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New Literature on Old Age

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Subject Headings Page

ACTIVE AGEING

253/1 Human, social and cultural predictors of productive activities in later life; by Seoyoun Kim.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 328-347.
While considerable scholarly attention has been given to factors influencing productive activity, less is known about how multiple forms of resources predict the maintenance or initiation of such activity over time. Using two-wave panel data of older adults from the US National Social Life, Health, and Aging Project (NSHAP), the study investigated the relationship between measures of capital and changes in multiple types of productive activity (volunteering, employment and caregiving). Findings showed that all three types of capital were associated with volunteering in cross-sectional analyses, but only education, neighbourhood socialisation and religious service attendance remain significant predictors of continued volunteerism. Human capital strongly influenced employment both cross-sectionally and over time. Aspects of social capital - marital status and network size - were linked to participation and initiation of care-giving activities. The findings demonstrate that different patterns emerge in cross-sectional and two-wave panel data of multiple productive activities, adjusting for baseline activity level and selective attrition. The project also suggests factors that promote or hinder continued engagement in productive activity. (RH)
ISSN: 0144686X From : http://www.cambridge.org/aso

ADVANCE DIRECTIVES

253/2 Facilitators and barriers to advance care planning implementation in Australian aged care settings: a systematic review and thematic analysis; by Frances Batchelor, Kerry Hwang, Betty Haralambous (et al).: Wiley.
Australasian Journal on Ageing, vol 38, no 3, September 2019, pp 173-181.
Few studies have investigated the implementation of advance care planning (ACP) within an Australian context. The objective of this study was to determine facilitators and barriers to implementation of ACP in Australian residential and community aged care. Evidence from Australian studies published between 2007 and 2017 of ACP in residential and community aged care was sourced from a range of electronic databases. Data were then extracted and synthesised using thematic analysis, and summarised according to themes. Nine studies described facilitators and barriers of ACP implementation. Six themes were identified: 'Education and Knowledge', 'Skills and Training', 'Procedures and Resources', 'Perceptions and Culture', 'Legislation' and 'Systems'. A whole of systems approach is necessary to facilitate uptake of ACP in residential aged care settings. Furthermore additional research is needed to understand facilitators and barriers to ACP in community aged care. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journal/ajag

AGEING (GENERAL)

(See Also 253/85)

253/3 European Voices for Active Ageing (EVAA): empowering older adults through dialogue [final erport]; by World Café Europe. Munich: World Café Europe, 2012, 37 pp (+ DVD).
The European Voices for Active Ageing (EVAA) aimed to foster older people's active participation in all walks of life, to develop a common understanding of the productivity and creative potential of people aged 50+. Such activity is in line with World Café Europe, a non-profit organisation, which empowers people in conversation with each other to discover new ideas and imagine innovative possibilities. This report illustrates the key topics developed by six partnerships across Europe: social innovation and the role of adults aged 50+ in Bilbao; civic engagement in Bonn; Prague as an age-friendly city; a celebration of age - changing the perception of ageing, London (partnered by Age UK0); work after 50, Bologna; and maintain your elan - a world rhythmics, Strasbourg. The report sums up project results and the impact of participatory dialogue. A DVD includes video documentation and interviews. The project was made possible with the support of the Europe for Citizens Programme of the European Union (EU).
From : World Café Europe, Danklstr. 30, 81371 Munich, Germany. Website: http://www.worldcafe

253/4 Productive aging; by International Longevity Center - ILC-Japan. Tokyo: International Longevity Center - ILC-Japan, 2013, 10 pp.
Published on behalf of the ILC Global Alliance, this pamphlet presents statistical information as maps, graphs and charts on a range of themes relating to healthy and active ageing. It also highlights ILC's areas of research, also advocacy in relation to dementia. (RH)
From : International Longevity Center, Toranomon 33 Mori Buildeing, 8th Floor,3-8-21, Toranomon, Minato-ku,Tokyo, 105-8446 Japan. Website: www.ilcjapan.org/english.html

253/5 The promise and peril of finite forever: the paradox of ageing; by Herbert Anderson, Keith Albans.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 3, 2019, pp 269-281.
Learning to live with frailty and finitude is both a lifelong agenda and particular to the wisdom of ageing. The desire for long life, therefore, must include a recognition that forever is finite. Being finite, as the term is used here, is the condition of being limited that defines humanness. Facing finitude includes an awareness of mortality, frailty and death. This essay explores the benefits of accepting both dependence and interdependence, agency and waiting, and receiving and giving ourselves in self-forgetful ways. The whole of life, including growing old, is a gift to be received with gratitude and worked on with courage. The wisdom of growing older begins with accepting the inevitability of ageing without becoming 'old'. (RH)
ISSN: 15528030
From : http://www.tandfonline.com

ALTERNATIVE THERAPIES

253/6 Meditation for meaning in life and happiness of older adults: a multi-city experiment of the Brahma Kumaris' Raja yoga practice; by Samta P Pandya.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 3, 2019, pp 282-304.
The author reports on a multi-city experiment of a customised Raja yoga meditation program in enhancing the meaning in life and happiness of 698 older adult followers across 10 European and African cities and an equal number in a comparison group. Results indicate that meditation positively affected participants' life satisfaction and happiness. Post-test outcome measure scores were higher for participants from European cities, women, middle class, retired, never married, and widowed, with good self-rated health, who regularly attended the meditation sessions and self-practiced. Participants' personal engagement through regular self-practice was the most significant predictor of higher post-test meaning in life and subjective happiness. Results imply that this specially designed Raja yoga meditation is a strong pastoral care practice. It could be used with older adults, with some variations based on participants' cultural, biographical and health profiles, with regular self-practice as a prerequisite. (RH)
ISSN: 15528030
From : http://www.tandfonline.com

ASSISTIVE TECHNOLOGY

(See Also 253/49, 253/140)

253/7 The hidden impact of home adaptations: using a wearable camera to explore lived experiences and taken-for-granted behaviours; by Gemma Wilson, Dominic Aitken, Philip Hodgson, Catherine Bailey.: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1469-1480.
Most adults over 65 years old live in mainstream housing in the United Kingdom, yet these can often be unsuitable for an individual's needs. With increased understanding of the relationship between housing and health and well-being, the importance of modifying the home to suit individuals is recognised as being paramount. However, it is often difficult to monitor the ways in which home adaptations and equipment are used in the home. This study used innovative wearable technology to explore everyday, lived experiences of using home adaptations and equipment. Six older adults who had received a major home adaptation in the last 24 months took part in this study. Each participant used a wearable camera for one day and participated in a semi-structured interview while watching the images back as a 'slide show'. Using this novel approach, three themes were generated from the data: acquiring adaptations and equipment, adapting routine and changing behaviour, and inconsistent and unintended uses. The findings of this study open up the complexity of the lived experience of using home adaptations and equipment. Experiences from access to long-term outcomes are personal, and individuals modify and use the adaptations in various ways to suit their own needs. The wearable camera allowed additional insight into lived experience that would otherwise not have been captured without its use, as the photographs acted as a way of stimulating conversation and highlighting taken-for-granted behaviours not often consciously considered by the individuals. (
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

253/8 The lived experience of bathing adaptations in the homes of older adults and their carers (BATH-OUT): a qualitative interview study; by Phillip J Whitehead, Miriam R Golding-Day.: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1534-1543.
The onset of disability in bathing may be followed by disability in other daily activities for older adults. A bathing adaptation usually involves the removal of a bath or inaccessible shower and replacement with a level, easy access shower. The purpose is to remove the physical environmental barriers and restore older adults' ability to bathe safely and/or independently. This study explores the views and experiences

of older adults and their carers who had received a bathing adaptation, with the aims of examining how the adaptation had affected them, and identifying mechanisms of impact and outcomes from their perspectives. The study was nested within a feasibility Randomised Controlled Trial (RCT) (BATH-OUT) conducted within one local authority housing adaptations service in England. Semi-structured interviews were completed between 21 December 2016 and 19 August 2017 with 21 older adults and five carer participants of the feasibility RCT. Interview participants were purposively sampled on living arrangement and gender. Interviews were audio-recorded, transcribed verbatim and analysed in seven stages using framework analysis. Findings were presented thematically. Five themes were identified: ease of use; feeling safe; feeling clean; independence, choice and control; and confidence and quality of life. The removal of the physical barriers in the bathroom led to older adults re-mastering the activity of bathing, having an improved sense of physical functioning which gave a sense of 'freedom'. This appeared to impact a range of areas, contributing to a wider sense of increased confidence consistent with constructs underpinning social care-related quality of life. This study suggests that future research should examine housing adaptations from a person-environment fit approach, and that timely restoration of bathing ability is especially important as it can affect confidence and perceived competence in other areas of daily living. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

253/9 A low-cost and autonomous tracking device for Alzheimer's patients; by Niharika Hegde, Shishir Muralidhara, D V Ashoka.: Emerald.
Journal of Enabling Technologies, vol 13, no 4, 2019, pp 201-211.
Alzheimer's is the most commonly occurring neurodegenerative disease. Progressive cognitive impairment is its major symptom, due to which, patients tend to wander and get lost in unfamiliar places. This is a constant cause of worry for caretakers, and a source of distress to the patients themselves. The paper aims to discuss this issue. The paper presents a low-cost, autonomous, embedded systems-based wearable device for real-time location tracking, using GPS and the concept of geo-fencing. The system provides real-time updates in the form of a text message sent to the mobile number of a family member or caregiver. An alert is sent whenever the patient moves out of a certain "safe zone", area and subsequent updates are sent after every 5 minutes of such an event. The system supports caregivers of patients with early and moderate Alzheimer's disease. Alzheimer's patients are prone to disorientation, confusion and tend to wander off. Since the device eliminates the need for patients to operate it, and is instead at the discretion of the system itself, the chances of it failing to help are minimised. Hence, with this project, the authors address the need for an autonomous device that can assist caretakers in tracking Alzheimer's patients. The various existing technologies that are in use now for tracking are often high in price, not tailored to Alzheimer's, and are non-autonomous. To overcome this, the authors used easily accessible technology in developing this system, which is not only be affordable, but also addresses the major flaw in existing systems - which is that they rely on being operated by the patients themselves. (RH)
ISSN: 23986263
From : http://www.emeraldinsight.com/loi/jet

BLACK AND MINORITY ETHNIC GROUPS

(See Also 253/35, 253/71, 253/91)

253/10 Challenges and adjustments in maintaining health and well-being of older Asian immigrants in New Zealand: an integrative review; by Jed Montayre, Jaden De-arth, Jagamaya Shrestha-Ranjit (et al).: Wiley.
Australasian Journal on Ageing, vol 38, no 3, September 2019, pp 154-172.
Little health-related research exists on older Asian immigrants in New Zealand. The aim of this review was to critically examine literature on the health and wellbeing of this population group. An integrative literature review was conducted from December 2017 to February 2018 in which a range of databases were trawled. Two themes were identified: firstly, the 'challenges stemming from an unfamiliar environment' faced by older Asian immigrants, and secondly, their 'strategies for adjusting to a new home'. These themes suggested how participation in community and leisure activities, as well as adapting their outlook on life, contributed to these older migrants' health and wellbeing within a New Zealand context. A multitude of challenges in maintaining health and wellbeing confronted these older Asian immigrants, nevertheless, they created strategies to respond and positively influence their health following later life migration. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journal/ajag

CARE MANAGEMENT

253/11 Care managers in rural Japan: challenges to interprofessional collaboration; by Ryuichi Ohta, Yoshinori Ryu, Takuji Katsube.: Taylor and Francis.
Home Health Care Services Quarterly, vol 38, no 4, October-December 2019, pp 270-285.
Effective interprofessional collaboration for care managers is vital for the care of older people.
In Japan, professional care managers oversee users' care at home and in special facilities for older people, such as nursing homes. This study inquired into obstacles to interprofessional collaboration faced by care managers in rural areas of Japan. Forty-six care managers participated in group discussions and semi-structured interviews, and the qualitative data were analysed using thematic analysis. Five themes related to obstacles emerged from the analysis, namely: relationships with physicians, professional competency, relationships with other professionals, environmental constraints, and relationships with non-professionals. That professionals were unfamiliar with the care manager's role and a lack of mutual understanding, boundaries and information sharing among medical professionals were also cited as issues. (RH)
ISSN: 01621424 From : http://www.tandfonline.com

CARERS AND CARING

(See Also 253/2, 253/11, 253/37, 253/38, 253/46, 253/56, 253/78, 253/80)

253/12 "Time is more important than anything else": tensions of time in the home care of older adults in Ireland; by Anne McDonald, Luciana Lolich, Virpi Timonen, Austin Warters.: Policy Press.
International Journal of Care and Caring, vol 3, no 4, November 2019, pp 501-515.
The authors use the grounded theory method to explore perceptions of time reported by service users, family carers, care workers, nurses, social workers and agency managers across home support services for older adults in Ireland. The findings are organised around: time spent waiting for care; time spent 'processing' care across primary and secondary care boundaries; time and person-centred care; and time, technology and communication. Time emerges as a problematic aspect of all processes and structures around formal home care, suggesting that addressing issues around time is central to resolving systemic challenges. Greater flexibility in time allocation and effective communication among stakeholders could improve experiences of care. The material presented comes from the European Union's Horizon 2020-funded project, SoCaTel - a multi-stakeholder co-creation platform for better access to long-term care. (RH)
ISSN: 23978821
From : https://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

253/13 Ageing carers and intellectual disability: a scoping review; by Aoife Mahon, Elizabeth Tilley, Gurch Randhawa (et al).: Emerald.
Quality in Ageing and Older Adults, vol 20, no 4, 2019, pp 162-178.
Individuals with intellectual disability (or disabilities) are living longer, contributing to an overall increase in the average age of caregivers. This paper reviews the literature on the physical, social and psychological needs of ageing carers of individuals with intellectual disability(ies) in the UK. A scoping review framework was used to identify literature from eleven databases, the grey literature and the references lists of relevant studies. Only primary research studies that discussed the needs of non-professional carers aged 65+ years old of individuals with intellectual disability (or disabilities) in the UK were included. No date restrictions were applied. Thematic analysis was used to narratively synthesise findings. Six studies were included. Five key themes were identified: Living with fear, lack of information, rebuilding trust, proactive professional involvement, and being ignored. The studies find that housing and support information is not communicated well to carers. Professionals require more training on carer needs and trust must be rebuilt between carers and professionals. Proactive approaches would help identify carer needs, reduce marginalisation, help carers feel heard and reduce the risk of care crisis. Greater recognition of mutual caring relationships is needed. This review highlighted the needs of older caregivers for individuals with intellectual disability (or disabilities) as well as the need for more high-quality research in this field. The information presented in this review may be considered by primary care providers and funding bodies when planning future support for this growing population of carers. (RH)
ISSN: 14717794
From : http://www.emeraldinsight.com/loi/qaoa

253/14 Care poverty: unmet care needs in a Nordic welfare state; by Teppo Kroger, Jiby Mathew Puthenparambil, Lina Van Aerschot.: Policy Press.
International Journal of Care and Caring, vol 3, no 4, November 2019, pp 485-500.
Care poverty - defined as inadequate coverage of care needs resulting from an interplay between individual and societal factors - means that those in need of care do not receive sufficient (if any) assistance from formal or informal sources. This article introduces the concept of care poverty, and examines its level and predictors among the age 75+ population in Finland. The data come from the

survey 'Everyday life, support and services' (in Finnish, 'Arki, apu ja palvelur'), conducted in 2010 and 2015. Despite the universalistic goals of the Finnish care system, 26 percent of respondents with limitations in daily activities faced care poverty with regard to instrumental activities of daily living (IADLs); the activities of daily living care poverty rate was 17 percent.
Concerning instrumental activities of daily living, care poverty was associated with income level, health status and living arrangements, while such connections were not found for personal care (activities of daily living, ADLs). (RH)
ISSN: 23978821
From : https://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

253/15 The prioritisation of choice in eldercare: the case of Ireland; by Luciana Lolich.: Policy Press.
International Journal of Care and Caring, vol 3, no 4, November 2019, pp 517-530.
In recent decades, there has been a prioritisation of choice in eldercare in many Western countries. In many policy documents, choice is framed as giving older adults the choice to be cared for at home. This article draws on secondary sources to trace the impact of a logic of choice in eldercare in Ireland. It situates the analysis within the re-conceptualisation of care as a commodity and the home-care worker as the most 'efficient' option. The article examines the limitations of choice, and questions whether choice should be the most important aspect of care in old age. (RH)
ISSN: 23978821
From : https://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

253/16 Supporting family caregiver engagement in the care of old persons living in hard to reach communities: a scoping review; by Niccolo Morelli, Serena Barello, Maria Mayan, Guendalina Graffigna.: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1363-1374.
Today, 8.5 per cent of the world's population is 65 and over, and this statistic will reach 17 per cent by 2050 (W He et al, US Census Bureau, International population reports, P95/16?1, An ageing world: 2015, USGPO, 2016). With increasing age, they are the people who will find themselves more closely interfacing with the national health system, which in many countries shows strong imbalances between rural and urban areas. In this context, a fundamental role is played by the relatives who find themselves becoming informal caregivers to compensate for lack of services. To date, however, little has been done to help these people. This article identifies the nature and extent of research evidence that had as its objective to help informal caregivers in rural, hard to reach areas (M J Grant & A Booth, Health Information & Libraries Journal, 2009, vol 26, p 91). Following the approach set out by Arksey and O'Malley (International Journal of Social Research Methodology, 2005, vol 8, p 19), this study conducted a scoping review in May 2018 and closed the review with an update in September 2018. This study identified 14 studies published from 2012, the European Year of Active Ageing, promoted by the European Commission, which had three domains of implementation: emotional support to decrease the emotional burden of caregivers, educational support to increase their skills, and organisational support to improve the mobility of caregivers and care-receivers. Although informal caregivers play a fundamental role in many countries, the studies that have been involved in alleviating their caring burden are few; nevertheless, they provide interesting indications. This lack of attention confirms how this portion of the population is still neglected by scientific research, and risks having unequal access to health and social care. Future research is needed, not only to create and improve services to caregivers in rural, hard to reach areas, but also to evaluate and focus on the participation and the engagement of caregivers in the co-design of these services. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

253/17 Trends in the use of care among people aged 65-85 with cognitive impairment in the Netherlands; by Mari Aaltonen, Jani Raitanen, Hannie Comijs, Marjolein Broese van Groenou.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 43-72.
Observation of long-term trends within countries is needed, to increase insight into how policy initiatives are reflected in the use of care over time in addition to individual determinants of care use. In recent decades, Dutch care policies have favoured home-care and reduced the availability of institutional care, which extended the care responsibilities of formal and informal care-givers at home. This study investigates the changes in the use of informal and formal home-care, community services and residential care among cognitively impaired older adults over time in the Netherlands. In addition, of special interest here are the associations of the presence of a spouse, other family members or social network with care use, and the interdependency between the use of different types of care. The study employs the Longitudinal Aging Study Amsterdam (LASA) covering the years 1992-2012, analysed with generalised estimating equations. The data consisted of 1,022 observations gathered from 813 respondents aged 65-85. The respondents were cognitively impaired according to the age- and education-standardised Mini-Mental State Examination (MMSE) score. The analyses took into account several individual determinants of care use. The use of informal care and residential care decreased, while the use of formal home-care and community services remained the same. Simultaneously, the proportion of those who did not use the studied care types increased. The contribution of partners in

informal care decreased. Informal care and formal home-care use increasingly became complementary services. The findings suggest that the decreases in informal care and residential care have not been replaced by other types of care, as reflected in the increased number of people receiving no care. Care policies should not rely excessively on the availability of informal help, and should guarantee adequate formal help, especially for those in high need. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

DAY CARE

253/18 Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived; by Katharine Orellana, Jill Manthorpe, Anthea Tinker.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 73-104.
With a policy shift towards personalisation of adult social care in England, much attention has focused on individualised support for older people with care needs. This article reports the findings of a scoping review of United Kingdom (UK) and non-UK literature about day centres for older people without dementia published in English from 2005 to 2017, and highlighting gaps in evidence.
This review was undertaken to inform new empirical research, and covered the perceptions, benefits and purposes of day centres. Searches of electronic databases, libraries, websites, research repositories and journals were undertaken in October/November 2014 and updated in August 2017 identified 77 relevant papers, mostly non-UK. Day centres were found to play a variety of roles for individuals and in care systems. The largest body of evidence concerned social and preventive outcomes. Centre attendance and participation in interventions within them impacted positively on older people's mental health, social contacts, physical function and quality of life. Evidence about outcomes is mainly non-UK. Day centres for older people without dementia are under-researched generally, particularly in the UK. In addition to not being studied as whole services, there are considerable evidence gaps about how day centres are perceived, their outcomes, what they offer, to whom and their wider stakeholders, including family carers, volunteers, staff and professionals who are funding, recommending or referring older people to them. (RH)
From : http://www.cambridge.org/aso

DEATH AND DYING

(See Also 253/139)

253/19 Being mortal: medicine and what matters in the end; by Atul Gawande. London: Profile Books, in association with Wellcome Collection, 2015, 182 pp.
An American practising surgeon writes about the modern experience of mortality: what it is like to age, how medicines have changed things, and the inevitability of decline and death. He recalls interactions with patients he has encountered, and how things turned out. The ultimate goal should be for a good life, not a "good death". (RH)
Price: £9.99

DEMENTIA

(See Also 253/71, 253/102, 253/135)

253/20 Dementia: are we all on the spectrum?; by Albert Jewell.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 3, 2019, pp 255-268.
Reflecting on his own experience, recent research and the testimonies of people with dementia, the author argues that too rigid a line is often drawn between those with the condition and those without. This assertion is based on four grounds: the accumulation of brain damage throughout life; the debatable distinction between mild cognitive impairment (MCI) and dementia; the extent to which some of those with dementia can continue to lead active and creative lives; and how lifestyle changes may offer some protection from, or reduce the effects of, dementia. A challenge is made to the still prevailing stigmatisation of people living with dementia. (RH)
ISSN: 15528030 From : http://www.tandfonline.com

253/21 Dementia as a source of social disadvantage and exclusion; by Simon Biggs, Ashley Carr, Irja Haapala.: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 26-33.
The aim of this study was to explore perceptions of the impacts of dementia on people living with the condition and those close to them and to examine the relationship between dementia, disadvantage and social exclusion. Semi-structured in-depth interviews were conducted with 111 participants including 19 people with dementia, 28 carers, 21 health care professionals, 23 social workers and 20 service professionals. NVivo 11 was used to code descriptions and identify impact areas. Participants described

social, psychological, carer, material, service-based and disparity impacts associated with the experience of dementia. Some of these impacts corresponded to social exclusion associated with age but others were distinctive to dementia. It is argued that dementia generates its own forms of social disadvantage and exclusion. This is in addition to being subject to structural risk factors. The implications of the active effects of dementia as a social phenomenon should give rise to new policy and practice priorities. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journal/ajag

253/22 How do people with dementia and family carers value dementia-specific quality of life states?: an explorative "Think Aloud" study; by Julie Ratcliffe, Claire Hutchinson, Rachel Milte (et al).: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 75-82.
The purpose of this study was to investigate decision making processes applied by people with dementia and family carers participating in using health economic approaches to value dementia-specific quality of life states. 13 people with dementia and 14 family carers participated in valuing quality of life states using two health economic approaches: Discrete Choice Experiment (DCE) and Best Worst Scaling (BWS). Participants were encouraged to explain their reasoning using a 'Think Aloud' approach. People with dementia and family carers adopted a range of decision making strategies including 'anchoring' the presented states against current quality of life or simplifying the decision making by focusing on the subset of attributes deemed most important. Overall there was strong evidence of task engagement for BWS and DCE. Health economic valuation approaches can be successfully applied with people with dementia and family carers. These data can inform the assessment of benefits from their perspectives for incorporation within economic evaluation. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journal/ajag

253/23 Patient engagement strategies to move towards earlier diagnosis of Alzheimer's disease; by Merce Boada, Annette Dumas, Laura Campo (et al).: European Observatory on Health Systems and Policies.
Eurohealth, vol 25, no 4, 2019, pp 19-21.
Alzheimer's disease (AD) is an incurable disease that steals memories, identities, livelihoods and lives. We now know more about the pathophysiology of the disease and the scope of various preventative mechanisms; we also know that early intervention and treatment in AD can be both beneficial and cost-effective. Despite the importance of a timely diagnosis, many patients are not diagnosed at all. A cultural shift towards making the diagnosis of AD at a very early stage needs to be encouraged. The early recognition of AD is the first step towards providing patients with optimal opportunities for intervention. This article considers: the underlying causes of late or under-diagnosis; innovative ways of addressing the diagnosis gap in AD; and patients' critical role in diagnosing AD early. The article also notes the importance of two European Joint Actions in improving AD diagnosis: ALCOVE (ALzheimer's COoperative Valuation in Europe (2011-13) and Act on Dementia (2016-19). (RH)
ISSN: 13561030 From : http://www.euro.who.int/en/about-us/observatory/publications/eurohealth

253/24 A stronger collective voice for people with dementia; by Toby Williamson, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, October 2012, 12 pp (Inspiring social change).
A growing number of people with dementia in the UK are becoming actively involved in groups to try to influence services and policies affecting people with dementia. The Dementia Engagement and Empowerment Project (DEEP) was a one-year investigation aiming to highlight groups and projects involving people with dementia. This paper outlines the work this multi-faceted project, involving a mapping survey, events, films and a reference group made up of people with dementia. It summarises the findings and outcomes from the main report, in particular the involvement of people with dementia in influencing services and policies. (RH)
From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Link to downloads: https://www.jrf.org.uk/report/stronger-collective-voice-people-dementia

253/25 What if Alzheimer's disease could be a path to personal and social transformation; by Jade C Angelica.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 4, 2019, pp 377-399.
Notable as the only disease among the 10 leading causes of death in the US that cannot be prevented, slowed, or cured, Alzheimer's continues to vex the most brilliant medical and scientific minds. America's national agenda seems to focus on fighting and conquering this, and seemingly every disease, perhaps in a very human effort to defeat mortality. This article offers alternative perspectives with spiritual implications by beginning with questions that ask, What if_? Reflecting the intention of the biblical parables that facilitated "reversals" in thinking, the exploration of the "What ifs_" could shatter our current world view and shift our attitudes about, and our behaviour toward, people with Alzheimer's and dementia. The journey through Alzheimer's can become a transforming experience for the millions of people with the disease as well as the tens of millions of caregivers. It can become a spiritual journey that challenges us to accept the difficult realities of life, while inviting us to open our hearts and minds, acknowledge our interdependence, deepen our connection to ourselves, one another, and God, and believe in healing, even when cure is not possible. What if, in caring for people with Alzheimer's, we become our best selves? (RH)
ISSN: 15528030 From : http://www.tandfonline.com

DEMENTIA CARE

(See Also 253/9, 253/63)

253/26 (In)visible materialities in the context of dementia care; by Helena Cleeve, Lena Borell, Lena Rosenberg.: Wiley-Blackwell.
Sociology of Health and Illness, vol 42, no 1, 2020, pp 126-142.
In this article, the authors use the term "materialities" to refer to that which is tangible, including various spatial elements, objects and bodies. They note how seemingly mundane materialities are intertwined with important, but often neglected, care interactions. It has been argued that if healthcare professionals paid more attention to the roles materialities can have, everyday routines could become important occasions for care. In response to such proposals, the authors argue that it is relevant to examine how materialities are currently understood. In this article, they explore materialities as part of work in a dementia unit. Using abstracted illustrations of everyday materialities to elicit reflections, they conducted 11 individual interviews with certified nursing assistants in a dementia care unit in a non-profit nursing home in New York City. Through phenomenographic analysis, they explain their findings as three different categories conceptualising understandings of materialities as: 'tools for care', 'a set of principles for care' and 'caring relationships'. Their analysis indicates that understanding materialities as instruments was reinforced and made visible through the healthcare organisation, while understanding materialities as part of specific relationships with residents appeared informal and less visible. How materialities were understood seemed to have several implications for residents. While care practices could benefit from nursing assistants' abilities to alternate between ways of understanding materialitites, such competence seemed dependent on how professional care was organised, structured and materialised. (OFFPRINT) (RH)
ISSN: 01419889 From : https://onlinelibrary.wiley.com/doi/full/10.1111/1467-9566.12988

253/27 Dementia caregiving outcomes: the impact of caregiving onset, cognitive impairment and behavioral problems; by Katherina Nikzad-Terhune, Joseph E Gaugler, Joy Jacobs-Lawson.: Taylor and Frances.
Journal of Gerontological Social Work, vol 62, no 5, July 2019, pp 543-563.
With a projected increase in the prevalence of Alzheimer's disease (AD) and related dementias, family caregiving is steadily increasing. Caring for an individual with AD is characterized as a "career", and within this career are a number of key transitions, including the onset of caregiving. Research reveals a number of negative emotional health outcomes for AD caregivers, including depression and role overload; but there has been less research examining the influence of key transitions on emotional adaptation of caregivers. This study examines how different patterns of caregiving onset (gradual and abrupt) impact emotional health outcomes for AD caregivers. The study also explores how care-recipient cognitive impairment and behavioural problems moderate these relationships. Cross-sectional, quantitative data from 100 caregivers completing self-administered surveys were used. A series of one-way ANOVAs and multiple regression analyses were conducted to address study aims. Results indicate that care-recipient cognition and behavioural problems moderated the relationship between caregiving onset and emotional health outcomes for caregivers who experienced a more abrupt entry into the caregiving role. Results suggest the importance of considering different onset transitions and moderating factors within the caregiving career to target clinical interventions. Implications for social work practice are discussed. (RH)
ISSN: 01634372 From : http://www.tandfonline.com

253/28 Dementia service provision and the role and benefits of an Admiral Nurse service: the findings of a needs analysis in one area of rural England; by Chloe Hole, Karen Harrison Dening.: Policy Press.
International Journal of Care and Caring, vol 3, no 4, November 2019, pp 597-602.
Despite the government's dementia strategy and its theoretical commitment to funding dementia support services, recent financial cuts to public sector funding across the UK have led to significant reductions in provision. Carers and staff were interviewed about their experience of services. There was a mix of key themes about services more widely and an Admiral Nurse service more specifically. (RH)
ISSN: 23978821
From : https://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

253/29 Dementia treatment: the need for a paradigm shift; by Richard I Lindley, Louise Waite, John Cullen.: Wiley.
Australasian Journal on Ageing, vol 38, no 3, September 2019, pp 149-150.
This invited editorial argues that dementia research is in crisis. Despite investing billions of dollars of research and with an ageing population, no disease-modifying pharmaceutical currently exists. In order to make real progress in dementia treatment, a new approach needs to be considered based on an accumulated deficit model of the disease. For example, in early-onset dementia, there is a high probability of a single disease entity (eg Alzheimer's disease, frontotemporal dementia), but with increasing age, a multiplicity of causes including neurodegenerative processes, co-morbidities and frailty will become the norm. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journal/ajag

253/30 Doctor, should I use computer games to prevent dementia?; by Deirdre M O'Shea, Liselott De Wit, Glenn E Smith.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 1, January-February 2019, pp 3-16.
Commercial advertising of computerised "brain games" may result in clinicians being asked whether brain games prevent dementia. To address this question, the authors conducted a review of computerised cognitive training (CCT) interventions in older adults with Mild Cognitive Impairment (MCI). Studies were identified using a PubMed and PSYCinfo search for review articles. Within 11 review articles, the authors identified 15 unique studies. Nine of these studies used commercially available "brain games" as their primary CCT intervention. Nine of 12 studies that examined the effect of CCT on episodic memory performance showed significant improvements in this domain. Furthermore, four of six studies that examined mood and/or anxiety showed improvements in these domains following a CCT intervention. While more than double the amount of time was spent on the training that used commercially available "brain games" versus those designed by investigators, there were no differences in outcomes. Overall, it appears that "brain games" may modestly benefit aspects of cognition and aspects of mood in patients presenting with MCI. However, there is no direct evidence from the studies presented here that "brain games" or CCT can prevent dementia. The authors present recommendations to consider when discussing "brain games" with people with MCI. (RH)
ISSN: 07317115 From : http://www.tandfonline.com

253/31 How provider organisations interpret regulation in the context of residential dementia aged care; by Simon Biggs, Ashley Carr.: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 83-89.
The present study aimed to explore how Australian residential dementia aged care providers respond to regulation via organisational culture, level, processes and interpretation. Observation took place in three provider organisations. Qualitative, semi-structured in-depth interviews were conducted with 60 aged care staff at three different levels of each organisation: 17 senior managers from three head offices, 13 facility managers and 30 personal care workers from eight residential care facilities. Orientations towards regulation included the following: 'above and beyond', 'pushing back' and 'engineering out'. Regulation was interpreted differently depending on the level of authority within an organisation where boundaries were managed according to strategic, operational and interactional priorities. Examining regulation within an organisational context and at different staff levels suggests ways to balance dementia care with regulatory control. Both generate stress, mitigated by culture and interdependent role differentiation. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journal/ajag

253/32 A national survey of aged care facility managers' views of preparedness for natural disasters relevant to residents with dementia; by Linda Schnitker, Elaine Fielding, Margaret MacAndrew (et al).: Wiley.
Australasian Journal on Ageing, vol 38, no 3, September 2019, pp 182-189.
The aim of this study was to explore natural disaster preparedness strategies of Australian residential aged care facilities (RACFs), focusing on aspects relevant to people with dementia. An online survey was sent to 2,617 RACF managers, with 416 responding. Questions included the following: (a) demographics; (b) presence and detail level of disaster/evacuation plans; and (c) references to people with dementia. One in four facilities had experienced a natural disaster in the previous five years. Most had plans for natural disaster and evacuation. Two-thirds recognised the unique needs of people with dementia. Managers anticipated that residents with dementia would require more staff time and resources and might become disoriented. Gaps identified in existing RACF evacuation plans highlighted challenges in ensuring the ongoing safety and care of residents, especially those with dementia. Facilities need to have adequate plans and processes that minimise the potential risks of natural disasters. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

253/33 Partnering with people with dementia and their care partners, aged care service experts, policymakers and academics: a co-design process; by Dianne P Goeman, Megan Corlis, Kate Swaffer (et al).: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 53-58.
The present study aimed to describe the co-design process in a project that evaluated how the key worker role could best support people living with dementia in the community setting. People with dementia, care partners, aged care service experts, policymakers and academics utilised a co-design process to undertake a systematic literature review and a qualitative evaluation study. This resulted in the development of a successful co-design process that included people living with dementia and their care partners ('consumers') at all stages of the research process and which addressed their individual needs. The co-design approach utilised in this project provided support, for consumers living in the community to be fully involved in the research design, conduct and plans for dissemination and implementation of the findings. Consequently the research outcomes were based on solid evidence and consumer need. Additionally a successful model for supporting consumers to facilitate their involvement in all aspects of the research process was developed. (JL)
ISSN: 14406381 From : http://www.wileyonlinelibrary.com/journal/ajag

253/34 Partnerships for improving dementia care in primary care: extending access to primary care-based memory clinics in Ontario, Canada; by Linda Lee, Loretta M Hillier, Susie Gregg.: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1574-1585.
In Ontario, Canada, the Primary Care Collaborative Memory Clinic (PCCMC) model of dementia care provides a team-based assessment and management service that has demonstrated increased capacity for dementia care at the primary care level. PCCMCs are established following completion of a multi-faceted memory clinic training programme. Evidence of the success of this care model has been demonstrated primarily in practice settings with integrated interprofessional healthcare providers (HCPs). Desire to implement PCCMCs in less resourced family practice settings without integrated interprofessional HCPs has resulted in partnerships with community agencies and services to create the multifaceted teams needed for this care model. This study describes the key lessons learned in the development and implementation of 18 PCCMCs in primary care practice models without integrated interprofessional HCPs. Mixed methods included tracking of clinic referrals, pre- (N = 122) and post- (N = 71) training surveys to assess practice changes and factors facilitating and challenging clinic implementation. Interviews were conducted with 40 team members to identify key lessons learned. Key enablers were access to training, organisational or management and care provider support, availability of infrastructure supports and clinic coordination. Data were collected between January 2012 and January 2017. PCCMCs were challenged by a lack of sustainable funding, inadequate infrastructure support, competing priorities, maintaining adequate communication among team members, and coordinating multiple schedules. Suggestions to support longer term sustainability were identified, many addressing identified challenges such as securing sustainable funding, and ensuring partners understand the importance of their role and succession planning. This study demonstrated that by establishing community partnerships and leveraging existing community resources, the PCCMC model is generalisable to multiple family practice settings, including those without integrated interprofessional staff. Lessons learned can inform the development of interventions for complex chronic conditions which require interprofessional support in primary care. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

253/35 Perspectives of dementia from Asian communities living in New Zealand: a focus group of Asian health care professionals; by Gary Cheung, Kerry Appleton, Michal Boyd, Sarah Cullum.: Wiley.
International Journal of Geriatric Psychiatry, vol 34, no 12, December 2019, pp 1758-1764.
The number of Asian New Zealanders with dementia is growing. The objective of this study was to explore with a group of Asian health care professionals about public attitudes towards dementia in Asian communities in New Zealand, the stigma of dementia and how best to develop culturally appropriate services for Asian people and families living with the condition. A focus group was conducted with a group of bilingual Asian health care professionals. A topic guide was developed based on the discussion at a prior meeting with the Cross Cultural Interest Group. The data were independently analysed by three researchers using the thematic qualitative methodology. Eleven overseas-born Asian health care professionals participated in the focus group. Four main themes emerged from the data: (a) cultural interpretations of dementia; (b) stigma; (c) filial piety; and (d) inequity in the availability of resources. Overall study findings suggest that much work is needed to destigmatise dementia in New Zealand Asian communities, through psychoeducation, public awareness and the availability of readily accessible services that can meet their cultural and language needs. (JL)
ISSN: 08856230
From : http://www.orangejournal.org

253/36 Putting the consumer in the driver's seat: a visual journey through the Australian health-care system as experienced by people living with dementia and their carers; by Janna Anneke Fitzgerald, Joanne Curry, Angelique Olde Meierink, Ashley Cully.: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 46-52.
The aim of this study was to understand the individual journeys of people living with dementia and their carers through the Australian health care system. Stories were collected from 25 participants through five face-to-face workshops across Australia. This produced 18 visual storyboards and a range of opportunities for improvement which were then synthesised into an aggregated 'ideal journey' model. Several issues were identified: long lead times to diagnosis; diverse experiences of treatment and support; and little coordination of care or thought for its impact on the consumer. Information about services, their purpose and eligibility criteria was difficult to obtain and potential care pathways were largely unexplained. Much of the carer support received was reactive rather than proactive. A better understanding of the current health care pathway of dementia is essential for the design and delivery of future services. It is vital to include the consumer voice in future research and allocation of resources. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

253/37 Self-compassion, coping strategies, and caregiver burden in caregivers of people with dementia; by Joanna Lloyd, Jane Muers, Tom G Patterson, Magdalena Maczac.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 1, January-February 2019, pp 47-59.
Caring for someone with dementia can have negative consequences for caregivers, a phenomenon known as caregiver burden. Coping strategies influence the impact of caregiving-related stress. Specifically, using emotion-focused strategies has been associated with lower levels of burden, whereas dysfunctional strategies have been related to increased burden. The concept of self-compassion has been linked to both positive outcomes and the coping strategies that are most advantageous to caregivers. However, as yet, no research has studied self-compassion in caregivers. This study explores the relationship between self-compassion, coping strategies and caregiver burden in dementia caregivers. Cross-sectional survey data was collected from 73 informal caregivers of people with dementia recruited from post-diagnostic support services in a UK NHS Mental Health Trust and caregiver support groups and services, including the Alzheimer's Society. Self-compassion was found to be negatively related to caregiver burden and dysfunctional coping strategies and positively related to emotion-focused coping strategies. Dysfunctional strategies mediated the relationship between self-compassion and caregiver burden, whereas emotion-focused strategies did not. Caregivers with higher levels of self-compassion report lower levels of burden; and this is at least partly due to the use of less dysfunctional coping strategies. Thus, interventions that develop self-compassion could represent a useful intervention for struggling caregivers. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

253/38 Understanding the educational and support needs of informal care-givers of people with dementia attending an outpatient geriatric assessment clinic; by Thom J Ringer, Matthew Wong-Pack, Patricia Miller (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 205-228.
Informal (unpaid) care-givers of older people with dementia experience stress and isolation, causing physical and psychiatric morbidity. Comprehensive geriatric assessment clinics represent an important geriatrician-led model of dementia care. This Canadian qualitative study examined the educational and support needs of care-givers of people diagnosed with dementia at a geriatric assessment clinic, the resources used to address those needs, and challenges experienced in doing so. The authors conducted structured thematic analysis of interviews with 18 informal care-givers. Participants' narratives reflected four themes. First, care-givers sought information from varied sources, including the Alzheimer Society, the internet and clinic staff. Responsive behaviours, the expected progression of dementia and system navigation were topics of particular interest. Second, care-givers obtained assistance from public, for-profit and voluntary sources. Third, care-givers received little assistance. Two-thirds received fewer than four hours of help weekly from all sources combined, and none more than 15. Several received no assistance whatsoever. Publicly funded support workers' tasks, and their timing, were often unhelpful. Finally, while numerous care-givers felt physical and emotional strain, and worried about how poor health impaired their care-giving, many hesitated to seek help. The needs of this unique population of informal care-givers can be met by improved home-care service flexibility, and access to trustworthy information about the expected progression of dementia and skills for managing behavioural and psychological symptoms. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

253/39 What you say and what I want: priorities for public health campaigning and initiatives in relation to dementia; by Irja Haapala, Ashley Carr, Simon Biggs.: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 59-67.
The purpose of this study was to examine the overlap between priorities expressed by representatives from national and local campaigning organisations and the views of key voices in relation to dementia. Semi-structured, in-depth telephone interviews were conducted with 19 representatives from campaigning organisations, including nine countries and six local community initiatives in Australia. Responses were categorised into nine priorities. Views were compared to the voices of 19 people with dementia, 28 carers, 21 health care professionals, 23 social workers and 20 service professionals. Local groups prioritised user-led decision-making and community normalising agendas. National groups were influenced by service frameworks and increasing public awareness. Professional and carer groups focused on increasing understanding and communication skills while people with dementia valued being a normal part of society. Future campaigning should use both national and local approaches to changing social relations through interpersonal connections, advocacy and social mobilisation in order to promote a normalising approach to attitude change. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

253/40 Working with colleagues and other professionals when caring for people with dementia at the end of life: home care workers' experiences; by Jill Manthorpe, Tushna Vandrevala, Ruth Abrams, Kritika Samsi.: Policy Press.
International Journal of Care and Caring, vol 3, no 4, November 2019, pp 567-583.
Caring for people with dementia often necessitates inter-professional and inter-agency working, but there is limited evidence of how home care staff work as a team and with professionals from different agencies. Through analysis of semi-structured interviews, the research explores the experiences of home care workers (n = 30) and managers of home care services (n = 13) in England (2016-17). Both groups sought to collaboratively establish formal and informal practices of teamwork. Beyond the home care agency, experiences of interacting with the wider health and care workforce differed. More explicit encouragement of support for home care workers is needed by other professionals and their employers. (RH)
ISSN: 23978821
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DEPRESSION

(See 253/72, 253/79, 253/89, 253/97)

DIET AND NUTRITION

(See Also 253/122)

253/41 Identifying geriatric patients at risk for malnutrition: a quality improvement project; by Lauren C Mays, Jennifer W Drummonds, Summer Powers, David P Buys, Penni I Watts.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 38, no 2, 2019, pp 115-129.
Malnourishment leads to poor outcomes in the geriatric surgical population; and American national guidelines recommend pre-operative nutrition screening. However, care practices do not reflect current recommendations. In a quality improvement project, a validated nutritional screening tool, the Mini Nutritional Assessment - Short Form (MNA-SF), was implemented in the pre-operative clinic of a large academic health centre to identify patients at risk for malnutrition prior to elective surgery. Patients were screened during the nursing intake process and categorised as at no nutritional risk, at-risk for malnourishment' or severely malnourished. During the four-week screening period, 413 patients met inclusion criteria with 67.8% (n = 280) screened. No nutritional risk was identified in 77.5% (n = 215) of patients, 18.2% (n = 51) were at-risk, and 4.3% (n = 12) were malnourished. This project will inform and guide a prehabilitation plan for nutrition optimisation to improve healthcare quality, outcomes and costs in the geriatric surgical population. {RH)
ISSN: 21551197
From : http://www.tandfonline.com

253/42 Mental illness, not obesity status, is associated with food insecurity among the elderly in the Health and Retirement Study; by Diana P Brostow, Elise Gunzburger, Lauren M Abbate (et al).: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 38, no 2, 2019, pp 149-172.
Food insecurity (limited or uncertain access to adequate nutrition) is an increasingly recognised determinant of health outcomes and is often associated with obesity. It is unclear, however, if this association persists in older populations.
The authors conducted a cross-sectional study of 2868 participants aged 65+ years from the US Health and Retirement Study (HRS). Multivariate logistic regression was used to assess associations between food insecurity and body mass index (BMI), demographic characteristics, psychiatric history and medical history.
Overweight or obese participants had a higher prevalence of food insecurity than leaner counterparts. However, weight status was not a significant predictor of food insecurity after multivariate adjustment. Instead, mental illness, current smoking status and non-White race were all independently associated with food insecurity.
Beyond financial status, health care providers are encouraged to use these characteristics to identify older patients who may be at risk of food insecurity. (RH)
ISSN: 21551197
From : http://www.tandfonline.com

253/43 Single portion packaging and the use of user test protocols to determine patient accessibility; by A Yoxall, A Bell, K Gee, C Lecko.: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 38, no 4, 2019, pp 387-396.
In 2015, the National Health Service (NHS) established a taskforce to review single portion food and beverage packaging, which has been identified as a potential challenge to users in hospitals. Hence, a study was undertaken to determine the suitability and accessibility of the current single portion packs. The packaging was assessed using ISO 17480 (Guidelines for Accessible Packaging), Annex D. The standard determines a pass or fail of packaging opening, based on whether all 20 in a panel of older

adults are able to open a pack when asked to do so. A pack is recorded as a failure, if, within the 20 people cohort, there is an example of a pack being unable to be opened within the time limit (defined as 1 minute), or the overall satisfaction score ranks below 3 on a 5-point Likert scale. Ten standard single portion packaging items were randomly selected for testing. The packs were chosen to reflect a broad range of food and beverage and packaging types. The results showed that the standard provided useful assessment data, identifying that 70% of the packs were so poorly designed, they failed to pass the standard; 50% of the packs were unopenable by the participants; and a further 20% rated poorly for satisfaction. (RH)
ISSN: 21551197 From : http://www.tandfonline.com

EDUCATION

253/44 Health professions education: advancing geriatrics and gerontology competencies through Age-Friendly University (AFU) principles; by Marilyn R Gugliucci, Desmond O'Neill.: Taylor and Francis.
Gerontology and Geriatrics Education, vol 40, no 2, April-June 2019, pp 194-202.
Contributions in this issue of Gerontology and Geriatrics Education highlight the value of the Age Friendly University (AFU) initiative. This article introduces key approaches for health professions education programs, based on the Age Friendly University Global Network initiative and the Academy for Gerontology/Geriatrics in Higher Education (AGHE) Program of Merit for Health Professions Programs. Higher Education Institutions (HEIs) that offer health professions education have various options for establishing and enhancing student gerontology and/or geriatrics competence and confidence. However, two options are germane to new initiatives that are making their mark in HEIs. First, Age Friendly University Guiding Principles applicable to health professions education allow health gerontology faculties to be catalysts to promote and integrate these principles within their program's curriculum contributing to their institution's readiness to apply for the Age Friendly University designation. Second, the Academy for Gerontology in Higher Education (AGHE) Program of Merit (POM) provides specific geriatrics/gerontology competencies for health professions programs to integrate into the program's curriculum along with an option to attain recognition as an AGHE Program of Merit. Attaining both designations contributes to preparing future health professions providers with improved older adult health care skills that also benefits older adults. The authors note that in 2018 the Age Friendly University Global Network included 42 HEIs, and that in 2012, Dublin City University established an Age Friendly Initiative "to transform lives and societies through education, research and innovation". (RH)
ISSN: 02701960 From : http://www.tandfonline.com

EMPLOYMENT

253/45 Attitudes about working beyond normal retirement age: the role of mandatory retirement; by Jaap Oude Mulders.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 2, March-April 2019, pp 106-122.
The Dutch government abolished mandatory retirement for national-level civil servants in 2008, but not for employees in other sectors. This study uses data from the first wave of the NIDI (Netherlands Interdisciplinary Demographic Institute) Pension Panel, a prospective cohort study of Dutch older workers (age 60-65) for May-September 2015. The study analyses whether national-level civil servants have different attitudes and plans about working beyond normal retirement age than employees in other sectors. Results show no clear differences between the groups. A national ban on mandatory retirement would presumably not lead to many more older workers continuing to work beyond normal retirement, but would need to be integrated in a much broader policy reform that also addresses employment protection legislation and seniority-based wages. (RH)
ISSN: 08959420 From : http://www.tandfonline.com

253/46 Caught between two stools?: Informal care provision and employment among welfare recipients in Germany; by Katrin Hohmeyer, Eva Kopf.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 162-187.
In many countries, population ageing is challenging the viability of the welfare state for generating higher demands for long-term care. At the same time, increasing participation in the labour force is essential to ensuring the sustainability of the welfare state. To address the latter issue, affected countries have adopted measures to increase employment. For example, welfare recipients in Germany are required to be available for work. However, 7 per cent of welfare benefit recipients in Germany provide long-term care for relatives or friends, and this care-giving may interfere with their job search efforts and decrease their employment opportunities. This paper provides evidence of the relationship between the care responsibilities and employment chances of welfare recipients in Germany. Analyses are based on survey data obtained from the panel study Labour Market and Social Security and on panel regression methods. The results reveal a negative relationship between intensive care-giving (ten or more hours per week) and employment for male and female welfare recipients. However, employment prospects recover when care duties end and are subsequently no longer lower for carers than for non-carers. (RH)
ISSN: 0144486X From : http://www.cambridge.org/aso

253/47 Working longer may be good public policy, but it is not necessarily good for older people; by Philip Taylor.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 2, March-April 2019, pp 99-105.
Older people are facing a changed set of expectations regarding work and retirement. Until quite recently, early retirement was being encouraged. However, amid policy concerns about the costs of social welfare associated with an ageing population, today's older workers are contemplating longer working lives. While working longer is almost universally being promoted as a social and individual good, this article argues that this policy shift is unlikely to change the situation of many older workers who would have needed to continue working anyway. It also argues that the emphasis on prolonged employment undervalues engagement in activities beyond employment. It also argues that the emphasis on prolonging employment neglects to account for the attendant risks for many of continuing to work or having to seek work, and the potential health- and well-being-enhancing effects of retirement. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

END-OF-LIFE CARE

253/48 A comparison of the influence of anticipated death trajectory and personal values on end-of-life care preferences: a qualitative analysis; by Katherine P Supiano, Nancy McGee, Kara B Dassel, Rebecca Utz.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 3, May-June 2019, pp 247-258.
The authors examined anticipated preferences for end-of-life (EOL) care in healthy older people in the context of various terminal disease scenarios, to explore the relationship between personal values and diseases and conditions that would influence EOL care choices. 365 respondents in an American national sample of healthy older adults completed a survey on their anticipated preferences for end-of-life (EOL) care. Qualitative Descriptive Analysis was used to derive themes and the relationship between EOL preference themes and personal value themes. Reluctance to burden close others was the most frequently voiced personal value across all conditions affecting EOL preferences, followed by the personal value of quality of life. Concern about whether one's wishes would be honoured was more commonly voiced in the context of hypothetical, prospective terminal cancer than in neurological conditions. Respondents who voiced desire for autonomy in how they would die clearly attributed extreme pain as the primary influence on EOL preferences. Comprehensive assessment of patient personal values should include consideration of particular chronic disease scenarios and death trajectories in order to fully inform EoL preferences. Because personal values do influence EOL preferences, care should be taken to ascertain patient values when presenting diagnoses, prognoses and treatment options. In particular, patients and families of patients with progressive neurological diseases will likely face a time when the patient cannot self-represent EOL wishes. Early discussion of values and preferences, particularly in the context of cognitive disease, is vital to assure patient-directed care. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

FALLS

253/49 Perceptions of older people in Ireland and Australia about the use of technology to address falls prevention; by Lynette Mackenzie, Amanda Clifford.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 369-388.
Falls are common events with serious consequences for older people. With an ageing population and increasing health-care costs, information and communication technologies (ICT) will have a potential role in future health-care delivery. However, research on technology acceptance in health care for older people is limited and its application to falls prevention is unknown. This study explores and describes the perceptions of community-dwelling Australian and Irish older people about their current use of technology, and the potential use of technology for falls prevention. Qualitative data were collected from three focus groups conducted in and around Limerick in Ireland, and three in the Sydney area, Australia. A total of 35 older people participated. Data were analysed using thematic analysis. Four themes emerged from the data: (a) perceptions of vulnerability to falls; (b) preferences for exercise interventions; (c) participation in and ownership of technology; and (d) perceptions about applications of technology for falls prevention. As the use of technology is an instrumental activity of daily living, health professionals need to assess the capacity of older people to adopt these technologies, and provide falls prevention interventions to accommodate the technology skills of older people. Some participants were reluctant to embrace technology and barriers to the effective use of technology to assist in preventing falls may conflict with future health service trends. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

253/50 The relationship between discharge medications and falls in post-hospitalised older adults: a 6-month follow-up; by Kenneth Lam, Den-Ching A Lee, Aislinn F Lalor (et al).: Wiley.
Australasian Journal on Ageing, vol 38, no 3, September 2019, pp 190-198.
The objective of this study, from Victoria, Australia, was to identify discharge medications, especially psychotropic medications that are associated with falls among older adults within six months following hospitalisation. Negative binomial regression was used to examine relationships between discharge medications and falls in older post-hospitalised adults. Multiple regression that considered falls risk factors at discharge was performed. Data for 267 participants showed that medications were not independently associated with falls following discharge after adjustment for other fall risk factors. Male gender, higher depression scores and co-morbidity of neurological disease other than stroke were independently associated with an increased rate of falls. Higher depression scores and co-morbidity of cancer were independently associated with an increased rate of injurious falls in the six months following discharge. Falls prevention strategies other than hospital discharge medication management following the discharge of older adults warrant investigation. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

FAMILY AND INFORMAL CARE

(See Also 253/77)

253/51 Policy measures adopted to support unpaid care across Europe; by Blanche Le Bihan, Giovanni Lamura, Joanna Marczak (et al).: European Observatory on Health Systems and Policies.
Eurohealth, vol 25, no 4, 2019, pp 10-14.
Providing informal care can have significant negative effects for carers in terms of reducing psychological and physical health outcomes, constraining social participation and limiting ability to remain in formal employment. Developing policies to support informal carers is therefore an important policy objective, to enable carers to continue caring for as long as they wish to do so, and to ensure that the future availability of unpaid care is sufficient to meet demand. There are different types of policy measures addressed directly to carers that have been implemented across Europe to support provision of informal care. The authors map the type of policy measures (services and allowances) to support informal care in place in 12 case study countries (Austria, Bulgaria, Czech Republic, England, Finland, France, Germany, Italy, Latvia, Poland, Spain and Sweden) in Europe. The mapping is based on evidence in country reports produced by national experts, and referring to national legislation as at 2018. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/observatory/publications/eurohealth

253/52 Trust in older persons: a quantitative analysis of alignment in triads of older persons, informal carers and home care nurses; by Kirti D Doekhie, Mathilde M H Strating, Martina Buljac-Samardzic, Jaap Paauwe.: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1490-1506.
Self-management by older people could be influenced by the level of trust found in triads of informal carers, formal care providers and care recipient, the older person. This study explores the level of trust that informal carers and home care nurses have in older people, the extent of alignment in triads, and the relationship between trust in older persons and self-management. The authors conducted a cross-sectional survey study in the Netherlands with a sample 133 older persons, 64 informal carers and 72 nurses, and resulting in 39 triads. Alignment level was analysed through Intraclass Correlation Coefficient 1 scores and absolute and mean difference scores. Correlation analysis and one-way analysis of variance measured the relationship between trust and self-management. The results show that triads contain both alignment and misalignment. Misalignment occurs mostly when informal carers and nurses have little trust in the older person, while the older people view their own behaviour towards their caregivers positively. Care providers' trust levels relate significantly to their perception of the person's ability to self-manage, but not to the person's self-rated ability. This could be explained by care providers not communicating their intrinsic trust in the older person to them. Trust building could be enhanced by organising discussions of mutual expectations of trust; and both formal and informal care providers could benefit from compassionate assessment training, to learn how to openly express their trust in the older person. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

FASHION

253/53 Dress, gender and the embodiment of age: men and masculinities; by Julia Twigg.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 105-125.
The study explores the role of clothing in the constitution of embodied masculinity in age, contrasting its results with an earlier study of women. It draws four main conclusions. First that men's responses to dress were marked by continuity both with their younger selves and with mainstream masculinity, of which they still felt themselves to be part. Age was less a point of challenge or change than for many women. Second, men's responses were less affected by cultural codes in relation to age. Dress was not, by and large, seen through the lens of age; and there was not the sense of cultural exile that had marked many of the women's responses. Third, for some older men dress could be part of wider moral engagement, expressive of values linked positively to age, embodying old-fashioned values that endorsed their continuing value as older men. Lastly, dress in age reveals some of the ways in which men retain aspects of earlier gender privilege. The study was based on qualitative interviews with 24 men aged 58-85, selected to display a range in terms of social class, occupation, sexuality, employment and relationship status. The study forms part of the wider intellectual movement of cultural gerontology that aims to expand the contexts in which we explore later years; and contributes to a new focus on materiality within sociology. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

HEALTH AND WELLBEING

(See Also 253/10, 253/82, 253/107)

253/54 Measuring what matters: achieving consensus on a positive aging indicator set for Ireland; by Sarah Gibney, Eithne Sexton, Sinead Shannon.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 3, May-June 2019, pp 234-249.
Although Ireland currently has one of the youngest populations in the European Union, life expectancy is rising faster than in any other EU member state. This study aimed to measure consensus among expert stakeholders on a set of positive ageing outcome indicators in Ireland. Stakeholders from academic, public and voluntary sectors and older people participated in a 3-round, online Delphi study to evaluate indicators for participation, security, healthy ageing, attitudes to ageing, and information access. Evaluation criteria included: acceptability, utility, accessibility, ranking, and balance and coherence. Consensus was achieved on 56 key indicators that are aligned with action areas in the National Positive Ageing Strategy (NPAS). These indicators will be reported on a biannual basis to monitor progress in positive ageing in Ireland. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

253/55 The relationship among cognition, psychological well-being, physical activity and demographic data in people over 80 years of age; by Jitka Veldema, Petra Jansen.: Taylor and Francis.
Experimental Aging Research, vol 45, no 5, October-December 2019, pp 400-409.
The authors investigate relationships between physical abilities, cognitive abilities and aspects of psychological well-being in people aged 80 or older. In contrast to other studies, they focus on the executive functions and mental rotation while investigating cognitive performance. This is because it is well known in the literature investigating younger participants that these functions relate to some kind of motor or physical activity. 41 independently living people aged 80+ were enrolled. Physical activities (German Physical Activity Questionnaire 50+), balance (One-leg stand), psychological well-being (Resilience, General Depression Scale - GDS), cognitive abilities (Flanker task, Mental rotation, Number connection test) as well as the influence of gender and education status were analysed. Results indicate that: higher physical activity correlates with higher resilience; those with higher education and men show better values on the depression scale; and better mental rotation ability could be detected in those with higher education. This first experimental study with people aged 80+ only demonstrates the importance of education and physical activity for different aspects of psychological well-being. Due to the aim of investigating participants only aged 80+ living independently, the sample size was small and the study should be further enlarged. (RH)
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From : http://www.tandfonline.com

HEALTH CARE

(See Also 253/34, 253/36, 253/62, 253/64, 253/66, 253/75)

253/56 An examination of organisational policies for healthcare and lifestyle decision-making among Australian aged care providers; by Craig Sinclair, Sue Field, Meredith Blake, Helen Radoslovich.: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 90-97.
The present study aimed to examine policies of aged care organisations relating to healthcare and lifestyle decision making. Seven aged care organisations submitted policy documents. Policies were analysed using the Australian Law Reform Commission (ALRC) 'Decision-Making Principles' as a framework. Nine senior staff with policy development roles participated in follow-up interviews. The structure and content of policy documents varied significantly between organisations. Most acknowledged the need to support the rights of care recipients in decision making, however the nature of this support was often unclear. Interview themes included factors relating to 'organisational contexts', 'policy development and implementation' and 'ethical challenges'. An overarching theme among high performing organisations was 'proactive response aimed at pre-empting decision-making dilemmas'. The authors provide recommendations for policy development, including a self-assessment audit tool. Aged care provider organisations may need to review policies in the areas of healthcare and lifestyle decision making to meet current best practice principles. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

253/57 Supporting older adults' engagement in health-care programs and policies: findings from a rural cognitive health study; by Juanita Bacsu, Thomas McIntosh, Marc Viger (et al).: Taylor and Francis.
Home Health Care Services Quarterly, vol 38, no 3, July-September 2019, pp 209-223.
Although older people in rural areas are important users of healthcare services, their perspectives and input remain largely absent from health programs and policies. This article explores the perspectives of older people in rural areas to support their engagement in patient-oriented research. Guided by a community-based research (CBR) approach and an ethnographic methodology, participant observation and semi-structured interviews were conducted with 42 rural older people in Saskatchewan, Canada. Three themes were identified: community outreach through trust and partnership building; using flexible data collection methods, such as moving to open-ended interviews rather than closed-ended surveys; and developing community-relevant dissemination strategies such as local newspaper articles, posters and community workshops. Collaborative research with older people is essential if progress is to be made in improving health programs and policies for older adults in rural communities and beyond. (RH)
ISSN: 01621424
From : http://www.tandfonline.com

253/58 Understanding the role of social factors in recovery after hip fractures: a structured scoping review; by Mohammad Auais, Faid Al-Zoubi, Alyssa Matheson (et al).: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1375-1387.
Poor recovery among older adults with hip fractures can occur despite successful surgical repair and rehabilitation, suggesting other factors might play a role in recovery, such as social factors. The aim of this scoping review was to provide an overview of the literature on the role of social factors in older people's recovery after hip fracture. The review followed the York Framework and its modifications and recent reporting guidelines. Two independent researchers searched main medical databases (CINAHL, EMBASE, Medline, PsycINFO and the Cochrane libraries) from inception to June 2017, for studies investigating social factors and recovery post hip fracture. Studies were excluded if they were qualitative, perspective papers or if participants were 65 years or they were not living in the community. This study screened 2,503 unique abstracts in total; 19 studies fulfilled the inclusion criteria. Social factors investigated in the included studies were social support, socioeconomic factors and living arrangement. This study classified outcomes in the studies into three subgroups: physical functional recovery, mortality, and other outcomes (pain, hospital length of stay and quality of life). This study found evidence that social support and socioeconomic factors (e.g. socioeconomic status) were significantly associated with an increase in functional recovery, a decrease in mortality and other outcomes, but conflicting evidence was found for the effect of one's living arrangement. Only two included studies were randomised controlled trials (RCTs). To conclude, social factors, such as social support and socioeconomic status, affect physical functional recovery and mortality in older adults with hip fractures. However, this is an under-researched area that lacks rigorously designed studies and would benefit from more studies with rigorous designs. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

HEALTHY AGEING

253/59 Health lifestyles in late middle age; by William C Cockerham, Joseph D Wolfe, Shawn Bauldry.: Sage.
Research on Aging, vol 42, no 1, January 2020, pp 34-46.
A growing body of work identifies distinct health lifestyles among children, adolescents and young adults, and documents important social correlates. This study contributes to that line of research by identifying the health lifestyles of American adults entering late middle age. The study assesses structural predictors of membership in different health lifestyles in this understudied age-group, and examines net associations between health lifestyles, chronic conditions and physical health. The data come from the National Longitudinal Survey of Youth 1979 (NLSY-79), 50+ Health Module, conducted by the US Bureau of Statistics. The analysis is based on respondents who answered the 50+ Health Module in 2008, 2010, 2012 or 2014 (N = 7,234). The results confirm similar relationships between health lifestyles and structural factors like class, gender and race that previous studies observe. The results also reveal a unique pattern of associations between health lifestyle and health status because of diagnosed conditions that affect health behaviours in adulthood. (RH)
ISSN: 01640275
From : http://www.journals.sagepub.com/home/roa

HIV AND AIDS

253/60 'The own' and 'the wise' as social support for older people living with HIV in the United Kingdom; by Dana Rosenfeld, Jane Anderson, HIV and Later Life (HALL) Team, Centre for Social Gerontology, Keele University.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 188-204.
As the HIV population ages, how the ageing and HIV experiences intersect to shape the lives of older people living with HIV (PLWH) becomes an increasingly pressing question. This multi-method study investigated social support, mental health and quality of life among 100 older PLWH in the United Kingdom. Drawing on data from three focus groups and 74 life-history interviews with older (aged 50+) White men who have sex with men (MSM), and Black African and White heterosexual men and women living with HIV, the study explores participants' distinctions between evaluations of, and access to, sources of social support. Participants distinguished between support from the HIV-negative (Goffman's 'the own') and experientially based support from other PLWH (Goffman's 'the wise'); and they viewed the former, while valuable, as needing to be supplemented by the latter. Furthermore, access to experientially based support varied across participant groups, whose communities had different histories with HIV/AIDS and thus different degrees of knowledge about HIV and avenues for connecting to other PLWH. Thus, social support among older PLWH cannot be neatly divided into 'formal' and 'informal' domains; nor can it be fully appreciated by applying traditional social support measures, including (in the context of health conditions) 'peer support' created through formal service organisations. Rather, older PLWH's own distinctions and evaluations better illuminate the complexities of social support in the context of ageing with HIV. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

253/61 The intersectionality of stigmas among key populations of older adults affected by HIV: a thematic analysis; by Megan Johnson Shen, RyannFreeman, Stephen Karpiak (et al).: Taylor and Francis.
Clinical Gerontologist, vol 42, no 2, March-April 2019, pp 137-149.
The need for support for those with HIV, especially social support, is highlighted, to address intersection of stigmas for unique groups of individuals disproportionately affected by HIV. Four focus groups of older people living with HIV (PWH) - gay or bisexual men, heterosexual men, heterosexual and bisexual women, and Spanish-speaking (i.e. Hispanics or Latinos) - were audio-recorded and transcribed. Inductive thematic text analysis was used to identify qualitative themes. Five major themes emerged: disclosure of HIV status; types of stigma experienced; discrimination experienced; other outcomes associated with experiencing stigma; and influence of ageing on social isolation experienced due to stigma. The findings indicate that women did not suffer from the intersection of stigmas. Other groups suffered from the intersection of stigma due to HIV status and age (gay/bisexual males); HIV status and perceived stigma of sexual orientation or drug use (heterosexual males); and HIV status and culture/ethnicity (Spanish-speaking). Results indicate that many at-risk groups - including heterosexual men, homosexual men, and Spanish-speaking individuals - experience an intersection of stigma between ageing and their sexuality, HIV status, or real or perceived drug use. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

HOME CARE

(See Also 253/7, 253/8, 253/12, 253/52)

253/62 Hospitalization risk factors of older cohorts of home health care patients: a systematic review; by Irene Bick, Dawn Dowding.: Taylor and Francis.
Home Health Care Services Quarterly, vol 38, no 3, July-September 2019, pp 111-152.
In the United States, almost a million Medicare home health care beneficiaries are hospitalised annually, of which a quarter of admissions are considered preventable. Older hospitalised patients are at risk for nosocomial complications and poorer outcomes, and incur higher health care costs. This paper reports the results of a systematic review of 28 studies on hospitalisation risk factors of older home health care patients. It found that males, Blacks, and non-Asian minorities are at greater hospitalisation risk. Factors associated with higher risk included skin ulcers, psychiatric conditions, dyspnoea and/or chronic obstructive pulmonary disease (COPD), cardiovascular conditions, diabetes, functional deficits, more comorbidities and higher medication usage. These findings can inform practice, research and policy. (RH)
ISSN: 01621424
From : http://www.tandfonline.com

253/63 The subjective world of home care workers in dementia: an "order of worth" analysis; by Justine Schneider, Kristian Pollock, Samantha Wilkinson (et al).: Taylor and Francis.
Home Health Care Services Quarterly, vol 38, no 2, April-June 2019, pp 96-109.
To recruit a high-quality workforce and meet growing demand, the perspective of domiciliary workers needs to be taken into account. In this English ethnographic study, an overarching research question, "what does 'good' home care look like in dementia?" is answered from the point of view of care workers. Researchers recorded field notes on 334 care visits to six different households over 10 months; and 11 care workers returned diaries with 231 entries (more than 87,500 words). Interviews were conducted with 14 care workers, including two of the diarists. To structure analysis of the study data, the authors apply a method developed by political theorists Boltanski and Thévenot (in 'On justification') that identifies key variables in different values systems. This "orders of worth" framework is used to map out the distinctive features of the subjective world of home carers. The results can be drawn on to formulate recruitment and retention policies, to design reward strategies, or to ensure that training and education opportunities engage effectively with the workforce. This work was supported by the National Institute for Health Research (NIHR) School for Social Care Research. (RH)
ISSN: 01621424
From : http://www.tandfonline.com

253/64 Supporting older people with multimorbidity: the care burden of home health-care assistants in Ireland; by Suzanne Smith, Emma Murphy, Caoimhe Hannigan (et al).: Taylor and Francis.
Home Health Care Services Quarterly, vol 38, no 3, July-September 2019, pp 241-255.
The treatment burden inherent in self-managing multiple chronic conditions (multimorbidity) is recognized, but there has been little examination of the care burden experienced by paid home healthcare assistants (HCAs) who support older people with multimorbidity. Focus groups were conducted with HCAs in Ireland, and data were coded using a thematic analysis approach. Care burden of HCAs was linked with lack of knowledge and information, poor communication, insufficient time and resources, gaps in medication support and work-related stress. Strategies are required to reduce the care burden of HCAs who are essential stakeholders supporting growing numbers of older people with multimorbidity. This work was supported by the European Union Horizon 2020 Research and Innovation Programme (under grant agreement No. 689996). (RH)
ISSN: 01621424
From : http://www.tandfonline.com

253/65 A systematic review of observational studies of adult home care; by Monica Leverton, Alexandra Burton, Jessica Rees (et al).: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1388-1400.
The home-care workforce is in high demand globally. Home-care workers provide care for people at home, including practical and personal care, as well as other tasks such as medication management. The authors conducted a systematic review with the aims of understanding methods of observation that have been employed to study home care, and exploring how these methods have enabled researchers to understand the quality of home care. The authors used PubMed and CINAHL databases in May 2018 and searched the literature for MeSH terms 'Home Care Services', 'Home Health Care', 'Home Nursing' and 'Observation'; and 'Home Care Services', 'Home Health Care', 'Home Nursing' and 'Observation'. No limits were applied to date of publication. Across 15 eligible studies, the types of observation methods employed were categorised as structured, guided and unstructured. The characteristics of these methods, such as the level of participation adopted by the observer, varied across the studies. Three themes were developed through a narrative synthesis of the included studies' findings: 'The impact of care delivery and organisational factors', 'Observing relationships and communications', and 'People and places behind

closed doors'. The authors conclude that methods of observation are a fairly novel, yet rich and meaningful way of exploring home-care practice. Researchers undertaking observations should consider elements such as the number of researchers observing and the potential for variations, how and when to record the observations, possible triangulation of data, the researcher's reflective stance as an observer, as well as ethical considerations. (RH)
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

253/66 Written interprofessional communication in the context of home healthcare: a qualitative exploration of Swiss perceptions and practices; by Noelle Junod Perron, Julien Le Breton, Olivier Perrier-Gros-Claude (et al).: Taylor and Francis.
Home Health Care Services Quarterly, vol 38, no 3, July-September 2019, pp 224-240.
The practices and perceptions of Swiss home care professionals with regards to written interprofessional communication were explored. The authors analysed 11 home care notebooks, and conducted six focus groups with home healthcare professionals in 2015-2016. Interprofessional written communication was rarely explicit. Health professionals reported a lack of clarity about what to document and for whom. They felt unsure how to reconcile the need for confidential information sharing among health professionals and the desire for patients' and/or families' active involvement. An ideal (electronic) tool should allow patients to formulate goals and use the platform, while allowing health professionals to communicate confidentially among themselves in order to avoid information retention. (RH)
ISSN: 01621424
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HOSPITAL CARE

(See 253/103)

HOSPITAL DISCHARGE

(See 253/50)

HOUSING

(See Also 253/105)

253/67 Initiating senior co-housing: people, place, and long-term security; by Claudia Baldwin, Kelli Dendle, Anna McKinlay.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 4, October-December 2019, pp 358-381.
An increasing proportion of older people are unable to afford rental or purchase of age-appropriate residential accommodation in Australia. This article reports on a community-initiated research project investigating feasibility of affordable co-housing for older residents wishing to age in their community. Factors enabling successful co-housing for seniors were investigated through a systematic literature review. A multiphase participatory research approach drew on the knowledge of local older people, community support workers, and planning and design professionals through workshops and interviews in a regional community in southeast Queensland. The findings demonstrate interest in and barriers to senior co-housing. The research engagement approach enables tailored solutions for individual long-term security, relevant to small communities in Australia. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

253/68 The older I get, the colder I get: older people's perspectives on coping in cold homes; by Caroline Hughes, Sukumar Natarajan.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 4, October-December 2019, pp 337-357.
Cold homes are known to exacerbate health problems prevalent in the 65+ demographic. An average of 26,560 UK excess winter deaths occur in people aged 65+ years old each winter, of which 30% are attributed to cold homes. Interviews were conducted with 43 people aged 65+ living in homes in Bath, known to be achieving less than the World Health Organization (WHO) minimum recommended temperature (18ºC). This article presents quanitative and qualitative information that highlights their struggles in maintaining health and managing their homes; instances of extreme and potentially dangerous methods to achieve thermal comfort are identified. Fairer energy provision, better targeted financial aid, and improved support networks are necessary to alleviate current problems. The article also presents a summary of qualitative research on cold homes and fuel poverty conducted in various parts of the UK since 2003. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

253/69 The physical housing environment and subjective well-being among older people using long-term care services in Japan; by Rumiko Tsuchiya-Ito, Bjorn Slaug, Tomoaki Ishibashi.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 4, October-December 2019, pp 413-432.
For older people using long-term care services, the conditions of their life-space may be critical. The relationships between the physical housing environment and aspects of health were examined among older people in Japan aged 65+ (N = 1,928) by multivariable logistic regression analysis, adjusting for sociodemographic characteristics. Lack of safety, low access to emergency assistance, low or high indoor temperature, poor sanitary conditions and state of home disrepair were significantly associated with negative aspects of health among people with low activities of daily living (ADL) independence. Home care service providers and policymakers need to consider the importance of appropriate environmental conditions for the most vulnerable groups. (RH)
ISSN: 02763893 From : http://www.tandfonline.com

HOUSING WITH CARE

253/70 20 years of extra care: a review; by Nigel King, Hanover. Staines: Hanover Group, 2009, 31 pp.
A report which gives an overview of Hanover's work in pioneering extra care housing, with the provision of inclusive environments and services, and providing what older people want by way of alternatives to residential care. The report includes case studies of its schemes. (RH)

INCOME AND PERSONAL FINANCE

(See Also 253/111)

253/71 The contribution of dementia to the disparity in family wealth between black and non-black Americans; by Jennifer E Kaufman, William T Gallo, Marianne C Fahs.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 306-327.
The enormous economic burden of dementia in the United States of America falls disproportionately on families coping with this devastating disease. Black Americans, who are at greater risk of developing dementia than white Americans, hold on average less than one-eighth of the wealth of white Americans. This study explores whether dementia exacerbates this wealth disparity by examining dementia's effect on wealth trajectories of black versus non-black Americans over an eight-year period preceding death. The study uses five waves of data (beginning in 2002 or 2004) on 2,429 decedents in the 2012 and 2014 waves of the Health and Retirement Study (HRS). It finds that dementia is associated with a loss of 97 per cent of wealth among black Americans, compared with 42 per cent among non-black Americans, while wealth loss among black and non-black Americans without dementia did not differ substantially (15% versus 19%). Dementia appears to increase the probability of wealth exhaustion among both black and non-black Americans, although the estimate is no longer significant after adjusting for all covariates (for blacks, odds ratio (OR) = 2.04, 95% confidence interval (CI) = 0.83, 5.00; for non-blacks, OR = 1.47, 95% CI = 0.95, 2.27). Dementia has a negative association with home-ownership, and the loss or sale of a home may play a mediating role in the exhaustion of wealth among black Americans with dementia. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

253/72 Household debt and depressive symptoms among older adults in three continental European countries; by Aapo Hiilamo, Emily Grundy.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 412-438.
In this comparative study, the authors investigate whether household debt status is associated with depressive symptoms in people aged 50 and over in three European countries (Belgium, France and Germany), and variations in this association by country. They use data from the Survey of Health, Ageing and Retirement in Europe (SHARE) for Waves 1, 2, 4, 5 and 6 (2003/4, 2006/7, 2011, 2013 and 2015, respectively). Multi-level regression models with random intercepts for individuals were used to analyse the association between household debt status and number of depressive symptoms (EURO-D score). Country differences in the household debt-depression nexus were tested using country interaction models. After controlling for other measures of socio-economic position and physical health, low or substantial financial debt was associated with a higher number of depressive symptoms in all countries. Housing debt was strongly linked to depressive symptoms for women, while the association was weaker for men. The only country difference was that for both sexes substantial financial debt (more than Ç5,000) was strongly associated with depressive symptoms in Belgium and Germany, but the association was weak or non-significant in France. Associations between financial debt and depression were also evident in analyses of within-individual changes in depressive symptoms for a longitudinal sub-group, and in analyses using a dichotomised, rather than a continuous, measure of depression. The findings indicate that measures of household indebtedness should be taken into consideration in investigations of social inequalities in depression, and suggest a need for mental health services targeted at indebted older people. (RH)
ISSN: 0144686X From : http://www.cambridge.org/aso

INEQUALITY AND HUMAN RIGHTS

(See 253/130)

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 253/30)

253/73 Larger Chinese text spacing and size: effects on older users' experience; by Guanhua Hou, Hua Dong, Weining Ning, Lianghao Hai.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 389-411.
With declining vision ability, character spacing and size on smartphones designed for the general population are not accessible for older adults. This study explores how larger Chinese character spacing and size affect older adults' user experience (UX). An orthogonal experiment was conducted. The optimal range of font size (FS), word spacing (WS) and line spacing (LS) were proposed, utilising subjective evaluations to investigate the correlation of eye movement data with participants perceived UX. The results showed that improvement in different aspects of UX varied when FS, WS and LS increased. Overall, participants preferred larger FS, WS and LS; however, the larger FS, WS and LS values are more likely to cause errors and slower reading speed. These results suggest that the distinct combination of size and spacing depends on the motivation, needs and situation of older people when reading on a smartphone. These findings will help designers to provide better design for the older people. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

253/74 Older adults' experiences with audiovisual virtual reality: perceived usefulness and other factors influencing technology acceptance; by Amy Restorick Roberts, Bob De Schutter, Kelley Franks, M Elise Radina.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 1, January-February 2019, pp 27-33.
Older people's responses to, and perceptions of usefulness of audiovisual virtual reality (VR) are explored. Focus groups were conducted with 41 residents from a Midwestern US retirement community after they viewed two audiovisual VR simulations. Thematic analysis was used to identify patterns in responses. The participants described positive and negative emotional reactions to aspects of the VR experience, articulated content preferences, shared ideas to improve the usability of the equipment, and identified facilitators and barriers that influenced perceived usefulness. Recommendations for improving this technology include maximising the positive aspects of VR through increasing interactivity, facilitating socialising with friends or family, and enhancing ease of use by older people. Desired content of simulations involved travel, continuing education, reminiscence, and self-care or therapy.
While virtual reality was reviewed positively, modifications are necessary to facilitate optimal user experience and potential benefit for this population. As older people are interested in using VR, it is important to respond to their preferences and remove barriers that limit use and enjoyment, especially if poor health prevents the continuation of desirable activities or new experiences. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

253/75 The use of tablet technology by older adults in health care settings - is it effective and satisfying?: A systematic review and meta analysis; by Chethan Ramprasad, Leonardo Tamariz, Jenny Garcia-Barcena (et al).: Taylor and Francis.
Clinical Gerontologist, vol 42, no 1, January-February 2019, pp 17-26.
The potential for older people to accept and use tablet technology in clinical settings by assessing satisfaction and effectiveness is examined in this systematic review and meta-analysis. A comprehensive literature search was conducted of PubMed, SCOPUS and CINAHL (until March 2017); criteria for inclusion were studies with any clinical use of a tablet technology with a median patient age of over 65. A total of 12 studies were included: 4 randomised controlled trials (RCTs), 4 cross-sectional studies, and 4 pre/post studies. Interventions included the use of tablet technology for medication self-management, post-surgery education, memory retention, cognitive rehabilitation, and exercise promotion. The use of tablet technology by older people in clinical settings was associated with high satisfaction with a pooled prevalence of satisfaction of 78%; 95% CI 27-100. No evidence was found for effectiveness in improving clinical or behavioural outcomes. The authors conclude that older people can use and are satisfied with table technology in clinical settings, and that clinicians should be encouraged to utilize tablet technology in the care of older patients. More studies are needed to evaluate the effectiveness of tablet technology in promoting health outcomes. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

INTERGENERATIONAL ISSUES

253/76 Intergenerational exchange and the possibilities of role substitution for older people; by Joanna Macfarlane, Christine Stephens, Joanne Taylor.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 3, 2019, pp 98-109.
Role loss or substitution are common experiences of older adults, and a role typically held by older people - great grandparent or grandparent - is now under threat. Set within the context of Village at the Park, a retirement village in Wellington, New Zealand where an Intergenerational Programme (IGP) was taking place, this paper aims to understand older people's perspectives on pre-school children, and the roles they adopt with them. The authors conducted semi-structured interviews with 19 residents aged 71-95 and analysed the data using narrative analysis. Four narratives were identified, revealing that older adults adopt the roles of teacher and compromiser when interacting with children, believe they are "plugging a gap" in society through their involvement with younger generations, and are reminded of life when with them. It should be noted that the study does not feature the voice of younger children within intergenerational contact, information which would have provided a different perspective on the roles identified. The bulk of global IGP practice is targeted at bringing together older and younger people who are not as young as pre-school age, but this may be an opportunity missed. Retirement village operators may also want to consider intergenerational activity with pre school children as a way for them to provide opportunities for role substitution within this environment. The findings identify a positive perception older people have about young children in today's society, expanding on very limited literature. How older adults perceive their role with young children is also identified within this research, highlighting how interacting with non-related pre-schoolers can provide some older people with a substitute role in later years. (RH)
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INTERNATIONAL AND COMPARATIVE

(See Also 253/14, 253/17, 253/35, 253/69, 253/73, 253/87, 253/113)

253/77 Changing perceptions of the rights and responsibilities in family care for older people in urban China; by Pui Ling Ada Cheung.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 4, July-September 2019, pp 298-320.
As an ageing society, China has undergone various political and economic transitions since the 1980s, which have raised social and policy concerns about the practicality of relying on family support in the care of older people. To understand the changing social expectations and the corresponding societal responses, the shifting perception of the rights and responsibilities associated with the family care of older people must be understood first. Based on 39 qualitative interviews in two Chinese cities, Beijing and Guangzhou, this research contributes to an understanding of the pursuit of a "good life" by older people in contemporary urban China. It points to the argument that independence and autonomy in old age, as valued by the interviewees, will not be realised unless there is a shift in policy to recognise and respect the individuality of older people and facilitate their life choices. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

253/78 The emotional landscape of accessing and navigating formal supports for older adults in one Western Canadian city; by Laura M Funk, Wanda Hounslow.: Policy Press.
International Journal of Care and Caring, vol 3, no 4, November 2019, pp 531-548.
Emotions may be pivotal to understanding how fragmented care systems for older adults can generate structural carer burden. Analysing 78 interviews with 32 carers who navigated formal services in a Western Canadian city, the research explores and distinguishes between emotional responses to navigation challenges and the emotion work that navigation entails. Emotional responses had a temporal dimension, and, at times, both positive and negative emotions coexisted simultaneously. Symbolic and normative understandings of interactions with providers, and of 'caring well', shaped emotion work throughout navigation. Discussion focuses on how broader contexts, through emotional processes, indirectly contribute to carer stress and strain. (RH)
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From : https://policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring

253/79 Family status and later-life depression among older adults in urban Latin America and the Caribbean; by Nekehia T Quashie, Flavia C D Adrade.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 233-261.
Rapid fertility declines in Latin American and Caribbean countries since the 1960s have contributed to smaller family sizes among the current cohorts of older adults. As the family unit is highly valued as a source of social support, this may have mental health implications in these societies. This study examines the association between parental status, marital status and the likelihood of experiencing depressive symptoms of 9,756 adults 60 years and older in seven cities within Latin America and the

Caribbean: Buenos Aires, Bridgetown, Sao Paulo, Santiago, Havana, Mexico City and Montevideo. The study uses data from the 2000 Survey of Health, Well-being and Aging in Latin America and the Caribbean (SABE). Results from multivariate logistic regressions indicate that parental status is not significantly associated with depressive symptoms. Nonetheless, unmarried older adults, both those living alone and those living with others, are more vulnerable to experiencing depressive symptoms than their married counterparts. Marriage is especially protective for older adults in Havana and Montevideo. Older adults' perceived income adequacy significantly moderates the relationship between marital status and depressive symptoms. Other significant covariates, such as experiencing disability and comorbidity, showed positive associations with depressive symptoms. While families may still represent a critical component for the mental health of older adults, broader investments in health across the life-span are needed to improve individual psychological well-being. (RH)
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From : http://www.cambridge.org/aso

253/80 Foreign domestic workers and eldercare in Singapore: who hires them?; by Philip A Rozario, Song-lee Hong.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 3, May-June 2019, pp 197-210.
In Singapore, policy makers expect families to remain actively involved in the care of their frail older relatives, as manifestly expressed in its Many Helping Hands approach to long-term care. To enable families to fulfil this expectation, the government has enacted policies that encourage the hiring of foreign domestic workers (FDWs) to complement or supplement informal caregiving efforts. Using the Andersen Behavioural Model, the authors were interested in identifying caregiver and care receiver characteristics that might predict the hiring of FDWs. Using data from a convenience sample of 488 informal caregivers, the authors ran logistic regression analyses on such predisposing, enabling, and need factors for hiring of an FDW. Of interest, enabling factors such as household income, housing type and educational level were predictive of hiring an FDW in the home. Only one need factor, time spent in caregiving, was predictive of the increased likelihood to hire an FDW. Policies that encourage the marketisation of care are likely to favour those with financial means and inadvertently ignore the caregiving burdens of lower income families. The authors suggest research and policies to ensure the well-being and protection of FDWs who have become a key component of long-term care policy and practice in Singapore. (RH)
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From : http://www.tandfonline.com

253/81 Global convergence: aging and long-term care policy challenges in the developing world; by Zhanlian Feng.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 4, July-September 2019, pp 291-297.
Ageing around the world poses a global challenge in eldercare. This challenge is particularly felt in low- and middle-income countries (LMICs), where population ageing outpaces the development of care policies and services. This article highlights the phenomenon of global convergence in several unsettling trends and challenges shared across LMICs. These include the weakening of informal family care systems for older people, a growing need for formal long-term care of the frail and disabled who can no longer be adequately supported by family members, and mounting pressures for policy responses to tackle these societal challenges. It is argued that policymakers should take a proactive stance. That is, when family care for older people falls short and family caregivers are increasingly under strain, the government should step in and increase support to fill the gap, by developing appropriate policies and a continuum of long-term care services that are accessible and affordable for the majority of older people in need. Three guiding principles for long-term care provision, financing and quality assurance across LMICs are suggested. (RH)
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From : http://www.tandfonline.com

253/82 Health maintenance of Japanese rural small enterprise shopkeepers; by Yuki Ohashi, Sanae Sugawara, Koko Muraokoa, Akiko Ozaki.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 3, 2019, pp 110-119.
Although shopkeepers in small enterprises (SSEs) are pioneers in rethinking retirement, working ages and the lifestyles of an ageing society, some pertinent health issues remain unexplored. Using narratives of shopkeepers in small, rural enterprises, this paper investigates ways of thinking about health maintenance. This study employed an ethnographic approach. In total, 20 shopkeepers and residents in a rural shopping street in Tohoku, in northeast Japan, were interviewed between June 2016 and May 2017. These interviews were analysed inductively. The ways shopkeepers think about health maintenance are expressed through an interaction with their personal history. Shopkeepers and customers used narratives to arrive at novel methods to re-think health maintenance. Through data analysis, the cultural theme of maintaining vitality through long-lasting self-struggle, supported by cooperation and familiar membership was identified. This cultural theme was related to three sub-themes: struggle stimulated by flexibility and responsibility; cooperation by devoting personal capital; and compensation through family support. There is a growing focus on the important role that

SSEs play in rural health. The results of this study will enable rural nurses to approach and develop health via communal interaction. In addition, the support of the family through cooperation at home should be enhanced. There exists the potential for shopkeepers to develop a care strategy for small enterprise-related work. This strategy could enhance active ageing and promote a sustainable healthy life. (RH)
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From : http://www.emeraldinsight.com/loi/qaoa

253/83 Hong Kong Chinese aging adults voice financial care expectations in changing family and sociocultural contexts: implications for policy and services; by Xue Bai.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 5, October-December 2019, pp 415-444.
Although Hong Kong is one of the world's wealthiest cities, about one-third of its older adults live below the poverty line. Using the Photovoice research method, this study invited 36 Hong Kong Chinese older people to photograph images and to voice their concerns and expectations regarding financial care. Recurring themes in their photographs and narratives included insufficient government support, diminishing family support, insecurity and fear regarding future finances, and strong desire for self-sufficiency through early preparation and bridge employment. Participants' financial care expectations shifted from informal to formal sources in changing family and sociocultural contexts, indicating an urgent need for policy reform from a needs-based to a rights-based approach, to foster empowerment and fulfil older people's rights of financial security, dignity and participation. Improving the retirement protection system should go hand in hand with encouraging family support and caregiving, and creating an age-friendly working environment for older residents. The findings have crucial policy implications for Hong Kong and other ageing societies, especially those that share similar filial piety values and have seemingly ungenerous welfare systems. (RH)
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From : http://www.tandfonline.com

253/84 Population aging and long-term care policies in the Gulf region: a case study of Oman; by Mohamed Ismail, Shereen Hussein.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 4, July-September 2019, pp 338-357.
Population ageing is a worldwide phenomenon, including in countries traditionally exhibiting population dividends and "youth bulges". The Gulf Corporation Council countries are no exception as they currently experience a process of population ageing, albeit at a different stage from many developed countries. However, due to historically high fertility rates and fast-paced epidemiological transition, some of these countries will experience population ageing at a higher pace than has been observed in Europe and the United States. This article reviews recent developments in long-term care policies in the Gulf region. The focus is on Oman as an example of a high-income Arab country that is experiencing population ageing, while still being governed by traditional family aged-care norms. The authors use existing data and published research, complemented by policy analysis and field visits to analyse the process of population ageing and its policy implications in Oman and neighboring countries. (RH)
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From : http://www.tandfonline.com

253/85 Social support, retirement resources, and the gendered experiences of aging for Tunisian older adults; by Nancy J Karlin, Joyce Weil, Maha Ben Salem.: Taylor and Frances.
Journal of Gerontological Social Work, vol 62, no 5, July 2019, pp 564-577.
Cultural context plays an important role in the experience of ageing. The country of Tunisia is of particular interest, because few studies on ageing have been done in the past decade. This study examined data collected from Tunisian older adults in an attempt to gain additional information about their experience of ageing in this culture. The study's purpose was to identify key information tied to social policy factors that have the potential to impact older adults living in Tunisia. From June to July 2017, semi-structured interviews were completed with 60 older adults; topics covered family history, daily activities, health and health satisfaction, retirement benefits and satisfaction, medical coverage, social support, service availability, and feelings of growing older, as well as advice provided to younger adults. Findings include gender differences in retirement resources and benefits, sources of support, and older adults' self-reported desires for the future. This work adds to the growing body of literature concerning differences in global ageing, and provides greater awareness of aging in the distinctive context of Tunisia. Additional work should seek to deepen the investigation of the various social policies that affect the Tunisian older person. (RH)
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From : http://www.tandfonline.com

LGBT

253/86 All the lonely people, where do they all belong?: An interpretive synthesis of loneliness and social support in older lesbian, gay and bisexual communities; by Julie Fish, Christina Weis.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 3, 2019, pp 130-142.
Loneliness is a phenomenon which affects people globally and constitutes a key social issue of our time. For example, few studies have considered the nature of loneliness and social support for older lesbian, gay and bisexual (LGB) people. This is of particular concern, as they are among the social groups said to be at greater risk. This paper discusses this issue. Peer-reviewed literature was identified through a search of Scopus, PsycINFO and PubMed. A total of 2,277 papers were retrieved, including qualitative and quantitative studies which were quality assessed using the Critical Appraisal Skills Programme. In all, 11 papers were included in the review, and findings were synthesised using thematic analysis. The studies were conducted in five countries worldwide and had a combined sample size of 53,332 participants, of whom 4,288 were drawn from among LGB communities. The characteristics and circumstances associated with loneliness included living arrangements, housing tenure, minority stress and geographical proximity. The review suggests that, among older LGB people, living alone, not being partnered and being childfree may increase the risk of loneliness. This cohort of older people may experience greater difficulties in building relationships of trust and openness. They may also have relied on sources of identity-based social support, which are in steep decline. Future research should include implementation studies to evaluate effective strategies in reducing loneliness among older LGB people. Reaching older LGB people who are vulnerable due to physical mobility or rural isolation and loneliness because of bereavement or being a carer is a concern. A range of interventions - individual (befriending) or group-based (for social contact) - in addition to potential benefits from the Internet of Things should be evaluated. Formal social support structures which were provided by voluntary sector agencies have been disproportionately affected by recent austerity measures. (RH)
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From : http://www.emeraldinsight.com/loi/qaoa

253/87 Care and LGBT aging in Canada: a focus group study on the educational gaps among care workers; by Katherine Kortes-Miller, Kimberley Wilson, Arne Stinchcombe.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 2, March-April 2019, pp 192-197.
Educational interventions have the potential to equip healthcare providers to support diverse ageing populations. The authors identify educational gaps hindering the provision of person-centred care to older people who identify as LGBT (lesbian, gay, bisexual or transgender). Three focus groups were conducted with healthcare professionals and frontline staff in urban centres in northern, southern and eastern Ontario. Semi-structured focus group discussion guides were developed, based on the literature identifying some of the knowledge gaps, attitudes, challenges and barriers around providing care for older LGBT adults. The focus group data revealed several key findings relating to : lack of curricula within formal education; the need to create safer physical and social environments; and the need to build relationships with LGBT-focused groups or organisations. Care providers want to provide open space for sexually- and gender-diverse older people, but lack the knowledge to do so. There is an ongoing gap within formal education systems, such that historically marginalised populations who are now ageing may be systemically neglected within formal curricula. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

253/88 Identifying the needs of LGBTQ older adults: from research and practice to education: Special issue; by Sherry A Beaudreau, Dolores Gallagher Thompson, Nancy A Pachana (eds).: Taylor and Francis.
Clinical Gerontologist, vol 42, no 2, March-April 2019, PP 135-211.
This Special issue of Clinical Gerontologist explores some dominant themes in relation to LGBTQ (lesbian, gay, bisexual, transgender and queer) older adults. First is how mental health outcomes (especially depression) might differ between older adults identifying as LGBTQ versus heterosexual and cis-gender (compliance with ascribed gender). Second is the education and training of providers to meet this community's needs. Third, the theme of intersectionality appears throughout, not only in relation to ageing and sexual minority status, but also other diversity variables. These include the intersection of stigma (drug use history, HIV status), culture and/or ethnicity, and the need for social support. The life experiences of Veterans also feature. (RH)
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From : http://www.tandfonline.com

253/89 Relations of religion with depression and loneliness in older sexual and gender minority adults; by Catherine Escher, Rowena Gomez, Selvi Paulraj (et al).: Taylor and Francis.
Clinical Gerontologist, vol 42, no 2, March-April 2019, pp 150-161.
High levels of religious involvement have been associated with positive mental health outcomes in older adults. This study investigated whether the effects of religion on healthy ageing could generalise to older LGBTQ adults. The study examined religious affiliation in childhood versus at present, as well as the relationships of outness to religious community and religious engagement with depression and loneliness

in 102 lesbian, gay, and bisexual cisgender, transgender, and questioning adults (LGBTQ) over the age of 55. As part of a larger study, participants completed several questions and measures, including: one outness to religious community item, 4 religious engagement questions, the Center for Epidemiological Studies Depression Scale (CES-D), and the 8-item UCLA Loneliness Scale. Many older LGBTQ adults reported changes in religious affiliation from childhood to adulthood. Greater levels of outness to religious communities and lower religious engagement were related to lower levels of depression and loneliness. The findings suggest that outness to religious communities may be beneficial to the mental health of older LGBTQ adults. Higher levels of distress may lead to higher levels of religious engagement. Religions, especially those that are supportive of sexual minorities, may help to improve the well-being of older LGBTQ adults. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

253/90 Understanding the structure, experiences and challenges of social support for older lesbian, gay and bisexual people: a systematic review; by Oliver Hawthorne, Paul M Camic, Katharine A Rimes.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 282-305.
The psycho-social contexts of older lesbian, gay and bisexual (LGB) individuals suggest that they may face unique strengths and barriers in accessing social support. This review adopts P A Thoits' (2010) definition of social support as 'emotional, informational or practical assistance from significant others such as family members, friends or co-workers; support may be received from others or simply perceived to be available when needed'. The review aimed to explore what is known about this by providing a synthesis of this area of research and a methodological critique. The Applied Social Sciences Index (ASSIA), Psychinfo and Medline databases were searched and 22 relevant articles were identified. Key findings were extracted and quality was assessed using a standardised rating scale. The findings indicate that although many older LGB people report similar-sized support networks to older heterosexuals, more support came from friends and less from biological family members. Many reported not receiving enough support; it is possible that differences in care-giving between friends and family and anticipated social support difficulties due to previous LGB-stigma experiences partially account for this. Current recruitment strategies may mean that more-connected older LGB people are over-represented in research. There is a lack of research with the `old-old' population, bisexual people, those with significant health needs, those outside the United States of America and those with additional characteristics associated with discrimination. Practical and research implications are discussed; and it is suggested that friendship-carer dyads may need support to have more explicit discussions about care-giving roles due to a lack of societal templates for these kinds of relationships. (RH)
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LONELINESS AND SOCIAL ISOLATION

(See Also 253/86, 253/89)

253/91 Befriending services for culturally diverse older people; by Janine Wiles, Tessa Morgan, Tess Moeke-Maxwell (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 7, October 2019, pp 776-793.
Befriending services may address loneliness and social isolation amongst older people. However social diversity is rarely reported in investigations of befriending services, and non-users' views are also rarely explored. In this research, the authors explored older adult service users' and non-users' experiences of, and attitudes towards, a befriending service. The research draws on interviews and focus groups with 76 older adults, 10 volunteer visitors and 20 service providers in New Zealand (NZ). Those recruited comprised at least 10 people aged 65+ from each of four broad cultural groups: Maori, New Zealanders of European descent; Pacific living in NZ (including Samoan, Tongan, Fijian), and Asians living in NZ (Chinese and Korean). Participants agreed that the befriending service helped alleviate social isolation and loneliness, and that supportive services to foster connection are needed. Barriers to engagement included lack of knowledge, appropriateness of services and feeling undeserving. The befriending service was most successful when a match went beyond a transactional 'professional-client' relationship to resemble genuine friendship, underpinned by mutual interests and norms of reciprocity and reliability. The authors also identified five clear ideas about what characterises an ideal supportive service: supported opportunities for getting out, genuine and reciprocal relationships, reliability, visitor characteristics, and connecting people to their culture. Befriending adds to social networks, and enhances connectedness to the community. Loneliness is alleviated when mutually beneficial and genuinely reciprocal relationships develop. However, group interventions or connections to community groups may be more appropriate for some. (RH)
ISSN: 01634372
From : http://www.tandfonline.com

253/92 Preventing social isolation and loneliness among older people; by Joanna Marczak, Raphael Wittenberg, Lorraine Frisina Doetter (et al).: European Observatory on Health Systems and Policies.
Eurohealth, vol 25, no 4, 2019, pp 3-5.
Social isolation and loneliness among older people are linked to lower quality of life, cognitive function, well-being and independence, and contribute to increased use of health and social care services. As populations age, implementing policies to identify, prevent and reduce social isolation and loneliness has therefore emerged as a major concern for health and social care policymakers. Across Europe, action is being taken to address social isolation and loneliness. While the evidence on the effectiveness of measures is variable, examples show that much can be done to promote social integration and improve older people's quality of life. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/observatory/publications/eurohealth

253/93 The role of cultural and family values on social connectedness and loneliness among ethnic minority elders; by Laura Garcia Diaz, Marie V Savundranayagam, Maria Kloseck, Deborah Fitzsimmons.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 1, January-February 2019, pp 114-126.
Ethnic minority elders have high levels of social isolation and loneliness. Assumptions about the family providing enough social support exist in the literature, contradicting ethnic minority elders' reported levels of isolation and loneliness. While structural barriers influence feelings of isolation and loneliness, limited information exists about the role of cultural factors such as acculturation and family values. Accordingly, this Canadian study investigated the roles of acculturation and family values on loneliness and social isolation among 123 ethnic minority elders, who completed a questionnaire that assessed their social connectedness, measured by social network and levels of loneliness, and structural factors such as income. Additionally, cultural and family values were assessed by acculturation and the 'family as referents' dimension of familism, which refers to the belief that family members' behaviour should meet with familial expectations. Statistical analysis using hierarchical regression indicated that 'family as referents' and acculturation predicted loneliness, but not social network. This study raises the importance of considering cultural values when investigating predictors of loneliness among ethnic minority elders. The findings highlight the importance of addressing familial expectations in programs aimed at alleviating loneliness among ethnic minority older people. (RH)
ISSN: 07317115 From : http://www.tandfonline.com

LONG TERM CARE

(See Also 253/69, 253/81, 253/84)

253/94 Feasibility of training and delivering compassionate touch in long-term care; by Areum Han, Mark E Kunik.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 3, May-June 2019, pp 277-285.
There is limited evidence supporting the use of therapeutic touch for people with dementia (PWD). Interventions incorporating a person-centred approach to touch delivered by staff may benefit PWD and staff in long-term care settings. The Compassionate Touchr (CT) program provides skilled human touch and a compassionate presence in following a person-centred approach and touch protocol. An online survey emailed to 112 staff who attended the CT coach training aimed to determine the feasibility of training and delivering CT. Descriptive statistics and thematic analysis were used to analyse responses to closed- and open-ended questions. Twenty-four staff members completed the survey and reported positive perspectives about the training, use of the program, and benefits for PWD and themselves. Five themes emerged: benefits for residents; challenges in using CT; when to use CT; training staff; and needed support. Preliminary findings show the potential benefits of using the CT program for residents, the challenges participants faced in using the program and training other staff, and the support needed to overcome these challenges. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

253/95 Improving outcomes for people with long-term care needs through personalisation; by Lorraine Frisina Doetter, Francesco Barbabella, Montserrat Guillen (et al).: European Observatory on Health Systems and Policies.
Eurohealth, vol 25, no 4, 2019, pp 6-9.
Population ageing and an associated increase in chronic conditions such as dementia have seen demand for long-term care (LTC) rise, with this trend expected to continue. At the same time, the supply of informal carers is expected to decline, leading to greater reliance on formal provision of LTC. These challenges have prompted strong interest from policymakers in implementing innovative solutions to increase LTC sustainability. One such innovation is delivery of personalisation approaches such as personal budgets, direct cash payments and vouchers. This article explores evidence on the effectiveness of personalisation, and provides examples of good practice from Europe. (RH)
ISSN: 13561030 From : http://www.euro.who.int/en/about-us/observatory/publications/eurohealth

253/96 Long-term care and migrant care work: addressing the workforce shortages while raising questions for European countries; by Agnieszka Sowa-Kofta, Ricardo Rodrigues, Giovanni Lamura (et al).: European Observatory on Health Systems and Policies.
Eurohealth, vol 25, no 4, 2019, pp 15-18.
Long-term care (LTC) is highly labour intensive and will likely remain so in the future. Meeting growing demand for LTC from an ageing population will therefore depend on the ability to recruit and retain sufficient numbers of carers, whether in formal settings or within homes. Many European countries have responded to this challenge by employing a considerable number of carers from other countries, whether from Europe or beyond. This raises a number of important issues for policy and practice for both source and host countries, but social policies specifically regulating this type of service provision are rarely adopted. (RH)
ISSN: 13561030
From : http://www.euro.who.int/en/about-us/observatory/publications/eurohealth

253/97 Risk factors for depression in long-term care: a systematic review; by Rebecca Chau, David W Kissane, Tanya E Davison.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 3, May-June 2019, pp 224-237.
Depression rates are substantially higher among older people in long-term care when compared with older people in the community. Furthermore, the needs of older people in long-term care are increasingly complex, and the risk factors that contribute to depression in this population are unclear. This limits not only the identification of those at risk for depression but also the development of therapeutic interventions. This review summarises the evidence on risk factors for depression. Searches were performed using CINAHL, Cochrane Library, Ovid Medline, PsycINFO and Scopus for research published 1980-2017. Data were reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Eleven studies met the inclusion criteria, representing a total of 11,703 participants, with a mean sample size of 1,064. The most consistently supported risk factor was cognitive impairment, followed by functional impairment and baseline depression score. The studies lacked a systematic approach to investigating risk factors for depression, and the research remains largely atheoretical. Few risk factors were consistently studied, with over 20 risk factors examined no more than once each. Psychological and environmental risk factors, which may be modifiable and have the potential to inform therapeutic interventions and preventative strategies, remain under-studied. This review finds that the most consistently supported risk factors _ cognitive impairment, functional disability and baseline depression score _ have the potential to inform screening protocols and should be monitored longitudinally. When developing psychotherapeutic interventions, close consideration should be given to cognitive and functional impairment as barriers to implementation and uptake. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

253/98 Unlicensed care homes in the United States: a clandestine sector of long-term care; by Michael Lepore, Angela M Greener, Kristie Porter (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 1, January-February 2019, pp 49-65.
Residential care facilities operating without a state license are known to house vulnerable adults. Such unlicensed care homes (UCHs) commonly operate illegally in the United States, making them difficult to investigate. The authors conducted an exploratory, multi-method qualitative study of UCHs, including 17 subject matter expert interviews. Site visits made to three states included 30 stakeholder interviews, to understand UCH operations, services provided and residents served. Findings indicate that various vulnerable groups reside in UCHs. Some UCHs offer unsafe living environments; and some residents are reportedly abused, neglected and financially exploited. Regulations, policies and practices that might influence UCH prevalence are discussed. (RH)
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MEDICATION

(See 253/19)

MENTAL HEALTH

(See Also 253/13, 253/42, 253/55, 253/89, 253/97, 253/124)

253/99 "One does not forget, it all comes back": elderly people with intellectual disability review adversities and stress-protection in their lives; by Hadewych R M M Schepens, Joris Van Puyenbroeck, Bea Maes.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 4, 2019, pp 190-205.
People with intellectual disability are reported to encounter many negative life events during their increasingly long lives. In the absence of protective elements, these may cause toxic stress and trauma. Given the reported negative effects of such adverse events on their quality of life (QoL), the perspective of older people with intellectual disability themselves may be of relevance. This Belgian study aims to discuss these issues. The authors questioned nine participants with mild intellectual disability, aged 61-88 years old, in four 90-minute focus group sessions and thematically analysed the data. It was found that many recent and bygone negative life events still weighed heavily on the participants. Negative interactions, experiences of loss, lack of control, and awareness of one's disability caused stress. The particpants' emotional response contrasted with their contentment, compliance and resilience. Having (had) good relationships, having learnt coping skills, remaining active, talking about past experiences and feeling free of pain, safe, well supported, capable, respected and involved seemed to heighten resilience and protect participants from toxic stress. Monitoring and preventing adverse (childhood) experiences, supporting active and/or emotional coping strategies, psychotherapy and life story work may facilitate coping with negative events and enhance QoL of older people with intellectual disability. Older people with mild intellectual disability run a higher risk of experiencing (early) adverse events in life. They are very capable of talking about their experiences, QoL, and the support they need. Focus groups were a reliable method to capture their insights. (RH)
ISSN: 14717794 From : http://www.emeraldinsight.com/loi/qaoa

253/100 Age-friendly communities for older persons with intellectual disabilities; by Caley Miskimmin, Shain Shooshtari, Verena Menec (et al).: Emerald.
Quality in Ageing and Older Adults, vol 20, no 4, 2019, pp 206-218.
The life expectancy for people with intellectual disabilities (ID) has increased significantly, resulting in an increasing number of ageing people with ID. To promote healthy and active ageing of people with ID, discussions on new initiatives to design age-friendly communities have begun at local and international levels. This qualitative research study aims to identify features of an age-friendly community, and facilitators and barriers from the perspectives of older adults with mild ID and their caregivers living in Winnipeg, Canada. Seven older people with mild ID were interviewed; 15 caregivers participated in focus group discussions. All participants were asked questions about features of community living and their experiences in eight broad topic areas (transport, housing, social participation, respect and social inclusion, opportunities for community involvement, communication and information, community support and healthcare services, and outdoor spaces and buildings). The results indicate that many of the current features of the city of Winnipeg do not adequately address the needs of ageing persons with ID; specifically, participants revealed that issues related to accessibility, social participation, social disrespect and inclusion, and lack of resources were important barriers to independence. The findings will increase awareness of the needs of older people with ID and inform programme planning, service delivery, coordination of community-based services and policies to support healthy and active ageing for this vulnerable population. (RH)
ISSN: 14717794 From : http://www.emeraldinsight.com/loi/qaoa

253/101 Autism aging; by Scott D Wright, Cheryl A Wright, Valerie D'Astous, Amy Maida Wadsworth.: Taylor and Francis.
Gerontology and Geriatrics Education, vol 40, no 3, July-September 2019, pp 322-338.
Many people perceive autism spectrum disorder (ASD) as a childhood disorder, yet ASD is a lifelong condition. Although little is known about the mental and physical health issues of aging individuals with ASD, there are increasing numbers of older adults being diagnosed with ASD. Although there has been a recent "call to action" (to address lack of knowledge and the dearth of services and programs for aging individuals with autism, the authors think it is also important for those who are involved in educational programs related to gerontology and geriatrics settings to be aware of "autism aging." This term conceptualises the demographics, person and contextual factors, and intellectual awareness of the trends and patterns of ASD as a life course challenge and opportunity for well-being and quality of life. This article provides a general overview of autism issues and examines several dimensions of ASD in the context of the emergent and relevant scholarship in the adult and ageing domain. It proposes how to address the "gap" in the literature on autism and ageing in terms of a conceptual model and by improving the methodology. It discusses the implications of these dimensions for educators in gerontology and geriatrics, and for those professionals who work in clinical and health care services. The authors intend that this article represents a general introduction to ASD, and is a part of the foundation for educational awareness for educators in gerontology and geriatrics.
ISSN: 02701960 From : http://www.tandfonline.com

253/102 Intellecutal disability and dementia: perspectives on environmental influences; by Alisa Jordan Sheth.: Emerald.
Quality in Ageing and Older Adults, vol 20, no 4, 2019, pp 179-189.
This study aims to improve understandings of environmental influences on participation in routine and familiar activities for people with intellectual disabilities and dementia from first-person and caregiver perspectives. Participants from a large American city were four adults with intellectual disabilities and dementia who participated in 2 nominal group technique sessions, while 12 family and staff caregivers participated in 5 standard focus groups. Transcripts were analysed using thematic analysis centring the findings from nominal group technique sessions and an ecological systems lens. Those with intellectual disabilities and dementia identified six important themes: activity access, caregiver assistance, social interactions, responsibilities, privacy, and health and wellness. Their perspectives focused primarily at an immediate environment level, while caregiver input added additional understandings from broader ecological systems levels. This study provides a starting point in establishing a framework for creating supports and addressing barriers to participation for adults with intellectual disability and dementia, based on direct input from potential service users and their caregivers. People with intellectual disabilities and dementia provide valuable insights into their experiences through engagement in accessible research. (RH)
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MENTAL HEALTH CARE

(See Also 253/129, 253/141)

253/103 Implementation of a model of care for hospitalised older persons with cognitive impairment (the Confused Hospitalised Older Persons program) in six New South Wales hospitals; by Susan Kurrle, Cath Bateman, Anne Cumming (et al).: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 98-106.
The present study aimed to evaluate the implementation of a model of care known as the Confused Hospitalised Older Persons (CHOPs) programme to improve the recognition, assessment and management of older people with cognitive impairment (delirium and/or dementia) admitted to acute hospitals. The model of care was implemented in six selected hospitals across New South Wales. Pre- and post-implementation medical record audits, environmental audits and staff knowledge and care confidence surveys were performed. Interviews with clinical leads post-implementation identified enablers and barriers. There were significant increases in cognitive screening within 24 hours, including delirium risk identification, assessment of cognitive impairment and interaction with families. Staff education and care confidence were improved, and positive environmental changes occurred in all hospitals. Barriers and enablers to implementation were identified. The CHOPs programme improved identification, risk assessment and management of cognitive impairment in older hospitalised patients. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

253/104 Mindfulness-based stress reduction and mindfulness-based cognitive therapy with older adults: a qualitative review of randomized controlled outcome research; by Holly Hazlett-Stevens, Jonathan Singer, Adrienne Chong.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 4, July-September 2019, pp 347-358.
Many older adults cope with various chronic physical health conditions, and in some cases, with mental health and/or cognitive difficulties. Mindfulness-based interventions offer an evidence-based, mind-body complementary treatment approach for a wide range of comorbidities, yet most investigations have been conducted with young or middle-aged adults. This review aims to identify randomized controlled trials (RCTs) of two leading mindfulness-based interventions conducted with older adults. The authors' search of five databases identified seven RCT investigations of either Mindfulness-Based Stress Reduction (MBSR) or Mindfulness-Based Cognitive Therapy (MBCT), conducted exclusively with older adults. Results generally support the use of MBSR for chronic low back pain, chronic insomnia, improved sleep quality, enhanced positive affect, reduced symptoms of anxiety and depression, and improved memory and executive functioning. In a sample of older people exhibiting elevated anxiety in the absence of elevated depression, MBCT effectively reduced symptoms of anxiety. This review highlights the feasibility and possible benefits of MBSR and MBCT for older people. Additional large scale RCTs conducted with older people coping with the range of physical, behavioral and cognitive challenges older adults commonly face are still needed. MBCT may reduce geriatric anxiety; however, its effects on geriatric depression were not measured. (RH)
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MENTAL ILLNESS

(See 253/42)

MIGRATION

(See 253/80, 253/96)

NEIGHBOURHOODS AND COMMUNITIES

(See Also 253/100)

253/105 Planning for aging in place: incorporating the voice of elders to promote quality of life; by Diane Martin, Owen Long, Linda Kessler.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 4, October-December 2019, pp 382-392.
Ageing in place offers emotional and physical benefits; however, challenges associated with advanced age may make ageing in place difficult. As communities across the United States prepare for forecasted increases in the proportion of older residents, it is important to understand barriers that may prevent ageing in place. Perceived barriers voiced by residents of a suburban county who completed an Aging in Place Needs Assessment Survey were categorised into four themes: need to downsize or home modification; need for assistance; family desire to reciprocate care; and isolation. A fifth group with no intent to relocate, but with concerns about having to, was also identified. Included in this group were people with mental health or developmental disorders such as anxiety and autism spectrum disorder. Results were examined from a person-centred perspective, to illustrate that ageing in place may be the desired option, even among residents who indicate that it is not. It is important that ageing-in-place initiatives preserve identity by fostering a sense of autonomy, control and well-being in older residents. (RH)
ISSN: 02763893
From : http://www.tandfonline.com

OLDER WOMEN

(See Also 253/114)

253/106 Level of choice in older women's decisions to retire or continue working and associated well-being; by Nicky J Newton, Preet K Chauhan, Shauna T Spirling, Abigail J Stewart.: Taylor and Francis.
Journal of Women and Aging, vol 31, no 4, July-August 2019, pp 286-303.
Retirement is a complex life transition. Women's retirement, like their work lives, may be further complicated, for example, by family or financial obligations; they may feel forced to retire, or to continue working, or feel they have the choice to do so. This study examines the role of voluntary versus involuntary retirement or continued work participation among 236 American retirement-age women (age 66+); specifically, the relationships between choice, work status, and well-being. Compared to women forced to retire, women who chose retirement or continuing to work had higher levels of life satisfaction. Findings highlight the importance of examining retirement within the life course context. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

253/107 Level of happiness and happiness-determining factors perceived by women aged over 60 years; by Edyta Janus, Agnieszka Smrokowska-Reichmann.: Taylor and Francis.
Journal of Women and Aging, vol 31, no 5, September-October 2019, pp 403-418.
The authors present findings regarding the level of happiness perceived by 100 women aged 60+ in Krakow, Poland, the aims being to indicate the factors that determine the perception of happiness, and to determine the possibilities for strengthening the feeling of happiness. For the purposes of this article and the analysis of the obtained empirical data, the authors assume the structural theory of happiness, which allows for study participants to be viewed as biological, psychological, social and spiritual beings. Participants' responses to the questions asked most often identified their happiness with health and cherishing what they have. As many as 88% of the respondents considered themselves to be happy; nearly half (49%) maintained that their level of happiness had not changed during the past year; and 43% stated that their level of happiness had increased. (RH)
ISSN: 08952841
From : http://www.tandfonline.com

OLDEST OLD

253/108 Eighty-five not out: a study of people aged 85 and over at home; by Anthea Tinker, Janet Askham, Ruth Hancock (et al), Age Concern Institute of Gerontology - ACIOG, King's College London. Kidlington, Oxon: Anchor Trust, 2001, 141 pp.
The number of people aged 85+ in the UK is likely to rise from 1.1 million (2% of the population) to 3.2 million (5%) in 2051. This research examines how some very old people remain in their own home, what enables them to do so, and whether they do so without problem. The research combines quantitative, qualitative and policy analysis. Data from the 1991 Census, the Family Resources Survey (FRS) and a Department of the Environment national survey were analysed, along with specially conducted interviews with 42 very old people and 18 carers. The results show experiences of very old age, from institutionalisation or total dependence, to complete continuity with the rest of life post-retirement, without need for any kind of assistance. (RH)
ISBN: 0906178665

PARTICIPATION

(See 253/57)

PENSIONS AND BENEFITS

(See Also 253/133)

253/109 How strong is the Social Security safety net?: Using the Elder Index to assess gaps in economic security; by Jan E Mutchler, Yang Li, Ping Xu.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 2, March-April 2019, pp 123-137.
Older Americans rely heavily on Social Security benefits (SSBs) to support independent lifestyles, and many have few or no additional sources of income. The authors establish the extent to which SSBs adequately support economic security, benchmarked by the Elder Economic Security Standard Index. They document variability across US counties in the adequacy levels of SSBs for older adults. They find that the average SSBs fall short of what is required for economic security in every county in the United States, but the level of shortfall varies considerably by location. Policy implications relating to strengthening Social Security and other forms of retirement income are discussed. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

253/110 Inequalities in women's awareness of changes to the State Pension Age in England and the role of cognitive ability; by Daniel Holman, Liam Foster, Moritz Hess.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 144-161.
As a response to the ageing population, the United Kingdom (UK) government, like many others, has increased the State Pension Age (SPA0. This has involved equalising women's State Pension Age with men's, raising it from 60 to 65, with further increases already underway. It has been argued that a key issue with how this change has been implemented is the lack of notice the government gave to the women affected, which has had an impact on their ability to plan for retirement. So far, there has been very little research exploring inequalities in awareness of these developments, and particularly considering whether women of particular socio-economic backgrounds are less likely to know about the changes. This has implications for potentially further widening inequalities in old age. The authors analyse data from the English Longitudinal Study of Ageing (ELSA). Given the recent debates on deficiencies in financial literacy, they consider the role of cognitive ability in mediating the relationship between socio-economic background and awareness.
They find that socio-economic inequalities exist, especially with respect to labour force status, occupation and education. They also find that cognitive ability, especially numeracy, mediates a sizeable proportion of the relationship. These findings have important implications in terms of implementing future policy changes and awareness campaigns to help mitigate the possibility that they will further entrench inequalities in older age. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

253/111 The inversion of the 'really big trade-off': homeownership and pensions in long-run perspective; by Tod Van Gunten, Sebastian Kohl.
West European Politics, vol 43, no 2, 2020, pp 435-463.
Housing has long been relatively neglected in the comparative welfare states literature and in political economy more generally. The hypothesis of a trade-off between home ownership and welfare state provision, first proposed by Jim Kemeny around 1980, is a foundational claim in the political economy of housing. However, the evidence for this hypothesis is unclear at both macro and micro levels. This paper examines the link between welfare and home ownership at the macro level, using new long-run data and a multi-level modelling approach. It shows that the negative cross-sectional correlation between

home ownership and public welfare provision observed in the earliest available data disappears and becomes neutral by the 1980s, and possibly positive subsequently. Within-country trajectories vary, but are significantly positive in more countries than significantly negative, suggesting that in some contexts, welfare and home ownership complement rather than compete. The paper posits a dual ratchet effect mechanism in both pension benefits and home ownership, capable of producing this inversion. The paper further suggests that rising public indebtedness and the debt-stabilising effects of welfare states may account for the emergence of complementarity in the relationship between pensions and home ownership. The latter supports the hypothesis that some countries have avoided the trade-off by 'buying time' on credit markets. (RH)
From : https://www.tandfonline.com/doi/full/10.1080/01402382.2019.1609285

253/112 Pension indexation for retirees revisited: normative patterns and legal standards; by Eva Maria Hohnerlein.
Global Social Policy, vol 19, no 3, 2019, pp 246-265.
Maintaining adequate pension levels throughout the entire retirement phase is a persistent challenge in old-age protection. Most public pension schemes in OECD (Organisation for Economic Co-operation and Development) countries provide for some form of indexation for pensions in payment. These mechanisms have been the object of frequent revisions for different purposes, in particular across Europe. This article explores the social and financial policy objectives linked to standard indexation parameters in public pension schemes, and offers a rough taxonomy of additional factors used to modify traditional indexation arrangements. There is a special focus on changing rules and practices adopted in the European Union (EU) area after the 2008 international economic and financial crisis. Analysis suggests that early responses were mainly driven by cost containment ideas, whereas more recently, a subtle shift towards adequacy-oriented interventions can be noticed. The article argues that restrictive pension indexation rules in combination with overall retrenchment of public pension provision fail to take into account the increasing duration of retirement and corresponding pension erosion.
Such failure calls into question not only income security during retirement as a major objective of old-age pensions, but also compliance with international standards of social security set by the International Labour Organisation (ILO) and the Council of Europe. More social policy research is needed in view of the increasing complexities of indexation rules, and given that shortfalls in indexation can cause significant impairment in the living conditions of older pensioners, predominantly women. (RH)
ISSN: 14680181
From : http://www.gsp.sagepub.com https://journals.sagepub.com/doi/full/10.1177/1468018119842028

253/113 Policy shift: South Africa's old age pensions' influence on perceived quality of life; by Margaret Ralston, Enid Schatz, Jane Menken (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 2, March-April 2019, pp 138-154.
Non-contributory pensions serve as an important resource for poverty-affected households in low- and middle-income countries. This study explores how a recent policy change to pension receipt influences perceived quality of life among older South Africans. The authors use survey data from the longitudinal World Health Organization Study on global AGEing and adult health (WHO-SAGE) and from the Agincourt Health and Socio-Demographic Surveillance System census (HDSS). They find pension receipt to have a positive impact on both men's and women's perceived quality of life. These findings hold when controlling for previous well-being status. The authors find a significant moderating factor of physical limitations on the relationship between pension receipt and quality of life. Individuals reporting the highest levels of physical limitation report a larger increase in their quality of life upon pension receipt than those with less severe physical limitations. It is concluded that despite the well-documented household income-pooling in this population, pension receipt still leads to a significant positive impact on pensioners' perceived quality of life. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

253/114 Women millennials' perceptions of pension savings through the use of autoenrollment in the UK pension system; by Liam Foster, Martin Heneghan, Dinali Wijeratne.: Taylor and Francis.
Journal of Women and Aging, vol 31, no 4, July-August 2019, pp 340-360.
There has been concern about younger people - women in particular - not saving enough for retirement and how to encourage them further with saving. Partly funded by the Fawcett Society in association with Scottish Widows, this study uses 40 semistructured interviews and a focus group to explore female millennials' attitudes and motivations toward pension saving and automatic enrolment. The findings show that although the introduction of auto-enrolment pensions is generally positively received, pensions knowledge is still limited, and this intensifies the risk of undersaving for retirement among millennial women, particularly given women's diverse work histories.
This article is partly based on work from COST Action IS1409, Gender and health impacts of policies extending working life in western countries, supported by COST (European Cooperation in Science and Technology). (RH)
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PERSONALISATION

(See 253/95)

PHYSICAL ACTIVITY

(See Also 253/55)

253/115 'I don't want to be, feel old': older Canadian men's perceptions and experiences of physical activity; by Laura Hurd Clarke, Lauren Currie, Erica V Bennett.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 126-143.
Despite the extensive research exploring barriers and facilitators and concomitant interventions designed to enhance participation rates, relatively few older adults are physically active. The authors build on the growing literature that considers the subjective experience of being physically active. They explored the meanings that older Canadian men attributed to physical activity as broadly defined, and examined their experiences and perceptions of exercise, sport and/or leisure-time physical activities. Data are presented from qualitative interviews with 22 community-dwelling Canadian men aged 67-90. The analysis resulted in three overarching categories that subsumed the men's understanding of physical activity. 'I do it for my health' described how the men stated that their primary reason for engaging in exercise was to maintain their health and body functionality, so that they could age well and continue to participate in sport and leisure. 'It feels good' referred to the various ways that the men derived pleasure from being active, including the physical sensations, psychological benefits and social connections they derived from their participation. 'It gets tougher' detailed the ways that the men were finding physical activity to be increasingly difficult as a result of the onset of health problems, declining body functionality and the social realities of ageing. The authors discuss findings in light of the extant literature concerning age relations, ageism, and the third and fourth ages. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

POVERTY

253/116 Causes of poverty in old age, not a structural failing?; by Lola Kola, Bernard Owumi.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 5, October-December 2019, pp 467-485.
The failures of many nations in Africa to include programs on ageing in their national and developmental agendas have put more older people in the region at risk of poverty. In many cases, adult children are hampered from providing financial support to their ageing parents, due to waves of economic difficulties in many of the countries. The views of 36 older Nigerians were sought on causes of poverty in old age through key informant interviews. Despite awareness of structural causes, the results point to the direction of belief that individuals also have significant roles in determining their own economic fate in old age. (RH)
ISSN: 08959420
From : http://www.tandfonline.com

REABLEMENT

253/117 Outcomes of reablement and their measurement: findings from an evaluation of English reablement services; by Bryony Beresford, Emese Mayhew, Ana Duarte (et al).: Wiley.
Health and Social Care in the Community, vol 27, no 6, November 2019, pp 1438-1450.
Reablement - or restorative care - is a central feature of many western governments' approaches to supporting and enabling older people to stay in their own homes and minimise demand for social care. Existing evidence supports this approach although further research is required to strengthen the certainty of conclusions being drawn. In countries where reablement has been rolled out nationally, an additional research priority - to develop an evidence base on models of delivery - is emerging. This paper reports a prospective cohort study of individuals referred to three English social care reablement services, each representing a different model of service delivery. Outcomes included healthcare- and social care-related quality of life, functioning, mental health and resource use (service costs, informal carer time, out-of-pocket costs). In contrast with the majority of other studies, self-report measures were the predominant source of outcomes and resource use data. Furthermore, no previous evaluation has used a global measure of mental health. Outcomes data were collected on entry to the service, discharge and 6 months post discharge. A number of challenges were encountered during the study. For example, the numbers recruited in two research sites were insufficient to allow a comparison of service models. Findings from descriptive analyses of outcomes align with previous studies, and positive changes were observed across all outcome domains. Improvements observed at discharge were, for most, retained at 6 months follow-up. Patterns of change in functional ability point to the importance of assessing functioning in terms of basic and extended activities of daily living. Findings from the economic

evaluation highlight the importance of collecting data on informal carer time and also demonstrate the viability of collecting resource use data direct from service users. The study demonstrates the challenges and value of including self-report outcome and resource use measures in evaluations of reablement. (RH)
ISSN: 09660410
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RELIGION AND SPIRITUALITY

(See Also 253/6, 253/25, 253/89, 253/137)

253/118 The dark story: does it have a place in a life review?; by Bruce Allen Stevens.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 4, 2019, pp 369-376.
The life review has had a significant role in older people's spiritual care, and has influenced the developing discipline of narrative gerontology. This article proposes that the sense of self is storied, composed of various stories including the lazy story, the trauma story, the messy story, the avoided story, the body story, the problem story, and the focus of this article, the dark story. The spiritual dimension is linked to the God story. Each can enhance a life review. Two pastoral responses are suggested to hearing the dark story: mindful acceptance and self-compassion. (RH)
ISSN: 15528030
From : http://www.tandfonline.com

253/119 The gerontology of suffering and its social remediation: a Buddhist perspective; by Adrienne Chang.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 4, 2019, pp 400-413.
While suffering is often assumed to be an intractable aspect of growing old, gerontological work on older adults' experiences of suffering remains limited, and there is a stated need for more conceptual clarity on the construct of suffering. Buddhism provides a unique religious and philosophical perspective to understanding suffering's complex relations to physical and emotional pain, the inevitability of change, and to notions of self. This paper explores current gerontological research on suffering. It analyses how Buddhism may offer new insights and techniques into understanding the experience of suffering in later life and, most importantly, the social response it suggests. (RH)
ISSN: 15528030
From : http://www.tandfonline.com

253/120 The spiritual care in nursing homes: a qualitative exploratory study; by Oceane Agli, Nathalie Bailly, Claude Ferrand.: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 4, 2019, pp 324-337.
Spirituality is a key concept that plays a role in people's daily lives. This cross-sectional qualitative study aimed to explore representations and experiences of spirituality in nursing homes. Semi-structured interviews were conducted in nursing homes in France over three months with eight residents, three family members, seven caregivers and ten psychologists (N = 28). The study found that concepts of beliefs, transcendence and connection were mainly related to spirituality. Participants defined essential spiritual values and needs, and also described their spiritual experience in their nursing homes. In conclusion, spiritual care is desired, or even expected in nursing homes. (RH)
ISSN: 15528030 From : http://www.tandfonline.com

RESEARCH

253/121 Encouraging managers of care homes for older adults to participate in research; by Nick Smith, Anne-Marie Towers, Grace Collins (et al).: Emerald.
Quality in Ageing and Older Adults, vol 20, no 3, 2019, pp 120-129.
Research in care homes requires the co-operation of care home managers. Noting the challenges faced by the care home sector, this paper considers ways in which research studies can encourage care home managers and their homes to participate in research. The discussion is informed by two research projects which are used to explore methods of encouraging managers of care homes to participate in research. These are: ASCOT Feedback Intervention Study (AFIS; 2012-2014); and Measuring the Outcomes of Care Homes (MOOCH; 2015-2018). One of the studies included interviews with care home managers, to understand their reasons for taking part in research. Three strategies for encouraging care home managers to participate in research are outlined and assessed: working in partnership; providing payment; and providing personalised feedback on findings. Whereas all the strategies have the potential to encourage care home managers' participation in research, partnership working in particular was found to be fraught with difficulties. This paper suggests that the research projects could employ any of these strategies to encourage managers of care homes to participate in research. It also suggests that proactive measures could help ameliorate the pitfalls of partnership working. The paper shows the advantages and disadvantages of using a combination of strategies for encouraging the participation of care home managers in research. (RH)
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RESIDENTIAL AND NURSING HOME CARE

(See Also 253/31, 253/98, 253/121)

253/122 "A bone of contention ...": perceived barriers and situational dependencies to food preferences of nursing home residents; by Chelsea N Goldstein, Katherine M Abbott, Lauren R Bangarter (et al).: Taylor and Francis.
Journal of Nutrition in Gerontology and Geriatrics, vol 38, no 3, 2019, pp 277-296.
This study investigated barriers to fulfilling food preferences from nursing home (NH) residents' perspectives, and the reasons their preferences changed (situational dependencies). Interviews were completed with 255 residents in 28 NHs across greater Philadelphia, PA using six questions about food from the Preferences for Everyday Living Inventory - NH (PELI-NH). Participants were predominantly white (77%), female (67.8%), widowed (44%), and with high school education (48%). Content analysis was used to identify 386 barriers and 57 situational dependencies. Participants reported provider policies and staff proficiency as environmental barriers to preference fulfilment regarding what, when and where to eat. Perceived health and personal resources were barriers to obtaining snacks, take-aways, and dining out. Situational dependencies resulted from residents' perceived health and quality of family relationships. Results have implications for providers to centralise food preference fulfilment in care planning, and to use food preferences to address dining quality concerns. (RH)
ISSN: 21551197
From : http://www.tandfonline.com

253/123 Alternative staffing structures in a clustered domestic model of residential aged care in Australia; by Stephanie L Harrison, Suzanne M Dyer, Rachel Milte (et al).: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 68-74.
A clustered domestic model of residential aged care has been associated with better consumer-rated quality of care. The objective of this study was to examine differences in staffing structures between clustered domestic and standard models. This was a cross-sectional study involving 541 individuals living in 17 Australian not-for-profit residential aged care homes. Four of the homes in the study offered dementia-specific clustered domestic models of care with higher personal care attendant (PCA) hours-per-resident-per-day, slightly higher direct care hours-per-resident-per-day, higher staff training costs, and lower registered/enrolled nurse hours-per-resident-per-day compared to standard models. Overall the clustered domestic model had higher PCA hours, more staff training and more direct care time compared to standard models. Further research to determine optimal staffing structures within alternative models of care is warranted. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

253/124 Autobiographical narration as a tool for the empowerment of older adults' subjective and psychological wellbeing in nursing homes; by Federica Biassoni, Giada Cassina, Stefania Balzarotti.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 3, May-June 2019, pp 334-343.
Conceiving narration as a resource to promote older people's well-being, the present work aimed to implement a narrative-based intervention to empower the subjective and psychological well-being of older adults living in nursing homes. Twenty-one nursing home residents in Italy and Italian Switzerland took part in a narrative training experience consisting of three weekly interview sessions. During each interview, a psychologist helped the participants to construct an autobiographical narrative about their present life in the nursing home, based on a Deconstruction-Reconstruction technique. Subjective and psychological well-being variables were assessed before and after the intervention.
The study found that subjective but not psychological well-being increased over the course of the intervention. The participants reported appreciating the intervention. Although preliminary, the results suggest that brief narrative training, based on narrative therapy implementing deconstruction-reconstruction techniques are feasible, and can positively affect nursing home residents' subjective well-being. (RH)
ISSN: 07317115
From : http://www.tandfonline.com

253/125 A checklist approach to the inspection of old people's homes: report to the Department of Health; by Ian Gibbs, Ian Sinclair, Department of Social Policy and Social Work, University of York. York: Department of Social Policy and Social Work, University of York, 1991, 93 pp.
The Department of Health (DH) commissioned the Department of Social Policy and Social Work at the University of York to assess the feasibility of using a checklist in inspecting quality of life in care homes. This report discusses the results, and covers the background to the project, the homes inspected, the experience of those using the checklists, and analyses on the reliability of inspectors' judgment. (RH)

253/126 Culture change in skilled nursing: an exploratory comparison of a traditional home to a new model; by Lisa Rill, Lori Gonzalez.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 4, October-December 2019, pp 433-452.
The culture change movement has pushed for reform for more than two decades to align policy, the long-term care industry and resident preferences with regard to care. Evidence from research indicates that culture change has the potential to improve quality in nursing homes. There is no one-size-fits-all way to implement culture change; however, there are key elements and associated concepts and models. A common thread is that they run counter to the medical model, typically found in nursing homes, where care is provided in a hospital-like setting according to the schedules and routines of physicians and staff with little resident input. This qualitative study looks for evidence of culture change in a traditional model of care compared to a newer culture change model, by describing the differences in practices associated with the medical model, person-centred care, and person-directed care between the two settings. The results indicate that there is evidence of person-directed care in one model of culture change _ the Green House home _ but not in the traditional nursing home. Future studies should examine other culture change models, to compare the differences in the utilisation of person-directed care. This information will help to clarify the definitions and concepts of culture change, along with developing best practices for future culture change models. (RH)
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253/127 Meaning in life of older adults living in residential and nursing homes; by Carlos I Man-Ging, Julyet Oven Uslican, Eckhard Frick (et al).: Taylor and Francis.
Journal of Religion, Spirituality and Aging, vol 31, no 3, 2019, pp 305-322.
The transition from one's own home to residential or nursing care is a challenge for many older people. This study aims to contribute to the analysis of older people's Meaning in Life and the implications of living in residential and nursing homes. An individualised (not standardised) approach to meaning in life programming can help professionals in developing tailored interventions to support residents and their families. An anonymous cross-sectional survey was conducted in nine care homes in Southern Germany using validated instruments such as the Schedule for Meaning in Life Evaluation (SMiLE) and Religious Trust (SpREUK-15 subscale). Study participants (n = 106, 76% women, mean age 84.4 ± 6 years, 93% Christian) were living in residential (52%) and nursing homes (48%). The study found that leisure time, family and experience of the natural world were the most important meaning-giving areas. Spirituality was also perceived as a major resource. The study concludes that residents living in retirement homes were more spiritually satisfied than those living in nursing homes. It will be necessary to specifically support individuals living in institutional care in the spiritual and psychosocial aspects of their lives, to improve their feelings of security and meet their core needs. (RH)
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253/128 Nursing home resident deaths due to road trauma and the potential roles for nursing home providers to promote public safety; by Hui-Ching Lee, Joseph E Ibrahim, Sjaan Koppel (et al).: Wiley.
Australasian Journal on Ageing, vol 38, no 3, September 2019, pp 211-217.
This commentary aimed to determine whether nursing home (NH) providers have a responsibility for the safe mobility of residents outside the facility. The Safe System approach was applied to NH resident road safety and fatality crash data involving NH residents were reviewed in order to identify potential countermeasures to prevent injurious road crashes for older people living in a NH. Viewing NH resident road safety through the Safe System approach identified a number of positive actions that NH providers might take. These included: safe roads and/or roadsides for residents by better land use, infrastructure and design improvements; ensuring vehicles purchased and used for transporting residents had safety features; safe speed zones within and on nearby streets to NH; and safer road user behaviour through ensuring travel care plans for each resident. Applying the Safe System approach provided new and innovative insights into how road safety could be improved for NH residents. (JL)
ISSN: 14406381
From : http://www.wileyonlinelibrary.com/journal/ajag

253/129 The presence of memory-enriched environments for cognitively impaired nursing home residents; by Alison E Kris, Linda A Henkel.: Taylor and Francis.
Journal of Housing for the Elderly, vol 33, no 4, October-December 2019, pp 393-412.
Enriched living environments that contain a wide array of personal memorabilia and memory-stimulating cues have the potential to support cognitive functioning. This ethnographic research describes the care environments of older adults with cognitive impairment living in nursing homes (n = 42). The research evaluates the degree to which these environments contained memory-stimulating cues, the aim being to understand the extent to which these environments were cognitively stimulating for older adults with dementia. Results indicate varying levels of enrichment both within and between homes: almost a quarter of the residents lived in environments that contained no memory-enhancing stimuli. (RH)
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253/130 Too old for freedom?: Not too late to try; by Nancy A Pachana.: Taylor and Francis.
Clinical Gerontologist, vol 42, no 3, May-June 2019, pp 216-220.
The physical, psychological and social aspects of care for older adults in nursing homes has been the subject of research internationally for more than 50 years. Numerous guidelines, models and principles of care have been published, yet the lack of care which is "person-focused" in many facilities remains concerning. Potentially, a return to a basic set of simple principles guiding care, ones which are intrinsically focused on the person, would be of use. Despite the plethora of models within the human care literature, looking outside of this frame might be useful, not only for those in aged care at the end of life, but for older individuals more broadly. The author writes from her experience as a volunteer at a Royal Society of the Prevention of Cruelty to Animals (RSPCA) wildlife hospital in Brisbane, Audtralia, during a sabbatical from her university in the city. She makes the argument for examining the "Five Freedoms" for animal welfare, formalised by the UK Farm Animal Welfare Council (FAWC) in 1979: freedom from hunger and thirst; freedom from discomfort; freedom from pain, injury or disease; freedom to express normal behaviour; and freedom from fear and distress. These "Five Freedoms" are recognised and applied internationally, and suggestions are offered for adapting them for human care, consistent within a One Health framework. An appendix lists the 18 United Nations Principles for Older Persons adopted by the UN General Assembly (Resolution 46/91). (RH)
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RETIREMENT

(See Also 253/45, 253/47, 253/85, 253/106)

253/131 Public response to welfare policy retrenchment: the importance of trust in implementing agencies: the case of early retirement in Sweden 1999-2010; by Helena Olofsdotter Stensota, Anna Bendz.: Wiley.
Social Policy and Administration, vol 54, no 1, January 2020, pp 102-118.
There is a long-standing argument that citizens' trust in the state needs to be recurrently reproduced for policies to endure, and that this also includes trust in its separate policy agencies. Such trust is likely to be more important for costlier policies, as, for example, social insurance schemes. This article explores whether short-term changes in welfare programme generosity affect people's trust in the agency implementing the programme. The authors use the example of early retirement in the encompassing welfare state of Sweden. They study a decade of significant reform (1999-2010), during which the inflow to early retirement diminished greatly, as did citizens' trust in the implementing Swedish Social Insurance Agency (SSIA). They conclude that citizens' trust is higher when implementation is more generous. Indeed, a third of the drop in citizens' trust in the SSIA over the period can be explained by declining levels of generosity in early retirement, with people politically to the left responding with lower trust. Theoretically, the authors suggest, first, that trust in implementing institutions can function as feedback to policy; and second, that there is a basic relationship between more generous policy outcome and higher trust in encompassing welfare states such as Sweden. (RH)
ISSN: 01445596
From : http://www.wileyonlinelibrary.com/journal/spol

253/132 Retiring from the police service in England and Wales: a multi-dimensional perspective; by Karen Bullock, Jane Fielding, Graham Hieke.: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 1-24.
The experiences of police officers who have retired from the police service have rarely been the focus of empirical studies in England and Wales. The authors draw on the findings of a survey of former police officers, to examine the circumstances in which officers leave the service and aspects of the transition to retirement. They find that that certain individual, role and organisational factors come together to explain how the transition to retirement is experienced by police officers. They conceptualise police retirement as a multi-dimensional process during which a number of factors may come into play and have different effects, depending on the circumstances in which retirement occurs. Findings are considered in light of wider conceptualisations of the process of retirement, and implications are discussed. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

253/133 Socio-economic differences in retirement timing and participation in post-retirement employment in a context of a flexible pension age; by Taina Leinonen, Tarani Chandola, Mikko Laaksonen, Pekka Martikainen.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 348-368.
Socio-economic circumstances influence later-life employment participation, which may take different forms as retirement processes are complex. The authors explored the diverse effects of various socio-economic sub-domains on pre- and post-retirement employment. They used Finnish register data to examine socio-economic predictors of time to retirement (i.e. receiving the statutory pension) using

Cox regression analysis; and on time spent in post-retirement employment, they used repeated negative binomial regression analysis over a follow-up between the ages of 63 and 68, i.e. the flexible pension age range. An average wage earner still employed at age 62 spent 13.5 months in pre-retirement employment (this corresponds to time to retirement), and 4.8 months in post-retirement employment. Those with tertiary education retired later, but the educational differences in the total time spent in employment were small when post-retirement employment was also considered. There was little variation in the timing of retirement by household income, but those in the highest quintile spent the longest time in post-retirement employment. Upper non-manual employees, home renters and those with high household debt retired later; and those with high household debt also spent a longer time in post-retirement employment. In a national flexible pension age system, high occupational class and household income thus appear to encourage either later retirement or participation in post-retirement employment. However, economic constraints also appear to necessitate continued employment. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

RETIREMENT COMMUNITIES

253/134 Should I've stayed or should I've gone? What residents of continuing care retirement communities and former candidates think and feel one year after their decision: a quantitative longitudinal comparison; by Ohad Green, Amber M Gum, Jennifer Greene (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 1, January 2020, pp 25-42.
The authors compared satisfaction with residence, well-being and physical health of continuing care retirement community (CCRC) residents with people who considered enrolling in the same CCRCs but elected not to move. A total of 101 participants were recruited from 13 CCRCs located in multiple cities in the United States of America. A phone interview was conducted with participants three months or less from enrolment and one year later. Compared with those who chose not to move, CCRC residents reported lower satisfaction at baseline, but higher satisfaction at one year. Well-being declined from baseline to follow-up for both groups, but was higher in CCRC residents, both at baseline and at one year. CCRCs might consider giving new residents a longer cancellation period in order to allow sufficient time for the adjustment process. This, in turn, might both prevent an early departure and affect the decision of potential CCRC residents to move into the community. (RH)
ISSN: 0144486X
From : http://www.cambridge.org/aso

SENSORY LOSS

253/135 How might the cultural significance of storytelling in Deaf communities influence the development of a life-story work intervention for Deaf people with dementia?: A conceptual thematic review; by Alys Young, Emma Ferguson-Coleman, John Keady.: Cambridge University Press.
Ageing and Society, vol 40, no 2, February 2020, pp 262-281.
Although life-story work is an established form of support for people with dementia and their carers, culturally deaf people who are sign language users have been excluded from this practice. There is no evidence base for the cultural coherence of this approach with deaf people who use sign language, nor any prior investigation of the linguistic and cultural adaptation that might be required for life-story work to be effective for sign language users with dementia. Given the lack of empirical work, this conceptual thematic literature review approaches the topic by first investigating the significance of storytelling practices amongst deaf communities across the lifespan. The findings are then used to draw out key implications for the development of life-story work with culturally deaf people who experience dementia and their formal and informal carers (whether deaf or hearing). The reviewed work is presented in three themes: (a) the cultural positioning of self and others; (b) learning to be deaf; and (c) resistance narratives and narratives of resistance. The article concludes that life-story work has the potential to build on lifelong storying practices by Deaf people, the functions of which have included the (re)forming of cultural identity, the combating of ontological insecurity, knowledge transmission, the resistance of false identity attribution, and the celebration of language and culture. (RH)
ISSN: 0144686X
From : http://www.cambridge.org/aso

SOCIAL CARE

(See Also 253/109)

253/136 Costs of care - the facts; by Susan Doohan, Independent Healthcare Association - IHA. London: Independent Healthcare Association, 1999, 18 pp + appendices.
A report highlighting facts pertinent to the costs of care, relevant to issues on the effectiveness and efficiency of public procurement policies (the purchasing of health and care services from the independent sector by local and health authorities). (RH)
ISBN: 1899328025 From : IHA, 22 Little Russell Street, London WC1A 2HT.

253/137 Do the regulatory standards require religious literacy of UK health and social care professionals?; by Beth R Crisp, Adam Dinham.: Wiley.
Social Policy and Administration, vol 53, no 7, December 2019, pp 1081-1094.
Health and social care professionals need sufficient religious literacy in order to handle the complexities of religious beliefs and practices, including the growing numbers who identify with other belief systems and those who claim to identify with no religion. The extent to which the need for religious literacy has been formalised was examined in an analysis of regulatory frameworks for health and social care professionals in the United Kingdom. Although all but one of the regulators make some reference to religion and beliefs, they are silent on the question as to what is meant by religion and beliefs. Some standards include a requirement not to impose one's own beliefs on others, but there is very little requirement to develop a reflective and self-critical awareness of one's own stance. Likewise, some standards refer to knowledge and skills required, but greater specificity is required for these to be meaningful. (RH)
ISSN: 01445596
From : http://www.wileyonlinelibrary.com/journal/spol

253/138 The employment conditions of social care personal assistants in England; by John Woolham, Caroline Norrie, Kritika Samsi, Jill Manthorpe.: Emerald.
Journal of Adult Protection, vol 21, no 6, 2019, pp 296-306.
In England, disabled adults have been able to directly employ people to meet their care or support needs for a number of years. However, little is known about the employment conditions of people - social care personal assistants (PAs)- who are directly employed. This study focuses on employment conditions in terms of: contracts, pay, pensions, national insurance, overtime, holiday and sick pay, etc. Access to training and support are also described. PAs were recruited mainly through third sector and user-led organisations; and 105 social care PAs took part in a semi-structured telephone interview, which on average was an hour long. Interviews were fully transcribed. Quantitative data were analysed using SPSS (v.24) and qualitative data by NVIVO software. The authors find that although PAs enjoyed considerable job satisfaction, many did not enjoy good employment conditions. Employer abuse was uncommon, but many PAs could arguably be described as exploited. Occupational isolation and lack of support to resolve disputes was striking.
Although this may be currently the largest qualitative study of PAs in the UK, it is nonetheless relatively small, and no claims for generalisability are made. The geographical spread of the sample was wide and recruited from multiple sites. PAs are an effective way of establishing relationship-based care, and confer direct control to disabled employers; and many PAs experienced high job satisfaction. However, lack of regulation and oversight creates considerable potential for exploitation or abuse. This may make the role less attractive to potential PAs in the medium term. PAs may be a very effective means of achieving genuinely person-centred care or support for many people. However, PAs do not always appear to enjoy satisfactory conditions of employment, and their role is largely unregulated. Growth and long-term sustainability of this emergent role may be jeopardised by these employment conditions. This study suggests that much more needs to be done to improve PA working conditions. (RH)
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

TRANSPORT

(See Also 253/128)

253/139 Older adults' expectations about mortality, driving life and years left without driving; by Ganesh M Babulal, Jonathan Vivoda, Annie Harmon (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 62, no 7, October 2019, pp 794-811.
People are living and driving for longer than ever before, with little preparation for the transition to being non-drivers. The authors investigated driving expectations among drivers aged 65+, including sociodemographic and driving context predictors. Cross-sectional data from 349 older drivers were explored to determine variation in how many years they expected to continue driving. General linear models examined predictors of both expectations. In this predominantly Black and African American sample, 76% of older drivers (mean age = 73 ± 5.7 years) expected a non-driving future, forecasting living an average of 5.75 ± 7.29 years after driving cessation. Regression models on years left of driving life and years left to live post-driving cessation predicted nearly half of the variance in older drivers' expectations with five significant predictors: income, current age, age expected to live to, self-limiting driving to nearby places and difficulty, and visualising being a non-driver. Many older drivers expect to stop driving before end of life. (RH)
ISSN: 01634372
From : http://www.tandfonline.com

253/140 The unrealized potential of autonomous vehicles for an aging population: brief report; by Simone Pettigrew, Sophie L Cronin, Richard Norman.: Taylor and Francis.
Journal of Aging and Social Policy, vol 31, no 5, October-December 2019, pp 486-496.
Autonomous vehicles (AVs, i.e. self-driving vehicles)) have the potential to improve the health and well-being of older people. This Australian exploratory study involved in-depth interviews with 43 key stakeholders across a broad range of sectors to identify the primary policy implications of autonomous vehicles (AVs) for ageing populations. Four main issues were evident: a general lack of salience of older people's needs in the AV discourse; the perceived dominance of the commercial drivers of AV technology; the implications of particular characteristics of the older population; and a lack of available analyses to guide decision making. Threats and opportunities represented by these issues are discussed. (RH)
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TRAUMA, CONFLICT AND WAR

(See 253/32)

VOLUNTEERING AND THE VOLUNTARY SECTOR

253/141 "They take a lot of pressure off us": volunteers reducing staff and family care burden and contributing to quality of care for older patiends with cognitive impairment in rural hospitals; by Annaliese Blair, Catherine Bateman, Katrina Anderson.: Wiley.
Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 34-45.
The main purpose of this study was to explore the ability of trained volunteers to provide person-centred care focusing on nutrition/hydration support, hearing/visual aids and activities in rural Australian hospitals for older patients with dementia and/or delirium. A secondary objective was to explore the impacts and challenges of volunteer care for family carers and hospital staff. Staff were surveyed about their confidence, stress and satisfaction at six months post-implementation. Focus groups with staff and interviews with families explored programme successes, challenges and enabling factors. Volunteers integrated themselves into the care team, providing person-centred care, increased safety and quality of care for patients and a reduced burden for staff and families. Key enablers were clear processes for screening, training and supporting volunteers. Key challenges included initial role delineation, staff/volunteer trust and sustainability. Overall the programme was reported by families and staff as being effective in addressing the main barriers to providing person-centred care for older adults with cognitive impairment in rural acute hospitals. (JL)
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