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New Literature on Old Age

EDITOR
Gillian Crosby

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

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

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Subject Headings Page

ABUSE, SAFEGUARDING AND PROTECTION

(See Also 256/48)

256/1 Communication neglect, caregiver anger and hostility, and perceptions of older care receivers' cognitive status and problem behaviours in explaining elder abuse; by Mei-Chen Lin.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 3, June-July 2020, pp 235-258.
The goal of the current study was to examine the roles of communication neglect and caregiver traits (i.e., anger and hostility) in explaining caregivers' tendency to engage in abusive behaviours - specifically, whether such tendency is likely to occur in situations where caregivers perceive older care receivers displaying cognitive impairment or problem behaviours. Two hundred fifty-five informal caregivers completed an online questionnaire via Qualtrics. Treating communication neglect as the mediator, and caregiver anger and hostility as moderators, the results suggested that caregivers who perceived their older care receivers displaying problem behaviours were more likely to engage in communication neglect, which then led to psychological abuse. Moreover, the joint effects of communication neglect and caregiver anger and hostility intensified caregivers' likelihood to commit psychological abuse. These findings provide initial evidence to further investigate the importance of communication neglect and dysfunctional behaviours such as anger and hostility in explaining psychological abuse in informal caregiving for older adults.
ISSN: 08946566
From : http://www.tandfonline.com

256/2 Getting the cues of elder abuse: an identification through dependency and modernization; by Naval Bajpai, Kushagra Kulshreshtha, Prince Dubey, Gunjan Sharma.: Emerald.
Journal of Adult Protection, vol 22, no 3, 2020, pp 119-139.
In the present era of modernisation, social group members interact with each other with selfish and unselfish intents. However, the unselfish means and ends build a long term relationship among people. On the other hand, selfish ends bud out unethical means such as abuses, violence and fights. The situation becomes tough when the same becomes evident among the family relationship and as a consequence the elderly are being treated unfairly. Out of such cases, some are reported and the majority of them remain unreported, which eventually becomes the cause of concern for the social welfare agencies. Thus, this paper aims to examine the elder abuse (EA) tendency in metro, non-metro and religious cities.
For this study, a mixed-method approach is used to develop survey instruments, validate findings using qualitative and quantitative data sources for better generalization of results. The present study explored and confirmed the related factors using exploratory factor analysis and confirmatory factor analysis for the establishment of a valid scale of EA. Further, the difference of perceptions among the elders for abuse across the metro, non-metro and religious cities was statistically checked using the ANOVA and post hoc techniques.
The present study identified the traces of EA and created a comprehensive understanding of it. The present study manifests the prevailing practices of EA in society by discussing the demerits of dependency and modernization. Moreover, the present study assesses the pervasiveness and the repercussion of dependency and the impact of modernization on EA followed by a discussion on how the victim elders may handle the situation. In the present study, a scale is developed to identify EA because of the dependency of the elderly and the modernisation of society. (Authors' abstract)
ISSN: 14668203
From : www.emeraldinsight.com/loi/jap

256/3 Making any difference?: Conceptualising the impact of safeguarding adults boards; by Michael Preston-Shoot.: Emerald.
Journal of Adult Protection, vol 22, no 1, 2020, pp 21-34.
Criticisms of the effectiveness of Local Safeguarding Children Boards (LSCBs) led to legislative reform in the shape of the Children and Social Work Act 2017. Given parallels between the mandates for LSCBs and Safeguarding Adults Boards (SABs), the onus is on SABs to demonstrate their effectiveness. The purpose of this paper is to explore how SABs might more effectively demonstrate their impact across the range of their mandated responsibilities.
The paper draws on definitions of impact from social work education, healthcare and from university research, exploring their relevance for capturing different types of data regarding the outcomes and impact of SAB activity. The paper also draws on frameworks for the process of capturing data and for implementing strategies designed to change practice and develop adult safeguarding services.
The paper argues that SABs have struggled to identify their impact and need to consider what types of impact they are seeking to demonstrate before choosing methods of seeking to capture that information. The paper also argues that SABs may have given insufficient thought to the process of change management, to the components needed to ensure that desired outcomes are embedded in procedural and practice change.
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

256/4 Screening for elder mistreatment in emergency departments: current progress and recommendations for next steps; by Tony Rosen, Timothy F Platts-Mills, Terry Fulmer.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 3, June-July 2020, pp 295-315.
Emergency Department (ED) visits provide an important but seldom realised opportunity to identify elder mistreatment. Many screening tools exist, including several that are brief and may be effective, but few have been specifically designed for or tested in EDs. In addition to the absence of validated tools, other challenges with implementing ED elder mistreatment screening include difficulty integrating anything longer than a few questions into a busy clinical encounter and resources required to respond to positive screens. The Electronic Health Record (EHR) offers a critical tool to facilitate elder mistreatment screening through required data entry and real-time monitoring of compliance and results. This article describes current work in the field and recommends next steps including design and testing of a two-step screening process, implementation research to accelerate adoption, development of ED-based interventions and referral protocols for positive cases, and consideration of the important role of pre-hospital providers in case identification.
ISSN: 08946566
From : http://www.tandfonline.com

256/5 Trauma from physical and emotional sibling violence as a potential risk factor for elder abuse; by Marcia Spira, Nathan H Perkins, Alicia H Gilman.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 3, April 2020, pp 162-173.
Older adults who are the victims of previous physical and emotional sibling violence may be more vulnerable to acts of elder abuse. Research establishes that elder abuse is traumatic, as is sibling violence. However, little is known regarding the likelihood of victims of sibling violence becoming victims of elder abuse. To date, no research has identified the trauma associated with sibling violence to be a risk factor for experiencing elder abuse. This conceptual article describes the potential influence of trauma due to sibling violence on later vulnerability to elder abuse. The paper presents definitions of sibling violence, elder abuse, etiology, and risk factors as well as descriptions of trauma associated with elder abuse and sibling violence. The impact of the trauma of sibling abuse as a potential risk factor for elder abuse is discussed. Finally, practical implications and directions for future research in this area are presented.
ISSN: 01634372 From : http://www.tandfonline.com

256/6 Using diffusion of innovations framework to examine the dissemination and implementation of the adult protective services national voluntary consensus guidelines; by Julie Bobitt, Julie Carter, Jamie Kuhne.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 3, June-July 2020, pp 201-216.
The National Voluntary Consensus Guidelines for Adult Protective Services (APS) were released in 2016 by the Administration for Community Living. These Guidelines help standardize systems to ensure the protection of older adults and adults with disabilities against abuse, neglect, and financial exploitation. Since their release, the extent to which state APS programs are aware of and using the Guidelines is unknown. This study examined the dissemination and implementation of the Guidelines across APS programs in the US. Researchers used the Diffusion of Innovations Theory to develop a survey sent to APS directors in all states. Forty-two states responded, and results were used to select a subset of states in which to conduct in-depth interviews. Awareness of the Guidelines was widespread but varied. Reported use of the Guidelines indicates that states are working to incorporate them into their practices. Respondents identified the need for more research and training in evidence-based practices.
ISSN: 08946566 From : http://www.tandfonline.com

ACTIVE AGEING

256/7 Controlling active ageing: a study of social imaginaries of older people in Chile; by Cynthia Meersohn Schmidt, Keming Yang.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1428-1454.
A key issue in understanding the social lives of older people is how active they are in coping with the demands of ageing. Often the 'successfulness' of ageing is measured with medical and biological criteria. While the notion of 'active ageing' is more appealing and neutral, its meaning is often obscured, fragmented or inconsistent. The aims of this study were to establish 'active ageing' as a process in which older people try to take control of their lives by conforming to or resisting different social imaginaries of later life, and to explore individuals' strategies for making the best use of available resources and fending off potential risks of social exclusion. The authors adopted a two-stage research design. First, they produced artistic images that corresponded to social imaginaries of tensions in ageing in three social domains (politics, mass media and older people). Then, they used these images as stimuli in interviews with a balanced sample of 32 middle-aged and older residents of Santiago, Chile, to discover their strategies for coping with these tensions. Although imaginaries of ageing tended to describe ageing in terms of restrictions and stereotypes, the study found diverse and increasingly flexible life projects and expectations of activity in later life.
ISSN: 0144686X From : http://www.cambridge.org/aso

AGEING IN PLACE

(See Also 256/11, 256/41, 256/42, 256/43, 256/44, 256/45, 256/46)

256/8 Circles of support: social isolation, targeted assistance, and the value of ageing in place for older people; by Emma Bolton, Rod Dacombe.: Emerald.
Quality in Ageing and Older Adults, vol 21, no 2, 2020, pp 67-78.
This study aims to explore the experiences of older people 'ageing in place', focussing on the implementation of 'Circles of Support', a pilot intervention aimed at mitigating the risk of hospitalisation amongst socially-isolated older people.
The study draws on qualitative research, taking in semi-structured interviews with participants in the intervention and with community networkers involved in delivering the programme.
The research provides indicative findings supporting the idea that social isolation is linked to health issues amongst older people. It also suggests that targeted interventions can go some way to mitigating this problem. The findings presented here also indicate the importance of a deeper understanding of the lived experiences of socially-isolated older people in designing and delivering interventions.
ISSN: 14717794 From : http://www.emeraldinsight.com/loi/qaoa

AGEISM AND AGE DISCRIMINATION

(See Also 256/30)

256/9 Sticks and stones: perceived age discrimination, well-being, and health over a 20-year period; by Jeffrey E Stokes, Sara M Moorman.: Sage.
Research on Aging, vol 42, nos 3-4, March-April 2020, pp 115-125.
Perceived age discrimination may have behavioural and psychological implications for adults' physical as well as mental health. This 20-year longitudinal study of 3,034 adults in middle and later adulthood in the United States finds that discrimination in general can be harmful both between and within people, that is, the experience of being exposed to discrimination and the effects it has on an individual's personality and other internal characteristics. (NH)
ISSN: 01640275 From : https://doi.org/10.1177/0164027519894875

ALCOHOL AND DRUG MISUSE

(See Also 256/34, 256/35)

256/10 Denial of alcohol treatment need among baby boomers across time: implications for social work; by Adam Quinn.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 3, April 2020, pp 174-188.
As baby boomers continue to enter older adulthood in the coming decades, research suggests that this cohort is expected to exhibit changes in alcohol usage and treatment need patterns compared to previous older-adult cohorts. The literature suggests that unmet alcohol treatment need may be related to denial of treatment need among baby boomers who possess a diagnosable alcohol-use disorder (AUD). Therefore, this study explores potential risk and protective factors predicting alcohol-use among baby boomers who deny treatment need at two time periods. Data was obtained from the National Survey of Drug and Health (NSDUH). Variable selection procedures were performed at each time period, resulting in two predictive models for baby boomers who denied alcohol treatment need when treatment was indicated by a concurrent diagnosable alcohol-use disorder. The primary findings suggest that generalized, nonspecific alcohol treatment may be ineffective for treating AUD baby boomers who deny alcohol treatment need. Rather, as baby boomers continue to enter older adulthood, individualized specialty treatments may be needed in order to provide effective alcohol treatment for this unprecedentedly large birth cohort.
ISSN: 01634372 From : http://www.tandfonline.com

ARTS, CRAFT AND MUSIC

(See 256/18)

ASSISTIVE TECHNOLOGY

256/11 Determinants of information communication and smart home automation technology adoption for aging-in-place; by Sajay Arthanat, Hong Chang, John Wilcox.: Emerald.
Journal of Enabling Technologies, vol 14, no 2, 2020, pp 73-86.
Smart home (SH) internet of things can promote home safety, health monitoring and independence of older adults to age-in-place. Despite its commercial growth, low adoption rates of the technology among aging consumers remain a major barrier. The purpose of this study is to examine SH technology ownership of older adults and its causal pathways with demographics, health and functioning, home

safety and information communication technology (ICT) use.
A survey on technology-mediated aging-in-place was completed by 447 respondents, 65 years and older. Structural equation modeling was used to underscore the causal pathways among demographics, health, independence and home safety, ICT and home automation technology adoption.
The study finds that ICT usability, home security and independence have a significant direct effect on SH ownership. Demographics have no significant direct effect, but its influence is mediated through ICT usability. With home safety as mediator, physical impairment, falls and accidents and independence have a significant association with SH ownership. Similarly, increased social support (mediated through home security) decreases the probability of SH automation ownership.
ISSN: 23986263
From : http://www.emeraldinsight.com/loi/jet

256/12 Immersive virtual reality and persons with dementia: a literature review; by Joe Strong.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 3, April 2020, pp 209-226.
Dementia of any type is incurable and treatment is primarily focused on slowing its progression and managing symptoms, typically accomplished through a combination of medication and lifestyle factors. Social workers are uniquely positioned to suggest new and innovative strategies for improving the quality of life. Technology opens a variety of options, and virtual reality is one of the more recent additions to the available toolkit. This review describes the state of the literature as it relates to the use of immersive virtual reality technology with persons with dementia. One hundred fifty-eight articles were returned by keyword search, but just three of those used modern virtual reality systems. Each of the three studies found positive results in their respective uses of virtual reality with persons with dementia. VR was well tolerated by participants and engagement was high, though sample sizes were small across studies. Results demonstrated immersive VR is a viable pathway for a variety of novel interventions with this population, but more research using modern immersive devices is required. Social workers in a variety of care settings can build on these early findings and develop an array of novel palliative and leisure-time experiences for this population.
ISSN: 01634372
From : http://www.tandfonline.com

256/13 Technology and social care in a digital world: challenges and opportunities in the UK; by Kate Hamblin.: Emerald.
Journal of Enabling Technologies, vol 14, no 2, 2020, pp 115-125.
Technology enabled care (TEC) equipment has been a part of adult social care (ASC) in most areas of the UK for decades. More recently, commissioners have been exploring mainstream technologies' potential to support older people living in the community. The purpose of this paper is to examine the challenges and opportunities presented by the growing application of mainstream technologies in ASC against the backdrop of the planned UK-wide switchover from analogue to digital telecommunications by 2025.
This general review uses research evidence, literature, industry standards and policy documents to address the challenges presented by the UK's digital switchover and the potential role of mainstream technologies such as 'smart speakers' in ASC.
It finds that the use of digital TEC and mainstream devices in ASC brings challenges related to access to reliable internet connections in parts of the UK; the need to update TEC safety standards; the ethics, privacy and data security measures that ensure digital products and services safeguard the interests of users; and evidence and commissioning practice.
ISSN: 23986263
From : http://www.emeraldinsight.com/loi/jet

256/14 That's for old so and so's!: does identity influence older adults' technology adoption decisions?; by Arlene J Astell, Colleen McGrath, Erica Dove.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1550-1576.
The role of identity in older adults' decision-making about assistive technology adoption has been suggested but not fully explored. This scoping review was conducted to better understand how older adults' self-image and their desire to maintain this, influences their decision-making processes regarding assistive technology adoption. Using the five-stage scoping review framework by Arksey and O'Malley, a total of 416 search combinations were run across 9 databases, resulting in a final yield of 49 articles. From these 49 articles, five themes emerged: (1) Resisting the negative reality of an ageing and/or disabled identity; (2) Independence and control are key; (3) The aesthetic dimension of usability; (4) Assistive technology as a last resort; and (5) Privacy versus pragmatics. The findings highlight the importance of older adults' desire to portray an identity consistent with independence, self-reliance and competence, and how this desire directly impacts their assistive technology decision-making adoption patterns. These findings aim to support the adoption of assistive technologies by older adults to facilitate engagement in meaningful activities, enable social participation within the community, and promote health and well-being in later life.
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ATTITUDES TO AGEING

(See 256/18, 256/52)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 256/20, 256/32, 256/51, 256/58)

256/15 Do household living arrangements explain gender and ethnicity differences in receipt of support services?: Findings from LiLACS NZ Maori and non-Maori advanced age cohorts; by Hilary Lapsley (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 1004-1020.
Services providing practical support are a key component in the spectrum of social care assisting older people to age in place. Te Puawaitanga o Nga Tapuwae Kia Ora Tonu/Life and Living in Advanced Age: A Cohort Study in New Zealand (LiLACS NZ), a longitudinal study of Maori and non-Maori in advanced age, aims to determine predictors of successful ageing and to understand trajectories of health and wellbeing. This paper investigates whether household living arrangements (living alone or with others) might explain previously reported gender and ethnic differences in support service utilisation. We had shown that women and non-Maori received more services than men and Maori despite better health. The results of analyses in this paper show that, as expected, poorer physical function led to increased service use. After controlling for functional status, household living arrangements (living alone) were the next strongest driver of service use. In a fully adjusted model, previously observed differences around gender and ethnicity were no longer significant predictors of support service use. However, gender and ethnicity do shape living arrangements in advanced age. Women in advanced age are more likely to live alone, consequently needing more outside support, whereas men are more likely to have a spouse/partner able to provide care. Maori are more likely to live in multigenerational households, the care available at home meaning they are less likely to qualify for formal support. This study points to a need for understanding how gender and ethnicity interact with living arrangements and suggests that inequities may not be absent when the presence of others in a household renders an older person ineligible for formal care.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/16 Older Aboriginal men creating a therapeutic Men's Shed: an exploratory study; by Terrance Cox (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1455-1468.
Men's Sheds are entrenched throughout Australian and international communities due to their popularity in attracting mainly older men to come together and undertake various social and workshop activities. A growing body of research has emerged where men associate regular Shed participation with improved social, emotional and physical wellbeing. However, few studies have examined Aboriginal men's engagement in Men's Sheds. This article reports on a study that investigated how a cohort of older Aboriginal men from one rural Tasmanian community consider the benefits of engaging in their local Shed. A community-based participatory research approach was developed in consultation with Aboriginal community leaders to ensure the study supported the community's expectations. Interview data from ten Aboriginal men combine to represent the Shed environment as an enabling therapeutic landscape, with key themes represented as domains of belonging, hope, mentoring and shared illness experiences. Shed activities were premised on these men co-creating an informal, culturally safe and male-friendly community environment to enjoy the company of other men. The created Shed environment was mutually beneficial as the participants reported improved wellbeing despite living with the effects of declining health and ageing. The findings inform Aboriginal communities and health-care stakeholders to consider the unique role of Men's Sheds for enhancing the health of an ageing male population.
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CARERS AND CARING

(See Also 256/31, 256/61, 256/66)

256/17 Maintaining the caring self and working relationships: a critically informed analysis of meaning-construction among paid companions in long-term residential care; by Laura M Funk, Linda Outcalt.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1511-1528.
In Canadian residential long-term care, paid companion services are increasingly viewed as helping to meet older adults' psychosocial needs. Complimenting the critique of these services from a political economy perspective, analyses of companions' talk about their work can illuminate not only why

companions stay in devalued and often invisible work, but also how social assumptions and circulating narratives about nursing homes and older adults are implicated in this process. In this article we draw on in-depth analyses of interviews with both companions and organizational representatives. We interpret companions' accounts in relation to their need to justify the necessity for their work to their employers (families), to nurture good relationships with the facilities in which they work, and to maintain a sense of identity as a responsible, conscientious and 'caring self' (Stacey 2011). In this way, these precarious workers inadvertently reproduce dominant narratives, including those that stigmatize dementia and residential care and facilitate the privatization of person-centred, relational care. Organizational representatives generally reproduce similar assumptions about care responsibilities, in a context in which facilities are increasingly challenged to meet a range of resident needs. Discussion highlights tensions around responsibility for psychosocial care in nursing homes, highlighting organizational vested interests in avoiding risk and downloading responsibilities to families and to private, independent and temporary workers.
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From : http://www.cambridge.org/aso

CENTENARIANS

256/18 Centenarians: a film review; by Lauren Price, Alison Larsen.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 3, April 2020, pp 250-252.
This short documentary is one episode in an Australian series called "You Can't Ask That" where individuals electronically submit questions that they have always wanted to ask a specific demographic. In this episode, eight older adults, over the age of 100, are asked questions such as "why aren't you dead yet?" and "when did you last have sex?" Although some of the questions are silly and lighthearted, others such as "what's it like watching all of your friends die?" really strike a chord with the interviewees. Centenarians give some good life advice throughout the 26 minute episode, but their words of wisdom will stay with many for a lifetime.
ISSN: 01634372
From : http://www.tandfonline.com

256/19 Just another day: the lived experience of being a hundred years old for ten New Zealanders; by Ashwina Ratan, Kay de Vries.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1387-1404.
The aim of this study was to gain an understanding of the experiences of extended longevity as perceived by centenarians. Centenarians (people over 100 years of age) are the fastest growing group of the ageing population in developed countries. Ten centenarians aged between 100 and 106 years, living in the Lower North Island of New Zealand, participated in the study. The biographical narrative interpretive method of inquiry guided data collection through face-to-face interviews, and thematic analysis was subsequently undertaken. Four themes were identified: (a) 'becoming a centenarian': 'Just another day'; (b) 'growing up in a privileged environment' that revealed four sub-themes: 'having freedom and choice', 'being loved and nurtured', 'living healthy lifestyles' and having 'good education prospects'; (c) 'unique opportunities in adult life'; and (d) 'positive ageing and celebration of longevity'. The centenarians spoke nonchalantly about their experience of turning 100 and positive personalities were prominent features of the participants, who all expressed a sense of acceptance and satisfaction with life and contentment with living in the present, a feature throughout their lives that was ongoing and at an intergenerational level. This study has provided further insights into the existing literature on longevity and through the narratives of the centenarians has demonstrated the value of Erikson's psycho-social stages of development and Tornstam's theory of gerotranscendence when considering positive ageing.
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DEMENTIA

256/20 The Barts Explanatory Model Inventory for Dementia: an item reduction approach based on responses from South Asian communities; by Eleni Kampanellou, Mark Wilberforce, Angela Worden, Clarissa Giebel, David Challis, Kamaldeep Bhui.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 8, August 2020, pp 916-925.
Cultural differences in how the symptoms, causes, consequences, and treatments of dementia are understood and interpreted by South Asian people are a commonly expressed reason for late- or nonuse of mental health and care services. However, systematic collection of information on South Asian perceptions of dementia is hindered by a lack of appropriate instrumentation.
The objectives of this study was to produce a shortened version of the Barts Explanatory Model Inventory for Dementia (BEMI-D) schedule.
A two stage item reduction approach was employed first using multidimensional scaling categorizing items as core, intermediate, or outlier. Then, item review was undertaken using three criteria: literature importance, clinical face validity, and sub-group prevalence. The analysis followed a nonmetric

multidimensional scaling method based on a two-way proximity matrix.
The original BEMI-D had 197 items allocated to four checklists: symptoms, causes, consequences, and treatments. The two stage item reduction approach resulted in the removal of 75 items. These reductions were achieved across all four checklists in relatively equal proportions. There was no evidence of substantive content loss in the revised schedule. The reduced version of the schedule comprises 122 items.
A condensed version of the BEMI-D is more efficient as an assessment schedule that captures the culturally diverse perceptions of memory problems for South Asians offering a balanced trade-off between feasibility of use and content validity.
ISSN: 08856230
From : http://www,orangejournal.org

256/21 Development and preliminary validation of the Meaningful and Enjoyable Activities Scale (MEAS) in mild dementia; by Remco Tuijt, Phuong Leung, Eleni Profyri, Vasiliki Orgeta.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 8, August 2020, pp 944-952.
Engaging in meaningful activity is an important contributor to well-being in late life. This study aimed to develop a new measure of meaningful and enjoyable activities in people living with mild dementia The study consisted of four phases: (a) a review of measures of meaningful activity in older people; (b) interviews with people with dementia and their carers (n = 32), (c) expert opinion; and (d) feasibility testing in a pilot randomised controlled trial (n = 63).
The development process resulted in a 20-item questionnaire. The Meaningful and Enjoyable Activities Scale (MEAS) evidenced appropriate levels of internal consistency alpha = .79). Higher scores correlated with higher functional independence (r = -.605, P .001), patient (r = .330, P = .010) and carer-rated patient quality of life (r = .505, P .001). Multiple regression analyses showed that functional independence made a significant independent contribution in predicting higher levels of meaningful activity (F[7,45] = 6.75, P .001, R-squared = .512; Beta = -.444, P = .001). Confirmatory factor analysis indicated that a revised three-factor 9-item model provided good fit for the data (Chi-squared = 22.74, P = .54, GFI = 0.93, RMSE = 0.00), with leisure-time physical activity, social engagement and mentally stimulating activities as the key dimensions.
The study provides support for the construct of meaningful activity in people with mild dementia. Although preliminary evidence indicates that the MEAS has adequate psychometric properties, future large scale studies are required to test its validity further and responsiveness to change.
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256/22 Prevalence and determinants of loneliness in people living with dementia: findings from the IDEAL programme; by Christina R Victor, Isla Rippon, Sharon M Nelis, Anthony Martyr (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 8, August 2020, pp 851-858.
This study aims to establish the prevalence and determinants of loneliness among people living with dementia. Using data from the baseline wave of the Improving the experience of Dementia and Enhancing Active Life (IDEAL) cohort study, the study examines the prevalence and predictors of loneliness in 1547 people with mild-to-moderate dementia. Loneliness was assessed using the six-item De Jong Gierveld loneliness scale.
About 30.1% of people with dementia reported feeling moderately lonely and 5.2% severely lonely. Depressive symptoms and increased risk of social isolation were associated with both moderate and severe loneliness. Those living alone were more likely to experience severe loneliness as were those reporting poorer quality of life. Marital status was not associated with loneliness nor were dementia diagnosis or cognitive function.
This is one of the few large-scale studies to explore the prevalence of and determinants of loneliness among people living with dementia. Social isolation, depression and living alone were associated with experiencing loneliness. Longitudinal studies are needed to determine the directionality of these associations.
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DEMENTIA CARE

(See Also 256/12, 256/22, 256/67)

256/23 Bridging the divide: the adjustment and decision-making experiences of people with dementia living with a recent diagnosis of cancer and its impact on family carers; by Lorna McWilliams, Caroline Swarbrick, Janelle Yorke, Lorraine Burgess, Carole Farrell, Gunn Grande, Sarah Bellhouse, John Keady.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 944-965.
The risk of living with dementia and, separately, cancer, increases exponentially with age. However, to date, there is a paucity of research investigating the experiences of people living with both these conditions. This study used semi-structured interviews to explore the decision-making and treatment options for people who live with both dementia and cancer. In total, ten people living with both dementia and cancer (aged 39-93 years) and nine family carers were interviewed. Braun and Clarke's approach

to thematic analysis was used together with framework matrices to organise the data. In this article four sequential and descriptive themes are presented. 'Reaching a diagnosis of cancer' describes the vital role that family carers play in encouraging the person with dementia to seek an explanation for their presenting (undiagnosed cancer) symptoms to their general practitioner. 'Adjusting to the cancer diagnosis when living with dementia' outlines a variety of emotional and practical responses to receiving news of the diagnosis. 'Weighing up the cancer treatment options' highlights the different decisions and circumstances that family carers and people living with both dementia and cancer are faced with post-diagnosis. 'Undergoing cancer treatment' shares the finding that cancer treatment decision-making was not straightforward and that people living with both dementia and cancer would often forget about their cancer and what procedures they had been through.
ISSN: 0144686X From : http://www.cambridge.org/aso

256/24 Empowering better end-of-life dementia care (EMBED-Care): a mixed methods protocol to achieve integrated person-centred care across settings; by Elizabeth L Sampson (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 8, August 2020, pp 820-832.
Globally, the number of people with dementia who have palliative care needs will increase fourfold over the next 40 years. The Empowering Better End-of-Life Dementia Care (EMBED-Care) Programme aims to deliver a step change in care through a large sequential study, spanning multiple work streams.
The study will use mixed methods across settings where people with dementia live and die: their own homes, care homes, and hospitals. Beginning with policy syntheses and reviews of interventions, it will develop a conceptual framework and underpinning theory of change. The study will use linked data sets to explore current service use, care transitions, and inequalities and predict future need for end-of-life dementia care. Longitudinal cohort studies of people with dementia (including young onset and prion dementias) and their carers will describe care transitions, quality of life, symptoms, formal and informal care provision, and costs. Data will be synthesised, underpinned by the Knowledge-to-Action Implementation Framework, to design a novel complex intervention to support assessment, decision making, and communication between patients, carers, and inter-professional teams. This will be feasibility and pilot tested in UK settings. Patient and public involvement and engagement, innovative work with artists, policymakers, and third sector organisations are embedded to drive impact. The study will build research capacity and develop an international network for excellence in dementia palliative care.
EMBED-Care aims to help understand current and future needs, develop novel cost-effective care innovations, build research capacity, and promote international collaborations in research and practice to ensure people live and die well with dementia.
ISSN: 08856230 From : http://www,orangejournal.org

256/25 Everybody S***s: how defecation stigma reduces care quality in dementia; by Leah Hewer-Richards, Dawn Goodall.: Emerald.
Quality in Ageing and Older Adults, vol 21, no 2, 2020, pp 79-87.
This paper aims to raise awareness of the ways in which faecal incontinence can impact the provision of dementia care by examining this through the lens of stigma. It contains a scoping review of available literature relating to faecal incontinence, dementia and stigma. Literature was organised into three themes: the origins of the stigma, the purpose of stigma and the care context. Limitations include the lack of literature discussing faecal incontinence and dementia in relation to stigma. Stigma regarding faecal incontinence has the potential to impact quality of life of people with a dementia and contributes towards the invisible work of unqualified care workers.
ISSN: 14717794 From : http://www.emeraldinsight.com/loi/qaoa

256/26 Facilitating creativity in dementia care: the co-construction of arts-based engagement; by Jane M Robertson, Vikki McCall.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1155-1174.
This paper seeks to understand the engagement of people with dementia in creative and arts-based activities by applying a relational model of citizenship and incorporating concepts of contextual and embodied learning from adult learning theory. A theoretically driven secondary analysis of observational and interview data focuses on the engagement of staff, volunteers and people with dementia during an arts-based intervention in a day centre and care home. The processes through which learning is co-constructed between the person with dementia, staff/volunteer facilitators and peers in the group to co-produce a creative engaged experience involves: increasing confidence for learning, facilitating social and physical connections, and affirming creative self-expression. The role of facilitator is central to the process of creative engagement to reinforce a sense of agency amongst participants and recognise people's prior experiences of learning and engagement in creative activities. People with dementia continue to learn and grow through engagement in creative activities to produce positive outcomes for the individual participants and for the care staff who observe and participate in this creativity. Facilitating creativity requires attention to lifelong experiences of learning in addition to the immediate interactional context to integrate arts-based interventions in dementia care successfully.
ISSN: 0144686X From : http://www.cambridge.org/aso

256/27 The impact of environmental factors on persons with dementia attending recreational groups; by Jiska Cohen-Mansfield.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 2, February 2020, pp 141-146.
The Comprehensive Process Model of Group Engagement posits that personal factors (eg, cognitive function), stimulus factors (eg, group activity content and group size), and environmental factors (eg, light and noise) impact the response to group activities. This paper reports the impact of environmental and group characteristics on engagement, mood, and sleepiness of persons with dementia attending group activities.
The sample included 69 nursing home residents. Environmental contexts of activities included time of day, location, noise, light, and temperature. Outcome variables captured engagement, mood, and sleepiness, observed during 20 group activity sessions. Mixed model analyses were used to examine the impact of environmental and group attributes on the outcome variables.
Background noise and time of day significantly affected outcome variables after controlling for participants' cognitive functioning and group topic. Background noise was related with decreased engagement and increased sleepiness. Activities conducted before noon were associated with increased sleepiness. Group size did not affect the outcome variables. There was little variation concerning temperature and light.
ISSN: 08856230
From : http://www.orangejournal.org

256/28 Non-pharmacological interventions to prevent hospital or nursing home admissions among community-dwelling older people with dementia: a systematic review and meta-analysis; by Den-Ching A Lee, Loredana Tirlea, Terry P Haines.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1408-1429.
Older people with dementia more frequently experience episodes of hospital care, transferal to nursing home and adverse events when they are in these environments. This study synthesised the available evidence examining non-pharmacological interventions to prevent hospital or nursing home admissions for community-dwelling older people with dementia. Seven health science databases of all dates were searched up to 2 December 2019. Randomised controlled trials and comparative studies investigating non-pharmacological interventions for older people with dementia who lived in the community were included. Meta-analyses using a random-effect model of randomised controlled trials were used to assess the effectiveness of interventions using measures taken as close to 12 months into follow-up as reported. Outcomes were risk and rate of hospital and nursing home admissions. Risk ratio (RR) or rate ratios (RaR) with 95% confidence interval were used to pool results for hospital and nursing home admission outcomes. Sensitivity analyses were conducted to include pooling of results from non-randomised trails. Twenty studies were included in the review. Community care coordination reduced rate of nursing home admissions [(2 studies, n = 303 people with dementia and 86 patient-caregiver dyads), pooled RaR = 0.66, 95% CI (0.45, 0.97), I2 = 0%, p = .45]. Single interventions of psychoeducation and multifactorial interventions comprising of treatment and assessment clinics indicated no effect on hospital or nursing home admissions. The preliminary evidence of community care coordination on reducing the rate of nursing home admissions may be considered with caution when planning for community services or care for older people living with dementia.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

256/29 Protocol for the Rare Dementia Support Impact study: RDS impact; by Emilie V Brotherhood (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 8, August 2020, pp 833-841.
The Rare Dementia Support (RDS) Impact study will be the first major study of the value of multicomponent support groups for people living with or supporting someone with a rare form of dementia. The multicentre study aims to evaluate the impact of multicomponent support offered and delivered to people living with a rare form of dementia, comprising the following five work packages (WPs): (a) longitudinal cohort interviews, (b) theoretical development, (c) developing measures, (d) novel interventions, and (e) economic analysis.
This is a mixed-methods design, including a longitudinal cohort study (quantitative and qualitative) and a feasibility randomised control trial (RCT). A cohort of more than 1000 individuals will be invited to participate. The primary and secondary outcomes will be in part determined through a co-design nominal groups technique prestudy involving caregivers to people living with a diagnosis of a rare dementia. Quantitative analyses of differences and predictors will be based on prespecified hypotheses. A variety of quantitative (eg, analysis of variance [ANOVA] and multiple linear regression techniques), qualitative (eg, thematic analysis [TA]), and innovative analytical methods will also be developed and applied by involving the arts as a research method.
The study will capture information through a combination of longitudinal interviews, questionnaires and scales, and novel creative data collection methods. The notion of 'impact' in the context of support for rare dementias will involve theoretical development, novel measures and methods of support interventions, and health economic analyses.
The RDS Impact project will be the first major study of the value of multicomponent support groups for

people living with or supporting someone with a rare form of dementia. The study will capture information through a combination of longitudinal interviews, questionnaires and scales, and novel creative data collection methods.
More than 1000 individuals located across the United Kingdom and internationally who are members of Rare Dementia Support will take part in the project. The project will explore the impact of multicomponent support groups through five areas of enquiry
ISSN: 08856230
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EMPLOYMENT

(See Also 256/17)

256/30 Dimensions of work-related age stereotypes and in-group favoritism; by Verena Kleissner, Georg Jahn.: Sage.
Research on Aging, vol 42, nos 3-4, March-April 2020, pp 126-136.
Examines the effects of age stereotypes in the context of 380 German nurses aged between 19 and 63 years. Older nurses were seen as more competent, less physically strong and less adaptable whereas younger nurses were seen as less reliable, more adaptable and less warm. (NH)
ISSN: 01640275
From : http://www.journals.sagepub.com/home/roa

END-OF-LIFE CARE

(See 256/24)

FAMILY AND INFORMAL CARE

(See Also 256/34, 256/35, 256/36, 256/54, 256/79)

256/31 Caught in the middle of mid-life: provision of care across multiple generations; by Athina Vlachantoni, Maria Evandrou, Jane Falkingham, Madelin Gomez-Leon.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1490-1510.
With a large baby-boomer generation entering mid-later life in the United Kingdom, and families spanning across multiple generations, understanding how individuals support multiple generations is of increasing research and policy significance. Data from the British 1958 National Child Development Study, collected when respondents were aged 55, are used to examine how mid-life women and men allocate their time to support elderly parents/parents-in-law and their own adult children in terms of providing grandchild care, and whether there is a trade-off in caring for different generations. Binary logistic and multinomial regression models distinguish between individuals supporting multiple generations, only one generation or none. One-third of mid-life individuals are 'sandwiched' between multiple generations, by having at least one parent/parent-in-law and one grandchild alive. Among them, half are simultaneously supporting both generations. Caring for grandchildren increases the probability of also supporting one's parents/parents-in-law, and vice versa. More intense support for one generation is associated with a higher likelihood of supporting the other generation. Good health is associated with caring for multiple generations for men and women, while working part-time or not at all is associated with such care provision for women only. Facilitating mid-life men and women in responding to family support demands whilst maintaining paid employment will be critical in fostering future intergenerational support.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/32 Latino grandparents' perception of disagreements with parents in children's leisure time physical activity; by Hui Xie, Linda L Caldwell, Steven Loy.: Sage.
Health Education Journal, vol 79, no 5, August 2020, pp 543-555.
Latino grandparents are often involved in the care and rearing of grandchildren and may help parents in promoting children's leisure time physical activity (LTPA). However, potential disagreements between grandparents and parents may undermine their collaboration and subsequently their support for children's LTPA. The purpose of this study was to explore Latino grandparents' perception of disagreements with parents in children's (age 2-12) LTPA.
Qualitative data were collected from 53 Latino grandparents in Los Angeles County, USA, using four semi-structured focus groups and 26 semi-structured interviews. Transcribed data were systematically and iteratively coded and analysed.
Many Latino grandparents disagreed with parents' sedentary lifestyle, permissive parenting and lack of support for children's LTPA. In addition, Latino grandparents described disagreement with parents in specific issues such as children's LTPA options and safety during LTPA. There were disagreements between Latino grandparents and parents concerning children's LTPA. Health researchers and

practitioners should be aware of those disagreements and consider using education/intervention programmes to reduce the tension between Latino grandparents and parents and increase their collaborative support for children's LTPA.
ISSN: 00178969
From : http://journals.sagepub.com/home/hej

256/33 Receipt of emotional support among rural South African adults; by Elyse A Jennings, Nolwazi Mkhwanazi, Lisa Berkman.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 1039-1063.
As the world undergoes rapid ageing, informal support from friends and relatives is becoming especially important among older adults in middle- and low-income countries, where formalised social protections may be limited. We use new data from a cohort of adults aged 40 and older in rural South Africa to explore how receipt of emotional support differs by gender and marital status. Our findings suggest that women are more likely to get emotional support than men and have more sources of support. Moreover, women are more likely to get emotional support from relatives, whereas men are more likely to get support from friends. In regard to marital status, married people are more likely to get emotional support and have more sources of support than people who are not married. However, separated/divorced and widowed people are more likely to get emotional support from relatives and have more sources of non-spousal support than married people. These findings point towards gaps in informal systems of support, and the particular importance of considering men and unmarried (especially never-married) people when designing policies to offer social protections to older populations.
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From : http://www.cambridge.org/aso

FRAILTY

(See 256/80)

GRANDPARENTS

256/34 Parenting a 6-year old is not what I planned in retirement: trauma and stress among grandparents due to the opiod crisis; by Margot Trotter Davis, Marji Erickson Warfield, Janet Boguslaw, Dakota Roundtree-Swain, Gretchen Kellogg.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 4, May-June 2020, pp 295-315.
There is little research about trauma, financial stress, and social service needs emanating from the experience of parenting grandchildren caused by the opioid crisis in the United States. We conducted a qualitative study with 15 grandparents who currently or in the past had custodial care of their grandchildren. We also interviewed nine issue-related stakeholders in Eastern Massachusetts. Specific inquiries centered on events leading up to a change in guardianship, stressors related to legal, financial, and family issues, and system-wide response to the grandparents' needs. Results indicate that the opioid crisis presents distinct challenges for the grandparent-led families and for the systems that serve the new family arrangement. Crisis triggers a change in guardianship and continues throughout the years. The continued crises stem from events related to the parent's opioid use disorder (OUD) and from expenses related to raising a young family, especially when the grandchild has adverse childhood experiences. Our analysis shows that systems break down on a number of levels, and the fluidity of custodial arrangements due to parents' OUD status does not map onto existing support or benefit systems. Policy responses must focus on the immediate and long-term needs of grandparent caretakers, especially since the opioid crisis is likely to continue. (Authors' abstract)
ISSN: 01634372
From : http://www.tandfonline.com

256/35 Unexpected caregiving in later life: illuminating the narratives of resilience of grandmothers and relative caregivers through photovoice methodology; by Moshoula Capous-Desyllas, Nayeli Perez, Teresa Cisneros, Stacy Missari.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 4, May-June 2020, pp 262-294.
This research study implements photovoice methodology with unexpected caregivers to illuminate the lived experiences of female grandparents and relative caregivers who are raising young children in the later stages of their life. As they enter older adulthood, grandmothers are increasingly finding themselves taking care of their children's children for various reasons, including, but not limited to, their adult child's incarceration, mental health issues, drug and alcohol addiction, or child abuse or neglect. Informed by various feminist theoretical lenses, we use photovoice methodology to highlight the narratives of resilience and explore the ways in which grandmothers re-conceptualise their roles and identity as an unexpected caregiver and the sources of strength and resilience that inform the ways in which they navigate the various circumstances in their lives.
ISSN: 01634372
From : http://www.tandfonline.com

HEALTH AND WELLBEING

(See 256/50)

HEALTH CARE

256/36 Partnership between healthcare professionals and family members in caring for older people during hospitalization: a literature review; by Watchara Tabootwong, Frank Kiwanuka.: Emerald.
Working with Older People, vol 24, no 2, 2020, pp 137-142.

Partnership is both a goal and an approach to family-centered care (FCC). Family members play an important role alongside the health-care team when an older family member is admitted to the hospital. The purpose of this literature review is to highlight the potential areas of partnerships of family members with health-care professionals while caring for older people based on the perspective of FCC.

The findings of this study focus on how healthcare professionals can listen to, respect the perspectives of family members, and share useful information with the family while caring for an older person. Family participation in providing care and collaboration between healthcare professionals and families is a seminal goal strategy in caring for older people during hospitalization. It is helpful to family members as a way of training and preparing them to assist their loved one after hospital discharge. Furthermore, it can establish a good relationship between healthcare professionals and families.

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HIV AND AIDS

256/37 Stigma, isolation and depression among older adults living with HIV in rural areas; by Katherine G Quinn, Molly K Murphy, Zack Nigogosyan, Andrew E Petroll.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1352-1370.

There is a growing population of ageing individuals living with the human immunodeficiency virus (HIV). Older adults living with HIV often contend with intersecting stigmas including HIV stigma, ageism and, for some, homonegativity and/or racism. Although the HIV stigma literature is quite robust, research on the relationship between HIV stigma, social support and mental wellbeing among older adults living with HIV is limited. This study begins to address this gap by examining how intersectional stigma affects social support and mental wellbeing among rural-dwelling older adults living with HIV. Qualitative interviews were conducted by phone with 29 older adults living with HIV, over the age of 50, living in rural areas of the United States of America. Interviews were transcribed verbatim and analysed using thematic content analysis in MAXQDA qualitative analysis software. Analysis revealed three primary themes. The first had to do with gossip and non-disclosure of HIV status, which intersected with ageism and homonegativity to exacerbate experiences that fell within the remaining themes of experiences of physical and psychological isolation and loneliness, and shame and silence surrounding depression. The prevalence of social isolation and the effects of limited social support among older adults living with HIV are prominent and indicate a need for tailored interventions within the HIV care continuum for older adults living with HIV.

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

HOME CARE

256/38 Consumer expectations and experiences of quality in Australian home-based community services; by Christine While, Margaret Winbolt, Rhonda Nay.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1459-1467.

Australians want to live at home as they age and seek support from health and social care services to achieve this. The consumer driven market-based approach to community services in Australia has resulted in an increases in user's expectations of quality. What constitutes a quality service from the consumer's perspective is an important agenda to understand as the focus of care delivery moves to the domiciliary setting. This paper presents one aspect from a grounded theory PhD study, the aim of which was to understand the lived experience of receiving services in the home and its impact on the meaning of home. Participants were 11 people with dementia and 18 family supporters living in the state of Victoria, Australia. Data were collected between 2015 and 2017 through multiple interviews, photographic images, field notes and memos. NVIVO 10 qualitative analysis software program was used to support constant comparative analysis. Using a grounded theory approach, this study found that the decision to engage with community services was driven by the need to maintain autonomy, self-identity and home life. Participants sought quality services but discovered a dichotomy of positive and negative aspects in the way services were delivered. The most common reaction to the experience of poor-quality care was to reflect on their expectations for care quality; and manage the reality of what was delivered. Team work and service responsiveness were positive characteristics but were offset by service limitations and inefficiencies caused by poor communication and poor staff retention. The interpersonal relationships that participants developed with staff was highlighted; trust was an important factor whereas unreliable, task orientated and poorly trained staff would be rejected. The implications for policy and practice are described.

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

256/39 The role of empowerment in home care work; by Nancy Kusmaul, Sandy Butler, Sally Hageman.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 4, May-June 2020, pp 316-334.
The home care industry experiences similar problems with the recruitment and retention of direct care workers (DCWs) as those faced by institutions, and it is important to identify strategies to help retain and grow this important workforce. The empowerment of DCWs has been shown to be an effective strategy for increasing job satisfaction and decreasing turnover in nursing homes but has not been studied in home care. Using Kanter's organizational theory of empowerment, including structural empowerment (structure of opportunity, access to resources, access to information, and access to support) and psychological empowerment (meaning, competence, self-determination or autonomy, and impact) this study examined whether home care workers (HCWs) feel empowered in carrying out their jobs. An exploratory, qualitative study of 12 HCWs, recruited from two states in the United States, found high levels of both structural and psychological empowerment among research participants, as well as a number of disempowering aspects of their job. Findings suggest ways to support elements of the work that HCWs find empowering and decrease elements that contribute to job dissatisfaction and turnover.
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From : http://www.tandfonline.com

HOSPITAL CARE

(See 256/4, 256/36, 256/40)

HOSPITAL DISCHARGE

256/40 Evaluation of an early discharge from hospital scheme focussing on patients' housing needs: the ASSIST Project; by Peter Murphy, Donald Harradine, Michael Hewitt.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1544-1550.
This study calculated a return on investment of an early discharge from hospital scheme focussing on improved responses to patients' housing needs. The study identified critical success factors of the scheme that will inform potential spread of the intervention to other localities. Financial return on investment based on service costs and benefits were calculated and the critical success factors were identified through interviews with key stakeholders. The annualised return on investment of the scheme was £3.03 for each £1 invested. Close working relationships between health and housing and aspects of the local housing stock (such as direct local control) were key to realising the return on investment.
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HOUSING

(See Also 256/40)

256/41 An aging population and an aging housing stock: housing accessibility problems in typical Swedish dwellings; by Bjorn Slaug, Marianne Granbom, Susanne Iwarsson.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 2, April-June 2020, pp 156-174.
A large proportion of the Swedish housing stock was built when policymakers and housing industry rarely considered housing accessibility issues. More than 80% of Swedish citizens aged 65+ live in dwellings built before 1980. Using detailed research data from onsite observations, we explored housing accessibility issues for people with different complexities of functional limitations. Four typical dwellings were selected, two from the 1960s and two from the 1990s. Accessibility problems were considerable, also in newer dwellings. Design features that need particular attention are highlighted, serving as research-based input to policymakers, public agencies and actors involved in housing development and provision.
ISSN: 26892618 From : http://www.tandfonline.com

256/42 Filling the gaps of housing adaptation in Spain: is private expenditure an alternative to public support?; by Fernando Alonso-Lopez.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 2, April-June 2020, pp 141-155.
Housing adaptation for elderly or disabled households is a recent social protection policy in Spain. Different administrations have introduced support programs for low-resource households to improve their homes, promoting independent living and aging in place. However, these programs are still limited. Does household expenditure fill the gap? Kurt Lewin?s ideas about adaptive behavior (Lewin, 1951) underpin this investigation about privately funded home adaptations. Microdata analysis of the last Spanish survey on disabilities (EDAD2008) is used to explain how some home expenditure decisions are in practice adaptive behaviors that complement public programs to cover the most basic environmental needs.
ISSN: 26892618 From : http://www.tandfonline.com

256/43 Home modification service delivery in Australia; by Tammy Aplin, Melanie Hoyle, Emma Fiechtner, Adelle Bailey, Elizabeth Ainsworth.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 2, April-June 2020, pp 190-209.
In Australia, a patchwork of services provide home modifications, each with varying approaches and service guidelines. This context is rapidly changing with consumer directed care models impacting the aged care and disability sectors. A study investigating satisfaction with service delivery for 31 clients of major home modification services is presented to illustrate home modification practice in Australia. The findings indicate overall satisfaction with home modification services, but also revealed areas for improvement and inequalities in service provision. This included the need for more choice in design, materials and products and the impact of housing tenure, where renters reported lower satisfaction.
ISSN: 26892618
From : http://www.tandfonline.com

256/44 Home modifications to improve function and safety in the United States; by Marian Keglovits, Susan Stark.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 2, April-June 2020, pp 110-125.
In the United States, the older adult population will reach over 70 million by 2030. Impaired function and falls from unsupportive housing result in high healthcare costs. Due to the state of housing, there is a need for home modifications to support older adults. This article reviews the current state of home modifications for this population in the United States. There is a dearth of programs and financial support to provide these interventions. Various initiatives exist, however, the lack of national models results in unmet needs. Replicable, high-quality home modification interventions should be supported to serve older adults.
ISSN: 26892618
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256/45 Participation in everyday life before and after a housing adaptation; by Björg Thordardottir, Agneta Malmgren Fänge, Carlos Chiatti, Lisa Ekstam.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 2, April-June 2020, pp 175-189.
Housing adaptation aims to enable clients to live independently in their own homes. Studies focusing on participation in everyday life following a housing adaptation are lacking and needed. This study aimed to explore housing adaptation clients' experiences of participation in everyday life before and after a housing adaptation, through the lens of a housing adaptation, using a qualitative follow-up design, with 11 participants. It was found that when the housing adaptation met the participants' needs, performance of activities improved and the housing adaptation opened doors to engagement and participation in everyday life. Thus, focus on performance and engagement in everyday life at the onset of the housing adaptation process, combined with regular follow-ups, may enhance participation.
ISSN: 26892618
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256/46 Reflections on cross-cultural comparison of the impact of housing modification/adaptation for supporting older people at home: a discussion; by Sheila Peace, Robin Darton.: Taylor and Francis.
Journal of Aging and Environment, vol 34, no 2, April-June 2020, pp 210-231.
Home modification or adaptation is an important global issue, especially for older people living with disabilities in ordinary housing of varying ages, and pre-dating concerns about accessibility in design. Comparisons of research from five developed nations identify common themes: variation in integrated service development; public and private financial investment; deferred health costs; workforce expansion and training; and the value of the user perspective. Further discussion identifies the importance of retrofitting alongside new build, and argues for sustainable housing that recognizes population aging but also issues of climate change and the need for more inclusive design of housing for all ages.
ISSN: 26892618
From : http://www.tandfonline.com

HOUSING WITH CARE

256/47 Assisted living facilities as sites of encounter: implications for older adults' experiences of inclusion and exclusion; by Rachel V Herron, L M Funk, D Spencer, M Wrathall.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1577-1593.
Most of the existing literature on inclusion and exclusion among older adults focuses on community-dwelling individuals. In this article, the authors draw on the results of a comparative case study to explore how older adults in two assisted living settings experience inclusion and exclusion. One site was a low-income facility and the other a higher-end facility in a mid-sized Canadian city. Bridging together geographies of encounter and gerontological approaches on social inclusion, the study analyses interviews with tenants and key informants to explore when, where and in what ways these groups experience inclusion and exclusion in these particular settings. Tenants' narratives reveal how their encounters, and in turn their experiences of exclusion and inclusion are shaped by experiences throughout their lifecourse, the organisation of assisted living spaces, communities beyond the facility,

and pervasive discourses of ageism and 'dementiaism'. The study argues that addressing experiences of exclusion for older adults within these settings involves making more time and space for positive encounters and addressing pervasive discourses around ageism and 'dementiaism' among tenants and staff.
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INFORMATION AND COMMUNICATION TECHNOLOGY

(See 256/11, 256/13, 256/14)

INTERNATIONAL AND COMPARATIVE

(See Also 256/7, 256/15, 256/33, 256/53, 256/54, 256/55, 256/56, 256/64, 256/68)

256/48 Grannicides in Ghana: a study of lethal violence by grandchildren against grandmothers; by Mensah Adinkrah.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 32, no 3, June-July 2020, pp 275-294.
This article presents the results of an exploratory research that examined 16 homicides perpetrated by grandchildren against their own grandmothers in Ghana, West Africa. The term grannicide is employed in the analysis to denote the slaying of a grandmother by her grandchildren. Data for the present study were extracted from various Ghanaian print and electronic media. Results from the analysis of data show that grannicide is gendered, with all 16 identified grannicides perpetrated by grandsons against grandmothers. Offenders typically were young and of low socioeconomic background. Victims were of advanced age, poor, and at least partially dependent on their children and grandchildren for economic, physical and social support. All the homicides occurred in the rural areas of the country, and the victims commonly shared a residence with the assailant. Witchcraft accusations were the predominant motive in grandchild-to-grandmother slayings. The killings were overwhelmingly brutal, exhibiting characteristics that criminologists call overkill. Recommendations for reducing this type of crime are offered.
ISSN: 08946566
From : http://www.tandfonline.com

256/49 Lifecourse and housing careers of childless and poor older Malaysians; by Yin Mei Ng, Cheryl Tilse, Jill Wilson.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 1130-1150.
Secure, affordable housing is strongly linked to wellbeing in older age. This paper reports on a study of childless and poor older Malaysians who are potentially a vulnerable group in relation to accumulating such housing resources for older age. Childless is defined as a person without biological, step or adopted children, and poverty is defined following the national guideline. The research explores the cumulative advantages and disadvantages over the lifecourse that may influence their routes to attaining, or failing to attain, secure and stable housing in older age. Semi-structured interviews with a purposive sample of 34 childless and poor older Malaysians in Kuala Lumpur, Malaysia, were analysed using a lifecourse perspective to identify the events/experiences that had shaped their housing arrangements in old age. Housing arrangements are hierarchical in structure and can be categorised into four types: home-ownership, public-rental, private-rental and informal housing arrangements. The capacity to afford secure housing (i.e. public rental or ownership) decreased with ill-health and reduced opportunities to work. Structural and policy factors such as eligibility for public housing had also contributed to shaping current housing arrangements. Family poverty, low levels of education and, consequently, reduced employment opportunities affected the ability to accumulate the financial resources needed to afford housing in older age. Some individual decisions and situational disadvantages also contributed to reductions in housing choice. From the social and cultural context, some participants with greater networks had more choices and advantages in the accumulation of housing resources. Initiatives to provide retirement entitlements for workers have not favoured those in low-level informal employment or have come too late to assist those who are now older people. In conclusion, more disadvantages than advantages were accumulated earlier in their life, impacting on their ability to have affordable, secure and stable housing in older age.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/50 Urban-rural disparities in cardiovascular disease risks among middle-aged and older Chinese: two decades of urbanisation; by Nan Zhang.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1404-1427.
China has been undergoing dramatic socio-economic and demographic changes in the last few decades. The rapid growth of the ageing population will pose tremendous challenges to its public health and social welfare system. This study aims to examine how urbanisation has impacted cardiovascular disease (CVD) risks among middle-aged and older Chinese in two decades, from 1991 to 2011. Data were drawn from a nationwide longitudinal data-set of the China Health and Nutrition Survey (CHNS) (sweeps

1991, 1993, 1997, 2000, 2004, 2006, 2009 and 2011). Participants aged 45 years and over were included. A dynamic urbanisation index was created for each community (village or neighbourhood) based on community-level data that can reveal the heterogeneity within and across places and capture dimensions of social, economic and physical characteristics of urban living over time and space. Multi-level modelling analyses (level 1: occasions; level 2: individuals; level 3: households; level 4: communities) were performed on outcomes of CVD risks such as body mass index, waist circumference, and systolic and diastolic blood pressure. The results show upward trends in all CVD risks for both genders over 20 years of urbanisation after adjustment for socio-economic and demographic confounders. Urbanisation in China is associated with absolute increases in CVD risks over time among its middle-aged and older people, despite its contribution to relative reduction of the rural-urban gap over time. This is particularly true for women from the least urbanised areas. It is relevant to inform policy-making processes to target the most vulnerable groups of older people in China during its rapid urbanisation process. There is a possibility for policy intervention to reduce inequality during the process of China's planned urbanisation.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/51 We walk, we laugh, we dance: refugee experiences of older Chin women in Kuala Lumpur; by Nicole Lamb, Gerhard Hoffstaedter.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 1021-1038.
Older persons are among the most vulnerable of refugees seeking protection in Malaysia, yet seldom are they the focus of the work of the United Nations High Commissioner for Refugees, local charities or non-government organisations. In-depth ethnographic research with a group of older Chin women in Kuala Lumpur demonstrates both the vulnerability and resilience of older refugees in urban environments. Older refugees play a crucial role in sustaining families and communities. They provide much-needed support to refugee communities who struggle to meet the needs of everyday life in the absence of protection protocols.
ISSN: 0144686X
From : http://www.cambridge.org/aso

LEARNING DIFFICULTIES

256/52 Perceptions of ageing and future aspirations by people with intellectual disability: a grounded theory study using photo-elicitation; by Henrietta Trip, Lisa Whitehead, Marie Crowe.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 966-983.
Internationally, one per cent of the general population are living with an intellectual disability and life expectancy is increasing in line with global trends. The majority of people with an intellectual disability live with family. This represents a growing and largely 'hidden' population who have, or will have, additional needs as they and their family age. There is limited research about what is important for people with intellectual disability when thinking about getting older. This article reports on a study which explored the concept of ageing and future aspirations with 19 people living with an intellectual disability, aged 37-58 years of age (mean 48 years) and living with someone they identify as family. Using Charmaz's constructivist grounded theory approach and photo-elicitation, constant comparative analysis generated four themes: reciprocating relationships, emerging (in)dependence, configuring ageing and entertaining possibilities. As part of the interview process, photo-elicitation facilitated the expression of associations and perspectives about ageing and conceptualising the future for participants. The findings demonstrate the engagement of people with intellectual disabilities in research and provided unique insights into both their experiences and perspectives on ageing in the context of family. The need for greater flexibility in service planning and delivery are identified, alongside ensuring the meaningful inclusion of people with intellectual disability in decision-making about their own lives as they age.
ISSN: 0144686X
From : http://www.cambridge.org/aso

LONELINESS AND SOCIAL ISOLATION

(See Also 256/22, 256/62)

256/53 Qualitative evaluation of a commuity-based intervention to reduce social isolation among older people in disadvantaged urban areas in Barcelona; by Carolina Lapena, Xavier Continente, Alba Sánchez Mascuňano, Mariona Pons Vigués, Enriqueta Pujol Ribera, Maria J López.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1488-1503.
This study analyses participants' and coordinators' perceptions of the implementation process and perceived benefits of a community-based intervention to reduce social isolation among older adults. The 'School of Health for Older People' is a weekly community intervention that promotes resources among individuals and communities in order to enhance their ability to identify problems and activate solutions, encouraging participation in the community. A qualitative approach was employed, based on

semi-structured interviews and focus groups (FGs). This study was carried out in Barcelona. Two coordinators (community nurses) and 26 community-dwelling people aged 65 and over who attended the School of Health for Older People in the neighbourhoods of Besòs and Guineueta, participated in in-depth interviews and FGs between January and February 2016. Views and experiences about the intervention were explored. The main perceived effects of the intervention were expanding knowledge of health issues and of community activities, encouraging participants to go out, giving them a feeling of being heard, and peer relationships, increasing participants' contacts and knowledge while the main negative features were related to repetition of certain contents. The benefits identified included learning something about health and their own neighbourhood and breaking the habit of staying at home. Social isolation might be prevented by increasing the number of contacts with peers and sharing a common interest, since it could help to give them a sense of belonging to a community.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

LONG TERM CARE

256/54 Does long-term care coverage shape the impact of informal care-giving on quality of life?: A difference-in-difference approach; by Thijs van den Broek, Emily Grundy.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1291-1308.
The impact that providing care to ageing parents has on adult children's lives may depend on the long-term care (LTC) context. A common approach to test this is to compare whether the impact of care-giving varies between countries with different LTC coverage. However, this approach leaves considerable room for omitted variable bias. We use individual fixed-effects analyses to reduce bias in the estimates of the effects of informal care-giving on quality of life, and combine this with a difference-in-difference approach to reduce bias in the estimated moderating impact of LTC coverage on these effects. We draw on longitudinal data for Sweden and Denmark from the Survey of Health, Ageing and Retirement in Europe (SHARE) collected between 2004 and 2015. Both countries traditionally had generous LTC coverage, but cutbacks were implemented at the end of the 20th century in Sweden and more recently in Denmark. We use this country difference in the timing of the cutbacks to shed light on effects of LTC coverage on the impact care-giving has on quality of life. Our analyses show that care-giving was more detrimental for quality of life in Sweden than in Denmark, and this difference weakened significantly when LTC coverage was reduced in Denmark, but not in Sweden. This suggests that LTC coverage shapes the impact of care-giving on quality of life.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/55 Long-term care preference among Japanese older adults: differences by age, period and cohort; by Hidehiro Sugisawa, Yoko Sugihara, Yomei Nakatani.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1309-1333.
This study examined the differences in the preference for long-term care (LTC) by age, period and cohort (A-P-C) in Japanese older adults through repeated cross-sectional surveys from 1998 - before the establishment of LTC insurance - to 2016, in a suburban city of metropolitan Tokyo. The study analysed the direct effects of A-P-C on the preference for LTC, as well as the interaction effects of A-P-C on preference by gender, family structure and activities of daily living. Data were obtained at six time-points using repeated cross-sectional surveys for people aged 65 and older; surveys were conducted in 1998, 2002, 2004, 2010, 2013 and 2016. The preference for LTC was composed of three categories: informal care, community LTC services (CLTCS) and institutional LTC services (ILTCS). The cross-classified random-effect model was used to specify A-P-C effects. Informal care, CLITCS, ILTCS and other/no answer composed 35, 23, 33 and 9 per cent of preferences, respectively. In terms of the period effect, while there was an increase in levels of preference for CLTC between 1998 and 2010 as compared to informal care, the levels of preference were almost identical after 2010. In terms of the age effect, younger participants were more likely to prefer CLTCS and ILTCS over informal care. Moreover, the age influence was stronger in females and respondents who lived alone. We did not observe a cohort effect for preference. This study suggests that there are gaps by period and age between the preference for LTC services and the actual LTC use in Japanese older adults, and as a result, the use of actual LTC services cannot fully reflect the intentions and preference for LTC in them.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/56 Long-term care system in Taiwan: the 2017 major reform and its challenges; by Ming-Jui Yeh.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1334-1351.
This paper reviews the past development of the publicly funded long-term care (LTC) system and aims to advance further discussion of LTC in Taiwan. The Ten-year Long-Term Care Plan 2.0 introduced in 2017 calls for a major reform of a publicly funded LTC system in Taiwan. The reform expands on the previous universal tax-based LTC system, allowing for more comprehensive and accessible subsidies on LTC services. This paper provides a brief overview of the political context of the reform and an introduction to the legal basis, financing and delivery mechanisms of the reform plan. To this end, as

a preliminary evaluation, this paper identifies major institutional and socio-cultural tensions that could challenge the implementation of the plan. Institutional tensions include the dominant foreign worker caring model, which relies on approximately 220,000 foreign workers to provide LTC services, and the discontinuity between health and social care governance, which leads to a discontinuity between curative and LTC care. Socio-cultural tensions focus on conflicting values in the allocation of responsibility of care and in the understanding of disability between universal social citizenship in the modern state and traditional Confucian ethics. Policy implications of these tensions for the LTC system are then discussed.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/57 Perceptions of home in long-term care settings: before and after institutional relocation; by Mineko Wada, Sarah L Canham, Lupin Battersby, Judith Sixsmith, Ryan Woolrych, Mei Lan Fang, Andrew Sixsmith.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1267-1290.
Although moving from institutional to home-like long-term care (LTC) settings can promote and sustain the health and wellbeing of older adults, there has been little research examining how home is perceived by older adults when moving between care settings. A qualitative study was conducted over a two-year period during the relocation of residents and staff from an institutional LTC home to a purpose-built LTC home in Western Canada. The study explored perceptions of home amongst residents, family members and staff. Accordingly, 210 semi-structured interviews were conducted at five time-points with 35 residents, 23 family members and 81 staff. Thematic analyses generated four superordinate themes that are suggestive of how to create and enhance a sense of home in LTC settings: (a) physical environment features; (b) privacy and personalisation; (c) autonomy, choice and flexibility; and (d) connectedness and togetherness. The findings reveal that the physical environment features are foundational for the emergence of social and personal meanings associated with a sense of home, and highlight the impact of care practices on the sense of home when the workplace becomes a home. In addition, tension that arises between providing care and creating a home-like environment in LTC settings is discussed.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/58 Supports and gaps in federal policy for addressing racial and ethnic disparities among long-term care facility residents; by Rebecca L Mauldin, Kathy Lee, Weizhou Tang, Sarah Herrera, Antwan Williams.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 4, May-June 2020, pp 354-370.
Older adults from racial and ethnic minority groups are likely to face disparities in their health as well as care experiences in long-term care facilities such as nursing homes and assisted living facilities just as they do in the United States as a whole. Policymakers in the United States face concerns around long-term services and supports to address the growing demands of a rapidly aging population through public and private sector initiatives. It is important to create inclusive and culturally responsive environments to meet the needs of diverse groups of older adults. In spite of federal policy that supports minority health and protects the well-being of long-term care facility residents, racial and ethnic disparities persist in long-term care facilities. This manuscript describes supports and gaps in the current United States federal policy to reduce racial and ethnic disparities in long-term care facilities. Implications for social workers are discussed and recommendations include efforts to revise portions of the Patient Protection and Affordable Care Act of 2010, amending regulations regarding long-term care facilities' training and oversight, and tailoring the Long-Term Care Ombudsman Program's data collection, analysis, and reporting requirements to include racial and ethnic demographic data.
ISSN: 01634372
From : http://www.tandfonline.com

MEDICATION

(See Also 256/75)

256/59 Do older people know why they take benzodiazepines?: A national French cross-sectional survey of long-term consumers; by Edouard-Jules Laforgue, Alexandra Jobert, Morgane Rousselet, Marie Grall-Bronnec, FAN network, Pascale Jolliet, Fanny Feuillet, Caroline Victorri-Vigneau.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 8, August 2020, pp 870-876.
Benzodiazepines and non-benzodiazepine hypnotics (or Z-drugs) (BZD/Z) are widely prescribed for older patients despite major side effects and risks when chronically used. The patient's understanding of the treatment is one of the keys to good adherence. The purpose of the study was to assess the knowledge of BZD/Z treatment among older people who were taking BZD/Z for the long term by studying the concordance between the declared reason for taking BZD/Z and its indication.
This was a cross-sectional, pharmacoepidemiologic ancillary of a national study. Data were collected through a semi-structured interview. All patients from the main study were included. 'Good knowledge' was considered when patients gave an indication for each BZD/Z that was similar to its marketing authorisation. Univariate and multivariate analyses were carried out to adequately determine profiles and

characterise associations.
More than half of the patients (61.6%) had a good knowledge regarding their treatment. The presence of a psychiatric disorder, a mean duration of BZD/Z use of less than 120 months, a desire to stop treatment, educational status and number and type of BZD/Z used were significantly associated (P .05) with good knowledge. In the multivariate analysis, only a psychiatric disorder, educational status and taking at least one hypnotic drug were associated with good knowledge.
At the time of shared medical decision, it appears essential to improve the knowledge of the treatment by the patient. The rate of patients with good knowledge of their BZD/Z treatment remains low and even lower than what was previously found in the literature for other drug classes. In contrast to patients with good knowledge, these data highlight the characteristics of patients with poor knowledge of their BZD/Z treatment, which may allow populations at risk to be targeted and enable education measures to be strengthened.
Key points ; Of the 1023 patients, the majority 61.6% have a good knowledge of the treatment's indication-a rate that remains low.
Declaring a psychiatric disorder, educational status and to take at least one Z-drug were associated with a good knowledge of treatment.
Treatment such as hypnotics is more likely associated with a good knowledge than anxiolytic BZD.
Only 11% of patients report a current psychiatric trouble, while all patients have been using benzodiazepines for more than 3 months
ISSN: 08856230
From : http://www,orangejournal.org

MENTAL HEALTH

(See 256/76)

MENTAL HEALTH CARE

256/60 Family intervention improves outcomes for patients with delirium: systematic review and meta-analysis; by Jessica McKenzie.: Wiley.
Australasian Journal on Ageing, vol 39, no 1, March 2020, pp 21-30.
The review found family caregiver involvement in providing interventions to patients with delirium reduces length of hospital stay and is likely to reduce duration of delirium. Findings also suggest that this type of intervention may reduce family anxiety, can be provided relatively easily and is acceptable to both carers and staff. (NH)
ISSN: 14406381
From : http:www.wileyonlinelibrary.com/journal/ajag

MIGRATION

(See Also 256/51)

256/61 Health of migrant care workers across Europe: what is the role of origin and welfare state context?; by Judith Kaschowitz.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 1084-1105.
Across Europe a rising number of migrants are reaching higher ages. As old age is related to care dependency, care-giving within migrant families is becoming more important. To date, little research has focused on health outcomes for migrant care-givers. Theories and empirical evidence suggest differences in the relationship of care-giving and health between migrants and non-migrants due to differences in support, income, norms and values. Furthermore, across Europe the degree of formal care supply and the obligation to provide informal care vary considerably and presumably lead to different health outcomes of care-giving in different countries. Based on data from the Survey of Health, Ageing and Retirement in Europe (Waves 1, 2, 4, 5 and 6) and the English Longitudinal Study of Ageing (Waves 2-6), this paper studies the relationship between informal care-giving inside the household and health for migrant and non-migrant care-givers across Europe and analyses changes in health. In most countries migrant care-givers are in worse self-perceived and mental health compared to non-migrant care-givers. When controlling for important influences no differences in the relationship between health and care-giving for migrants and non-migrants can be found. Moreover, care-giving deteriorates mental health irrespective of origin. The country models showed that for non-migrants care-giving is most detrimental in Southern welfare states whereas for migrants care-giving is also burdening in Nordic welfare states.
ISSN: 0144686X
From : http://www.cambridge.org/aso

NEIGHBOURHOODS AND COMMUNITIES

(See Also 256/8, 256/53, 256/65)

256/62 Connecting communities: a qualitative investigation of the challenges in delivering a national social prescribing service to reduce loneliness; by Eleanor Holding, Jill Thompson, Alexis Foster, Annette Haywood.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1535-1543.
Loneliness is a global public health concern linked to a range of negative health outcomes (Cacioppo & Cacioppo, 2018. The Lancet. 391(10119), 426). Internationally, this has led to the development of a number of interventions, but these are rarely implemented or evaluated on a large scale. This paper is one of the first of its kind to describe elements of an evaluation of a large-scale national social prescribing scheme to reduce loneliness, deploying individual link workers to signpost people to community activities. Reporting on findings from interviews with staff (n = 25 of which 6 were repeat interviews) and volunteers (n = 9) between October 2017 and December 2018 in localities across the United Kingdom. We reflect on the complexities of the link worker role, the challenges of service delivery and the importance of community infrastructure. There was evidence that highly skilled link workers who had developed positive relationships with providers and service-users were key to the success of the intervention. As well as providing an effective liaison and signposting function, successful link workers tailored the national programme to local need to proactively address specific gaps in existing service provision. For social prescribing services to be successful and sustainable, commissioners must consider additional funding of community infrastructure.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

OLDER MEN

(See 256/16)

ORAL HEALTH

256/63 I've got lots of gaps, but I want to hang on to the ones that I have: the ageing body, oral health and stories of the mouth; by Lorna Warren, Jennifer E Kettle, Barry J Gibson, Angus Walls, Peter G Robinson.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1244-1266.
The mouth may be presented and understood in different ways, be subject to judgement by others and, as we age, may intrude on everyday life due to problems that affect oral health. However, research that considers older people's experiences concerning their mouths and teeth is limited. This paper reports on qualitative research with 43 people in England and Scotland, aged 65-91, exploring the significance of the mouth over the lifecourse. It uses the concept of 'mouth talk' to explore narratives of maintaining, losing and replacing teeth. Participants engaged in 'mouth talk' to downplay the impact of the mouth, demonstrate socially appropriate ageing, and distance themselves from 'real' old age by retaining a moral identity and sense of self. They also found means to challenge dominant discourses of ageing in how they spoke about missing teeth. Referring to Leder's notion of 'dys-appearance' and Gilleard and Higgs' work on the social imaginary of the fourth age, the study illustrates the ways in which 'mouth talk' can contribute to sustaining a sense of self in later life, presenting the ageing mouth, with and without teeth, as an absent presence. It also argues for the importance of listening to stories of the mouth in order to expand understanding of people's approaches to oral health in older age.
ISSN: 0144686X
From : http://www.cambridge.org/aso

PALLIATIVE CARE

256/64 Mind the gap: is the Canadian long-term care workforce ready for a palliative care mandate?; by Paulette V Hunter (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1223-1243.
The average expected lifespan in Canadian long-term care (LTC) homes is now less than two years post-admission, making LTC a palliative care setting. As little is known about the readiness of LTC staff in Canada to embrace a palliative care mandate, the main objective of this study was to assess qualities relevant to palliative care, including personal emotional wellbeing, palliative care self-efficacy and person-centred practices (e.g. knowing the person, comfort care). A convenience sample of 228 professional and non-professional staff (e.g. nurses and nursing assistants) across four Canadian LTC homes participated in a survey. Burnout, secondary traumatic stress and poor job satisfaction were well below accepted thresholds, e.g. burnout: mean = 20.49 (standard deviation (SD) = 5.39) for professionals; mean = 22.09 (SD = 4.98) for non-professionals; cut score = 42. Furthermore, only 0-1 per cent of each group showed a score above cut-off for any of these variables. Reported self-efficacy was moderate, e.g. efficacy in delivery: mean = 18.63 (SD = 6.29) for professionals; mean = 15.33 (SD = 7.52) for non-professionals; maximum = 32. The same was true of self-reported person-centred care,

e.g. knowing the person; mean = 22.05 (SD = 6.55) for professionals; mean = 22.91 (SD = 6.16) for non-professionals; maximum = 35. t-Tests showed that non-professional staff reported relatively higher levels of burnout, while professional staff reported greater job satisfaction and self-efficacy (p 0.05). There was no difference in secondary traumatic stress or person-centred care ($p > 0.05$). Overall, these results suggest that the emotional wellbeing of the Canadian LTC workforce is unlikely to impede effective palliative care. However, palliative care self-efficacy and person-centred care can be further cultivated in this context.
ISSN: 0144686X
From : http://www.cambridge.org/aso

PARTICIPATION

(See Also 256/45)

256/65 Creating a common world through action: what participation in community activities means to older people; by Chikako Endo.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1175-1194.
As a response to demographic ageing, various governments have been promoting social policies that promote older people's participation in productive activities, including those outside the formal labour market. Nevertheless, older people's behaviours do not simply reflect government policies and intentions. This paper explores how older people themselves interpret their social roles within a policy context that seeks to position them as providers of welfare through their participation in community activities. For this purpose, this paper draws on a qualitative case study of older people in Japan engaging in health promotion and mutual aid among local residents. By employing Hannah Arendt's distinction between the human activities of labour, work and action as a conceptual framework, it finds that although the purported purpose of community activities was to substitute decreasing pensions and family care or to create a better community, participants in this study valued their activities as a process of creating new relations and new realities through action. The paper argues that while labour has occupied a predominant position in the post-war welfare paradigm, community activities by an expanding population of older people may offer opportunities for action, which were not always available through paid work or care-giving in the household.
ISSN: 0144686X
From : http://www.cambridge.org/aso

PERSONALISATION

256/66 Caring relationships and their role in users' choices: a study of users of Direct Payments in England; by Ricardo Rodrigues.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1469-1489.
User choice in care for older people has assumed that care is like any other commodity; which is in contrast with the concept of care defined by the feminist and ethics of care literature, which includes a relational component beyond care tasks - caring relationships. This study aims to understand how caring relationships impact the decisions of older users of care and their perceived satisfaction. Semi-structured qualitative interviews were conducted with 24 Direct Payments (DPs) older users, including proxies, in three Local Authorities in the Greater London area. Users fell into three groups according to their use of DPs: those purchasing care from agencies, those employing acquaintances as Personal Assistants (PAs) and those employing strangers as PAs. Decisions on and perceived satisfaction with care were both influenced by caring relationships. All users recognised that caring relationships can have instrumental value in improving care delivery or allowing greater leeway in negotiating tasks. Many users placed intrinsic value on continuity of care and the development of close caring relationships and clearly favoured employing PAs. The latter involved higher levels of uncertainty, emotional investment and reciprocal gift exchanges. Agencies were often chosen due to users' preference for more detached caring relationships. The findings confirm that caring relationships involving reciprocal emotional investment are an important outcome of care, with salient implications for user behaviour.
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From : http://www.cambridge.org/aso

PHYSICAL ACTIVITY

(See Also 256/73)

256/67 Exercise and dementia: what should we be recommending?; by Kiara Lewis, Leanne Livsey, Robert J Naughton, Kim Burton.: Emerald.
Quality in Ageing and Older Adults, vol 21, no 2, 2020, pp 109-127.
Exercise has the potential to provide benefits for people living with dementia, yet the balance of evidence is uncertain. This review of reviews aims to provide an evidence synthesis to determine whether exercise improves their health and well-being and what exercise should be recommended. A structured search for existing literature reviews on exercise for dementia was carried out. Relevant

articles were selected and critically appraised against systematic criteria. The findings from 15 high quality reviews were collated by using a best evidence synthesis approach.
The evidence is convincing for improving physical health, promising for cognitive benefits, mixed for psychological benefits and limited for behavioural outcomes. No evidence of harm was found. Overall, exercise can improve physical and mental health for people living with dementia: there is sufficient evidence to recommend multimodal exercise.
The potential beneficial outcomes are of significant importance both for people with dementia and their caregivers. In the absence of more specific findings, the current recommendation for older adults in general is pragmatically justified - some activity is better than none, more activity provides greater benefits. Adding social interaction may be important for psychological and behavioural outcomes.
ISSN: 14717794
From : http://www.emeraldinsight.com/loi/qaoa

256/68 Health, psychological, social and environmental mediators between socio-economic inequalities and participation in exercise among elderly Japanese; by Hidehiro Sugisawa, Ken Harada, Yoko Sugihara, Shizuko Yanagisawa.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1594-1612.
This study examines which of the identified health, psychological, social and environmental mediators could most effectively explain the socio-economic status (SES)-based differences in participation in exercise among elderly Japanese. The candidates for mediators are composed based on the socio-ecological model. A representative sample of people 65 years and older living in two areas with different residential SES in Tokyo, Japan produced 739 effective participants. The intensity of exercise is evaluated based on whether the participants exercise for 30 minutes or longer twice a week, or for 20 minutes or longer three times a week. SES is evaluated by education and income. Mediators are assessed through four dimensions: (a) health, (b) psychological status, (c) social relations and (d) environmental context. As a result, SES's indirect effect through the mediators is evaluated using a multiple mediator model. The influence of both education and income on exercise is mediated by self-efficacy for exercise and social support for exercise. Self-efficacy for exercise has the strongest effect, while social support for exercise explains more of the income differences affecting participation in exercise than it does regarding educational differences. Self-efficacy for exercise may have the strongest effect as a mediator, which would explain the differences in participation in exercise among elderly Japanese based on education and income.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/69 Psychological and social outcomes of sport participation for older adults: a systematic review; by Amy Chan Hyung Kim, So Hyun Park, Sanghoon Kim, Ashlee Fontes-Comber.: Cambridge University Press.
Ageing and Society, vol 40, no 7, July 2020, pp 1529-1549.
Sport participation is well known to promote health outcomes for children and adolescents. Nevertheless, there is insufficient evidence about the psychological and social outcomes of sport participation for older adults. This article provides the results of a systematic review of the psychological and social outcomes of sport participation for older adults. A systematic review of seven electronic databases was conducted and a total of 21 studies published that attended to psychological and/or social health benefits from sport participation of older adults (50 years old and over) were included. The outcomes of older adults' sport participation included life satisfaction, depression, anxiety, stress, mood state, hedonistic values, socialisation, competition, and personal psychological outcomes such as personal empowerment, self-confidence, self-esteem and resistance to the negative view of ageing. Future studies are needed to conceptualise and operationalise the different levels of involvement of sport participation.
ISSN: 0144686X
From : http://www.cambridge.org/aso

256/70 Psychomotor abilities of elderly people and their motivation to participate in organized physical activity; by Laura Narkauskaite-Nedzinskiene, Laimute Samsoniene, Diana Karanauskiene, Vilma Stankute.: Taylor and Francis.
Experimental Aging Research, vol 46, no 3, May-June 2020, pp 257-271.
Functional training has an effect on the physical parameters of people, but the motivation of the elderly people practicing sports varies depending on the events taking place in their close environment and the specifics of their relationships.
Participants were recruited in the City Leisure Center for Elderly People and Social Care Home for Elderly People (Vilnius, Lithuania?) and randomly assigned to two groups: a study group and control group. The survey sample consisted of 40 respondents (aged 68 ± 8 years), who met the inclusion criteria. Respondents exercised to the Adapted Physical Activity Program, which consisted of a study of motivation to exercise, testing of physical parameters and adaptation of functional training to respondents physical needs.
Before starting functional training, the balance of study group was 44% ($p<.05$) lower if compared to the control group. The study determined statistically significant change of coordination after FT - 17.75% ($p < .05$). The data of semi-structured interview were coded and attributed to specific

subcategories, four categories were established: self-expression, self-awareness, body image, and self-esteem.
The study concludes that certain living environments may limit the need and possibility for older people to exercise while enjoying the sense of communion through physical activity.
ISSN: 0361073X
From : http://www.tandfonline.com

REABLEMENT

256/71 Reviewing the reablement approach to caring for older people; by Daniel Doh, Ricki Smith, Paula Gevers.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1371-1383.
In this paper we tell of our critical review of reablement - an emerging global practice model in community- and home-based care for older people. Whereas the reablement approach is gaining global acceptance, there are questions and concerns among researchers and policy makers about what reablement means and how it is used in practice. We examined the literature on reablement between 2005 and 2017 using clearly defined inclusion criteria. We focused on identifying within authors' accounts its essential features and how it is practised. In our examination of conceptualisation, we found nine essential features of reablement, the most predominant being the wish to improve the functionality of clients so they can continue to live in their own homes. Of course, we found variability in policy and geographic contexts, but we were not perturbed by this. Rather, we found the under-representation of social connectivity for clients to be regrettable. We constructed a typology of four theoretical types of reablement to help us reflect on the current state of research and practice, and we tentatively offer this for the consideration of the research, practice and policy communities. (Authors' abstract)
ISSN: 0144686X From : http://www.cambridge.org/aso

RESEARCH

256/72 Establishing long-term research relationships with older people: exploring care practices in longitudinal studies; by Katia Attuyer, Rose Gilroy, Karen Croucher.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 1064-1083.
Drawing on a recently completed longitudinal research project with 96 participants aged 55+, the paper provides insight into the challenges of carrying out ethical practices when engaged in longer-term research relationships with older people. It builds on a body of work that purposely records in detail the ethical dilemmas researchers face, the options available to them and the rationale guiding their reaction. The Co-Motion research, led by the University of York, examined the impact of major later-life transitions on mobility and wellbeing, and was therefore focused on times of change that were, for some participants, accompanied by suffering. Over three years, the project used a range of methods to explore with each individual the dynamic nature of lived experience: change, continuity, endurance, transition and causality. The paper addresses the negotiation of informed consent over the life of long-term research relationships; the 'care work' involved; contested understandings of vulnerability; and the need for ongoing ethical reflection. The paper concludes by calling for greater reflexivity and suggests a more participant-focused approach to ethics in the field, demanding both greater self-awareness from researchers and allowing the participants to have greater voice in the research processes.
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RESIDENTIAL AND NURSING HOME CARE

(See Also 256/23, 256/54, 256/57)

256/73 Body mass index, physical activity habits and physical function contribute to fatigue in the rest home residents; by Sevim Acaroz Candan.: Taylor and Francis.
Experimental Aging Research, vol 46, no 4, July-September 2020, pp 323-335.
Fatigue is a common complaint in older adults living in rest homes. The aim of this study is to investigate the factors associated with fatigue among older adults living in a rest home. A cross-sectional study was carried out with a total of 92 older adults. Fatigue was evaluated by the Fatigue Severity Scale (FSS). Sociodemographic characteristics, quadriceps and handgrip strength, functional capacity and physical function were assessed using a structured questionnaire, digital dynamometers, 6-minute walking test and Short Physical Performance Battery, respectively.
The prevalence of fatigue was 67.4%. FSS showed significant correlations with age, female gender, body mass index, physical activity habits, quadriceps strength, handgrip strength, functional exercise capacity, and physical function. However, in the regression analysis, only body mass index, physical activity habits and physical function were responsible for 51% of the variance in fatigue among rest home residents. Physical activity habits and physical function were the best predictors of fatigue explaining 47.5% of variance. The study demonstrates that body mass index, physical activity habits and physical function contribute to fatigue in rest home residents. These factors can be used to identify individuals at high risk of fatigue and to attenuate fatigue levels.
ISSN: 0361073X From : http://www.tandfonline.com

256/74 Comfort and clinical events at the end of life of nursing home residents with and without dementia: the six-country epidemiological PACE study; by Rose Miranda (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 7, July 2020, pp 719-727.
This study aimed to investigate the occurrence rates of clinical events and their associations with comfort in dying nursing home residents with and without dementia.
Epidemiological after-death survey was performed in nationwide representative samples of 322 nursing homes in Belgium, Finland, Italy, the Netherlands, Poland, and England. Nursing staff reported clinical events and assessed comfort. The nursing staff or physician assessed the presence of dementia; severity was determined using two highly discriminatory staff-reported instruments.
The sample comprised 401 residents with advanced dementia, 377 with other stages of dementia, and 419 without dementia (N = 1197). Across the three groups, pneumonia occurred in 24 to 27% of residents. Febrile episodes (unrelated to pneumonia) occurred in 39% of residents with advanced dementia, 34% in residents with other stages of dementia and 28% in residents without dementia (P = .03). Intake problems occurred in 74% of residents with advanced dementia, 55% in residents with other stages of dementia, and 48% in residents without dementia (P .001). Overall, these three clinical events were inversely associated with comfort. Less comfort was observed in all resident groups who had pneumonia (advanced dementia, P = .04; other stages of dementia, P = .04; without dementia, P .001). Among residents with intake problems, less comfort was observed only in those with other stages of dementia (P .001) and without dementia (P = .003), while the presence and severity of dementia moderated this association (P = .03). Developing 'other clinical events' was not associated with comfort.
Discomfort was observed in dying residents who developed major clinical events, especially pneumonia, which was not specific to advanced dementia. It is crucial to identify and address the clinical events potentially associated with discomfort in dying residents with and without dementia.
ISSN: 08856230 From : http://www.orangejournal.com

256/75 Everyone needs to understand each other's systems: stakeholder views on the acceptability and viability of a Pharmacist Independent Prescriber role in care homes for older people in the UK; by Kathleen Lane (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1479-1487.
The role of an innovative Pharmacist Independent Prescriber (PIP) for care homes to optimise medications has not been examined. This study explores stakeholders' views on issues and barriers that the PIP might address to inform a service specification for the PIP intervention in older people's care homes. Focus groups (n = 72 participants) and semi-structured interviews (n = 13) undertaken in 2015 across four sites in the United Kingdom captured the views of doctors, pharmacists, care-home managers and staff, residents and relatives. Stakeholders identified their expectations of what service should be provided by PIPs, what might affect their support for the role, and barriers and enablers to providing the service. Transcripts were analysed using the Theoretical Domains Framework to identify key components, which were reviewed by stakeholders in 2016. A PIP service was envisaged offering benefits for residents, care homes and doctors but stakeholders raised challenges including agreement on areas where PIPs might prescribe, contextual barriers in chronic disease management, PIPs' knowledge of older people's medicine, and implementation barriers in integrated team-working and ensuring role clarity. Introducing a PIP was welcomed in principle but conditional on: a clearly defined PIP role communicated to stakeholders; collaboration across doctors, PIPs and care-home staff; dialogue about developing the service with residents and relatives, based on trust and effective communication. To embed a PIP service within increasingly complex care-homes provision, the overarching theme from this research was that everyone must 'understand each other's systems'.
ISSN: 09660410 From : http://www.wileyonlinelibrary.com/journal/hsc

256/76 He just gave up: an exploratory study into the perspectives of paid carers on supporting older people living in care homes with depression, self-harm, and suicide ideation and behaviours; by Trish Hafford-Letchfield (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 984-1003.
This study explored the concept of'giving up' from the perspective of care staff working in care homes, and their everyday communication and hidden knowledge concerning what they think about this taboo topic and the context it reflects. Moving to a care home is a major transition where cumulative losses can pose risks to mental health in later life. If not recognised, this vulnerability can lead to depression which extends to suicide ideation and behaviours in the form of self-harm and self-neglect. Care homes are a significant place of care until death, yet a discourse of silence means that self-harm and suicide is under-reported or not attended to with specialist expertise. The layperson's concept of an older person 'giving up' on life is hardly discussed in the literature. This co-produced qualitative study used an inductive approach to explore this phenomenon through focus groups with 33 care staff across four care homes in South-East England. Findings paint a complex picture, highlighting tensions in providing the right support and creating spaces to respond to such challenging situations. 'Giving up' requires skilled detailed assessment to respond to risks alongside improved training and support for paid carers, to achieve a more holistic strategy which capitalises on significant relationships within a wider context.
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RESILIENCE

(See Also 256/35)

256/77 Surviving the holocaust: trauma and resiliency in later life; by Emily Rubin.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 3, April 2020, pp 139-142.
This 'letter to the editor' looks at the experiences of Leon, a Polish / Ukranian child, most of who's Jewish family were murdered by the Nazis. After two years hiding in a hole in a potato field, Leon was conscripted into the Russian army at age 14. After a period as a street orphan in Ukraine and as a refugee in Germany he was smuggled into British Palestine before ending up in America.
Despite repeated trauma, Leon maintained a practical disposition and a positive attitude to life. He became happily married raising two children and a number of grandchildren with whom he was able to spend time in a house near the sea he had built himself.
The letter goes on to examine the factors that lead to resilience in the face of trauma.
Leon's early life within a warm and stable family, a small community with firmly held views, his upbeat personality and a later life trajectory of schooling, marriage, child-rearing and career development all contribute to that resilience.
The letter suggests that Leon's story reflects four factors that encourage resilience: favourable personality, favourable developmental antecedents and life histories, favourable physical and mental health status, and favourable demographics, for example higher levels of education and income.
ISSN: 01634372 From : http://www.tandfonline.com

RETIREMENT

256/78 On how the nature of early retirement is related to post-retirement life conditions from a citizenship perspective; by Per H Jensen, Kristian Kongshoj, Wouter de Tavernier.: Cambridge University Press.
Ageing and Society, vol 40, no 5, May 2020, pp 1106-1129.
The aim of this paper is to analyse how the nature of retirement is related to post-retirement life conditions among early retirees. The study makes use of the concepts of push, pull and jump to describe why individuals retire early. Push is analysed as an outcome of poor health and firings, pull as a mechanical (reflective) response to economic and symbolic signals of the welfare state, while jump is described as a reflexive process; jumpers strive for new experiences (a new life project) and/or social gains (to be more together with grandchildren). Post-retirement life conditions are analysed in a four-dimensional citizenship perspective: (a) economic, (b) social and (c) political citizenship, as well as the feeling of having (d) 'equal social worth' vis-à-vis fellow citizens. Results show that role transitions are strongly affected by the nature of retirement. Jumpers largely seem to be shielded from low levels of citizenship in old age. Those pushed out of the labour market indeed run a rather high risk of lacking citizenship, epitomised as loss of economic and social citizenship as well as a low sense of having equal social worth vis-á-vis fellow citizens. No conclusive results were found for older workers subject to pull. Pullers made up a rather small proportion of the total sample.
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RURAL ISSUES

(See 256/33, 256/37, 256/50)

SLEEP

256/79 Co-resident care-giving and problematic sleep among older people: evidence from the UK Household Longitudinal Study; by Emma Maun, Karen Glaser, Laurie Corna.: Cambridge University Press.
Ageing and Society, vol 40, no 6, June 2020, pp 1195-1222.
In light of current pressures within formal social care services, informal carers assume an important role in meeting the care needs of a growing number of older people. Research suggests relationships between care-giving and health are complex and not yet fully understood. Recently, wide-ranging associations between sleep and health have been identified, however, our understanding of the links between care-giving and sleep is limited at present. This study assesses longitudinal patterns in co-resident care-giving and problematic sleep among older people in the United Kingdom. Our sample included 2,470 adults aged 65 years and older from the UK Household Longitudinal Study. Problematic sleep was defined as two or more problems in going to sleep, staying asleep or sleep quality. Using logistic regression models, we assessed how co-resident care-giving status, intensity and transitions influence the likelihood of problematic sleep in the following year, adjusting for potential confounding factors. Adjusted analyses found co-resident care-givers were 1.49 (95% confidence interval = 1.06-2.08) times more likely to report problematic sleep in the following year, relative to those not providing care. Care-giving over 20 hours per week and continuous co-resident care-giving also significantly increased the odds of problematic sleep. This suggests older co-resident care-givers may be at greater risk of incurring sleep problems than non-care-givers. Further longitudinal research is needed to investigate care-giver-specific consequences of poor sleep.
ISSN: 0144686X From : http://www.cambridge.org/aso

256/80 Sleep disturbances in adults with frailty and sarcopenia; by Reona Chiba, Yuki Ohashi, Akiko Ozaki.: Emerald.
Quality in Ageing and Older Adults, vol 21, no 2, 2020, pp 89-107.
This review aims to investigate the relationship between sleep and sarcopenia/frailty in older adults and clarify issues that remain to be addressed in future studies. PubMed was searched for relevant studies with the following keywords in the title: 'sleep' and 'sarcopenia' or 'sleep' and 'frailty.' A total of 15 studies published in English between 1998 and 2018 were reviewed. Among the four studies that examined the relationship between sarcopenia and sleep, two reported that long or short sleep duration increased the risk of sarcopenia and this association was more pronounced in women than men. Among the seven studies examining the relationship between frailty and sleep, four reported that higher Pittsburgh Sleep Quality Index (PSQI) scores were associated with an increased risk of frailty. Most previous studies have focused on interventions targeting a single area such as muscle strength or exercise habits, in older adults at risk for frailty. The results suggest that interventions targeting improved sleep may positively impact the maintenance of muscle strength. The literature review revealed that too much or too little sleep increases the risk of sarcopenia in older adults. Further, sleep deprivation, greater night-time wakefulness and reduced sleep quality increase the risk of frailty. Interestingly, the risk of mortality is increased in individuals with daytime functional disorders such as excessive drowsiness or napping habits.
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SOCIAL CARE

(See Also 256/15, 256/83)

256/81 Choice and control in social care: Experiences of older self-funders in England; by Kate Baxter, Emily Heavey, Yvonne Birks.
Social Policy and Administration, Vol 54, No 3, May 2020, 460-474.
This paper considers the experiences of older self-funders in England in the context of policies promoting choice and control. Self-funders are people who are not state-funded; they pay for social care from their own resources. Choice and control have been operationalized through personal budgets, based on the assumption that managing resources enhances ability to access appropriate care and support. This paper uses data from 40 qualitative interviews with self-funders and their relatives, and 19 with professionals. It explores the impact of the financial and social capital that self-funders are assumed to have and asks how older self-funders experience choice and control. The study found that older self-funders drew on personal experiences, family, and friends for information; were reluctant to spend their wealth on care due to competing priorities; and felt they had more control over the timing of decisions than people who were state-funded. Personal wealth appears to be perceived differently to funds 'gifted' to people through cash for care schemes.
From : https://onlinelibrary.wiley.com/doi/pdf/10.1111/spol.12534

TRAUMA, CONFLICT AND WAR

(See 256/5, 256/77)

VOLUNTEERING AND THE VOLUNTARY SECTOR

256/82 An army of volunteers?: Engagement, motivation, and barriers to volunteering among the Baby Boomers; by Thomas Hansen, Britt Slagsvold.: Taylor and Francis.
Journal of Gerontological Social Work, vol 63, no 4, May-June 2020, pp 335-353.
Aging baby boomers are expected to provide a large reservoir for the nonprofit sector. We find evidence which while broadly supportive of this idea also suggest limitations as to what can realistically be expected. Using data from the third (2017) wave of the Norwegian life-course, aging, and generation study (n = 2,993, age 53-71), we find that a sizable proportion is already engaged (65-68% in the past year) and around half of non-volunteers (from 58% among the youngest to 43% among the oldest) express interest in volunteering. However, most volunteering is sporadic and less than half of volunteers participate on a weekly basis. Furthermore, most of the non-volunteers who express interest seem unlikely to realize their interest as they simultaneously report important motivational and ability-related barriers to volunteering. A further challenge is that few boomers are willing to make a major commitment to volunteering. Findings suggest that to mobilize boomers, nonprofit organizations need to accommodate more self-interested and flexible forms of involvement.
ISSN: 01634372
From : http://www.tandfonline.com

256/83 Exploring the role of volunteers in social care for older adults; by Ailsa Cameron, Eleanor K Johnson, Paul B Willis, Liz Lloyd, Randall Smith.: Emerald.
Quality in Ageing and Older Adults, vol 21, no 2, 2020, pp 129-139.

This paper reports the findings of a study that explores the contribution volunteers make to social care for older adults, identifying lessons for the social care sector and policymakers. An exploratory multiple case study design was used to capture the perspectives and experiences of managers of services, volunteer co-ordinators, volunteers, paid care staff and older people. Seven diverse social care organisations took part in the study drawn from three locations in the South West of England.

The study identified three distinct models of volunteer contribution to social care services for older people - augmenting services, discrete provision, and assisting/filling gaps. Although the contributions made by volunteers to services are valued, the study drew attention to some of the challenges related to their involvement. The study confirms the importance of a member of staff having responsibility for volunteers.

The organisations taking part in this small-scale study were all based in the South West of England, and the authors suggest the findings may therefore not be generalisable but contribute to the growing evidence base.

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