in the language and analysis of social care, ensuring that academic investigation in this field is convincing and clear to practitioners and policymakers. (JL)
ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>

- 252/110 Supporting ageing well research: findings from a research priority setting exercise; by Fiona Doolan-Noble, Poonam Mehta, Debra Waters, George David Baxter.: Wiley.
 Australasian Journal on Ageing, vol 38, no 2, June 2019, pp 136-143.
 This paper described a workshop process conducted to guide funding priorities for the Ageing Well National Science Challenge in New Zealand (NZ). Based on the Checklist for Health Research Priority Setting, stakeholder networking workshops were conducted in five main cities in New Zealand. Each workshop involved an introductory presentation; small group work exploring the a priori areas of: mind health, social wellbeing, health services and age-friendly environments; capturing key ideas on flip charts; feedback; and discussion of documented content. Suggested strategies to address these issues incorporated reduction in segregated 'villages', delivery of integrated care and provision of age-friendly transport. Proposed examples of monitoring impact included increased tertiary participation by older people and presence of more housing options. Actively engaging older adults and community stakeholders in setting research priorities provided a unique opportunity to understand the key areas older adults think important for future research. (JL)
 ISSN: 14406381
 From : <http://www.wileyonlinelibrary.com/journal/ajag>

RESIDENTIAL AND NURSING HOME CARE

(See Also 252/3, 252/4, 252/5, 252/12, 252/34, 252/57, 252/73, 252/81, 252/94)

- 252/111 'If only it was that easy': supporting staff to approach behaviour that challenges work within care home settings; by Alan Howarth, Katy Lee.: British Psychological Society.
 Psychology of Older People: The FPOP Bulletin, October 2019, pp 6-11.
 In their October 2018 article in Psychology of Older People: The FPOP Bulletin (no 144, pp 37-42), the authors discussed the difficulties in implementing the stepped care guidance for Behaviours that Challenges (BtC) in dementia and proposed referral criteria to help translate the model into practice. Building on these ideas, they outline the challenges faced by staff trying to assist people with dementia (PWD) who are showing signs of distressed behaviour within care homes. They also highlight the support needs of staff working in Community Mental Health Teams (CMHTs) when applying protocol-led interventions. To conclude, they reflect on how these ideas shape the way in which the BtC services should be delivered. (RH)
 ISSN: 23969652
 From : <http://www.bps.org.uk/member-microsites/dcp-faculty-older-people>
- 252/112 'Why don't we go into the garden?': A new poster; by Debbie Carroll, Mark Rendell.: Investor Publishing.
 Journal of Dementia Care, vol 27, no 5, September/October 2019, pp 18-19.
 What makes a good care home garden? The authors outline findings from qualitative and quantitative information gathered from 24 care homes, which led, first to their 'Care culture map and handbook' (2016). They then developed an infographic poster, with the aim of inspiring staff to take a fresh look at their outside spaces. (RH)
 ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 252/113 How do residents of aged care homes perceive physical activity and functional independence?: A qualitative study; by Yun-Hee Jeon, Jacqueline Tudball, Karn Nelson.: Wiley.
 Health and Social Care in the Community, vol 27, no 5, September 2019, pp 1321-1332.
 There is little evidence concerning knowledge and understanding of how to best support residents' physical activity, mobility and functional independence in residential aged care homes. An interpretive qualitative study was conducted to explore residents' perceptions and experiences of opportunities for physical activity and functional independence, and how these are challenged in their care home environment. Purposefully sampled 24 participants from five not-for-profit residential care homes in the outskirts of a metropolitan area in Australia were interviewed between August and September 2017. Maintaining independence was found to be the utmost priority for nearly all study participants. Yet many did not make the connection between physical activity and independence, and regarded 'exercise' as an inappropriate activity for them, perceiving it as high-impact, high-intensity activity in commercial gyms that was only appropriate for the young. Walking and gardening were found to be most popular. Walking could be a physical activity, social activity, solo recreational activity and a means of maintaining mobility and functional independence _ all of which residents considered to be appropriate to them and achievable. The study identified key factors influencing physical activity and functional independence of residents: levels of activity prior to living in residential care, ageism, social capital and loss of a loved one, pain and staff support. Findings highlight the need for a 'flexible and inclusive' approach in facilitating the resident's physical activity, and a greater role for staff in encouraging residents' engagement in, and communicating the benefits and requirements of, physical activity through, for example, motivational interviewing. (JL)
 ISSN: 09660410 From : <http://www.wileyonlinelibrary.com/journal/hsc>

- 252/114 Respecting privacy in care services; by Peter Bates, Brendan McLoughlin.: Emerald. Journal of Adult Protection, vol 21, no 6, 2019, pp 276-284.
 Nearly half a million people live in residential care settings in England, and deprivation of privacy is argued to be a significant deprivation of human rights. Occasional tragedies and scandals in such settings create pressure for increasing the level of surveillance, and the right to privacy is sacrificed. This paper offers a challenge to this process, arguing that competing rights need to be balanced and privacy is an essential component of a decent quality of life.
 However, concerns about abuse have established a culture where all information pertaining to a person must be shared, and little attention is paid to privacy in its broader sense. This paper takes a human rights perspective to consider how information governance may affect residents' health, well-being and quality of life. It proposes a proactive approach and presents a template for a privacy impact assessment which services could use to improve their approach to privacy, protecting the human rights of those in their care, contributing to their independence and improving outcomes. A review of historical and current thinking about the value of privacy in human services and wider society leads to a series of challenges to the way in which privacy is upheld in residential care services. It finds that recent preoccupations with data privacy have led to a myopic neglect of broader considerations of privacy. Whilst it continues to be important to protect the confidentiality of personal data and to ensure that residents are protected from abuse, human services that provide 24 hour care in congregated settings must not neglect broader components of privacy. Privacy impact assessments have been widely used to check whether data privacy is being upheld. The broader concept that might be termed "Big Privacy" is introduced, within which data privacy is but one section. It is suggested that big privacy is severely compromised in residential care settings, thus denying residents their human right to privacy. The extent of such violation of rights should be investigated. Having set out the potential reach of the human right to privacy, important work needs to be done to find out how privacy might be upheld in the real world of congregate residential care. Some service providers may have solutions to the organisational challenges, have addressed staff training needs and revised risk assessment strategies so that privacy is upheld alongside other rights. Recent changes in the law regarding data protection have narrowed thinking about privacy until it is a small concept, largely concerned with data handling. This paper invites consideration of big privacy, and invites residential care settings to consider how a deep and broad definition of privacy could transform these services.
 ISSN: 14668203
 From : <http://www.emeraldinsight.com/loi/jap>
- 252/115 What makes a good handover in a care home for older people?; by Jo Moriarty, Caroline Norrie, Jill Manthorpe, Valerie Lipman, Rekha Elaswarapu.: Emerald. Working with Older People, vol 23, no 3, 2019, pp 167-176.
 Drawing on ethnographic methods, this exploratory study investigated the content, purpose and effectiveness of the handover of information between care home staff beginning and completing a shift. A total of 27 interviews were conducted with a range of care home staff (including managers, registered nurses, senior care workers and care workers) in five care homes selected, to give a good contrast in terms of size, ownership, shift patterns and type of handover. Most handovers were short - lasting 15 minutes or so - and were held in the office or secluded area in which staff could talk privately. They lasted longer in one home in which the incoming and outgoing shifts physically visited each resident's room and the communal spaces. Staff felt that handovers were important for the efficient running of the home, as well as to alert everyone to changes in a resident's health or important events, such as a hospital appointment. In one home, handheld devices enabled staff to follow a resident's care plan and update what was happening in real time. The increasing popularity of 12-hour shifts means that many homes only hold two short handovers early in the morning and in the evening when the night staff arrive. There appears to be a trend to reduce the number of staff paid to attend handover. Despite this, handovers remain an important component of the routine of a care home. The information contained in handover relates to the running of the care home, as well as residents' well-being, suggesting that, while their content overlaps with written records in the home, they are not superfluous. Although the literature on handovers in hospitals is extensive, this appears to be the first published study of handover practices in care homes. (RH)
 ISSN: 13663666
 From : <http://www.emeraldinsight.com/loi/wwop>

RESILIENCE

- 252/116 Storytelling contributes to resilience in older adults; by Barbara Mager.: Taylor and Francis. Activities, Adaptation and Aging, vol 43, no 1, January-March 2019, pp 23-36.
 This study suggests that storytelling provides a protective effect in older adults from the symptoms of narrative foreclosure, which is the notion that one has nothing left to add to their life story. Small group storytelling is proposed as a simple and helpful way to the development of resilience in older adults. This exploratory study was structured as a small group case study with mixed methods of data collection. The case provides an example of a non-pharmaceutical intervention that demonstrates implementation of a

storytelling group to increase older people's happiness and well-being. Implications suggest use in gerontology, retirement transition, and holistic and alternative therapies. The author acknowledges her research partner Lou Ann Stevens who collaborated in the design, and conducted the intervention and data collection. (RH)

ISSN: 01924788

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

RETIREMENT

- 252/117 Psycho-social transition to retirement and adjustment to retired life: influence on wellbeing and mental health in retired farmers; by Sonia Laberon, Catherine Grotz, H  l  ne Amieva, Karine P  r  s, Anne-Marie Vonthron.: Cambridge University Press.

Ageing and Society, vol 39, no 12, December 2019, pp 2578-2604.

This article investigates the relationship between psycho-social transition to retirement on the well-being and mental health of retired farmers through their adjustment to retired life. The study uses a sample of 530 retirees (62.5% men; age range 61-85) from the Approche Multidisciplinaire Int  gr  e (AMI, Integrated Multidisciplinary Approach) cohort, a French prospective study of retired farmers living in rural areas in south-western France. Cross-sectional analyses investigated the retirees' well-being and mental health in respect of three outcomes: satisfaction with current life, perceived health and depression. Multiple mediator models show that the more retirees consider retirement as a positive event, the better they adapt to the new temporality of their retirement life, and the more they feel satisfied with their current life, healthy and less depressed. Acceptance of the end of working life is also a mediator in the perceived health model. These results highlight the centrality of the adjustment to the new temporality induced by retirement. They indicate that the level of this adjustment is linked to how retirement is affectively experienced, regardless of its duration. (RH)

ISSN: 0144686X

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

- 252/118 Why singles prefer to retire later; by Maria Eismann, Kene Henkens, Matthijs Kalmijn.: Sage.

Research on Aging, vol 41, no 10, December 2019, pp 936-960.

This study goes beyond a purely financial perspective to explain why single older workers prefer to retire later than their partnered counterparts. The aim is to show how work domain (i.e. its social meaning) and home domain (i.e. spousal influence) contribute to differences in retirement preferences by relationship status. Analyses were based on multi-actor data collected in 2015 among older workers in the Netherlands (N = 6,357), and (where applicable) their spouses. Results revealed that the social meaning of work differed by relationship status, but not always as expected. In a mediation analysis, the authors found that the social meaning of work explained differences in retirement preferences by relationship status. The study also shows that single workers preferred to retire later than workers with a "pulling" spouse, earlier than workers with a "pushing" spouse, and at about the same time as workers with a spouse who was neutral. (RH)

ISSN: 01640275

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

RURAL ISSUES

(See 252/70)

SENSORY LOSS

- 252/119 Adaptation to loss of visual function: implications for rehabilitation on subtle nuances of communication; by Patrick Emeka Okonji, Catherine Bailey, Monique Uhussier, Mima Cattan.: Taylor and Francis.

Activities, Adaptation and Aging, vol 43, no 3, July-September 2019, pp 169-185.

Lack of access to visual cues can cause challenges and sometimes makes social interaction difficult for many visually impaired persons in face-to-face situations. Therefore, loss of vision demands adjustments, not only for the individual's adaptation with sight loss for independent living, but also for communication. In recognizing that older adults with vision impairment face challenges when communicating with others due to inability to perceive visual cues, this study examines the challenges and opportunities presented to them when using a computer to communicate with others. The study employed a case study approach. Semi-structured interviews were conducted with 20 visually impaired older adults aged 60-87 years in Newcastle upon Tyne. Findings suggest that the lack of visual cues in text-based computer-mediated communications (CMCs) supported their daily social communication. The paper discussed how, within online communication, people with vision impairment compensate for sight loss through CMC. Implications of findings for broader issues that may steer the use of information communication technologies (ICTs) among visually impaired older people are discussed. In highlighting the need for more attentive rehabilitation than the need for circumventing face-to-face interaction, this paper adds new understanding to the field of CMC. (RH)

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

SOCIAL CARE

(See Also 252/109)

- 252/120 Working on the edge: changes in the content and delivery of social care; by Jo Moriarty, Jill Manthorpe, Jess Harris.: Emerald.
Working with Older People, vol 23, no 4, 2019, pp 208-216.
The authors describe some of the changes to the content and delivery of care work in the context of developments in the wider labour market. A total of 240 interviews with social care practitioners and managers were undertaken at Time 1 (T1, 2009-2012) and Time 2 (T2, 2011-2014) in four local councils in England. A final round of interviews (T3) with managers (n=60) and staff (n=60) took place between 2015 and 2018. The way in which many workers found meaning and satisfaction within their work was an important way by which many of them tempered dissatisfaction with pay, status and working conditions. Some workers used the concepts of ethical practice and vocation to differentiate themselves from other workers and organisations whom they considered lack these qualities, and from what they saw as a wider societal perception that their work was unskilled and unfulfilling. The interview data may not be generalisable or totally representative of care staff. Those employers who agreed to participate may have been more committed to workforce development and valued their staff more highly. Nonetheless, data were sector-wide and there were sizeable numbers of participants. Pride and job satisfaction are important aspects of job satisfaction in care work, and could be fostered in care services and by older people. However, negative perceptions of care work within society may act as a barrier to recruitment and retention. Older people might help raise the positive profile of care work. The authors have used a unique data set from which to document long-term determinants of job satisfaction in care work. (RH)
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SOCIAL INCLUSION

(See 252/102)

SOCIAL POLICY AND THEORY

(See 252/99)

SOCIAL WORK

- 252/121 An uncertain practice: social work support for disabled people and carers moving across local authority boundaries in England; by Caroline White, Dave Marsland, Jill Manthorpe.: Policy Press.
International Journal of Care and Caring, vol 3, no 3, August 2019, pp 375-391.
This article reports on a study of social work practice with care recipients choosing to relocate between English local administrative units. Data were collected from interviews with 20 social work practitioners from three areas (a London Borough, a rural authority, and a metropolitan borough); views were sought through the use of vignettes. Participants reported that supporting relocation: requires time and planning; is conceptualised as a key transition for those moving; and exposes practitioners (and care recipients) to local variations and the potential for risk, and therefore uncertainty. New legal rights for care recipients may decrease the problems, but local variations will remain. (RH)
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From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>

TRAUMA, CONFLICT AND WAR

- 252/122 The impact of military service on the mental health of older UK veterans: a qualitative study; by Victoria Williamson, Hannah Harwood, Karla Greenberg, Sharon A M Stevelink, Neil Greenberg.: Wiley.
International Journal of Geriatric Psychiatry, vol 34, no 10, October 2019, pp 1412-1420.
There may be ongoing psychological problems associated with military service later in life. Yet as older people in the general population also suffer from mental health problems, whether such issues can be attributed to military service or are a feature of ageing remains unclear. This study aimed to explore veteran and non-veteran perceptions of the impact of their occupation on their psychological well-being later in life.
Twenty-five veterans (age 65+), 25 non-veterans (age 65+), 10 veterans with diagnoses of mental health issues (age 65+), and a close companion of all participants (age 18+, spouse, child or close friend) were recruited. Using a qualitative approach, participants completed semi-structured qualitative interviews with measures of psychological adjustment used to describe the sample. Veterans were found to experience higher levels of workplace stress and trauma exposure compared with non-veterans. When such challenges were positively appraised, veterans described increased confidence and resilience.

Social support in response to occupational stress was central to veteran and non-veteran well-being, especially for those with mental health problems. Nonetheless, providing support was challenging for close companions, with many feeling overwhelmed and requiring additional guidance from the veteran's clinical care team. The findings delineate the impact of occupation on the well-being of older veterans and non-veterans. The results illustrate the psychological support needs and formal guidance desired by veterans, non-veterans and their families, which could ultimately improve coping of both the individual and family. (RH)

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VOLUNTEERING AND THE VOLUNTARY SECTOR

- 252/123 Volunteering among Japanese older adults: how are hours of paid work and unpaid work for family associated with volunteer participation?; by Erika Kobayashi, Yoko Sugihara, Taro Fukaya, Jersey Liang.: Cambridge University Press.

Ageing and Society, vol 39, no 11, November 2019, pp 2420-2442.

As the population ages, older adults are increasingly expected to play multiple productive roles. This study examined how hours of paid or unpaid work were associated with volunteering among older Japanese. Data came from the 2012 National Survey of the Japanese Elderly, a nationwide survey of Japanese aged 60 and older (N = 1,324). The authors performed multinomial logistic regression analyses to predict volunteering (regular or occasional versus non-volunteer) based on hours of paid work and unpaid work for family consisting of sick/disabled care, grandchild care and household chores. Those who worked moderate hours were most likely to be a regular volunteer, while working 150 hours or more per month had a lower probability of volunteering, regardless of whether the work was paid or unpaid. Thus, full-time level work competed with volunteering for both paid and unpaid work for family, but it was more so for paid work. By types of activities, doing household chores and substantial grandchild care were positively associated with volunteering, and the latter complementary relationship was explained by a larger community network among grandparents. The findings indicate that delaying retirement from full-time paid work may reduce the supply of regular volunteers in the community. Thus, policies to increase part-time work for older adults as well as the types of volunteer work in which paid workers can participate are necessary. (RH)

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

- 252/124 We are all volunteers; by Eric Midwinter.: Third Age Trust.

Third Age Matters, no 37, Summer 2019, pp 38-39.

One of the founders of U3A reminds its members of valuing not just the health, well-being and companionship that it brings, but also what they could contribute and have some responsibility in its running. After all, U3A and the Third Age Trust is built on the idea of "co-operativeness", having a membership that participates, and everyone is a volunteer. (RH)

From : <http://www.u3a.org.uk>

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