New Literature on Old Age

Gillian Crosby

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 254/50, 254/52, 254/53)

Addressing elder abuse in rural and remote communities: social policy, prevention and responses; by Amy Warren, Barbara Blundell.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, nos 4-5, August-December 2019, pp 424-436.

The authors report the findings of an international scoping literature review focused on social policy, prevention and service responses to elder abuse in rural and remote communities. Forty-seven articles were included in the review, and fourteen types of prevention or service responses were identified in the literature, including several Indigenous-specific initiatives. The review highlights the need for meaningful inclusion of rural and remote communities in elder abuse policy, as well as the importance of community consultation and consideration of the local context in developing prevention and response initiatives for these communities. This work was supported by funding from Australia's Older Persons Advocacy Network (OPAN). (RH)

ISSN: 08946566

From: http://www.tandfonline.com

After older adult maltreatment: service needs and barriers; by Julie M Olomi, Naomi M Wright, Leslie Hasche, Anne P DePrince.: Taylor and Francis.

Journal of Gerontological Social Work, vol <u>62</u>, no 7, October 2019, pp 749-761.

Little research is available specific to the service needs or related barriers of maltreated older adults. Further, no studies have asked at-risk older adults directly for their perspectives on service needs and barriers. As part of a larger study, a sample of 40 diverse older adults (M age = 76 years) were recruited from the population of older adults who were involved in an abuse, neglect and/or financial exploitation case where the offender was in a position of trust to the victim. Responses to open-ended questions about participants' service needs and reasons for not seeking services were thematically coded. The majority of the participants adults expressed needing more help than currently received, with needs including transport, housing, food, household assistance, and medical and mental health care. Participants also described reasons their service needs were not being met. The study elaborates on the specifics and descriptive statistics of the themes that emerged. Implications for older adult victim services, as well as broader older adult services, are discussed. (RH)

ISSN: 01634372

From: http://www.tandfonline.com

Elder abuse and mistreatment: results from medicare claims data; by Charles P Mouton, Allen Haas, Amol Karmarkar (et al).: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, nos 4-5, August-December 2019, pp 263-280.

Elder abuse and mistreatment (EM) continues to be a growing problem as the US population ages. Despite the growth, detection of EM continues to lag. However, Medicare claims data and the electronic health record might provide an opportunity to encourage better detection. The authors evaluated Medicare claims data from 2012-2014 for beneficiaries who had a diagnostic code for EM discharged from any types of facility. Records were extracted for 10,181 individuals and examined for demographic characteristics, residential characteristics, residential location, type of facility providing care, disease co-morbidities, and disability-related conditions. Of the sample, most were female (65.1%), white (78.8%), over 75 years of age (52.6%), and from an urban setting (85.2%). While the greatest number were discharged from acute care settings, almost one-third were hospitalised in psychiatric hospitals (34.6%). Mood disorders (27.5%) and dementia (14.2%) were the most common primary diagnoses. Hypertension (67.7%), depression (44.6%), fluid and electrolyte disorder (43.6%) and cardiac arrhythmia (28.2%) were the most common co-morbidities. In Medicare claims data, the authors found unique features and co-morbidities associated with EM. These findings could be used to develop a clinical algorithm predictive of older people requiring screening for EM. (RH)

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From: http://www.tandfonline.com

254/4 Mistreated older adults with dementia in the home: practitioner experience and unattainable professional agency; by Jeannette Lindenbach, Sylvie Larocque, Debra G Morgan, Kristen Jacklin.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, nos 4-5, August-December 2019, pp 373-401.

The experience of practitioners who encounter mistreatment of an older person with dementia by a caregiver in the home has received little attention in the literature. A critical research methodology aimed to understand health and social service practitioners' experience of professional agency, the ability to control outcomes and act in a meaningful way, when encountering these cases in the home. Fifty-one practitioners from urban, rural and Northeastern communities in Ontario, Canada participated in semi-structured interviews, reflective journals, and focus group discussions. Theoretical thematic analysis of data led to the discovery of five themes: weathering the storm to realisation; cognitive uncertainty; emotional upheaval; one's inability to resolve the mistreatment; and the double-edge sword

of self-reflection. Understanding this experience is an essential step toward improving practice and policy, and achieving positive outcomes for mistreated older people with dementia and their caregivers within their homes. (RH)

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

A randomized-control trial testing the impact of a multidisciplinary team response to older adult maltreatment; by Anne P DePrince, Leslie K Hasche, Julie M Olomi (et al).: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 31, nos 4-5, August-December 2019, pp 307-324. Forensic centre multidisciplinary teams (MDTs) have emerged to address older adult maltreatment; however, little research is available on this approach. This study employed a randomised-control design to test the impact of a victim-focused, forensic centre MDT relative to usual care (UC) on older adult victim and criminal justice outcomes. Cases of abuse, neglect, and/or financial exploitation involving a perpetrator in a position of trust were randomly assigned to MDT or UC. Outcomes were assessed via interviews with older adult victims, system-based advocates' surveys, and administrative data. According to system-based advocates, MDT had a better prognosis, higher across-agency coordination, and more types of engaged services relative to UC. Administrative data indicated low rates of APS case openings and prosecution. Findings provide support for continued use of MDTs following older adult maltreatment; and given the complex social and material circumstances often related to maltreatment, highlight difficulties in engaging with older people. (RH)

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

ACTIVE AGEING

(See Also 254/38)

254/6 Middle-aged women negotiating the ageing process through participation in outdoor adventure activities; by C Yvette Wharton.: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 4, April 2020, pp 805-822.

Explores the motivations and experiences of a group of women, aged 36-64, who belong to an outdoor adventure leisure group in Scotland, in order to better understand the reasons why these women join a group and how they reflect on their experience of ageing. Activities include mountain biking, canoeing, climbing and land yachting. Key themes to emerge from interviews were group belonging and social support, self-perception and identity, acting as role models to younger members, time for self, and self-determined direction. (NH)

ISSN: 0144686X From: https://doi.org/10.1017/S0144686X18001356

ADVANCE DIRECTIVES

Couples affected by dementia and their experiences of advance care planning: a grounded theory study; by Tony Ryan, Jane McKeown.: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 2, February 2020, pp 439-460.

Advance care planning (ACP) is considered a significant in seeking to achieve good quality of care and in informing decision making at the end of life. For people with dementia, where its use is encouraged at the point of diagnosis, utilisation of ACP is relatively poor, particularly in parts of Europe. Using a constructivist grounded theory methodology, this study explores the ways in which co-residing couples considered ACP. Specifically, it seeks to understand the ways in which people with dementia and their long-term co-residing partners consider and plan, or do not plan, for future medical and social care. Sixteen participants were interviewed. They identified the importance of relationships in the process of planning alongside an absence of formal service support and as a result few engaged in ACP. The study recognises the fundamental challenges for couples in being obliged to consider end-of-life issues whilst making efforts to 'live well'. Importantly, the paper identifies features of the ACP experience of a relational and biographical nature. The paper challenges the relevance of current global policy and practice, concluding that what is evident is a process of 'emergent planning' through which couples build upon their knowledge of dementia, their networks and relationships, and a number of 'tipping points' leading them to ACP. The relational and collective nature of future planning is also emphasised. (RH) ISSN: 0144686X From: http://www.cambridge.org/aso

AGEING IN PLACE

(See Also 254/12, 254/31)

Exploring the impact of social network change: experiences of older adults ageing in place; by Willeke H Vos, Leonieke van Boekel, Meriam M Janssen (et al).: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 116-126.

Social networks are sources of support and contribute to the wellbeing of older adults who are ageing in place. As social networks change, especially when accompanied by health decline, older adults' sources of support change and their wellbeing is challenged. This study looked at the impact of changing

social networks on older adults' lives by examining their personal experiences. Four focus groups were held, two with a total of 14 older adults who were ageing in place and receiving home care and two with a total of 20 home care nurses from different regions and organisations in the Netherlands. Subsequently an expert team of home care professionals and managers discussed and verified the results. Procedures for grounded theory building were used for analysis. Four themes of high impact experiences were revealed as follows: (a) struggling with illness or death of a spouse; (b) working out a changing relationship with children and/or grandchildren; (c) regretting the loss of friends or family the older people had known for a long time; and (d) feeling dependent and stressed when helpers entered the network. Also network dynamics were found to follow three consecutive stages: (a) awareness of social network change; (b) surprise when social network change actually occurred; and (c) acceptance and adjusting to new circumstances. Together, the four themes of experiences and three stages of network change form an integrative model of the role of social network dynamics for older adults' lives when ageing in place. (JL)

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

AGEISM AND AGE DISCRIMINATION

(See 254/42)

ANXIETY

Predicting current and future anxiety symptoms in cognitively intact older adults with memory complaints; by Nikki L Hill, Jacqueline Mogle, Tyler Reed Bell (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol <u>34</u>, no 12, December 2019, pp 1874-1882.

Memory complaints are a common concern for older adults and may co-occur with anxiety symptoms. Although both memory complaints and anxiety are associated with heightened cognitive decline risk little is known about how these symptoms develop over time. The purpose of this study was to examine the differential concurrent and longitudinal relationships among anxiety symptoms and two types of memory complaints in cognitively intact older adults. The study sample was drawn from two longitudinal nationally representative datasets, the National Health and Aging Trends Study (NHATS) and the Health and Retirement Study (HRS). Cognitively intact older adults aged 65 and over were included representing six and two waves of data respectively. Using multilevel linear modelling the study tested bidirectional relationships between anxiety and two types of memory complaints: current rating of memory performance and perceived memory decline.

Concurrent associations between anxiety symptoms and memory complaints were found in both datasets. At times when current memory performance was rated more poorly or perceived memory decline was reported, anxiety symptoms tended to be higher and vice versa. A longitudinal relationship was identified in NHATS such that perceived memory decline and not current memory rating predicted future anxiety symptoms. This study provides a better understanding of the relationships between memory complaints and anxiety symptoms over time. Cognitively intact older adults with perceived memory decline are at greater risk for current as well as future anxiety symptoms. (JL)

ISSN: 08856230 From: http://www.orangejournal.org

ARTS, CRAFT AND MUSIC

The effect of music on wellbeing: case studies; by Jill Conroy, Sue Faulkner.: Investor Publishing. Journal of Dementia Care, vol <u>28</u>, no 1, January/February 2020, pp 32-35.

Can personalised music lessen the sense of isolation sometimes felt in care homes and improve well-being? To find out, the authors report on their collaboration with Unforgettable (now part of Live Better with Dementia), a company allied to the non-profit organisation Music and Memory which donates iPods to people living in care homes. Three care homes (Fremantle Trust's Lent Rise House, Lewin House and Meadowside care homes) and nine people living with dementia took part in the two-week study in January 2019. The article focuses on individual choice of music and its overall impact. The study indicates how a personal playlist has the potential to help in calling up memories and make a difference to quality of life. In all, the music can be a source of comfort and calm, and can counter distressing events, alleviate anxiety, and increase sociability. (RH)

ISSN: 13518372 From: http://www.journalofdementiacare.co.uk

ASSESSMENT

Advancing methodologies to increase end-user engagement with complex interventions: the case of co-designing the Australian elder abuse screening instrument (AuSI); by Luke Gahan, Ellen Gaffy, Briony Dow, Bianca Brijnath.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, nos 4-5, August-December 2019, pp 325-339.

In Australia there is an absence of an elder abuse screening instrument that is widely accepted and that has been designed with, and for, end-users. This study aimed to develop an effective and acceptable elder abuse screening instrument by engaging with frontline professionals through a co-design process.

To date, co-design methodologies are recommended to ensure successful adoption and implementation of complex interventions by end-users, but the scholarship is limited on the specific steps to achieve this as well as the pragmatics of such work. Addressing these lacunae, results demonstrate how qualitative methods align with a co-design approach; underscore the importance of multidisciplinary perspectives; showcase how to streamline complex processes into routine practice; and accentuate the importance of good design. These are valuable insights necessary in developing inter-professional and community-based solutions to the challenge of elder abuse. (RH)

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From: http://www.tandfonline.com

BLACK AND MINORITY ETHNIC GROUPS

(See 254/28)

COMMUNITY CARE

(See 254/31, 254/51)

DEATH AND DYING

(See 254/23)

DEMENTIA CARE

(See Also 254/4, 254/7, 254/76, 254/77)

Directed content analysis of Veterans Affairs policy documents: a strategy to guide implementation of a dementia home safety toolkit for Veterans to promote ageing in place; by Catherine A Hebert, Scott A Trudeau, Whitney Sprinkle (et al).: Wiley.

Health and Social Care in the Community, vol <u>28</u>, no 1, January 2020, pp 182-194.

Older adults' preference to age in place, coupled with an increasing prevalence of dementia, creates an imperative to address home safety risks that occur due to cognitive impairment. Providing caregivers with home safety items and education can facilitate ageing in place for older adults living with dementia. During 2015-2017 this study examined barriers and facilitators within 17 policy documents and dementia guidelines of the United States Veterans Health Administration pertinent to implementation of a home safety toolkit (HST) for Veterans living with dementia. The documents were issued from 2000 to 2015. Directed qualitative content analysis of these documents guided by themes from stakeholder interviews revealed two key implementation barriers: a focus on physical rather than cognitive risks when determining medical necessity for home equipment, and a focus on rehabilitation and treatment rather than prevention. Mandates for person-centred care planning including comprehensive assessment, interdisciplinary collaboration, staff education and a focus on population health in primary care facilitate HST implementation. Content analysis can identify policy-level barriers that slow innovation and facilitators that can increase access to care that support ageing in place. (JL)

ISSN: 09660410

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

Experience based co-design in specialist dementia care; by Julia Wells.: Investor Publishing. Journal of Dementia Care, vol <u>28</u>, no 1, January/February 2020, pp 22-25.

Specialist hospital units for dementia in Scotland have fallen foul of the Mental Welfare Commission for Scotland (MWC) in the past, resulting in a major initiative to improve performance. The author and colleagues report on a Focus on Dementia Team project at Aberdeen's Royal Cornhill Hospital to achieve quality care. Experience based co-design (EBCD) involves gathering experiences from patients, staff and carers through in-depth interviews, observation and group discussion. In six stages, it allows health care professionals to gain a clear understanding of what matters to patients, carers and staff. (RH) ISSN: 13518372

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

Exploring chair yoga therapy in dementia care; by Lauren Moody, Samantha Coe.: Investor Publishing. Journal of Dementia Care, vol 28, no 1, January/February 2020, pp 26-29.

Yoga can improve physical and mental well-being, but how can it be adapted for older people with dementia. The authors and colleagues at Castlefiend Day Hospital, Newcastle provide insight into how, with training to develop the teaching skills required, a six-week chair yoga therapy programme could be implemented as a dementia care intervention designed to enhance well-being. The outcomes show how the activity can be a meaningful and positive experience for people whose needs are sufficient to require a day hospital placement. (RH)

ISSN: 13518372

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

254/15 Rights, risk and the law: positive risk-taking or safeguarding concern?; by Lynne Phair.: Investor Publishing. Journal of Dementia Care, vol <u>28</u>, no 2, March/April 2020, pp 14-16.

In the second of two articles on dementia care and the law, the author considers risk assessments. She argues that professionals should take the Human Rights Act as their starting point in balancing safety and risk. For example, the Health and Safety Executive's 'Health and safety in care homes (2nd ed; HSE, 2014) provides guidance indicating that risk assessment decisions "should be sensible and person-centred". On assessing risk, the Royal College of Nursing guidance 'Three steps to positive practice' (RCN, 2017) uses the mnemonic FREDA to identify the rights-based approach to risk assessment: Fairness, Respect, Equality, Dignity, Autonomy. A case study from the author's unpublished training material illustrates the value of risk assessment in drawing up a care plan. (RH) From: http://www.journalofdementiacare.co.uk

254/16 Sing for the moment: a choral ensemble for persons with dementia and their care partners; by Abigail E Young, Rachel Cornacchio, Raenn R Hamon.: Taylor and Francis.

Journal of Intergenerational Relationships, vol <u>17</u>, no 1, 2019, pp 110-117. Research suggests that people with Alzheimer?s disease and other dementias receive various benefits from singing. This article describes the Sing for the Moment Choir, an ensemble comprised of persons with Alzheimer's disease or related dementias, and their care partners. The choir is sponsored by the greater Pennsylvania Chapter of the Alzheimer's Association. The program mission statement is: 'the Sing for the Moment Choir provides persons with Alzheimer's disease and related dementia and their care partners an opportunity to socialize, connect and inspire others through singing.

ISSN: 15350770

254/18

From: http://www.tandfonline.com

254/17 Using touchscreen tablets with people with dementia; by Erica Dove.: Investor Publishing. Journal of Dementia Care, vol 28, no 2, March/April 2020, pp 22-24.

Like iPads, touchscreen tablets can provide enjoyable and beneficial activities for people with dementia; but how can this access to the technology be widened? The author and colleagues report on a three-year project in Canada called 'Let's Connect', a joint venture between the Oshawa Senior Community Centres and researchers at the University Health Network in Ontario.

Staff and volunteers receive a 90-minute training session, to then run a group activity at their day service or care home with support from the Let's Connect team, before transferring tablet use to people's own homes, in which family carers are invited to participate.

tools, aid the evaluation of intervention outcomes and indicate possible targets for improving perceived

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

Why do staff and family think differently about quality of life in dementia?: A qualitative study exploring perspectives in care homes; by Sarah Robertson, Claudia Cooper, Juanita Hoe (et al).: Wiley. International Journal of Geriatric Psychiatry, vol 34, no 12, December 2019, pp 1784-1791. Quality of life is important especially in incurable illness. In dementia proxy reports of quality of life are often relied upon, however little is known about how individuals make their judgments. In care homes proxies may be staff providing care or relatives but staff rate quality of life differently to family. To date no one appears to have explored this qualitatively. In this study therefore qualitative interviews were used to explore why staff and family think differently about quality of life. The authors interviewed 12 staff and 12 relatives who had provided proxy ratings of quality of life for people living with dementia in care homes in the Managing Agitation and Raising Quality of life (MARQUE) study. The authors asked why interviewees had rated the resident's quality of life as 'very good', 'good', 'fair' or 'poor'. Using thematic analysis, staff and relatives' proxy responses were then compared. For staff, the concept of quality of life was often viewed synonymously with quality of care, influenced by their sense of responsibility and informed by their professional understanding. For relatives, quality of life was judged in relation to how the person with dementia lived before diagnosis and was influenced by their perception of loss for the person with dementia and their own adjustment. Proxy reports were influenced by the rater's own contexts and experiences. This can enhance understanding of widely used research

> and actual quality of life of people with dementia. (JL) ISSN: 08856230

From: http://www.orangejournal.org

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 254/62)

DEPRESSION

(See Also 254/55)

254/19 Feasibility of a family-centered intervention for depressed older men in primary care; by Ladson Hinton, Erika La Frano, Danielle Harvey (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 12, December 2019, pp 1808-1814.

Families provide considerable support to many older adults with depression yet few intervention studies have sought to include them. Family participation in depression treatment aligns with the preferences of older men, a group at high risk for depression under treatment. This study examined the feasibility of a family-centred depression intervention for older men in a primary care setting. A clinical trial was conducted in a Federally Qualified Health Center (FQHC) in California's Central Valley. Depressed older men aged 50 and older were allocated to usual care enhanced by depression psychoeducation or a family-centred depression intervention delivered by a licensed clinical social worker. Intervention feasibility was assessed in terms of recruitment, retention and extent of family engagement. The PHQ-9 or Patient Health Questionnaire comprising of nine questions, was administered at baseline, one, three and six months. For more than six months, 45 men were referred to the study; 31 met the inclusion criteria, 23 were successfully enrolled, and 20 (88%) participated in more than or equal to one treatment sessions. Overall 85% (11 of 13) of men allocated to the intervention engaged a family member in more than or equal to one session and 54% (7 of 13) engaged the family member in more than or equal to three sessions. While men in both groups showed evidence of a significant decline in PHQ-9 scores early on, which attenuated over time, there were no significant between group differences. Overall the intervention showed acceptable feasibility on the basis of a variety of parameters. Future research on family-based approaches may benefit from longer duration and more intensive treatment as well as additional strategies to overcome recruitment barriers. (JL)

ISSN: 08856230

From: http://www.orangejournal.org

DIET AND NUTRITION

Evaluating the Effect of a Home-Delivered Meals Service on the Physical and Psychological Wellbeing of a UK Population of Older Adults: A Pilot and Feasibility Study; by Mary F. O'Leary, Manuela Barreto and Joanna L. Bowtell.

Journal of Nutrition in Gerontology and Geriatrics, Vol 39, Issue 1, 2020, pp 1-15.

This study evaluates the effectiveness of a 3-week, daily meal provision service by a non-profit provider on the physical and psychological wellbeing of an older adult population. It examines the feasibility of carrying out such measures in participant?s homes. 19 older adult participants (8M, 11F; 78.3 ± 8.7 years) received 3 meals per day for 21 days and supplemented these meals ad libitum. Risk of malnutrition (Mini Nutritional Assessment; MNA) body composition, blood pressure, handgrip strength, balance, mobility, loneliness, social capital, satisfaction with life and mood were evaluated in participant?s homes before and after the intervention. Following the intervention, MNA score increased significantly and participants rated themselves as significantly less depressed. The study describes a methodology that was largely feasible and outline ways in which it could be improved. It demonstrates that even short-term, home meal deliveries improve MNA scores and can positively alter some measures of mood.

From: DOI: 10.1080/21551197.2019.1684417

DISABILITY

(See 254/65)

EMPLOYMENT

(See Also 254/42, 254/67, 254/79, 254/82)

Age management in the workplace: manager and older worker accounts of policy and practice; by Valerie Egdell (et al).: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 4, April 2020, pp 784-804.

Research has consistently found a lack of systematic planning by business to prepare for and benefit from demographic and labour market changes. Drawing on qualitative research in Scotland, this paper examines how managers and employees think about age and ageing in the workplace; available support for older workers and managers; and the lived experiences of older workers, whether supported or not. Compared to other countries, UK employers may make more efforts to retain older workers and to see them as an asset. Both managers and workers tend to think about employees in terms of the individual rather than their age. This offers opportunities for responsive and tailored support for older workers, but it also means that support is not always put in place to support workers as they get older. Whilst informal practice may point to age friendly and age aware practice, it does not guarantee equitable and transparent implementation. (NH)

ISSN: 0144686X

From: https://doi.org/10.1017/S0144686X18001307

Workspace environmental design evaluation to support the aged care workforce: are we using the right evaluation approaches?; by Lucio Naccarella (et al).: Wiley.

Australasian Journal on Ageing, vol 38, no 4, December 2019, pp 274-277.

Australia's aged care workforce is facing pressures due to increased demands from an ageing population. This paper reflects upon whether existing workspace environmental design evaluations are supporting the aged care workforce.

The report is informed by a 2018 Optimising Aged Care Workspace Environment Symposium with three streams: (a) Developing, (b) Implementing and (c) Evaluating Aged Care Workspace Environments. Symposium key messages include the following: 'evidence (lived experiences and feedback) from both older people and the aged care workforce needs to inform both development and implementation of aged care environment design'. The Evaluating Aged Care Workspace Environments stream key messages include the following: 'evaluation approaches are required that are responsive and appropriate to the complex dynamic aged care workspace contexts'.

To better inform the design of future aged care settings and support the aged care workforce, principles-focused evaluations of existing aged care settings with input from the aged care workforce are required.

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

END-OF-LIFE CARE

254/23 The voices of death doulas about their role in end-of-life care; by Deb Rawlings, Caroline Litster, Lauren Miller-Lewis (et al).: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 12-21.

The role of the 'death doula' has been described as one of companion, mentor and advocate for dying people and their families. Death Doulas have emerged as a relatively new role in this regard, however there is little clarity around how the role is enacted, and around the death doula role within health and social care systems. This Australian study aimed to explore the ambiguity of the role of death doulas in end-of-life care including the skills, training and experience of death doulas; how the role is communicated to the community; and the relationships to palliative care providers and other health professionals. People identifying as death doulas were invited to participate in an online survey between April and June 2018. Ethical approval was obtained. A descriptive cross-sectional study was conducted, and purposive sampling was used to survey death doulas registered with relevant training organisations, newsletters and email distribution lists. Questions were based on the researchers' previous findings about the role. 190 completed or partially completed surveys were received. Results showed diversity within, and some commonalities across the sample in terms of: training, experience and skill. Death doulas were found to have emerged not only as a response to the overwhelming demands on families and carers but also demands placed on health care professionals (including palliative care) at the end of life. They have identified gaps in health and social care provision, perhaps taking on tasks that health professionals don't have responsibility for. However the role and scope of practice of death doulas is not clear cut even within their cohort, which can then make it hard for patients and families when choosing a doula, especially as a lack of regulation and standardised training means that doulas are working without oversight and often in isolation. (JL)

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

FAMILY AND INFORMAL CARE

(See Also 254/83)

'Add info and stir': an institutional ethnographic scoping review of family care-givers' information work; by Nicole K Dalmer.: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 3, March 2020, pp 663-689.

Family care-givers are increasingly expected to find, understand and use information to meet the complex needs of older adults in their care. However, a significant number of studies continue to report that care-givers' information needs are unmet. Following Hilary Arksey and Lisa O'Malley's scoping review framework (Scoping studies: towards a methodological framework; International Journal of Social Research Methodology, 8(1), February 2005, pp 19-32), the author examined 72 articles for the range and extent of available research on the information work done by family care-givers of community-dwelling older adults living with dementia. To untangle the complex relationship between information and care, this scoping review maps out (a) the ways scholarly literature conceptualises the informational components of family care-givers' work; and (b) the degree to which scholarly research acknowledges these components as work. An institutional ethnography inflection enhanced the scoping review framework, enabling the privileging of lived experiences, questioning of assumptions of language used, attending to authors' positioning, and highlighting care-givers' information work made invisible throughout the processes of academic research. (RH)

ISSN: 0144686X

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

FRAILTY

254/25 The emergence and utilisation of frailty in the United Kingdom: a contemporary biopolitical practice; by Louise Tomkow.: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 4, April 2020, pp 695-712.

The recent dominance of frailty in academic literature and health-care policies reflects its popularity amongst geriatricians and policy makers. Frailty scores offer a convenient way of knowing a population's constituent biological lives and add legitimacy to the profession of geriatric medicine by positioning geriatricians as frailty experts. However, a diagnosis of frailty can be marginalising and disempowering and can result in th objectification of older people. Like disability and mortality, frailty has been shown to be associated with ever-increasing inequalities in wealth in the UK. The burden of responsibility has been shifted away from the State and on to the older person who is encouraged to work on themselves through self-management and life-style modification. Rather than seeing a frail person as vulnerable and in need of protection, they are seen rather as a threat and a burden to health-care systems. Drawing on the Foucauldian idea of biopower, the authors suggest that the contemporary use of the term frailty represents a biopolitical practice, which has given it scientific legitimacy. (NH)

ISSN: 0144686X From: https://doi.org/10.1017/S0144686X18001319

GRANDPARENTS

254/26 The arc of generational care: a case series considering grandparent roles and care needs in pediatric palliative care; by Emily Kuhn (et al).: Taylor and Francis.

Journal of Social Work in End-of-Life and Palliative Care, vol 15, nos 2-3, December 2019, pp 99-110. Children receiving palliative care services are held within the context of a family and often within multiple-generational arms. The purpose of this case series paper is to recognize grandparents? roles in their family system from a personal, cultural, and anthropological perspective; to explore emotions and experiences as applies to grandparents of children receiving palliative care; and to provide tangible insight into caring well for families across the generational arc.

ISSN: 15524256 From: http://www.tandfonline.com

254/27 Differential impact of an intervention for grandmothers raising grandchildren; by Susan J Kelley, Deborah M Whitley, Peter E Campos.: Taylor and Francis.

Journal of Intergenerational Relationships, vol 17, no 2, 2019, pp 141-162.

An increasing number of grandparents are assuming full-time parenting responsibilities for grandchildren when birth parents are unable to do so. This raises concern given the body of research that indicates grandparents raising grandchildren have a propensity for relatively high levels of psychological distress. The purpose of this study is to determine the efficacy of a home-based, multidisciplinary intervention designed to decrease psychological distress in caregiving grandmothers, as well as to determine if select demographic characteristics influence intervention outcomes. A pretest posttest design is used that includes 549 African American, predominantly low-income grandmothers raising grandchildren. Findings indicate that psychological distress scores decrease significantly from pretest to posttest. The intervention appears to have benefited distressed grandmothers who are young, unmarried, or unemployed. Implications of the findings for practice, policy, and future research are discussed.

ISSN: 15350770 From: http://www.tandfonline.com

254/28 Ethnicity and grandparental child care in the United Kingdom; by Valeria Bordone, Maria Evandrou, Athina Vlachantoni.: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 4, April 2020, pp 713-734.

In Europe, around 58 per cent of grandmothers and 50 per cent of grandfathers provide care to their grandchildren. Whilst the highest rate of grandparental engagement is found in Northern countries, care-giving grandparents in Mediterranean countries look after their grandchildren more frequently, often daily. In the UK, 17 per cent of grandparents with a grandchild under 16 provide intensive levels of child care of at least 10 hours a week and around one in 30 provides full-time care. Various factors influence these figures, including rates of parental and grandparental employment, educational attainment, cultural context and ethnicity. Parents from Other White, Indian, Pakistani, Bangladeshi and African communities are less likely to use child care than White British parents, while the opposite is true for Caribbean parents. However, for parents using child care, Other White, Caribbean and African

From: https://doi.org/10.1017/S0144686X18001265

254/29 Experiences of grandparenting disabled children in the UK: a qualitative study of intergenerational relationships; by Suzanne Moffatt, Madeleine Tse Laurence, Lindsay Pennington.: Taylor and Francis. Journal of Intergenerational Relationships, vol <u>17</u>, no 1, 2019, pp 58-73.

Contemporary patterns of family, work, and welfare make the experience of grandparenting complex and diverse. This UK-based qualitative study aims to explore grandparenting in the context of childhood disability. Nine grandparents (aged 59?79 years) with disabled and non-disabled grandchildren took part in semi-structured interviews. Grandparents provided extensive instrumental and emotional care and support and sought a balance between involvement versus interfering. Grandparents actively drew on life experiences to engage with services to maximize support. Contemplating the future, grandparents had concerns for adult children as well as grandchildren. Developing policies to support grandparents of disabled grandchildren are urgently required.

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From: http://www.tandfonline.com

HEALTH AND WELLBEING

254/30 The health of the nation: a strategy for healthier longer lives; by Damian Green (chair), Geoffrey Filkin, Tina Woods, All Party Parliamentary Group for Longevity - APPG. [London]: All Party Parliamentary Group for Longevity, February 2020, 92 pp.

Founded in March 2019, the APPG for Longevity chose as its mission for the year to devise a strategy and action plan to show how to realise the Government's ambition "for everyone to have five extra years of healthy, independent life by 2035 and to narrow the gap between the richest and poorest". This report sets out how we can improve the health of the nation and those with the worst health: make it easier to live well; national leadership; a national service for health; harness local leadership; enlist business as a stakeholder in health; and leverage developments in science, genomics and technology. In 10 key papers, eminent contributors outline evidence on: the social determinants of health; health inequalities; making it easier to live well [by] addressing the behavioural and environmental drivers of ill health; national leadership for achieving HLE+5; local systems and the grand ageing challenge goals; a service for national health: an NHS fit for 2035; measuring the national healthy lifespan using objectively recorded health and care data; business as a key stakeholder in health; the economic and scientific case for therapeutic intervention in ageing; and science and technology. (RH)

<u>From</u>: https://appg-longevity.org/events-publications

HEALTH CARE

254/31 Community nurses' self-management support in older adults: a qualitative study on views, dilemmas and strategies; by Marian J t van het Bolscher-Niehuis, Madeleen J Uitdehaag, Anneke L Francke.: Wiley. Health and Social Care in the Community, vol 28, no 1, January 2020, pp 195-203.

The term 'self-management' has been defined in a number of ways, however at a broad level it is about the day-to-day management of one's own chronic conditions. The way in which self-management is shaped in daily practice is partly determined by patients' skills, their social network and the stage of their disease. Providing self-management support is an appropriate task for community nurses. However the support of self-management sometimes triggers tensions in practice. The aim of this study was to explore community nurses' views of self-management, the dilemmas community nurses face when providing support of self-management by older adults and the strategies they use to solve these challenges. A qualitative study was performed to collect data. 21 community nurses from the eastern part of the Netherlands were recruited through purposive sampling. The interviews were audiotaped, transcribed verbatim and a thematic analysis was carried out. The results showed that community nurses find it difficult to give a clear, definitive description of the concept of self-management. They relate self-management to 'taking control of your own life', 'making your own choices and decisions' and 'being self-reliant'. Situations in which older adults exhibit considerable or little self-direction or self-reliance can lead to conflicts in self-management support, namely: 1)" striving for optimal health and wellbeing versus respecting older adults' choices' and 2) 'stimulating self-reliance and self-direction versus accepting a dependent attitude'. Different strategies are applied to resolve these scenarios. In the first case, strategies of 'adapting', 'persuading' and 'taking control' are used, and for the second case 'empowering', 'challenging' and 'tolerating' are used. Creating a clear and shared understanding of 'self-management' and facilitating community nurses to reflect on their dilemmas and strategies might help them in supporting self-management by older adults. (JL)

ISSN: 09660410

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

HEALTH SERVICES

Road to nowhere?: A critical consideration of the use of the metaphor care pathway in health services planning, organisation and delivery; by Kath Checkland (et al).: Cambridge University Press.

Lournal of Social Policy, vol 49, no 2, April 2020, np 405-424

Journal of Social Policy, vol 49, no 2, April 2020, pp 405-424. Explores the consequences of the use of the care pathways metaphor in service planning and commissioning in the context of large scale reorganisation in the English NHS. Whilst the pathways metaphor can be useful, it tends to limit the appreciation of alternative solutions to problems, framing the issues in a particular way and highlighting some approaches whilst hiding others. By using examples where commissioners seek to aim for seemless and joined-up pathways, the authors show that the care patients may require cannot always be organised in a linear way. In response to their identified concerns,

they offer a different potential metaphor - a service map - which emphasises the multiplicity of ways in which people might engage with services. The map might also facilitate better integration of care for people with multiple complex long-term health conditions, focus attention on multidisciplinary teams and on contracts linking providers. (NH)

ISSN: 00472794

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

HOME CARE

(See Also 254/20, 254/31, 254/51, 254/54)

254/33 "The poor carer": ambivalent social construction of the home care worker in elder care services; by Virpi Timonen, Luciana Lolich.: Taylor and Francis.

Journal of Gerontological Social Work, vol 62, no 7, October 2019, pp 728-248.

The authors draw on qualitative data from focus groups to highlight the social construction of the paid carer as characterised by a high level of ambivalence. This subject is examined from the perspective of various professionals in the elder care sector in Ireland. The research, using the Grounded Theory method, involved focus groups with 31 participants comprising health and social work professionals as well as care agency managers and policy planners. The authors connect the concept of ambivalence at the micro level of human relationships to structural factors that are driving the ambivalence. Ambivalence towards home care workers is shaped by structural factors including the precariousness of care work, the commodification of time, and the stipulated personalisation of services. The irreconcilable contrasts between portrayals of care workers as both 'good' and 'bad' are indicative of deep contradictions in the expectations that contemporary care systems direct at paid caregivers. Ambivalence arises from the commodified and dispensable status of care workers, and fundamental transformations in their training, working conditions and pay are required to move away from this ambivalence and towards care workers' equal status with professionals in the care sector. Parts of this article relate to the H2020 SoCaTel Project, which received funding from the European Union's Horizon 2020 Research and Innovation Programme (under grant Agreement No 769975). (RH)

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

254/34 Becoming a home care worker: job-seekers' push and pull factors; by Shiri Shinan-Altman, Varda Soskolne, Liat Ayalon.: Sage.

Research on Aging, vol 42, no 2, February 2020, pp 62-71.

This cross-sectional study examined "push and pull" factors associated with the decision to become home care workers among job-seekers in Israel. Participants completed measures of ageism, anxiety about ageing, attitudes toward the home care profession, and personal relationship with older adults. Of 1,492 participants, 32.0% accepted the offer to become home care workers and were no longer in the job market, 36.7% accepted the offer but worked in the past, and 31.2% refused the offer. Compared to participants currently employed, the odds of being employed in the past were higher for participants who were younger, with poorer health and higher ageism. The odds of refusal were higher for males, Arabs, younger participants, those with more education, lower ageism, and fewer personal relationship with older adults. The findings have implications for practice with job-seekers and for retaining current home care workers in the field. This may assist in expanding the home care workforce. (RH)

ISSN: 01640275 From: http://www.journals.sagepub.com/home/roa

Broadening the scope of live-in migrant care research: how care networks shape the experience of precarious work; by Marianne van Bochove, Duco zur Kleinsmiede.: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 51-59.

Live-in migrant care work is increasing across welfare states. In the context of ageing populations and changing healthcare systems, live-in care enables ageing in place without overburdening family caregivers. However research has shown that live-in care often puts migrant care workers and their recipients in precarious positions. While the outcome of precarious work has gained attention it is not self-evident. Based on interviews with migrant care workers in the Netherlands as well as formal and informal caregivers, and the staff of intermediary organisations, this study shows that besides client conditions, the interactions of actors in the care network shape the circumstances and experience of migrant live-in care work. The findings suggest that managing the care networks to which migrant care workers belong makes it possible to mitigate the associated precariousness. (JL)

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

Care and the shadow of the fourth age: how does home care get caught up in it and how does it stay away from it?; by Jose Manuel Sousa de Sao Jose.: Cambridge University Press.

Ageing and Society, vol 40, no 3, March 2020, pp 643-662.

This article examines how care encounters in older people's homes are forged, and how the way in which these encounters are forged avoids or evokes the social imigary of the fourth age. Participant observation and informal conversations (conducted in the older people's homes) as well as focus groups were used to gather data in Portugal from 16 older people receiving home care, their 8 care workers and 6 family

carers. The collected data were analysed according to the procedures of Framework Analysis. This study found five forms of care encounters - marked by conflict, infantilisation, burden, harmony and indifference - the harmony form being the only one found to maintain the fourth age at a distance. It concludes that home care has a Janus-like nature in relation to the fourth age, and that the way home care encounters are forged depends on the conditions of the care settings and the actions of all participants in care encounters. It also concludes that it is difficult to maintain the social imaginary of the fourth age at a distance when the older people exhibit high levels of infirmity. Finally, it concludes that family carers play a crucial role in the way care encounters unfold. Implications for practice and policy include vocational training regarding the relational component of care, and information and educational programmes for family carers. (RH)

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

254/37 Care workers under pressure: a comparison of the work situation in Swedish home care 2005 and 2015; by Rebecka Strandell.: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 137-147.

Eldercare services in Sweden have changed dramatically over recent decades. Population ageing, ageing in place policies, pressures to contain costs and organisational reforms linked to New Public Management are challenging public home care. There is however limited knowledge about how the job content and working conditions have changed in Swedish home care across this period. This article aimed to analyse and compare the work situation in the Swedish home care sector in 2005 and 2015. The analysis was based on the international Nordcare survey and drew on a subsample of respondents working in Swedish home care services during both years. The data were analysed with bivariate and multivariate methods. Overall the results suggested that the work situation of home care workers was worse in 2015 compared to 2005. For example those surveyed in 2015 reported meeting a larger number of clients per day, receiving less support from their supervisors and having less time to discuss difficult situations with colleagues and considerably less scope to affect the planning of their daily work. Care workers in 2015 were also more mentally exhausted than those surveyed in 2005. In addition the workers in 2015 experienced an accumulation of work-related problems. Deteriorating working conditions could be related to cutbacks and organisational reforms and evidence suggests that home care workers are paying a high price for ageing in place policies. Improvements of the work situation in home care are necessary not only to ensure the quality of care for older people, but also to ensure workers' wellbeing and to recruit and retain care workers, thus meeting the future needs for home care in an ageing society. (JL)

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

Experiences of home-care workers with the 'Stay Active at Home' programme targeting reablement of community-living older adults: an exploratory study; by Rowan G M Smeets (et al).: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 291-299.

To face the challenges of an ageing population, many Western countries nowadays stimulate an ageing in place policy to empower older adults to grow old in their own homes with the highest degree of self-reliance. However, many community-living older adults experience limitations in (instrumental) activities of daily living ((I)ADLs), which may result in a need for home-care services. Unfortunately, home-care workers often provide support by taking over tasks, as they are used to doing things for older adults rather than with them, which undermines their possibilities to maintain their self-care capabilities. In contrast, reablement focuses on capabilities and opportunities of older adults, rather than on disease and dependency. Consequently, older adults are stimulated to be as active as possible during daily and physical activities. The 'Stay Active at Home' programme was designed to train home-care workers to apply reablement in practice. To explore the experiences of home-care workers with this programme an exploratory study was conducting in the Netherlands, between April and July, 2017. In total, 20 participants were interviewed: nine nurses (including a district nurse), 10 domestic support workers and the manager of the domestic support workers. The semi-structured interviews focused on the experienced improvements with regard to knowledge, skills, self-efficacy and social support. Furthermore, the most and least appreciated programme components were identified. The study has shown that home-care workers perceived the programme as useful to apply reablement. However, they also need more support with mastering particular skills and dealing with challenging situations. Future implementation of the 'Stay Active at Home' programme can potentially benefit from small adaptions. Furthermore, future research is needed to examine whether the programme leads to more (cost?) effective home care.

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

HOSPITAL CARE

Delayed discharges: what factors are contributing?; by Laura Cook.: Investor Publishing. Journal of Dementia Care, vol <u>28</u>, no 2, March/April 2020, pp 18-19.

How can hospitals prevent unnecessarily long patient stays? As part of Journal of Dementia Care's hospital series, the author reports on findings from the London Dementia Clinical Network, which completed deep dive reviews into delayed discharges. Ten hospitals (including two community sites)

were visited, and 16 sets of case notes were reviewed. The findings identified five main themes: clinical history, documentation, joint working, supporting family involvement, and rehabilitation potential. (RH) From: http://www.journalofdementiacare.co.uk

HOSPITAL DISCHARGE

(See 254/39)

HOUSING

254/40 The legacy of the right to buy and the differentiation of older home owners; by Vikki McCall, Madhu Satsangi, Corinne Greasley-Adams.: Cambridge University Press. Social Policy and Society, vol 19, no 2, April 2020, pp 225-241.

Focuses on the experiences of older owner occupiers living in central Scotland. The Right to Buy (RTB) scheme enabled many low-income households to purchase their homes. Today, many of these older home owners are unable to afford housing repairs and adaptations or to move, and are living in lower valued houses. In this study, 317 older owner occupiers living in Stirling, Scotland were interviewed, together with social landlords, voluntary groups and housing organisations. One of the consequences of the RTB has been to leave some buyers trapped in houses that are no longer suitable to their needs. The interconnectedness of health and social issues in older age and the suitability of homes concurs with the increased consideration of the complexities of ageing in place. (NH) ISSN: 14747464 From: https://doi.org/10.1017/S1474746419000320

INFORMATION AND COMMUNICATION TECHNOLOGY

(See 254/17, 254/50)

INTERGENERATIONAL ISSUES

(See Also 254/16)

254/41 Between solidarity and self-interest: the elderly and support for public education revisited; by Marius R Busemeyer, Dominik Lober.: Cambridge University Press.

Journal of Social Policy, vol 49, no 2, April 2020, pp 425-444.

In the context of new evidence from a survey of public opinion in eight Western European countries -Denmark, Sweden, Germany, France, UK, Ireland, Spain, Italy - this paper examines the potential for intergenerational cleavage in times of tight government budgets and rising demands on the welfare state. Looking at education, the authors found that age-based self interest does exist and that age is negatively associated with support for education spending. However, interpersonal social trust can partly mitigate the expected negative association between age-based self-interest and spending support. (NH) ISSN: 00472794 From: http://www.cambridge.org/JSP

254/42 Building on intergenerational climate to counter ageism in the workplace?: A cross-organizational study; by Martine Lagace, Lise Van de Beeck, Najat Firzly.: Taylor and Francis. Journal of Intergenerational Relationships, vol <u>17</u>, no 3, 2019, pp 201-219.

The negative outcomes of ageism in the workplace have been well documented. This study looks at potential factors that may counter such outcomes. Relying on Intergroup Contact Theory (ICT), it is hypothesised that a positive intergenerational workplace climate as well as knowledge sharing and donating practices contribute to lower levels of perceived ageism from the perspective of the older worker. In turn and in continuity with previous studies, it is hypothesised that perceived workplace ageism is negatively linked to feelings of satisfaction and successful aging at work. A total of 415 Canadian older workers filled a questionnaire measuring concepts under study. The results suggest that a healthy intergenerational workplace climate exerts a significant and positive impact on perceived ageism in the workplace; in turn and as predicted, ageism significantly lowers feelings of satisfaction at work. Moreover, the importance of a healthy intergenerational workplace climate is demonstrated through a direct link with older workers? level of satisfaction. Theoretical and practical implications are discussed.

ISSN: 15350770

From: http://www.tandfonline.com

254/43 Building virtual age-friendly communities in Minecraft; by Christy Nishita, Tyran Terada.: Taylor and Francis.

Journal of Intergenerational Relationships, vol <u>17</u>, no 1, 2019, pp 118-122.

The goal of the Age-Friendly Honolulu Youth Engagement Initiative is to teach young people about the role of the built environment and community features in promoting active aging and engagement among older adults. This article describes a new programme in the field that teaches both younger and older adults to assess the built environment and then use design thinking and Minecraft (a popular video game in which players use 3-D blocks to create virtual lands) to develop and envision ideas to improve the livability of their neighbourhood.

ISSN: 15350770 From : http://www.tandfonline.com

254/44 Generativity: establishing and nurturing the next generation; by Cheryl Ching Ling Lim (et al).: Taylor and Francis.

Journal of Intergenerational Relationships, vol 17, no 3, 2019, pp 368-379.

Ongoing engagement with society and having a supportive environment are important protective factors for our mental wellbeing. Through meaningful engagement with children, older people feel valued, empowered, and have a renewed sense of purpose. This is a health-romoting measure in enhancing and maintainingolder people's functional abilities and wellbeing. To support an ongoing engagement, National Trades Union Congress (NTUC) Health?s Silver Circle Senior Care Centre (SCC) and a co-located childcare (My First Skool) in Singapore jointly developed and piloted an intergenerational (IG) collaboration programme. This paper describes the development, interventions and lessons learned from a older person's care perspective.

ISSN: 15350770

From: http://www.tandfonline.com

254/45 Impacts on older people contributing to an intergenerational course about aging; by Ellen StClair Tullo, Luisa Anne Wakeling, Anna Elliott.: Taylor and Francis.

Journal of Intergenerational Relationships, vol <u>17</u>, no 3, 2019, pp 327-339.

Newcastle University offers undergraduate students an opportunity to interact with older people by undertaking an intergenerational course about ageing. This study systematically evaluates the impacts of involvement in the course on the older adults who participate using a framework analysis method. Three key themes relating to impact emerged: 'Learning,' 'Barriers,' and 'Contributing.' Participation largely leads to beneficial impacts on older people through increased knowledge, identity work and generativity, although some examples of potentially negative outcomes are also suggested. These findings support and add to the growing evidence base concerning the outcomes of intergenerational education programs.

ISSN: 15350770

From: http://www.tandfonline.com

Intergenerational communication: an interdisciplinary mapping review of research between 1996 and 2017; by James Law (et al).: Taylor and Francis.

Journal of Intergenerational Relationships, vol 17, no 3, 2019, pp 287-310.

Concerns have been raised regarding the limited opportunities for intergenerational communication both outside and within the family. This ?mapping review? draws together empirical literature in the topic published since 1996. Three hundred and twenty-four published studies met inclusion criteria, based on abstract review. The contents of each study were subjected to thematic analysis and nine broad themes emerged. These were (1) Dynamics of relationships, (2) Health & Well-being, (3) Learning & Literacy, (4) Attitudes, (5) Culture, (6) Digital, (7) Space, (8) Professional Development, and (9) Gender & Sexual Orientation. Studies commonly intersected disciplinary research areas. There was a marked rise across three key academic journals since 2007. An emergent finding was that a third of the studies relate to programs addressing intergenerational interventions, but many of these were primarily descriptive and failed to specify a primary outcome. Review implications and future research directions are discussed. ISSN: 15350770

From: http://www.tandfonline.com

Intergenerational programs review: study design and characteristics of intervention, outcomes, and effectiveness; by Teresa Martins (et al).: Taylor and Francis.

Journal of Intergenerational Relationships, vol <u>17</u>, no 1, 2019, pp 93-109.

This study carries out a review of intergenerational programs, with focus on the program design and objectives as well as in their outcomes.

A systematic review method is used, in which the authors screen 3,796 articles. After analyzing titles, abstracts, and full paper analysis, 16 articles are retained. Each study is reviewed, and data extracted related to target population, study design, characteristics of intervention, outcomes, and effectiveness. Intergenerational programs include educational programs and art, Information technology development, cultural heritage, health education, and therapeutic activities. Most of the programs collect both quantitative and/or qualitative data. Seven studies collect data in the beginning and at the end of the program. Significant diversity in sample size and intervention length is found. Measurement of outcomes is performed in both young and/or elderly group of participants. Program impact evaluation varies between studies and includes validated scales, interviews, observation, focus groups, and conversation analysis, narratives, videotaped sessions, and field notes.

The study highlights the diversity in the design of studies and in the program?s effectiveness evaluation. More randomized design studies are required to support researchers and practitioners in the development of future intergenerational programs.

ISSN: 15350770 From: http://www.tandfonline.com

254/48 Reflections from the field: reduce age stereotyping through experential learning: an intergenerational pen pal project; by Diane Martin.: Taylor and Francis.

Journal of Intergenerational Relationships, vol <u>17</u>, no 2, 2019, pp 250-254.

Misconceptions about the aging process and the negative stereotypes associated with older adults can impede positive social interactions and discourage meaningful conversations between younger and older generations. While there is a good amount of information that can be disseminated in the classroom to educate on the realities of aging and dispel myths, formal education does not entirely shield us from believing ageist stereotypes or using an ageist communication pattern. Therefore, it is important to supplement classroom learning with practical experience which exposes students to elders in a variety of settings. This helps them to understand the uniqueness and diversity found in the older adult population. One effective measure is a Pen Pal program. Now in its fifth year, more than 75 students enrolled in this undergraduate Introduction to Aging Studies course have participated in this engaging intergenerational learning activity designed to promote bottom-up processing as students get to know elders without the visual cues aging or an age-sensitive context.

ISSN: 15350770 From: http://www.tandfonline.com

254/49 Together in the 2020s: twenty ideas for creating a Britain for all ages by 2030; by United for All Ages. Happisburgh, Norfolk: United for All Ages, January 2020, 19 pp.

The vision of United for All Ages is of a Britain, where in 2030, people of all ages are respected and valued, where they can mix and share activities and experiences, and live alongside each other in homes and communities. This report presents 20 ideas from practitioners representing organisations with an interest in intergenerational projects, and variously aiming to influence communities, social and economic policies, and culture, media and sport. Creating community hubs in care homes and schools, for example, could help in mixing the generations. The report calls on national and local governments to develop policies (and in ways) that meet the needs of all ages. (RH)

https://efeea61d-ae40-4f75-bfce-8a7be79f7237.filesusr.com/ugd/98d289 3f3291f2d4094 c2793a3acf8ffaae58c.pdf

INTERNATIONAL AND COMPARATIVE

(See Also 254/64, 254/69, 254/84)

254/50 A brief report on older people's experience of cybercrime victimization in Mumbai, India; by Kartikeya Tripathi, Sarah Robertson, Claudia Cooper.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, nos 4-5, August-December 2019, pp 437-447. As internet penetration increases in Lower and Middle Income Countries (LMIC), more older people are now conducting financial transactions online and using social media to stay in touch with family and friends. The authors use qualitative interviews from their recent study exploring older people's experiences of cybercrime in Mumbai to discuss concerns that existing financial regulations and controls in India may afford older people insufficient protection from cybercrime, (RH)

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

254/51 Home and community care for older people in urban China: receipt of services and sources of payment; by Bo Hu, Bingqin Li, Jing Wang, Cheng Shi.: Wiley. Health and Social Care in the Community, vol 28, no 1, January 2020, pp 225-235.

This study investigated the characteristics of Chinese older people receiving home and community care and the factors associated with the sources of payment for care services. The data came from the Social Survey of Older People in Urban China, which collected information from a random sample of 3,247 older people aged 60 and over in 10 large cities in different regions of China in 2017. Anderson's behavioural model of care utilisation was used to guide the analyses. The study identified four striking features of the Chinese social care system. First, although disabilities were a significant predictor of receiving home and community care, a large proportion of care recipients did not have disabilities. Second, perceived proximity of care was the most important predictor, which implied a high elasticity of demand for care services with regard to perceived distance and the great geographical inequality of care resources in the cities. Third, the government policies supported the use of the internet to facilitate care access, but the enabling effect of the internet among older people was limited. Finally, sources of payment for care differed significantly according to people's age, living arrangements, disability and level of education. It is argued that the government should consider shifting the focus of financial support from service providers to care recipients in the future. (JL)

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

Perceptions of elder abuse and neglect by older Chinese immigrants in Canada; by Weiguo Zhang.: 254/52 Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 31, nos 4-5, August-December 2019, pp 340-362.

This study investigates how older adults perceive elder abuse and neglect in the context of migration and ageing. Based on a qualitative study of recent Chinese older immigrants in the Greater Toronto Area in Canada, it seeks to understand how migration and ageing processes, both of which engender cultural and contextual changes, shape and reshape views of elder abuse and neglect. The study argues that culture is important in older immigrants' perceptions of elder abuse and neglect, yet individuals with the same cultural roots may differ in their conceptualisations. Further, such perceptions could change through interactions with peers and non-peers in the host society; and these, in turn, can be influenced by both cultural and structural factors. (RH)

ISSN: 08946566

From: http://www.tandfonline.com

254/53 Prevalence of elder abuse and associated factors among community-dwelling older adults in Iran; by Mohabbat Mohseni, Vahid Rashedi, Abedin Iranpour (et al).: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol <u>31</u>, nos 4-5, August-December 2019, pp 363-372.

A cross-sectional descriptive study investigated the prevalence of elder abuse and associated factors in Kerman province, Iran. Participants were 200 community-dwelling older adults, selected using multi-stage sampling. 51.4% of the participants reported abuse: 17.5% reported physical abuse, 20.9% reported verbal abuse, and 26.4% reported non-verbal abuse. Also, 11.5% reported self-neglect and 6.5% were neglected by others. 11.4% of the participants reported abandonment, and 14.9% reported financial abuse. There was a significant relationship between economic stress and neglect (P = .01). The risk of abuse in those with a very good health status was about 50% less than that in others (P .001). Older people experience different types of abuse. Therefore, to avoid this dilemma, proper knowledge of elder abuse, especially emotional abuse and related factors (including economic stress and health status) can increase society's knowledge of and sensitivity to the problem. (RH)

ISSN: 08946566

From: http://www.tandfonline.com

Promises and pitfalls of integrating home-based health services into Shanghai's elder-care system; by Yan-Yan Chen, Honglin Chen, Priscilla Song.: Cambridge University Press.

Ageing and Society, vol 40, no 3, March 2020, pp 480-500.

Faced with the dramatic pace of population ageing, the Shanghai municipal government launched a pilot programme in 2013 designed to address this, and to strengthen ageing-in-place arrangements by providing basic in-home medical services for residents aged 80+. Yet after a two-year trial run, the Home-Based Medical Care Scheme for the Oldest-Old (HBMCSOO) policy remained significantly under-utilised, despite the increasing demand for medical services. A multi-disciplinary research team of social workers and anthropologists identified two key factors impeding the implementation of home-based medical care services: (a) the distortion of policy implementation; and (b) the inadequate professionalisation of community-based eldercare workers. Based on the authors' evaluation of the pilot programme, the Shanghai municipal government made several practical adjustments to improve the subsequent city-wide policy implemented in 2016. While these changes mostly focused on minor adjustments to improve in-home medical services for the oldest-old, they represent an encouraging first step towards the authors' call for a holistic integrated care system whose design and delivery takes into account local political and social contexts, including existing institutional infrastructure and cultural expectations about caregiving responsibilities. The challenges of implementing Shanghai's HBMCSOO policy provide instructive lessons on best practices for integrating medical and social services, and has become a key policy concern in improving ageing-in-place measures in local settings around the world.

ÌSSŃ: 0144686X

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

Relationship between neighbourhood social participation and depression among older adults: a longitudinal study in China; by Ruoyu Wang (et al).: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 247-259.

This study aims to examine the impact of neighbourhood social participation on depressive symptoms among older adults in China. It also further explores the mediating roles of physical activity, social contact among neighbours, and contact with own children in the relationship between social participation and depressive symptoms. Data obtained through three waves (2011, 2013, and 2015) of the China Health and Retirement Longitudinal Study are used. The sample consisted of 10,105 individuals aged 60 and above and 24,623 person-year records captured during these three waves. Depressive symptoms are assessed using the Center for Epidemiology Studies of Depression scale. Results show that respondents' depression decreases with an increasing level of neighbourhood social participation, more time spent on physical activities, and a higher frequency of contact with neighbours and with own children. These factors are found to partly mediate the relationship between neighbourhood social participation and depression. The negative relationships between social contact and depression and contact with own children and depression are both strengthened by neighbourhood social participation. In conclusion, physical activity, social contact among neighbours and contact with own children are mechanisms through which neighbourhood social participation lowers the risk of depression among older adults in China.

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

LEGAL ISSUES

(See 254/15)

LEISURE

(See 254/6, 254/80)

LGBT

254/56 Health, well-being, and social support in older Australian lesbian and gay care-givers; by Beatrice Alba, Anthony Lyons, Andrea Waling (et al).: Wiley.

Health and Social Care in the Community, vol <u>28</u>, no 1, January 2020, pp 204-215.

Informal caregivers play an important role in society and many of the people who provide this care are lesbian women and gay men. Being a caregiver is known to be associated with poorer health and wellbeing, and lesbian and gay caregivers report experiences of stigma and discrimination in the caregiving context. This study involved a survey of 230 lesbian women and 503 gay men aged 60 years and over living in Australia, of which 218 were caregivers. The study compared caregivers to non-caregivers on a range of health and wellbeing measures, including psychological distress, positive mental health, physical health and social support. While no significant differences were found between these two groups the study further compared caregivers who were caring for an LGBTI (lesbian, gay, bisexual, transgender or intersex) person to those who were caring for a non-LGBTI person. Among the lesbian women caregivers of an LGBTI person reported feeling less supported in their carer role and reported lower levels of social support more generally. They were also lower on positive mental health and physical health indicators. Among the gay men, caregivers of an LGBTI person also reported feeling less supported in their carer role but there were no differences in reported levels of social support more generally or health and wellbeing compared to those caring for a non-LGBTI person. Overall results from this study suggest that older lesbian and gay caregivers may be facing some challenges related to their wellbeing and feeling supported, especially if they are caring for another LGBTI person. (JL)

ISSN: 09660410

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

LONELINESS AND SOCIAL ISOLATION

Perceived social isolation and cognitive functioning: longitudinal findings based on the German Ageing 254/57 Survey; by Andre Hajek, Steffi G Riedel-Heller, Hans-Helmut Konig.: Wiley.

International Journal of Geriatric Psychiatry, vol <u>35</u>, no 3, March 2020, pp 276-281. There is a lack of longitudinal studies, which are both based on nationally representative samples and use standardized instruments to quantify social isolation. Thus, the purpose of this study was to determine the link between perceived social isolation and cognitive functioning longitudinally.

Longitudinal data with n = 6420 from 2014 (wave 5) to $201\overline{7}$ (wave 6) were drawn from the German Ageing Survey (nationally representative sample of individuals aged 40 years and over). Perceived social isolation was assessed using a scale by Bude and Lantermann. Cognitive functioning was quantified using the established digit symbol test. To reduce the problem of unobserved heterogeneity, linear fixed effects regressions were used.

Regressions showed that increases in perceived social isolation were associated with decreases in cognitive functioning. With regard to covariates, decreases in cognitive functioning were associated with increases in aging and worsening self-rated health, whereas changes in marital status, employment status, income, physical functioning, and physical illnesses were not associated with the outcome measure.

Based on a nationally representative sample and exploiting the panel data structure, the study findings extend current knowledge by showing that increasing perceived social isolation contributes to decreases in cognitive functioning among individuals aged 40 years and over longitudinally. Future longitudinal studies based on panel data methods are required to validate the study findings.

ISSN: 08856230 From: http://www.orangejournal.com

254/58 Physical activity and loneliness among adults aged 50 years or older in six low- and middle-income countries; by Davy Vancampfort, Elvira Lara, Lee Smith (et al).: Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 12, December 2019, pp 1855-1864.

Loneliness is widespread and associated with harmful outcomes in middle-aged and older people in lowand middle-income countries (LMICs). Physical activity is one potential psychosocial strategy with the potential to reduce loneliness in this population. The aim of this study was to explore associations between physical activity (PA) and loneliness in middle-aged and older people from six LMICs. Data from the Study on Global Ageing and Adult Health (SAGE) were analysed. Self-reported data on loneliness and PA (as assessed by the Global Physical Activity Questionnaire) were collected. Participants were dichotomised into those who did and did not meet the international recommendation of 150 minutes of moderate to vigorous PA per week. Associations between loneliness and PA were examined using logistic regressions. Among 34,129 individuals aged 50 years or older the prevalence of loneliness was higher among those not meeting the PA guidelines in all countries, although this difference was not significant in Mexico and South Africa. After full adjustment, not meeting PA guidelines was positively associated with loneliness in the meta-analysis based on country-wise estimates, with a moderate level of between-country heterogeneity being observed. At an individual country level, statistical significance was only reached in Ghana. These findings suggest that physical inactivity and loneliness commonly co-occur in adults aged 50 years or older in LMICs overall but that this association differs by country. Longitudinal studies are required to confirm these findings and investigate potential mechanisms that may inform future interventions. (JL)

ISSN: 08856230

From: http://www.orangejournal.org

254/59 Reducing loneliness among older people: who is responsible?; by Axel Agren, Elisabet Cedersund.: Cambridge University Press.

Ageing and Society, vol 40, no 3, March 2020, pp 584-603.

The Swedish press presents loneliness among older people as a severe problem that needs to be solved. The issue of who is responsible for reducing loneliness and how this responsibility is designated is, however, rarely discussed. In this study, the authors have analysed how responsibility is designated and constructed in articles in the Swedish press. Focus has been on identifying responsibility in discourses proceeding from the concept of subject positions. This concept has enabled analysis on how responsibility is negotiated, and who is positioned as a responsible actor with the ability to perform actions that reduce loneliness. Three dominating discourses were found. In the discourse of responsibility within politics and the welfare state, the responsibility is both self-taken and designated to other institutions held responsible for not initiating sufficient measures to reduce loneliness. In the discourse of responsibility within societal and evolutionary perspectives on loneliness, developments beyond the individual's control are considered to contribute to loneliness. At the same time, 'we' in 'society' are considered capable of reducing loneliness, thereby constructing individuals as responsible actors. Within the discourses of responsibility within older people's organisations, both such

organisations and those who participate in activities are constructed as responsible actors. In conclusion, the responsibility for reducing loneliness is, apart from the discourse on senior organisations, designated to those working with older people. (RH)

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

MENTAL HEALTH

(See Also 254/9, 254/55, 254/57, 254/79, 254/81, 254/84)

254/60 Diagnostic diversity among patients with cognitive complaints: a 3-year follow-up study in a memory clinic; by Sheng-Lun Kao, Shu-Cin Chen, Yu-Ying Li, Raymond Y Lo.: Wiley.

International Journal of Geriatric Psychiatry, vol 34, no 12, December 2019, pp 1900-1906.

The purpose of this Taiwanese study was to describe the distribution and estimate the mortality risks of degenerative dementias and nondegenerative conditions in a memory clinic. The study enrolled 727 consecutive patients with cognitive complaints who visited the memory clinic in Buddhist Tzu Chi General Hospital during 2013 to 2016. Three main diagnostic groups were defined: pure type dementia, in which only one type of dementia was diagnosed, such as Alzheimer disease (AD), vascular dementia (VaD), Parkinson disease with dementia (PDD), dementia with Lewy bodies (DLB) and frontotemporal dementia (FTD); mixed type dementia, and nondegenerative conditions. The authors described the frequency of different diagnoses and employed Cox proportional hazards regression models to examine the mortality risks for each diagnostic group after adjusting for age, sex, education and cognitive status. All patients alive on or after September 30 2018 were censored in the analysis. Two-thirds of patients were diagnosed with degenerative dementias. Pure type to mixed type dementia ratio was about 2: 1. AD remained the most common pure dementia subtype, followed by VaD and PDD. Among all nondegenerative conditions, depression/anxiety and subjective cognitive decline were the most common diagnoses. During a mean follow-up of 3.4 years, 150 deaths were documented, and the mortality risk was 61 deaths/1000 person-years. Mortality risks were associated with age, sex, education and cognitive function at diagnosis but did not differ by diagnostic group. Clinical diagnoses for patients with cognitive complaints are diverse, and nearly one-third are of nondegenerative conditions. Baseline cognitive function is a stronger predictor for survival than clinical diagnosis. (JL)

ISSN: 08856230 From: http://www.orangejournal.org

254/61 Trajectories of neuropsychiatric symptoms over time in healthy volunteers and risk of MCI and dementia; by Jeannie-Marie S Leoutsakos, Elizabeth A Wise, Constantine G Lyketsos, Gwenn S Smith.:

International Journal of Geriatric Psychiatry, vol <u>34</u>, no 12, December 2019, pp 1865-1873.

The objective of this study was to identify subtypes of neuropsychiatric symptom (NPS) course among cognitively normal individuals and to assess the association between these subtypes and risk of later

mild cognitive impairment (MCI) or dementia diagnosis. The study modelled neuropsychiatric inventory questionnaire (NPI-Q) scores from 4,184 volunteers over approximately four years using growth mixture models, generating latent classes of trajectory. Cox proportional hazard models were then fitted to determine whether membership in trajectory classes was associated with increased hazard of diagnosis of MCI or dementia. Four trajectory classes were identified: the majority of the sample (65%) would be expected to belong to a class with consistently low or zero NPS. The next most prevalent class (16%) showed a decrease over time in NPI-Q total score but, compared with the majority class had an almost threefold increase in hazard of MCI or dementia. Another class (14%) showed an increase in NPS over time and was also associated with greater hazard of MCI or dementia. The smallest class (5%) had high and fluctuating NPI-Q total scores and had the greatest hazard. These findings demonstrate that it is possible to identify meaningful groups of NPS trajectories and that trajectory of NPS can convey information beyond a single cross-sectional measure. While even those whose NPS improved were at increased risk of MCI or dementia, such risk increased as a function of the severity of the NPS trajectory. (JL)

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From: http://www.orangejournal.org

MENTAL HEALTH CARE

(See 254/19)

MIGRATION

(See 254/35)

MORTALITY

Gender gap in life expectancy in Russia: the role of alcohol consumption; by Tatiana Kossova, Elena Kossova, Maria Sheluntcova.: Cambridge University Press.

Social Policy and Society, vol 19, no 1, January 2020, pp 37-53.

The authors investigate alcohol consumption as one of the main factors contributing to variation in the gender gap in life expectancy in the Russian regions. They consider the socioeconomic indicators and mortality coefficients that enable us to capture the causes of death related primarily to alcohol abuse and smoking. It is assumed that the macroeconomic situation, coupled with alcohol consumption, are substantial determinants of the gender gap in life expectancy in the Russian regions. A panel data analysis confirms that alcohol consumption has a significant influence on the gender gap in life expectancy and reduces the life expectancy of men first and foremost, as they are more inclined toward unhealthy behaviours. The authors have determined that employment and income support policies should be conducted in conjunction with the anti-alcohol policy. Social policy aimed at reducing alcohol consumption should be vigorously reinforced during an economic recovery. (RH)

ISSN: 14747464

<u>From</u>: http://www.cambridge.org/sps

NEIGHBOURHOODS AND COMMUNITIES

(See Also 254/8, 254/55)

Enacting agency: exploring how older adults shape their neighbourhoods; by Carri Hand, Debbie Laliberte Rudman, Suzanne Huot (et al).: Cambridge University Press.

Ageing and Society, vol 40, no 3, March 2020, pp 565-583.

Within research on ageing in neighbourhoods, older adults are often positioned as being affected by neighbourhood features; however, their impact on neighbourhoods is less often considered. Drawing on a study exploring how person and place transact to shape older adults' social connectedness, inclusion and engagement in neighbourhoods, this paper explores how older adults take action in efforts to create neighbourhoods that meet individual and collective needs and wants. The authors drew on ethnographic and community-based participatory approaches, and employed qualitative and geospatial methods with 14 older adults in two neighbourhoods in a city in Canada. Analysis identified three themes that described the ways that older adults enact agency at the neighbourhood level: being present and inviting casual social interaction; helping others; and taking community action. The participants appeared to contribute to a collective sense of connectedness and creation of social spaces doing everyday neighbourhood activities and interacting with others. Shared territories in which others were present seemed to support such interactions. Participants also helped others in a variety of ways, often relating to gaps in services and support, becoming neighbourhood-based supports for other older people. Finally, participants contributed to change at the community level, such as engaging politically, patronising local businesses and making improvements in public places. Study findings suggest the potential benefits of collaborating with older adults to create and maintain liveable neighbourhoods. (RH)

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

254/64 Factors related to preference for participation and degree of commitment in community activities among older adults in Japanese depopulated areas; by Etsuko Ohama, Sakiko Fukui, Junko Fujita (et al).: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 42-50

In order to address the rapid increase in the ageing population Japan implemented the Long Term Care Insurance System (LTCS) in 2000. Additionally a community-based integrated community care system was released in 2012. The purpose of these policies was to help older people who need care or support to continue to live their preferred lifestyles in their own communities. According to this paradigm older residents are themselves considered members of the community caregiving team and expected to participate in volunteer activities to help the neighbourhood. One such activity is social participation including community activities. Many factors influencing social participation have been found in previous literature. However knowledge of specific factors about community activities is limited even though these kinds of activities have attracted policy attention. The present study examined factors related to thoughts about community activities among people aged 40 years and above. Random sampling was conducted in two depopulated areas in Japan and used an anonymous mail survey method. The survey consisted of three parts: social demographics, health and life, and medical/long term care. A total of 2,466 individuals participated in the study which had a response rate of 52.2%. The average age of all participants was 64.2 years and of these, 46.5% were female. Questionnaire items including talking with neighbours frequently (social demographics), higher self-rated health (health and life), the need for health consultations and the desire to take care of family members when they needed help (medical/long term care) were significantly related to both preference for participation and degree of commitment in community activities. In order to encourage participation in community activities among older citizens the study went on to recommended interventions related to health literacy and family ties.

ISSN: 09660410

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

254/65 Mobility and participation among ageing powered wheelchair users: using a lifecourse approach; by Delphine Labbe, W Ben Mortenson, Paula W Rushton (et al).: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 3, March 2020, pp 626-642.

About 65 million people use wheelchairs worldwide. Powered wheelchairs offer independent mobility for those who find it difficult to propel a manual wheelchair. Previous studies have described powered wheelchairs as a mixed blessing for their users in terms of usability, accessibility, safety, cost and stigma; however, few studies have explored their impact on mobility and participation over time. As part of a larger longitudinal study, the authors used a combined retrospective and prospective life-course perspective to explore older people's experiences of using powered wheelchairs. Based on the interpretive description approach, 19 participants took part in a series of semi-structured interviews over a two-year period about their mobility, social participation and ageing process. The participants were powered wheelchair users, at least 50 years of age, recruited in Vancouver, Montreal and Quebec City (Canada). The study identified three themes that highlighted how the powered wheelchair experience was integrated into the users' life continuum. 'It's my legs' emphasised how powered wheelchairs are a form of mobility that not only enables users to take part in activities, but also impacts their identities, past and present. 'Wheels of change' explored the dynamic nature of powered wheelchair use and changes related to ageing. 'Getting around' illustrated how users' mobility was affected by the interaction with their physical and social environments. Developing public policies to advance social and environmental changes could help countries to ensure equity of access and social inclusion of those are ageing with disabilities. (RH)

ISSN: 0144686X

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

254/66 Older people's experiences of everyday travel in the urban environment: a thematic synthesis of qualitative studies in the United Kingdom; by Hilary Graham (et al).: Cambridge University Press.

Âgeing and Society, vol <u>40</u>, no 4, April 2020, pp 842-868.

Identifies four overarching themes relating to older people's experiences of travel in the urban environment - the importance of 'getting out' and of being independent travellers, and how local environments and travel systems enable or prevent older people from realising these valued dimensions of travel. Frequent concerns were the loss of local amenities and micro-environmental features such as pavement quality, personal safety and aesthetic appearance. Free bus transport and walking were highly valued, as well as the social engagement they facilitated. The research found that the experience of the travel itself mattered as much as the actual arrival at the destination. (NH)

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From: https://doi.org/10.1017/S0144686X18001381

NURSING

(See 254/31)

PENSIONS AND BENEFITS

Length of working life and pension income: empirical evidence on gender and socioeconomic differences from Finland; by Susan Kuivalainen, Satu Nivalainen, Noora Järnefelt and Kati Kuitto. Journal of Pension Economics & Finance, vol 19, no 1, January 2020, pp 126-146.

In this paper, the authors analyse gender and socioeconomic differences in the length of working lives and pension income in Finland. Using internationally unique data covering 50 years of recorded information on individual employment histories and first-year old-age pension income of a cohort retiring in 2011, the authors trace life-time work histories and their relation to pension income with greater precision than previous studies. They find that, while gender and socioeconomic income differences in the lengths of working lives are modest, differences in pension income are more pronounced. The residence-based national pension targeted at those with no or only low earning-related pension accrual plays an important role in cushioning old-age income differences. The results suggest that unequal life-time earnings and occupational segregation remain main challenges for equalizing pension income in old age.

From: doi:10.1017/S1474747218000215

254/68 Private Pensions and the Gender Distribution of Fiscal Welfare; by Micheál L Collins. Social Policy and Society - Online, March 2020, 1 - 17.

The provision of taxation relief to support pension savings has become a large and expensive aspect of the welfare state in many countries. Among OECD member states this exceeds \$200 billion in revenue forgone each year. Previous research has consistently found this fiscal welfare to have pronounced regressive distributive outcomes. However, little is known about the gendered impact of these fiscal welfare supports, a void this article addresses. Using data for Ireland the article finds that the current structure of fiscal welfare supports notably favours males over females. Nominal contribution levels are higher among males, and males are more likely to be active contributors to pension savings. The associated tax supports are consequently skewed, with two-thirds received by men and one-third by women. This outcome suggests a continuation of the gender earnings gap into retirement and a discontinuity between longevity expectations and tax policy supports for pension provision.

<u>From</u>: https://doi.org/10.1017/S1474746420000111

Public-private pension mixes in East Asia: institutional diversity and policy implications for old-age security; by Chung-Yang Yeh, Hyunwook Cheng, Shih-Jiunn Shi.: Cambridge University Press.
 Ageing and Society, vol 40, no 3, March 2020, pp 604-625.

Previous studies of East Asian welfare regimes focus on similarities between social security schemes. In contrast, this paper explores cross-national variations in public-private pension mixes in six welfare states: China, Hong Kong, Japan, Singapore, South Korea and Taiwan. The authors' research echoes the pension policy analysis of international organisations, but takes a step forward with emphasis on the historical and institutional characteristics of the respective pension systems. The analysis identifies three institutional patterns. First, the statist pension system (Taiwan and China) primarily relies on public pensions to provide old-age security, with private pensions playing a rather minor role. Second, in the dualist pension system (Japan and Korea), both public and private pensions work in parallel to ensure retirement income, though a clear security gap exists between workers in the formal and informal economies. Finally, the individualist pension system (Hong Kong and Singapore) is characterised by genuine fully funded individual accounts, emphasising citizens' own responsibilities for ensuring old-age security. These three types of pension systems demonstrate distinct institutional characteristics and policy outcomes, illustrated by the juxtaposition of their institutional structures, as well as by the comparison of key indicators collected from government reports and Organisation for Economic Co-operation and Development (OECD) statistics. The paper concludes with a theoretical reflection of East Asian pension policies and a diagnosis of the distinct challenges confronted by each of the various pension patterns. (RH)

İSSN: 0144686X

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

254/70 Regimes, social risks and the welfare mix: unpacking attitudes to pensions and childcare in Germany and the UK through deliberative forums; by Peter Taylor-Gooby, Jan-Ocko Heuer, Heejung Chung (et al).: Cambridge University Press.

Journal of Social Policy, vol 49, no 1, January 2020, pp 61-79.

Modern welfare regimes rest on a range of actors - state, market, family/households, employers and charities - but austerity programmes diminish the contribution of the state. While changes in this 'welfare mix' require support from the population, attitude studies have focused mainly on people's views on state responsibilities, using welfare regime theory to explain differences. This paper contributes to our understanding of the welfare mix by including other providers such as the market, the family or employers, and also introduces social risk theories, contrasting new and old risks. Regime theory implies differences will persist over time, but risk theory suggests that growing similarities in certain risks may tend to promote international convergence. This article examines attitudes to the roles of state, market, family, charity or community and employer for pensions and childcare in Germany and the UK. The

authors collected data using deliberative forums, a new method in social policy research that allows citizens space to pursue extended lightly moderated discussion, and permits researchers to analyse people's justifications for their attitudes. This research indicated patterns of convergence, especially in preferences for childcare, but that regime predominates in people's justifications for their attitudes: regime differences in attitudes are resilient. (RH)

Tipping the scales: exploring austerity and public health in Spain; by International Longevity Centre UK

ISSN: 00472974

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

PHYSICAL ACTIVITY

(See 254/6)

254/71

PUBLIC HEALTH

- ILC-UK. London: International Longevity Centre UK - ILC-UK, January 2020, 16 pp.

Spain experienced a "golden decade" between 1997 and 2007, which was brought to an end with the impact of the global financial crisis. This report follows on from the ILC report, 'Public health in Europe during the austerity years', and is part of a series outlining the situation of public health in four key countries particularly affected by the fallout from the financial crisis. The report notes that during the period of austerity, Spain's health system was transformed to an employment-based insurance model, which significantly limited accessibility for people during a time of unprecedentedly high unemployment. As a result, many residents lost their entitlement to comprehensive care. The reduction in government health expenditure led to a decrease in healthcare facilities. The proportion of people

reporting bad health also fluctuated between 2008 and 2015, although it remained smaller than that reported between 2008 and 2008. Bar charts and graphs based on selected statistics from OECD and Eurostat support the report's findings. The data does not show any immediate impact of economic recession and austerity measures on deaths related to chronic illness. However, the full impact of the recession and subsequent cost-cutting measures for social inequalities and public health in Spain remains

to be seen. (RH)

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

https://ilcuk.org.uk/tipping-the-scales-exploring-austerity-and-public-health-in-spain/

Tipping the scales: exploring austerity and public health in the UK; by International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, January 2020, 18 pp.

As the second largest economy in Europe and a major centre of finance, the UK was heavily afflicted by the 2008 financial crisis. In 2010, the incoming Coalition Government adopted austerity measures as a means of controlling the escalating budget deficit. This report follows on from the ILC report, 'Public health in Europe during the austerity years', and is part of a series outlining the situation of public health in four key countries particularly affected by the fallout from the financial crisis. The report finds that while the full impact of austerity on public health may not be seen for many years, the percentage of the UK population reporting good health fell significantly during the austerity years. While the NHS avoided significant cuts during the austerity period, cuts in other areas of social spending indirectly affected public health in the UK. Bar charts and graphs based on selected statistics from OECD and Eurostat support the report's findings. (RH)

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

https://ilcuk.org.uk/wp-content/uploads/2020/01/Tipping-the-scales-Exploring-austerity-and-public-health-in-the-UK.docx.pdf

health in Greece. The long-term impact of the crisis and subsequent austerity on the Greek health system

Tipping the scales: exploring austerity and public health in Greece; by International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, January 2020, 20 pp. The severity of Greek austerity that followed the financial crisis in 2008 makes it a unique example to study how public health has evolved under adverse economic conditions. This report follows on from the ILC report, 'Public health in Europe during the austerity years', and is part of a series outlining the situation of public health in four key countries particularly affected by the fallout from the financial crisis. Bar charts and graphs based on selected statistics from OECD and Eurostat support the report's findings that, overall, there has not been a significant increase in reports of poor health during the austerity years in Greece. However, the financial crisis was associated with a worsening of self-rated

remains to be seen. (RH) From : ILC-UK, 11 Tufton Street, London SW1P 3QB

https://ilcuk.org.uk/tipping-the-scales-exploring-austerity-and-public-health-in-greece/

QUALITY OF LIFE

(See 254/79)

REMINISCENCE

254/74 Effects of reminiscing about nostalgic smells on the physiological and psychological responses of older people in long-term care facilities; by Sin Rou Fu, Mei Fen Lee, Sheng Jung Ou.: Cambridge University Press.

Ageing and Society, vol <u>40</u>, no 3, March 2020, pp 501-511.

Reminiscence therapy emphasises the importance of using multi-sensory triggers to evoke personal recollections. This study adopted mixed-methods research to explore the effects of reminiscing about nostalgic smells on the physiological and psychological responses of older people in four long-term care facilities in Kaohsiung City, Taiwan. In all, 60 participants were randomly divided into two groups, and each participant was either interviewed regarding their reminiscence about nostalgic smells (experimental group) or were engaged in daily conversation (control group). The results indicated that anxiety and depression symptoms were more effectively relieved in the experimental group than in the control group. Moreover, most of the nostalgic smells recalled by the experimental group were associated with naturally occurring smells. Regarding heart rate variability, the normalised low-frequency of the experimental group decreased significantly. The results verified the utility of using reminiscence about olfactory memories in reminiscence therapy, as this can calm anxiety and lessen depression, which can be very important for older people living in long-term care facilities. (RH) ISSN: 0144686X

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

RESIDENTIAL AND NURSING HOME CARE

(See Also 254/10)

254/75 Development of a consumer experience reporting questionnaire for residential aged care homes in Australia; by Yvonne Wells, Deeirdre Fetherstonhaugh, Kane Norman Solly.: Wiley. Australasian Journal on Ageing, vol 38, no 4, December 2019, pp 267-273.

The objective of this study is to develop and pilot a short interview tool to be implemented by the Australian Aged Care Quality Agency (AACQA) in residential aged care, to inform prospective consumers about the quality of care and services received?the consumer experience report (CER).

Twenty-four questions addressing the four Aged Care Quality Standards were piloted with 140 residents and 48 representatives (including 27 resident-representative pairs). A method for approximating random selection was also trialled. Fifty-two residents were interviewed twice, one week apart, and each question's usability was rated by 11 surveyors and two interpreters. Selection criteria for questions included consumer preference, test-retest reliability, resident-representative agreement, usability and low missing data. Findings were that nineteen questions performed well on missing data, 16 on test-retest, 17 on resident-representative agreement and 12 on usability. Ten quantitative and two open-ended questions were selected.

The CER questions proved suitable to collect data systematically on consumer experience in residential aged care. AACQA (now the Aged Care Quality and Safety Commission) uses the CER interview to support their audit process, and aggregated results are published online.

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

254/76 How is the emerging role of domiciliary physiotherapists who treat residents with dementia in nursing homes perceived by allied health professionals?: A phenomenological interview study; by Clare McCarroll, Catherine van't Riet, Mary Halter.: Wiley.

Health and Social Care in the Community, vol 28, no 1, January 2020, pp 279-290.

The aim of this paper is to report on an interpretivist qualitative exploration of the perceptions of both the providers of and referrers to domiciliary physiotherapy for residents with dementia in nursing homes in London. In 2015, the authors conducted semi-structured interviews with 10 purposively sampled participants? two were providers of physiotherapy for residents with dementia in nursing homes, five were referrers to these providers and three occupied dual roles. A thematic analysis of the verbatim transcripts identified three main themes. First were perceptions of a multifaceted but unclear role, focused on both conventional ?physical? physiotherapy interventions and specialist care, the latter being reliant on knowledge and confidence that physiotherapists did not always feel they possessed. Second were the stated challenges to the role, including the focus and organisation of the nursing home setting, with perceived lack of emphasis on rehabilitation; the progressive and demanding nature of dementia itself; a lack of continuity of nursing home and visiting health professional staff with associated need to entrust physiotherapy intervention to multiple others and the final challenge was the difficulty measuring impact. Third, despite the challenges, enablers of the role were experienced, namely collaborative working and positive previous experiences of referrers. Joining these themes were underpinning concepts of complexity and uncertainty in relation to the physiotherapy role in this setting. This paper highlights a need for enhanced collaborative working in clinical practice, enabled at organisational level, to help address some of the uncertainties expressed around the physiotherapists? role with residents with dementia in nursing homes and thereby enable improvements to processes and outcomes of their interventions.

ISSN: 09660410 From: http://www.wileyonlinelibrary.com/journal/hsc How should the Equality Act be applied in care homes?; by Lynne Phair.: Investor Publishing. Journal of Dementia Care, vol <u>28</u>, no 1, January/February 2020, pp 16-17.

Under the Equality Act 2010, public bodies and those who provide goods or services are required to ensure that there is no discrimination against people with protected characteristics, such as a disability. People with dementia therefore qualify for protections given by this Act. In the first of two articles, the author considers how the Act should be applied in care settings, and asks: is the desire for a home from home environment discriminatory? (RH)

ISSN: 13518372

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

Moving into a care home: how is the decision made?; by Laura Cole, Kritika Samsi, Jill Manthorpe.: Investor Publishing.

Journal of Dementia Care, vol 28, no 2, March/April 2020, pp 20-21.

When is the right time to move to a care home? Is there a right time at all? The authors interviewed care home managers, who said that factors other than dementia severity counted most. The authors concluded that there is no best or optimal time, since moving is as individual decision which is affected by family carers' financial constraints, of which care home managers were all too aware and counselled relatives accordingly. This research was funded by the National Institute for Health Research (NIHR) School for Social Care Research. (RH)

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

RETIREMENT

Assessing the impact of partial early retirement on self-perceived health, depression level and quality of life in Belgium: a longitudinal perspective using the Survey of Health, Ageing and Retirement in Europe (SHARE); by Jacques Wels.: Cambridge University Press.

Ageing and Society, vol 40, no 3, March 2020, pp 512-536.

For about 20 years, Belgium has successfully implemented working-time reduction policies for the older workforce. However, the impact of such policies on health has not been explored yet. The author uses longitudinal data for 1,498 respondents aged 50+ from Waves 5 and 6 of the Survey of Health, Ageing and Retirement in Europe (SHARE) to assess whether working-time reduction in late career is associated with a change in self-perceived health, depression (EURO-D) and quality of life (CASP-12). For that purpose, ordered logit and ordinary least squares regressions are performed, using four different models for defining working-time reductions. Results show that people reducing working time, with or without additional social benefits, tend to have a poorer self-perceived health at follow-up compared with people keeping the same or increasing working time. By comparison, people moving to retirement are more likely to present a better self-perceived health, depression level and quality of life compared to those who increase or keep the same working-time level. Although introducing an interaction effect, the paper shows that, in addition to social benefits, the change in quality of life for respondents reducing working hours tends to be less negative for those who wished to retire early at baseline than for those who did not (RH)

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

Life transitions and leisure activity engagement among older Americans: findings from a national longitudinal study; by Yura Lee, Iris Chi, Jennifer A Ailshire.: Cambridge University Press. Ageing and Society, vol 40, no 3, March 2020, pp 537-564.

One of the major aspects of successful ageing is active engagement in later life. Retirement and widowhood are two significant life transitions that may largely influence leisure engagement patterns among older adults. Limited findings exist regarding the impact of life transitions on leisure activity engagement, due to the scarcity of longitudinal data with repeated measurement of older individuals' leisure engagement. This study longitudinally examined changes in leisure activity engagement as influenced by retirement and widowhood using five waves of national panel data from the Health and Retirement Study (HRS) and its supplementary Consumption and Activities Mail Survey (CAMS). Multi-level modelling was conducted, with retirement and widowhood status as time-varying variables. Socio-economic status, depressive symptoms, cognitive function, self-rated health and functional limitations were also included as time-varying and time-invariant covariates. Findings show that engagement in mental, physical, social and household activities significantly decreased during an eight-year period. Moreover, transition from working to retired status was associated with increased engagement in mental, social and household activities, but decreased engagement in physical activities among men only. Transition from married to widowhood status was associated with decreased engagement in household activities among women only. Encouraging active leisure engagement among individuals who experience either or both life transitions may help maintain their health after transition. (RH)

ÌSSN: 0144686X

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

SENSORY LOSS

254/81 The mediating roles of functional limitations and social support on the relationship between vision impairment and depressive symptoms in older adults; by Xiuquan Gong, Zhao Ni, Bei Wu.: Cambridge University Press.

Ageing and Society, vol 40, no 3, March 2020, pp 465-479.

Vision impairment is prevalent and it is strongly associated with depressive symptoms in older adults. Using data from a probability-based sample of 1,093 adults aged 60 and older in Shanghai, China, the authors investigated the mediating roles of functional limitations and social support on this association. Structural equation models were used to examine the structural relationships among sets of variables simultaneously, including vision impairment, activities of daily living (ADLs), instrumental ADLs (IADLs), friends support, family support, relatives support and depressive symptoms. The bootstrapping method and the program PRODCLIN were used to test the indirect effects of these variables. The study found that vision impairment was directly associated with a higher level of depressive symptoms, and the association was partially mediated by functional limitations (IADLs) and social support (friends support). The study demonstrates that improving social support from friends and enhancing social participation for visually impaired older adults can reduce depressive symptoms. More importantly, this study contributes to the knowledge of mediating mechanisms between vision impairment and depressive symptoms. (RH)

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SOCIAL CARE

254/82 Growing Older in Social Work: Perspective on Systems of Support to Extend Working Lives: Findings from a UK Survey; by Paula McFadden, John Moriarty, Heike Schröder, Patricia Gillen, Gillian Manthorpe and John Mallett.

The British Journal of Social Work, bcz165, January 2020.

Social work, like many other human service professions, is ageing. This article reports and discusses the findings of a UK social work survey undertaken in 2018 (1,397 responses). It investigated how organisational policies and individual factors were affecting individual social workers? decisions about working in later life. The survey measured (i) social workers? attitudes to ageing at work and self-reported planning around retirement; (ii) mental health and well-being, quality of working life and home and work interface and (iii) intention to leave work and retirement planning. Statistical analysis enabled examination of how the interrelationship of these factors and relevant individual characteristics interact within the systemic work environment. Findings revealed that all participants had considered factors that might cause them to retire early. Framing the findings in an ecological conceptual model suggests that age-inclusive professional and organisational cultures, age-positive human resource management, support from line managers, fair working conditions and the ability to manage health and well-being, might enable social workers to extend their working lives in line with government policy. These findings provide insights for social work workforce policymakers and for employers to assist in their development of organisational and individual adjustments to sustain well-being in the social work profession.

From: https://doi.org/10.1093/bjsw/bcz16

SOCIAL NETWORKS

(See Also 254/81)

254/83 The 100-year family: longer lives, fewer children; by Les Mayhew, David Smith, International Longevity Centre UK - ILC-UK; Cass Business School, City, University of London. London: International Longevity Centre UK - ILC-UK, February 2020, 54 pp.

The authors look into how the role and resilience of the family in the UK has changed over time, including experiences of increasing pressures from external demographic and economic forces. They investigate these effects using a novel approach based on survivorship (the probability of living to a given age) and how trends in survival and fertility affect individual families. They propose a new way to define 'family' (through kinship), using a framework flexible enough to model a range of family structures and situations. Their analysis and use of ONS life table data is based on a 100-year time frame which shows how each generation is affected by changes in fertility rates and life expectancy, anchored to the year of birth of the 'focal woman', on whose life expectancy and fertility rate the family's future structure, size and longevity are dependent. The report also covers the provision of care for different family members during the focal woman's life and the dependencies that arise. The authors introduce the concept of 'family accounting', a tool used in this instance for evaluating periods of overlapping caring responsibilities arising from births, deaths, illnesses and disabilities. Annexes provide technical notes on methods regarding family survival analysis, fixed-length lives and estimated age of inheritance. (RH)

From: https://ilcuk.org.uk/the-100-year-family/ ILC-UK, 11 Tufton Street, London SW1P 3QB.

254/84 Social network types and cognitive decline among older Korean adults: a longitudinal population-based study; by Young Bum Kim, Seung Hee Lee.: Wiley. International Journal of Geriatric Psychiatry, vol <u>34</u>, no 12, December 2019, pp 1845-1854.

Social networks (SNs) have been known to impact on cognitive function in late life. However knowledge regarding the link between SNs of various types and cognitive decline (CD) is limited. This study's aim was to investigate which types of SN are associated with reduced risk of CD two years later among community-dwelling older adults. Secondary analysis of data from 1,960 cognitively intact adults 65 years of age or older who participated in the Korean Longitudinal Study of Aging (KLoSA) was employed. K-means cluster analysis was conducted to derive SN types using seven common SN characteristics (marital status, living with children, number of children, frequency of contact with children, frequency of contact with friends, frequency of participation in religious activities and frequency of participation in social groups). Multivariable linear regression analysis regarding the effects of SN type on CD between 2012 and 2014 was conducted, controlling for covariates. K-means cluster analyses identified a model with five types of SN as being most optimal, and they were named diverse/couple, diverse/family, congregant, restricted/married and widowed. The average CD two years later was most pronounced in those in the widowed network. Compared with the widowed, older adults in the diverse/couple network and the congregant network at baseline had a lower risk of CD two years after initial assessment. Overall study findings show that older Korean adults embedded in widowed network types are at risk for CD and suggest the importance of having a spouse and religious group activities in maintaining cognitive function in later life. (JL)

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SOCIAL POLICY AND THEORY

(See 254/70)

TRANSPORT

(See 254/66)

VOLUNTEERING AND THE VOLUNTARY SECTOR

254/85 Improving attitudes to volunteering among older adults: a randomized trial approach; by Michelle I Jongenelis, Ben Jackson, Jeni Warburton (et al).: Sage.

Research on Aging, vol 42, no 2, February 2020, pp 51-61.

Promoting engagement in formal volunteering represents a potential means of facilitating healthy ageing. Given that reluctance to participate in volunteering has been partially attributed to negative perceptions of various aspects of this activity, this study assessed whether trialling volunteering can improve perceptions among older people. Using a parallel-group design, 445 Australians aged 60+ years were randomly assigned to one of two conditions: one in which they were encouraged to trial volunteering, and one in which they were asked to continue their usual activities. Perceptions and attitudes among those in the volunteering condition became significantly more favourable over 6 months, relative to those in the control condition, with this change predicted by several aspects of the volunteering experience (e.g. acquisition of skills, increased social connectedness). Providing access to roles that cater to older people'a learning and social needs appears to be important in improving attitudes toward engaging in voluntary work. (RH)

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