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New Literature on Old Age

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ABUSE, SAFEGUARDING AND PROTECTION

257/1 Safeguarding adult reviews: informing and enriching policy and practice on self-neglect; by Michael Preston-Shoot.: Emerald.
Journal of Adult Protection, vol 22, no 4, 2020, pp 199-215.
The purpose of this paper is to update the core data set of self-neglect safeguarding adult reviews (SARs) and accompanying thematic analysis and explore the degree to which SARs draw upon available research and learning from other completed reviews.
Further published reviews are added to the core data set, mainly drawn from the websites of Safeguarding Adults Boards (SABs). Thematic analysis is updated using the four domains used previously. The four domains and the thematic analysis are rounded in the evidence-based model of good practice, reported in this journal previously. Multiple exclusion homelessness and alcohol misuse are prominent in this sample of reviews.
Familiar findings emerge from the thematic analysis and reinforce the evidence-base of good practice with individuals who self-neglect and for policies and procedures with which to support those practitioners working with such cases. Multiple exclusion homelessness emerges as a subset within this sample, demonstrating that SABs are engaging in reviews of people who die on the streets or in temporary accommodation.
The national database of reviews commissioned by SABs remains incomplete and does not contain many of the SARs reported in this evolving data set. The Care Act 2014 does not require publication of reports but only a summary of findings and recommendations in SAB annual reports. NHS Digital annual data sets do not enable identification of reviews by types of abuse and neglect. It is possible, therefore, that this data set is also incomplete. Drawing together the findings from the reviews nonetheless builds on what is known about the components of effective practice, and effective policy and organisational arrangements for practice.
The authors suggest that answering the question 'why' remains a significant challenge for safeguarding adult reviews. The findings confirm the relevance of the evidence-base for effective practice but SARs are limited in their analysis of what enables and what obstructs the components of best practice. Greater explicit use of research and other published SARs might assist with answering the 'why' question, drawing attention where appropriate to policies being pursued by the central government that undermine any initiative to end rough sleeping.
ISSN: 14668203
From : http://www.emeraldinsight.com/loi/jap

257/2 Safeguarding adult reviews and homelessness: making the connections; by Stephen Martineau, Jill Manthorpe.: Emerald.
Journal of Adult Protection, vol 22, no 4, 2020, pp 181-197.
This paper presents the results of a thematic analysis of safeguarding adults reviews (SARs) where homelessness was a factor to illuminate and improve safeguarding practice and the support of adults who are homeless in England.
SARs were identified from a variety of sources and a thematic analysis was undertaken using data extraction tables.
In addition to identifying shortcomings in inter-agency co-operation, SARs highlighted a failure to recognize care needs and self-neglect among people with experience of homelessness and evidenced difficulties in engagement between professionals and people with experience of homelessness.
The authors acknowledge they may have failed to find some SARs in this category (there is no central registry). SARs vary in quality and in detail; some were not full reports. The approach to people's experience of homelessness was broad and covered more than the circumstances of people who were rough sleeping or living on the streets.
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ACTIVE AGEING

257/3 Importance of activity engagement and neighborhood to cognitive function among older Chinese Americans; by Fengyan Tang, Wei Zhang, Iris Chi, Mengting Li, Xin Qi Dong.: Sage.
Research on Aging, vol 42, nos 7-8, August-September 2020, pp 226-235.
This study investigates the differential associations of activity engagement and perceived neighbourhood characteristics (i.e., cohesion, disorder, sense of community) with cognitive measures. Using data of 2,713 Chinese older adults in Chicago, who completed two interviews between 2011 and 2015, the study identified three activity domains: reading, social, and games. In general, engagement in more reading and social activities was associated with better baseline cognitive function, but the positive effects tapered off over time in some cases. Neighbourhood cohesion had both direct and indirect effects on cognitive function. Engagement in social activities mediated the neighbourhood cohesion effects, that is, living in a cohesive neighbourhood promoted social activities and consequently benefited cognitive function. Findings speak to the importance of activity engagement and neighbourhood cohesion for cognition among the U.S. Chinese older adults. Future research is needed to investigate the longitudinal relationships of activity engagement and environmental factors with cognitive change.
ISSN: 01640275
From : http://www.journals.sagepub.com/home/roa

AGEING (GENERAL)

257/4 Precarity and the assumption of rising insecurity in later life: a critique; by Chris Gilleard, Paul Higgs.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 1849-1866.
In recent years, several authors have drawn attention to signs of growing inequalities in the ageing populations of the developed economies. Such formulations have employed the concept of precariousness to suggest that a 'new' precarity has emerged in old age. Questioning this position and drawing on data reported over the last two decades on income and health inequalities between and within retired and working-age households, the present paper argues that evidence of this 'precarity' is speculative at most and relates more to imagined futures than to empirically observed trends in the present. The ageing of ageing societies - that is the growing agedness of the older population - might imply an increase in precarity or vulnerability at older ages, but this is not a result of changes in the underlying economic and social relations of society. Instead, the authors would contend that it is the corporeal consequences of living longer. By conflating the various meanings of 'precarity' there is a corresponding danger that the very real changes brought about by population ageing will be underplayed, which may be to the detriment of the most vulnerable. The idea of a new precarity in later life may thus not serve the ends to which it is intended.
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AGEING IN PLACE

(See 257/53, 257/62)

AGEISM AND AGE DISCRIMINATION

257/5 The ideology of ageism versus the social imaginary of the fourth age: two differing approaches to the negative contexts of old age; by Paul Higgs, Chris Gilleard.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1617-1630.
The development of social gerontology has led to the emergence of its own terminology and conceptual armoury. 'Ageism' has been a key concept in articulating the mission of gerontology and was deliberately intended to act as an equivalent to the concepts of racism and sexism. As a term, it has established itself as a lodestone for thinking about the de-valued and residualised social status of older people in contemporary society. Given this background, ageism has often been used to describe an overarching ideology that operates in society to the detriment of older people and which in large part explains their economic, social and cultural marginality. This paper critiques this approach and suggests an alternative based upon the idea of the social imaginary of the fourth age. It argues that not only is the idea of ageism too totalising and contradictory but that it fails to address key aspects of the corporeality of old age. Adopting the idea of a social imaginary offers a more nuanced theoretical approach to the tensions that are present in later life without reducing them to a single external cause or explanation. In so doing, this leaves the term free to serve, in a purely descriptive manner, as a marker of prejudice.
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From : https://doi.org/10.1017/S0144686X19000096

ALTERNATIVE THERAPIES

257/6 Complementary therapy for advanced dementia palliation in nursing homes; by Bryan Mitchell (et al).: Emerald.
Journal of Integrated Care, vol 28, no 4, 2020, pp 419-432.
This paper reports on an action research study that aimed to collaboratively develop a complementary therapy care intervention to augment palliative care choices available to nursing home residents with advanced dementia.
An action research design was adopted that consisted of a series of action cycles involving collaborative exploration, problem-solving planning, development and evidence gathering. A combination of mixed methods was used when gaining data at the different stages, including face to face delivered questionnaires, observational notes, focus groups, and the objective measure of the Neuropsychiatric Inventory adapted for Nursing Homes (NPI-NH).
Care home staff and relatives considered the use of Complementary Therapy to be a helpful intervention promoting that it can reduce a sense of loneliness and provide companionship for residents experiencing distress. Analysis of NPI-NH scores showed a reduction in presenting neuropsychiatric behaviours associated with stress and distress.
The study concludes that differing levels of participant group engagement may affect its findings as it was noted that care home staff provided a fuller contribution to the project in comparison to relatives. Implementation guidance is needed when implementing complementary therapy within the nursing home practice to promote consistency and successful integration of an intervention that is not provided as routine care.
ISSN: 14769018
From : http://www.emeraldinsight.com/loi/jica

257/7 Yoga as an intervention for older people's mental health: a literature review; by Georgia Belam.: Emerald.
Working with Older People, vol 24, no 3, 2020, pp 159-169.
Yoga practice has become increasingly popular around the world for the benefits it can bring for physical and mental health. However, little research has been done regarding the use of yoga as a therapy for older people with mental health problems. This literature review looks at what research has been done to look into the use of yoga as therapy for older people with mental health problems, what does this research show and what directions may this work take in the future.
The review locates only four completed and one upcoming study and concludes that although the research is in its infancy, yoga has the potential to be a useful treatment for older people with mental health problems.
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

ANXIETY

(See Also 257/32)

257/8 Anxiety disorders in late life: why are we not more worried?; by Terence W H Chong, Nicola T Lautenschlager, Kaarin J Anstey, Christina Bryant.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 9, September 2020, pp 955-961.
This editorial considers why, although late-life anxiety disorders are highly prevalent and cause significant disability, they receive relatively little research attention. Possible explanations include the relatively early age of onset; underestimates of the prevalence because diagnostic tools are not adapted to use in later life; a perception that anxiety disorders are less disabling than some other mental health conditions; a perception that it is linked to, or part of, depression; and a lesser understanding of the impact of anxiety on cognition.
The study concludes that anxiety contributes to excess mortality and is therefore a 'silent killer'. There is also evidence that anxiety is a modifiable risk factor associated with a worsening of dementia trajectories.
Key areas for research development include detection of late-life anxiety; the interaction with dementia and depression; and effective treatments.
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ARTS, CRAFT AND MUSIC

(See Also 257/73)

257/9 Art intervention among Finnish older people and their caregivers: experiences of art pedagogies; by Hanna Pohjola, Anne Vaajoki, Tarja Valimaki.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1780-1786.
The benefits of art therapies on older people's health have been well documented. However, studies into the perspectives of pedagogues on conducting arts interventions are scarce and no empirical evidence of the views of professional pedagogues views have been published to date. In this study, seven professional art pedagogues were interviewed using a thematic interview approach focusing on the pedagogues' experiences of conducting arts interventions with a family caregiver and care recipient dyads. The interviews were analysed inductively using thematic content analysis. According to the analysis, three intersecting themes were found that both steered the pedagogical process and emerged from the process: holistic pedagogy, professional development and witnessing. The themes revealed a further understanding of approaches to the interviewees' teaching and the value of participatory community arts in practice. The pedagogues' experiences encourage art pedagogy to be acknowledged in a wider context within communities and healthcare environments. Further studies on interdisciplinary projects in collaboration with art pedagogues and healthcare professionals are encouraged.
ISSN: 09660410 From : http://www.wileyonlinelibrary.com/journal/hsc

ASSISTIVE TECHNOLOGY

257/10 Impact of IoT on geriatric telehealth; by Christian M Graham, Nory Jones.: Emerald.
Working with Older People, vol 24, no 3, 2020, pp 231-243.
The purpose of this paper is to explore the benefits of the internet of things (IoT) technology on geriatric telehealth.
An exploratory case study approach is used to understand the applicability of the internet of medical things in geriatric telehealth. Data was collected from several managers who analyzed rates of re-hospitalizations for patients using telehealth services compared to those not using telehealth services and observations of patient satisfaction rates with telehealth services.
Benefits from the use of IoT included significant reductions in re-hospitalization rates for older adults and patients became more engaged in maintaining their health and wellness goals while becoming more tech-savvy, empowered and satisfied with the telehealth experience.
ISSN: 13663666 From : http://www.emeraldinsight.com/loi/wwop

ATTITUDES TO AGEING

257/11 Forever young?: An analysis of the factors influencing perceptions of ageing; by Valeria Bordone, Bruno Arpino, Alessandro Rosina.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1669-1693.
Drawing on the revived literature on the subjective dimension of ageing, this paper investigates whether people aged 65+, usually defined as old, do actually feel old and which events they associate with feeling old. Logistic models are used on unique data from the 2013 survey called 'I Do Not Want to Be Inactive', conducted on individuals aged 65-74 in Italy (N = 828). It is found that a large proportion of respondents do not feel old at all. The analyses show that women are more likely than men to feel old and to think that society considers them old. While men feel old mainly when they retire, women associate this feeling with loneliness, loss of independence and death of loved ones. Higher-educated people are less likely to associate feeling old with loneliness and boredom than their lower-educated counterparts. The findings have important implications for the conceptualisation of ageing. Most people who are old according to the standard threshold of 65 do not consider reaching this age as a distinctive marker of old age in their lifecourse. This suggests that absolute thresholds for setting the start of old age are questionable. Feeling old seems to be mainly influenced by events, such as retirement and death of loved ones, hinting to the importance of the social construction of ageing in addition to its biological dimension. Researchers and policy makers are encouraged to give more attention to layperson views on ageing.
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BEREAVEMENT

(See Also 257/58)

257/12 The death of confidants and changes in older adults' social lives; by James Iveniuk, Peter Donnelly, Louise Hawkley.: Sage.
Research on Aging, vol 42, nos 7-8, August-September 2020, pp 236-246.
This study examines the consequences of confidant death for the social lives of older adults, testing hypotheses from socio-emotional selectivity theory and the hierarchical compensatory model. We draw upon longitudinal data from the National Social Life Health and Aging Project-a nationally representative survey of older adults (N = 2,261). We employ ordinary least squares (OLS) and ordinal logistic regressions in the context of multiple imputation with chained equations, checking our findings with doubly robust estimation. We find that the death of a spouse, but not the death of a family member or friend, was associated with increased support from friends and family, spending more time with family, and more frequent participation in religious services, but not volunteering. Death of other confidants also had little impact on older adults' social lives, suggesting the robustness of their networks to nonspousal loss.
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BLACK AND MINORITY ETHNIC GROUPS

257/13 Kaumatua mana motuhake in action: developing a culture-centred peer support programme for managing transitions in later life; by Mary Louisa Simpson (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1822-1845.
New Zealand's ageing population and health inequities for Maori (Indigenous peoples) have prompted calls for innovative, culturally based approaches to improving health and wellbeing, and managing transitions in later life. This is particularly important for kaumatua (Maori elders) who, despite cultural strength and resilience, carry a significant burden in health, economic and social inequities. This paper describes the culture-centred development of a 'tuakana-teina' (elder sibling-younger sibling) peer support education programme designed to help kaumatua support other kaumatua experiencing transitions in later life. Taking a strengths-based approach that highlights 'kaumatua mana motuhake' (elder independence and autonomy), the study used kaupapa Maori (Maori approach, knowledge, skills, attitudes and values) and community-based participatory research methodology, to develop and pilot a culture-centred tuakana-teina/peer education programme. Methods included establishing two advisory groups (one of kaumatua and one of sector experts); holding five focus groups with kaumatua; and running a pilot programme with 21 kaumatua. The findings demonstrate the value in a strengths-based approach that centralises Maori culture and kaumatua potential, capacity and ability, and recognises the continuing value and contribution of kaumatua to society. The study helps shift the focus from dominant stereotypes of ageing populations as a burden on society and shows the value of kaumatua supporting others during transitions in later life.
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CARERS AND CARING

(See Also 257/30, 257/38, 257/39, 257/79)

257/14 Caregiving work: the experiences and needs of caregivers in Australia; by Aspa Sarris, Martha Augoustinos, Nicole Williams, Brooke Ferguson.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1764-1771.
A considerable evidence base exists demonstrating the high prevalence of family caregiving in the community; however, there is a paucity of in-depth research examining the impact of family caregiving on the living and employment needs of those providing this unpaid service. This study employed a qualitative interview design with purposive sampling to examine the experiences of family caregivers, in order to examine how family caregiving decisions are made, the nature and challenges of caregiving work, and living and work supports that may enhance the caregiving experience. A sample of 12 adults providing care and assistance to family members with a range of disabilities, chronic conditions and long-term illnesses were interviewed. The results showed that family caregivers 'fall into' the caregiving role and often continue to provide care indefinitely without pay and with little or no financial support from others. In describing the best aspects of their experience many caregivers talked about helping their care recipient remain in their home and maintain their independence. In describing the worst aspects of their experience, all referred to the living and financial challenges of the caregiving work, and many highlighted the impact of their caregiving work on their employment and career needs. In conclusion, there is a need for public policies, programs and health services in Australia to better respond to the living, financial and support needs of family caregivers as health service providers, as well as their employment, development and career needs which are seriously impacted upon by caregiving work.
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From : http://www.wileyonlinelibrary.com/journal/hsc

257/15 Factors associated with caregiver burden among adult (19-64) informal caregivers: an analysis from Dutch municipal health service data; by Emma Koopman, Monique Heemskerk, Allard J van der Beek, Pieter Coenen.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1578-1589.
Due to the ageing population and the rising prevalence of chronic diseases, it is expected that the demand on informal caregivers will increase. Many informal caregivers experience burden, which can have negative consequences for their own health and that of the care recipient. To prevent caregiver burden, it is important to investigate factors associated with this burden. We aimed to identify factors associated with caregiver burden in adult informal caregivers. Among a sample of adult informal caregivers (n = 1,100) of the Dutch region of Zaanstreek-Waterland, perceived caregiver burden, demographic factors, caregiving situation, health-related factors and socio-financial factors were measured as part of the national Health Survey in 2016. Using univariate and multivariate logistic regression analysis, for which a backward selection method was applied, associations with caregiver burden were studied. In the multivariate model, time spent providing informal care was significantly associated with perceived caregiver burden, with an odds ratio (OR) [95% confidence interval] of 7.52 [3.93-14.39] for those spending >16 hr compared to 1-2 hr on informal care. Also providing care to their child(ren) (OR: 2.55 [1.51-4.31]), poor perceived health (OR: 1.80 [1.20-2.68]) and loneliness of the caregiver (OR: 2.05 [1.41-2.99]) were significantly associated with caregiver burden. To possibly prevent and reduce informal caregiver burden, factors associated with such burden should be intervened on. As such, special attention should be paid to caregivers who provide many hours of care or provide care to their child(ren), as well as those who have a poor perceived health themselves and/or experience feelings of loneliness.
ISSN: 09660410 From : http://www.wileyonlinelibrary.com/journal/hsc

257/16 Time for care: exploring time use by carers of older people; by Alison Bowes, Alison Dawson, Rosalie Ashworth.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1735-1758.
The paper focuses on temporal aspects of informal caring for older people. Limitations of large-scale surveys in capturing such data are noted and time-use methodology, despite its own limitations, is proposed as a promising alternative. Adopting a critical perspective on time that includes carers' own conceptualisations, this study reports the findings of a qualitative study of carers' time use. Sixty-two interviews with carers, male/female, co-resident/not co-resident, employed/not employed, and located across Great Britain were conducted. Analysis considered people's own diverse and ambiguous views of their care activities. Carers' accounts of their time revealed non-linear experiences and a sense of being permanently on call. Interviewees often travelled distances to engage in support activities with or for older people. Changes over time were pervasive, increasing or reducing care requirements. Unanticipated events could precipitate radical changes in time use. Managing time, exercising temporal agency, was particularly apparent in accounts of care, employment, other family responsibilities and choices about friendship. Measurement of carers' time use which draws on the conceptual foundation of carers' own perspectives on time may provide more effective quantitative understanding of the temporal aspects of caring. It should not pre-define time, must grasp a variety of tasks, take account of intermittent activity, incorporate the 24/7 experience of many carers and demonstrate how caring time interacts with other time.
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COGNITIVE DIVERSITY

257/17 I will never be old: adults with Down syndrome and their parents talk about ageing - related challenges; by Adi Finkelstein, Ariel Tenenbaum, Yaacov G Bachner.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1788-1807.
The life expectancy of people with Down syndrome (DS) has increased significantly over the last few decades. Consequently, they and their families face new ageing-related challenges, the first signs of which appear in people with DS around the age of 30. The goal of this study was to explore the perceptions of adults with DS regarding their own and their parents' ageing and end of life, and to examine the views and concerns of the parents regarding the ageing of their children with DS. The unique approach used in the study was to convene not only the ageing people with DS but also their parents, to discuss the subject together. A total of 33 people with DS participated in the study. Most of them were interviewed with one or two parents. Participants with DS found it difficult to talk about their own old age and addressed the issue mainly through the decline in the functioning of an older person they knew. The parents emphasised the changes needed in terms of the official regulations, so as to ensure that their children with DS age with dignity and quality of life. The study identifies the increasingly pressing need to prepare adults with DS for their own and their parents' ageing and end of life in a timely manner.
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CONTINENCE

257/18 Impact of physiotherapeutic methods on urinary incontinence in the elderly; by Monika Frontczak, Natalia Ciemna, Kornelia Kedziora-Kornatowska.: Emerald.
Working with Older People, vol 24, no 3, 2020, pp 171-179.
Urinary incontinence is one of the most important health problems for people over 65 years of age. It is defined as involuntary and uncontrolled loss of urine. This paper aims to present a contemporary view on the effects of physiotherapeutic procedures in combating urinary incontinence. Physiotherapeutic procedures were compared: pelvic floor muscle exercises, physical therapy and biofeedback (BF) to demonstrate their effectiveness in managing urinary incontinence in older people.
The databases Pubmed and GoogleScholar have been searched for articles on the impact of interventions / physiotherapeutic procedures on the effectiveness of the treatment of urinary incontinence in older age. Pelvic floor muscle exercises are found to be effective in the treatment of urinary incontinence, strengthen muscle strength and improve patients' quality of life. A long-lasting, systematic and individual training programme with a physiotherapist is the most effective. BF helps to intensify the therapeutic effect of exercise but also allows you to achieve good results as an independent treatment method. Positive effects are also noticeable in physical therapy, electrostimulation and magnetotherapy are very effective. The study concludes that physiotherapeutic procedures have a positive effect in the treatment of urinary incontinence in older age but further research is needed to clarify the most effective methods.
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DEATH AND DYING

257/19 An autoethnography of death and dying in Northern Ireland; by Aine Carroll.: Emerald.
Journal of Integrated Care, vol 28, no 4, 2020, pp 327-336.
In Northern Ireland, access to good quality palliative care is an accepted and expected part of modern cancer care. The 'Transforming Your Palliative and End of Life Care' programme 'supports the design and delivery of coordinated services to enable people with palliative and end of life care needs to have choice in their place of care, greater access to services and improved outcomes at the end of their lives'. The purpose of this autoethnography is to share the author's lived experience so that it might be used to improve services.
Autoethnography is employed as the research method. The author describes her experience of caring for father over the last six months of his life. She explores the tensions between the different players involved in the care of her father and the family and the internal conflict that developed within her as daughter, carer, care coordinator and doctor. Using multiple data sources, selected data entries were explored through reflexive, dyadic interviews to explore the experience and meaning in each story.
The author finds that autoethnography is a powerful tool to give voice to the carer experience. Narration can be a powerful tool for capturing the authentic lived experiences of individuals and families and is a tool seldom utilised in integrated care. This account provides an insight into the author's expectations of integrated palliative care, as a designer and implementer, and now an academic, in integrated care. It concludes with some reflections about the gap between policy and practice in palliative care services in Northern Ireland.
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From : http://www.emeraldinsight.com/loi/jica

257/20 Communication with family concerning body donation in Hong Kong: what do we know?; by Wallace Chi Ho Chan, Sun On Chan, Adrienne Lei Yung Wong, Pasu Kwai Lun Ng.: Wiley.

Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1817-1826.

This study aimed to examine three major issues: (a) The extent to which registered donors have communicated with family about body donation; (b) The differences in demographics, life and death attitudes, and quality of relationship with family members between those who communicated their body donation decision and those who did not; (c) The factors associated with the act of communicating with family about body donation. A survey was conducted of people who registered in a body donation programme in Hong Kong. A total of 1,070 registered donors completed an online questionnaire between August and September 2016. The majority of participants (80.1%) reported that they communicated with family members about body donation. About one-third only informed family members of their decisions after registration, and around 15.6% did not communicate with family members. Those who communicated with family were significantly older and married; they also indicated more positive life and death attitudes and a better quality of relationship with family members. Three factors were found to have significant associations with the act of communicating with family members about the decision to donate the body: (a) Age, (b) Quality of life, (c) Quality of relationship with family members. Communication with family members about body donation is still inadequate. Future body donation programmes may focus more on the way body donation decisions can be better communicated with family members. Special attention can be given to younger registered donors who find it difficult to communicate with the older generation, those who indicate more negative life and death attitudes, and who experienced a poorer quality of relationship with family members.

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

257/21 The global spread of death cafe: a cultural intervention relevant to policy?; by Naomi Richards (et al).: Cambridge University Press.

Social Policy and Society, vol 19, no 4, October 2020, pp 553-572.

New demographic and epidemiological trends mean people are dying at older ages and over long periods of time, from multiple, chronic illnesses. There is a perception that these growing and changing needs will require novel community responses. One starting point is having 'conversations' about dying and death, and in this the phenomenon of 'Death Café' merits attention. In the first study of its kind, the authors report on interviews with forty-nine Death Café organisers in thirty-four countries, exploring how this 'cultural intervention', first developed in the UK, has transferred elsewhere. Using thematic analysis, the study identifies competing tensions between: local translation of Death Café and a desire for international alignment alongside instrumental use of the Death Café form and its incidental effects. The study concludes that the passion and commitment of Death Café organisers is compelling but may not lead to the behavioural change required to support a new public face of dying.

ISSN: 14747464 From : http://www.cambridge.org/sps

257/22 Respecting the autonomy of the living and dying; by Jill Stavert.: Emerald.

Journal of Integrated Care, vol 28, no 4, 2020, pp 379-385.

The purpose of this study is to inform those who are supporting persons who are dying and are responsible for planning, commissioning or delivering palliative care about the need to support and maximise the decision-making ability and choices of persons with advanced dementia or severe frailty. It considers the legal and human rights principles applicable to Scotland, and to other jurisdictions, which govern decisions about care and treatment of persons with and without capacity and the application of these principles to palliative care situations.

It is important that those involved in the care and support of the dying are fully aware of the need to support and maximise their decision-making ability concerning palliative care and treatment choices. It is a well-established legal and human rights principle that the decisions of a person with capacity must be respected, including decisions about palliative care and treatment at the end of life. Moreover, recent developments in international human rights law reinforce the message that this principle applies equally to all. Applying this principle into persons with advanced dementia or severe frailty therefore requires skilled assessment and supported decision-making in order to optimise capacity and respect autonomy.

ISSN: 14769018 From : http://www.emeraldinsight.com/loi/jica

257/23 Temporal trends in place of death for end-of-life patients: evidence from Toronto, Canada; by Zhuolu Sun, Denise N Guerriere, Claire de Oliveira, Peter C Coyte.: Wiley.

Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1807-1816.

Understanding the temporal trends in the place of death among patients in receipt of home-based palliative care can help direct health policies and planning of health resources. This paper aims to assess the temporal trends in place of death and its determinants over the past decade for patients receiving home-based palliative care. This paper also examines the impact of early referral to home-based palliative care services on patient's place of death. Survey data collected in a home-based end-of-life care program in Toronto, Canada from 2005 to 2015 were analysed using a multivariate logistic model. The results suggest that the place of death for patients in receipt of home-based palliative care has changed over time, with more patients dying at home over 2006-2015 when compared to 2005. Also, early referral to home-based palliative care services may not increase a patient's likelihood of home death. Understanding the temporal shifts of place of death and the associated factors is essential for effective improvements in home-based palliative care programs and the development of end-of-life care policies.

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

DEMENTIA

257/24 The development and validation of the adolescent level of contact with dementia scale; by Sahdia Parveen, Alys Wyn Griffiths, Nicolas Farina.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 10, October 2020, pp 1134-1140.
As the number of people living with dementia increases, reducing stigma has become a policy priority. One way of decreasing stigma is through contact with the stigmatised group. However, the impact of this is difficult to establish due to a lack of validated measures suitable for adolescents. The aim of this study was to develop and validate a level of contact questionnaire designed to assess adolescents' contact with people living with dementia.
Participants were recruited from five schools in two studies (N = 446 and N = 488) and completed the preliminary 11-item version of the adolescent level of contact of dementia (ALoCD).
Study 1 explored the factor structure of the ALoCD, revealing two factors 'direct contact' and 'indirect contact'. Study 2 confirmed the structure of the ALoCD and tested for discriminant validity. These two studies resulted in a 9-item scale that showed adequate internal consistency (alpha = .89, alpha = .62) and discriminant validity between those who did and did not live with a person with dementia.
The development of this scale enables assessment of direct (eg, living with a person with dementia) and indirect (watching a TV show about dementia) contact with dementia, and the extent of this contact. This initial validation suggests a psychometrically sound scale but further research should be undertaken to fully explore the properties of the scale.
ISSN: 08856230
From : http://www.orangejournal.org

257/25 Looking ahead to a future with Alzheimer's disease: coping with the unknown; by Rosalie Marie Ashworth.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1647-1668.
The conceptualisation of Alzheimer's disease as an illness with 'no future' exposes people with the condition to significant fear and stress. Therefore, exploring how people look ahead to the future in the face of Alzheimer's disease is of foremost importance. Semi-structured interviews (N = 14) explored the future outlook of people with early (N = 5) and late-onset (N = 7) Alzheimer's disease and those who support them (N = 14). Thematic analysis identified how participants managed their changing futures through focusing on positive information, and taking 'one day at a time'. Younger and older people shared similar future outlook and subsequent coping strategies, as predicted by Carstensen's Socioemotional Selectivity Theory. Both people with Alzheimer's disease and those who support them avoided looking far ahead as a way of managing the uncertain future, and had little awareness of future planning in the context of current policies. Such avoidance suggests that policy which encourages future planning should consider its utility and explore ways of helping people to plan, whilst focusing on daily living.
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X19000151

257/26 A nationwide Swedish study of age at retirement and dementia risk; by Anna Sundstrom, Michael Ronnlund, Maria Josefsson.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 10, October 2020, pp 1243-1249.
The aim of this study was to examine the association between age at retirement and dementia risk, with a follow-up period of up to 24 years.
The cohort study comprised Swedish citizens born in 1930 who were alive in the year 1990 (n = 63 505). The cohort was followed for incidents of dementia through data provided by the Swedish National Patient Register and the Cause of Death Register. Age at retirement and socioeconomic variables were retrieved from Statistics Sweden.
During the follow-up, 5,181 individuals received a dementia diagnosis. Competing risk regression models, adjusted for sex, education, marital status, occupation, and previous history of cardiovascular diseases, showed that later-than-average retirement age was associated with decreased dementia risk. These findings supports the idea that higher age at retirement is associated with reduced risk of dementia. However, it also highlight the complexity of retirement's relationship to dementia and suggest that underlying factors, such as premorbid cognitive level and genetic predisposition, may have influenced the findings and need to be considered in future studies before any causal inferences are drawn.
ISSN: 08856230
From : http://www.orangejournal.org

257/27 Not forgetting gender: women and dementia; by Jill Manthorpe, Kritika Samsi.: Emerald.
Working with Older People, vol 24, no 3, 2020, pp 221-230.
The purpose of this paper is to explore how any proposed Women's Health Strategy could address the needs of women affected by dementia in England. The authors explore the current evidence about dementia and female gender under three main strands relating to policy and practise: women living with dementia, female carers and female practitioners supporting people with dementia.
ISSN: 13663666
From : http://www.emeraldinsight.com/loi/wwop

DEMENTIA CARE

(See Also 257/6, 257/27, 257/57, 257/76, 257/84)

257/28 Components of a community model of dementia palliative care; by Siobhan Fox (et al).: Emerald.

Journal of Integrated Care, vol 28, no 4, 2020, pp 349-364.

The Model for Dementia Palliative Care Project will develop a service-delivery model for community-based dementia palliative care. Many countries provide dementia palliative care services, albeit with considerable variability within these. However, little is known about what service providers consider to be the most important components of a dementia palliative care model. This study aimed to address this knowledge gap.

An exploratory design using a survey method was used as an initial phase of the wider project. A web-based survey was developed, piloted (n = 5), revised, and distributed within five healthcare jurisdictions: the Republic of Ireland, Northern Ireland, England, Scotland, and Wales. The target population was health and social care professionals, policymakers, and academics interested in dementia and palliative care. Content analysis of open-ended questions identified common themes; descriptive statistics were applied to the closed-ended questions.

Overall, N = 112 complete surveys were received. Key care principles incorporated the philosophies of palliative care and dementia care; many described 'holistic' and 'person-centred care' as the core. Important individual service components were the support for carers, advanced care planning, information, education and training, activities for 'meaningful living', comprehensive disease management, coordinated case management, and linking with community health services and social activities. Barriers included poor availability and organisation of healthcare services, stigma, misconceptions around dementia prognosis, insufficiently advanced care planning, and dementia-related challenges to care. Facilitators included education, carer support, and therapeutic relationships.

ISSN: 14769018 From : http://www.emeraldinsight.com/loi/jica

257/29 Reliability and validity testing of the assessment of the environment for person-centred management of BPSD and assessment of policies for person-centred management of BPSD measures; by Barbara Resnick (et al).: Taylor and Francis.

Journal of Aging and the Environment, vol 34, no 3, July-September 2020, pp 310-331.

The purpose of this study was to test the reliability and validity of the Assessment of the Environment for Person-Centered Management of Behavioural and Psychological Symptoms of Dementia (BPSD) and the Assessment of Policies for Person-Centered Management of BPSD. The sample included 35 long term care facilities. There was evidence of reliability based on internal consistency and test-retest reliability of both measures. There was some evidence of validity based on Rasch model testing and INFIT and OUTFIT statistics. Across both measures, there were six items that were endorsed as present by all facilities. The INFIT and OUTFIT statistics were all within the expected range of .5 to 1.5 with the exception of four high OUTFIT statistics for the Assessment of the Environment for Person-Centered Management of BPSD. For the Assessment of Policies for Person-Centered Management of BPSD, there were two items that had high INFIT statistics and six with low OUTFIT statistics and one with high OUTFIT statistics. Measure revisions are suggested including removal of some poor fitting items, items with no variance, and adding items to differentiate those very high in evidence of environments and policies that manage BPSD.

ISSN: 26892618 From : http://www.tandfonline.com

257/30 A systematic review of the association between individual behavioural and psychological symptoms in dementia and carer burden; by Catriona George, Nuno Ferreira, Rosalind Evans, Victoria Honeyman.: Emerald.

Working with Older People, vol 24, no 3, 2020, pp 181-203.

The purpose of this paper was to systematically review the association between behavioural and psychological symptoms of dementia (BPSD) and the development of carer burden. Although this association has been well established in the literature, it is not clear whether there are individual symptoms or clusters of symptoms that are particularly burdensome for carers.

A systematic review of the available literature was carried out to determine whether any specific symptom or cluster of symptoms was most closely associated with carer burden. In addition, the categorisation of behavioural symptoms, conceptualisations of burden and methods of measurement used were examined and quality of the studies appraised.

A total of 21 studies measured the association between at least one individual symptom or symptom cluster and carer burden, with all studies finding at least one symptom to be significantly associated with burden. The majority of studies were of fair to good quality. However, there was considerable heterogeneity in focus, analysis, recruitment and measurement of behaviour and burden.

Symptoms, which were found to be significantly associated with carer burden, were aggression/agitation, frontal systems behaviour, disinhibition, disrupted eating and sleeping behaviour, unusual motor behaviour, anxiety and psychotic symptoms. However, because of the heterogeneity of studies, there was insufficient evidence to establish whether any symptoms are more important than others in the development of carer burden. The study concludes that a future focus on clarifying the dimensions of carer burden and the mechanisms by which BPSD impact negatively on carers could inform the development of effective interventions.

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

DEPRESSION

257/31 Accumulated lifecourse adversities and depressive symptoms in later life among older men and women in England: a longitudinal study; by Jane Falkingham (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 10, October 2020, pp 2079-2105.
This paper investigates the association between accumulated major lifecourse adversities and later-life depressive symptoms among older people in England, both at a single point in time (prevalence) and the onset over time during later life (incidence), using data from the English Longitudinal Study of Ageing. Using retrospective data on the experience of major life adversities from childhood onwards, five latent classes were identified: no/few lifecourse adversities (58.6%), lost relationship (27.0%), chained adversities (2.4%), childhood adversities (6.3%) and war-related adversities (5.7%). Older people who had experienced 'chained adversities', 'childhood adversities' and 'a lost relationship' had higher odds of presenting current depressive symptoms in 2006, even after controlling for socio-demographic characteristics, health-risk behaviours and social resources. Longitudinal analysis indicated that amongst respondents who were clear of depression in 2006, those older people who had experienced childhood adversities, a lost relationship and war-related adversities experienced a higher risk of having a new case of depressive symptoms. Results further indicate that women's mental health in later life is more sensitive to earlier life adversities than men's. The study shows that intervention earlier in the lifecourse may have benefits for the individual both contemporaneously and over the longer term.
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X19000461

257/32 Continuation sessions of mindfulness-based cognitive therapy (MBCT-C) vs. treatment as usual in late-life depression and anxiety: an open-label extension study; by Elena Dikaios (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 10, October 2020, pp 1228-1232.
Mindfulness-based cognitive therapy (MBCT) is a novel treatment for depression. This published randomized controlled trial shows that MBCT improves symptoms of late-life depression (LLD) and anxiety (LLA). The study examines whether continuation sessions of MBCT (MBCT-C) can prevent LLD/LLA symptom recurrence.
Following an 8-week MBCT intervention, the study compared patients who attended open-label weekly 1-hour MBCT-C for another 26 weeks (n = 10) vs those who did not (n = 17) for change in depressive and anxiety symptoms.
While there were no significant differences between groups on depressive or anxiety symptom severities between 8- and 34- weeks (Cohen's d = 0.045), a small clinical effect of MBCT-C on symptoms of anxiety (d = 0.29) was observed.
These preliminary results suggest that MBCT-C may be somewhat beneficial for symptoms of LLA, but not for LLD. Healthcare providers should consider what is clinically feasible before investing time and resources into MBCT-C in older adults with depression and/or anxiety.
ISSN: 08856230
From : http://www.orangejournal.org

257/33 Differential effects of social support by sexual orientation: a study of depression symptoms among older Canadians in the CLSA; by Arne Stinchombe, Nicole G Hammond, Kimberley Wilson.: Sage.
Research on Aging, vol 42, nos 9-10, October-December 2020, pp 251-261.
This study examined differences in symptoms of mental illness, specifically depression, by sexual orientation and examined the protective role of social support among lesbian, gay, and bisexual (LGB) older Canadians. Data were drawn from the Canadian Longitudinal Study on Aging, a national study of adults aged 45-85 years at baseline (n = 46,157). The study examined whether the effect of sexual orientation on depression symptoms was moderated by four types of social support: emotional/informational support, affectionate support, tangible support, and positive social interaction. LGB identification was associated with increased depression symptoms relative to heterosexual participants. After adjustment for covariates, bisexual identity remained a significant predictor of depression symptoms. Low emotional/informational social support was associated with increased depression symptoms, an effect that was most pronounced for lesbian and gay participants. The findings contribute to the growing body of research on the mental health of older LGB people.
ISSN: 01640275
From : http://www.journals.sagepub.com/home/roa

DIET AND NUTRITION

257/34 Food insecurity in Europe: who is at risk, and how successful are social benefits in protecting against food insecurity?; by Elisabeth Garratt.: Cambridge University Press.
Journal of Social Policy, vol 49, no 4, October 2020, pp 785-809.
Food insecurity in Europe has recently received increasing research and political attention. Yet, considerable gaps remain in our understanding: the demographic groups most at risk, the role of social benefit receipt, and whether higher-value social benefits protect against food insecurity among recipients all remain unknown. Multilevel models were used to examine food insecurity in 63,168 adults from 27 countries included in the European Quality of Life Survey in 2007 and 2011. Food insecurity was more prevalent among people with lower incomes, women, older people, renters, one-person and lone-parent

households, those with lower education, people with disabilities, and those outside the labour market. Although food insecurity was concentrated at low incomes, income and food insecurity were imperfectly associated. The role of social benefit receipt was equivocal: food insecurity was not associated with pension or child benefit receipt, but was significantly more prevalent among out-of-work and all social benefit recipients, which may reflect eligibility rules and benefit conditionality. Furthermore, higher-value social benefits were not associated with lower risks of food insecurity across the different recipient groups, either because their value is insufficient, or because social benefits are unable to fully mitigate the individual and structural risk factors for food insecurity in Europe.
ISSN: 00472794
From : http://www.cambridge.org/JSP

257/35 How does health consciousness influence attitudes of elderly people towards traceable agricultural products?: Perspectives of the technology acceptance model; by Hung-Chou Lin, Su-Hui Kuo.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1808-1821.
Recently, internet usage among elderly adults has been increasing and becoming more mainstream; with the ageing population in Taiwan, concerns over health are on the rise, and this is directly related to the products that people eat. Since 2007, vegetables, fruits and fish in markets in Taiwan have been accompanied by small green labels, which are commonly known as traceable agricultural products (TAPs). The information includes the production region, farmer, planting and feeding processes, harvest or slaughter periods, time of packaging and shipping, and most crucially, results of product pesticide or other drug residue detection. TAP products can be slightly more expensive. The main objectives of this study were to develop an integrated extensibility model incorporating the technology acceptance model and to investigate the impact of health consciousness on elderly adults' acceptance of technology in relation to traceability information websites in Taiwan. This study used structural equation modelling to analyse the data. The results revealed that elderly people with high health consciousness and high perceived usefulness had more positive attitudes towards products than those with low health consciousness and low perceived usefulness, and those with high health consciousness and high perceived ease of use had more positive attitudes than those with low health consciousness and low perceived ease of use in relation to the agricultural product traceability system.
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X19000308

EMPLOYMENT

(See 257/74)

FALLS

257/36 Perspectives of older adults regarding barriers and enablers to engaging in fall prevention activities after hospital discharge; by Chiara Naseri (et al).: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1710-1722.
Older adults recently discharged from hospital are at high risk of functional decline and falls. A tailored fall prevention education provided at hospital discharge aimed to improve the capacity of older adults to engage in falls prevention activities. What remains unknown are the factors affecting behaviour change after hospital discharge. This study identified the perceived barriers and enablers of older adults to engagement in fall prevention activities during the 6-month period post-discharge. An exploratory approach using interpretative phenomenological analysis focused on the lived experience of a purposive sample (n = 30) of participants. All were recruited as a part of an RCT (n = 390) that delivered a tailored fall prevention education program at three hospital rehabilitation wards in Perth, Australia. Data were collected at 6-month post-discharge using semi-structured telephone surveys. Personal stories confirmed that some older adults have difficulty recovering functional ability after hospital discharge. Reduced physical capability, such as experiences of fatigue, chronic pain and feeling unsteady when walking were barriers for participants to safely return to their normal daily activities. Participants who received the tailored fall education program reported positive effects on knowledge and motivation to engage in fall prevention. Participants who had opportunities to access therapy or social supports described more positive experiences of recovery compared to individuals who persevered without assistance. A lack of physical and social support was associated with apprehension and fear toward adverse events such as falls, injuries, and hospital readmission. The lived experience of participants following hospital discharge strongly suggested that they required more supports from both healthcare professionals and caregivers to ensure that their needs were met. Further research that evaluates how to assist this population to engage in programs that will mitigate the high risk of falls and hospital readmissions is required.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

257/37 What are the psychosocial consequences when fear of falling starts or ends?: Evidence from an asymmetric fixed effects analysis based on longitudinal data from the general population; by Andre Hajek, Hans-Kelmut Konig.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 9, September 2020, pp 1028-1035.
The purpose of this study was to identify whether the onset and the end of fear of falling (FOF) are associated with psychosocial consequences (in terms of depressive symptoms, loneliness, social isolation, autonomy, and subjective well-being).
Longitudinal data for this study were taken from the nationally representative German Ageing Survey which included community-dwelling individuals >=40 years (wave 5 and wave 6). Psychosocial outcome measures were assessed using widely established and well-validated scales. The presence of FOF was used as the main explanatory variable. It was adjusted for age, family status, labour force participation, self-rated health, physical functioning, as well as the number of chronic conditions.
Linear fixed effects regressions revealed that FOF was associated with adverse psychosocial outcomes (increased depressive symptoms, lower life satisfaction, lower positive affect, higher negative affect, and lower perceived autonomy). Asymmetric fixed effects regressions analysis showed that the onset of FOF was associated with reduced life satisfaction as well as reduced autonomy, whereas the end of FOF was associated with reduced depressive symptoms, decreased loneliness scores, as well as decreased negative affect.
The study findings suggest that future studies should analyse the consequences of FOF differently (onset and end of FOF) which has practical important implications. More specifically, while strategies to avoid the onset of FOF may help to maintain satisfaction with life and autonomy, strategies to end FOF may contribute to avoid increased loneliness, feelings of negative affect, as well as increased depressive symptoms.
ISSN: 08856230
From : http://www.orangejournal.org

FAMILY AND INFORMAL CARE

(See Also 257/14, 257/15, 257/55, 257/57)

257/38 A fifty mile round trip to change a lightbulb: an exploratory study of carers' experiences of providing help, care and support to families and friends from a distance; by Caroline White, Jane Wray, Clare Whitfield.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1632-1642.
While the role of carers has been widely investigated, the experiences of those who care from a distance have been little explored, especially in the United Kingdom. However, contemporary patterns of family life suggest that this may be a significant experience for many. This exploratory study employed an anonymous online survey, conducted April-November 2017, to collect data about specific issues (experiences, challenges and satisfactions) faced by carers living at a distance requiring at least 1 hr travel time (each way) from the person they support. One hundred and twenty-eight participant responses were analysed. Qualitative (thematic) analysis identified that -distance carers- carry out multiple care tasks, both when with, and apart from, the person they care for. Distance creates specific challenges for carers who have to work to -bridge the distance gap- and who cannot 'just drop in' and see the person they support. Distance further exposes carers to emotional, financial and temporal demands. The use of technologies or the availability of a wider support network may support distance carers, and some explore the viability of relocation. However, these potential support strategies were identified as 'fragile' and at risk of breaking down. Despite the challenges identified, distance carers also reported satisfactions derived from supporting their relative/friend. While the numbers of those providing distance care are unknown, this research suggests that this is a significant carer group, whose needs should be recognised in health and social care policy, practice and research.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

257/39 Informal caregiving and social capital: a social network perspective; by Adam R Roth.: Sage.
Research on Aging, vol 42, nos 9-10, October-December 2020, pp 272-280.
A large literature emphasizes the importance of social relationships during the caregiving process. Yet these issues are seldom presented in a social network framework that examines the structure of caregivers' personal networks. In this study, I examine how older caregivers experience changes in personal network structure. Using two waves from the National Social Life, Health, and Aging Project, I investigate whether caregivers are more or less likely to exhibit bridging or bonding capital potential compared to noncaregivers. I find that older adults transitioning into caregiving are more likely to develop the ability to bridge social ties within their personal networks than noncaregivers despite potential constraints in their personal freedom. Caregivers in the latter stages, meanwhile, do not differ from noncaregivers in terms of network change. These findings have implications for older adults' potential to pool resources across social domains as well as negotiate stress and well-being during the caregiving process.
ISSN: 01640275
From : http://www.journals.sagepub.com/home/roa

GOVERNMENT AND POLICY

257/40 Scotland's progressive rhetoric: devolution and carer's allowance; by Sara Cantillon, Eleanor Kirk.: Cambridge University Press.
Social Policy and Society, vol 19, no 3, July 2020, pp 396-413.
The Scotland Act 2016 devolved powers over eleven social security benefits (including Carer's Allowance) providing Scotland with some, albeit limited, opportunity to differentiate itself in terms of welfare policy progressivity. The Carers (Scotland) Act 2016 set out the strategy for supporting those who limit their employment or educational enrolment due to the responsibility of caring for an adult or child with a health condition. Using a microsimulation of Scottish data from the Family Resource Survey, this article explores the potential impact, on income and poverty rates of carer households, of raising the level of CA by various amounts and by changing the eligibility criteria. It concludes that, while the Scottish Government's ambitions are too modest to fully support their progressive rhetoric, or to change the overall income inequality landscape, the reforms in targeted policy do make a substantial difference to the lived experience to carers in poverty and, by extension, to the receipt of that care.
ISSN: 14747464
From : http://www.cambridge.org/sps

HEALTH AND WELLBEING

(See 257/69)

HOME CARE

(See Also 257/51)

257/41 Enablers and barriers in the physical environment of care for older people in ordinary housing: a scoping review; by Cecilia Pettersson, Inga Malmqvist, Sten Gromark, Helle Wijk.: Taylor and Francis.
Journal of Aging and the Environment, vol 34, no 3, July-September 2020, pp 332-350.
The aim of this study was to explore enablers and barriers in ordinary housing for older people in care. The aauthors systematically searched Scopus, Web of Science, and Google Scholar for relevant published research and grey material. The search resulted in a final sample of eight publications, four of which focused on accessibility for older people with dementia. Thematic analysis resulted in two themes: safety and accessibility. It is suggested that future studies should focus on modifications to ordinary housing to achieve safe and comfortable environments for people who want to age in place and those who provide them with care.
ISSN: 26892618
From : http://www.tandfonline.com

257/42 Home care development in Korea and Germany: the interplay of long-term care and professionalization policies; by Hildegard Theobald, Yongho Chon.: Wiley.
Social Policy and Administration, vol 54, no 5, September 2020, pp 615-629.
The aim of the study was to compare the effects of long-term care and professionalisation policies on the development of home care infrastructure and the care workforce in reference to long-term care insurance systems adopted in Germany and Korea. A comparative analysis of the effects of the two policy systems allowed the study to examine distinct forms of marketized home care service expansion. In both countries, the opening-up of care markets has brought about a significant expansion of home care services through the active participation of mainly for-profit providers. However, a trade-off between the rate of expansion, the quality of care services, and the stability of care infrastructure has emerged. The market-based expansion of home care services has resulted in difficult employment and working conditions for care workers in both countries. The country-specific organization of home care and related professionalisation approaches has led to the development of a well-trained care workforce with less precarious conditions in Germany but not in Korea. Despite this difference, less well-trained care workers experience precarious employment in both countries.
ISSN: 01445596
From : http://www.wileyonlinelibrary.com/journal/spol

HOMELESSNESS

257/43 Designing residential aged care for people at risk of, or experiencing, homelessness: an exploratory Australian study; by Allison Rowlands, Roslyn Poulos, Maria Agaliotis, Steven Faux, Angela Raguz, Christopher Poulos.: Wiley.
Health and Social Care in the Community, vol 28, no 5, September 2020, pp 1743-1753.
The number of older people experiencing or at risk of homelessness, both long-term and first-time homelessness, is increasing. The proportion of women facing homelessness within that cohort is also increasing. When combined with complex health needs, appropriate long-term care options remain limited. This qualitative study conducted in Sydney, Australia, aimed to explore the care needs of older people with comorbid health issues who are facing homelessness and, from this assessment, derive a preferred model of residential aged care. Interviews and focus groups were conducted with 29 participants from providers in the aged care and homelessness sectors. Data were analysed using a

grounded theory approach. Causal and contextual factors, and consequences surrounding the experience of homelessness, informed the wide range of care needs of this group (model of care), and the organisational resources required to deliver them (management issues and staff). A trauma-informed approach to care consistently applied by all staff to all processes throughout the care home was recommended. Such an approach would further strengthen existing models of care and take into account both health needs (such as mental health, substance dependence and acquired brain injury) and significant losses through the life course of this vulnerable population.
ISSN: 09660410
From : http://www.wileyonlinelibrary.com/journal/hsc

HOSPITAL DISCHARGE

(See 257/36)

HOUSING

(See Also 257/72)

257/44 Forming and living in a seniors' cohousing: the impact on older adults' healthy aging in place; by Vivian Puplampu.: Taylor and Francis.
Journal of Aging and the Environment, vol 34, no 3, July-September 2020, pp 252-269.
Older adults in the twenty-first century are engaging in different activities to promote their healthy ageing in place. The purpose of this article is to describe older adults' experiences of forming and living in a seniors' cohousing community, and its impact on their healthy ageing in place. The author conducted a secondary data analysis of qualitative data. Seventeen older adults from a seniors' cohousing community participated in the previous study. The findings from the secondary analysis of data showed that living in the building supported the older adults' independence, social interaction, safety, and mental health, as well as provided supportive services. An implication of the study is for policy makers, service providers, researchers, and society as a whole to collaborate with older people to address their needs for healthy ageing in place in the community.
ISSN: 26892618
From : http://www.tandfonline.com

257/45 An intergenerational approach to perceived housing; by Helena Muller, Frank Oswald.: Taylor and Francis.
Journal of Aging and the Environment, vol 34, no 3, July-September 2020, pp 270-290.
Perceived housing includes residential satisfaction, usability, the meaning of home and housing-related control beliefs. Based on concepts from environmental gerontology and life-span psychology, this study aims at comparing perceived housing and person-environment (p-e) fit across three age groups. Young (20-30 years old; n = 125), young-old (55-65 years old; n = 42) and old-old adults (80-90 years old; n = 21) filled in an online or paper-pencil questionnaire on perceived housing and p-e fit. As expected, ANOVAs revealed significant differences in perceived housing between young and young-old adults and between young and old-old adults, but not between young-old and old-old adults. Social and comfort p-e fit contributed significantly to the prediction of perceived housing, while basic p-e fit did not. These findings show the relevance of differentiated assessments of housing processes to foster an age-group related understanding of housing needs and preferences in practice.
ISSN: 26892618
From : http://www.tandfonline.com

257/46 It can't really be answered in an information pack: a realist evaluation of a telephone housing options service for older people; by Andrew Harding, Sarah Hean, Jonathan Parker, Ann Hemingway.: Cambridge University Press.
Social Policy and Society, vol 19, no 3, July 2020, pp 361-378.
Despite calls for better support to empower people when reassessing their housing in later life, two recent literature reviews highlight a paucity of research on the efficacy of such services. This paper reports a qualitative realist evaluation on the efficacy of a UK telephone service providing information on specialist housing to older people. The findings of 31 realist interviews with 16 older people are presented. Information-seekers' existing tenure (social tenant or private owner-occupier/renter) shaped their experience and utilisation of support. Broadly, however, information was considered too 'light touch' to empower older people. However, the widely recognised lack of accessible housing options and reports of non-transparent and unresponsive market practices were also key factors. This study underlines the widely acknowledged need to increase the supply of specialist housing, and recommends that housing options support be reflective of market conditions and be more substantive - including discussion, deliberation, education and advocacy.
ISSN: 14747464
From : http://www.cambridge.org/sps

HOUSING WITH CARE

257/47 Older people's perspectives on living in integrated housing and care settings: the case of extra care housing; by Ailsa Cameron, Eleanor K Johnson, Simon Evans.: Emerald.
Journal of Integrated Care, vol 28, no 3, 2020, pp 281-290.
This paper explores residents' perceptions and experiences of extra care housing as an integrated model of housing with care.
Data were collected in a longitudinal qualitative study based on four extra care housing schemes. Data from interviews with residents, care workers, managers and local commissioners were analysed thematically.
The integration of housing with care enabled many older people to manage their care proactively. However, the increasing number of residents with complex health and care needs, including chronic illness, led some residents to question the ability of the model to support residents to live independently.
The study struggled to recruit sufficient residents from the specialist dementia setting who were able to communicate their consent to take part in the research. In addition, the quality of qualitative data collected in interviews with participants at this setting reduced over successive rounds of interviews.
The study suggests the need to ensure that residents are fully informed about levels of care and support is available when considering a move into extra care housing.
ISSN: 14769018
From : http://www.emeraldinsight.com/loi/jica

257/48 A spatio-legal approach to the intermediate housing-with-care solutions for older people: exploring the adoption of a retirement village concept in Finland; by Riina Lundman.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 1956-1977.
Retirement villages are an increasingly popular senior housing option that aims to comprehensively integrate accommodation, care services, social activities and interaction opportunities for ageing people. The research literature about retirement villages and communities is extensive, but less studied are the contextually varying spatial, legal and political processes of how such villages and other intermediate housing-with-care solutions for older people are initially constituted, especially in novel national and local contexts. In this paper, a spatio-legal approach is employed to study the many legal possibilities and barriers that have arisen while developing retirement villages in Finland. As a specific case, the new Finnish Virkkulankylä retirement village concept and its implementation process were examined. As the key result of the study, three major spatio-legal barriers to developing retirement villages and other intermediate senior housing solutions were identified. These are (a) the polarised division between the fields of elderly care and housing in both law and practice, (b) the prevalence of 'local law' in spatial planning and service provision for elderly people, and (c) the inflexible funding system regarding alternative housing-with-care solutions for seniors. The author argues that although the 'in-betweenness' of retirement villages may facilitate a more comprehensive understanding about the housing and care of older adults, in practice their intermediary position translates into many ambiguities and challenges.
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From : https://doi.org/10.1017/S0144686X19000412

257/49 What promotes and what limits physical activity in assisted living facilities?: A study of the physical environment's design and significance; by Annsofie Mahrs Traff, Elisabet Cedersund, Marianne Abramsson.: Taylor and Francis.
Journal of Aging and the Environment, vol 34, no 3, July-September 2020, pp 291-309.
The design of assisted living facilities is an issue that has engaged architects and contractors since they began building the first residential homes. Previous research has shown that participation in everyday activities promotes wellbeing in older people. Many assisted living facilities have locked units that limit the individual's ability to move freely. Our interest is directed towards older people's opportunities to be physically active in assisted living facilities and how the physical environment affects these opportunities. The aim of this study was to increase the understanding of the importance of the physical environment to enable physical activities in assisted living facilities. The empirical material consists of observations and semi-structured interviews with thirteen residents and seventeen staff in four assisted living facilities in Sweden. The results show how the physical environment influences the opportunities for physical activity. Certain factors in the physical environment can be both promoting and limiting. An unsuitable environment limits the ability of older people to be physically active.
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INCOME AND PERSONAL FINANCE

(See 257/4)

INEQUALITY AND HUMAN RIGHTS

(See 257/4)

INTEGRATED CARE

(See Also 257/47, 257/85)

257/50 Pursuing collaborative advantage in Swedish care for older people: stakeholders' views on trust; by Inger Kjellberg, Stefan Szucs.: Emerald.
Journal of Integrated Care, vol 28, no 3, 2020, pp 231-241.
The purpose of this paper is to explore stakeholder views on the policy of integrated health and social care for older people with complex needs in Sweden and the issue of trust in implementing the policy. The study used a qualitative interview design and interviews with nine strategically selected stakeholders. A thematic analysis focused on trust, as defined in the theory of collaborative advantage, was used.
This study of health and social care exposed a lack of trust on political, strategic and inter-professional levels. Two opposing lines of argument were identified in the interviews. One advocated a single government authority for health and social care. The other was in accordance with recently implemented national policies, which entailed more collaboration between local government authorities, obliging them to make joint local agreements. The Swedish experience is discussed in an international context, examining the need for collaboration in integrated care services for older people.
Although the findings are important for the current adjustment in health and social care for older people, the number of interviewees are limited. Future studies will include more regions and longitudinal studies.
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INTERGENERATIONAL ISSUES

(See 257/24, 257/45, 257/83)

INTERNATIONAL AND COMPARATIVE

(See Also 257/13, 257/35, 257/42, 257/81)

257/51 Body work and later-life care in Turkey: a qualitative study of paid and unpaid carers of older people; by Yelda Ozen.: Cambridge University Press.
Ageing and Society, vol 40, no 10, October 2020, pp 2106-2127.
The ageing population of Turkey has brought later-life care into question. Family care remains most prevalent, but institutional, paid and professional care are increasing. Literature in Turkey has focused on the medical or social policy aspects but not care-givers' experiences, nor how the care is performed. This study aims to illuminate care-givers' experiences using qualitative methods, through in-depth interviews in Ankara with 19 care-givers providing home care for people aged 65 and over. Commonalities and differences were revealed among unpaid family care-givers, paid care-givers and professional care-givers. First, whether paid or unpaid, the bodily and emotional aspects of care work are intertwined. To cope with the 'negativities' involved in the work, nurses usually medicalised bodily tasks, unpaid care-givers cited traditional responsibilities and employed infantilisation, while paid care-givers mostly informalised the relationship, infantilised the person cared for and underlined their asexuality. Secondly, care work is gendered; silenced, invisible and ambivalent; related to intimacy with older bodies; and performed in the home space, which blurs the distinction between the private and public field for paid care. Finally, it involves emotional work regarding managing the bodily aspects and navigating the relationships surrounding the older person; and it is labour-intensive with an exploitative character.
ISSN: 0144686X From : https://doi.org/10.1017/S0144686X19000989

257/52 Contradictory and consistent views on designing an inclusive community-based centre for older people: a mixed-methods study of different age groups in China; by Yuanhong Ma, Kin Wai Michael Siu, Guangtian Zou.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 1867-1886.
The Chinese government encourages the promotion of community-based older people centres as a way to use space rationally, improve social inclusion and support older residents' everyday lives. This exploratory study is the first to examine in depth the contradictory and consistent attitudes and suggestions of residents of different age groups for the design of an inclusive community-based centre for older and younger people in China. An integrative mixed-methods approach was used. In the quantitative phase, 270 older adults (>60 years) and 250 younger adults ((60 years) from Harbin were asked to complete questionnaires (older adults' response rate = 87.0%; younger adults' response rate = 87.2%). In the qualitative phase, seven focus group discussions (four groups of older adults, three groups of younger adults) were conducted. The findings indicate that older adults have a higher acceptance level of inclusive design and prefer to share spaces to improve intergenerational interactions than younger adults. Residents of all ages are more likely to share functional spaces related to health services, living services and physical exercise. Moreover, the study reveals some design suggestions: the location of the centre should be away from the residential area and integrated into a public community building; comprehensive services should be provided to older people and be accessible to the whole family; design should be barrier-free, and the climate and nearby spaces should be considered.
ISSN: 0144686X From : https://doi.org/10.1017/S0144686X19000254

257/53 Critical evaluation of ageing in place in redeveloped public rental housing estates in Hong Kong; by Jayantha Wadu Mesthrige, Siu Leung Cheung.: Cambridge University Press.

Ageing and Society, vol 40, no 9, September 2020, pp 2006-2039.

The tremendous growth in the ageing population over the past two decades has compelled the Hong Kong government to reformulate its housing policy by redeveloping and incorporating certain age-friendly housing design elements and facilities into the public housing schemes built in the post-war period. This research investigates whether these introduced design elements and facilities satisfy the numerous special needs of the seniors in line with the concept of 'ageing in place'. Data were collected from 224 seniors through a comprehensive questionnaire survey in four large-scale redeveloped public rental housing estates. Using three designated built environment dimensions, namely micro, meso and macro, the results revealed that senior tenants were generally satisfied with the present living environments (in all the three scales) in the estates. At the micro-scale, seniors were satisfied with the level of privacy and sense of autonomy derived from the present design features in their homes. For the meso-scale, the study revealed that the seniors were particularly satisfied with the design elements such as convenient transportation and accessibility, including convenient walkways. At the macro-scale, the community care service is deemed important for seniors' wellbeing. However, more attention is needed on safety measures in interior and shower areas, public seating in common areas and provision of sufficient community care services. This study provides insights for policy makers and development authorities on elderly housing provision.

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257/54 Effect of trauma-focused cognitive behavior therapy on depression and the quality of life of the elderly in Indonesia; by Ferry Efendi, Retno Indarwati, Gading Ekapuja Aurizki.: Emerald.

Working with Older People, vol 24, no 3, 2020, pp 149-157.

This study aimed to analyse the effect of Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) on the depression level and quality of life of the elderly in an earthquake-affected district of North Lombok Regency, Indonesia.

A Randomised Controlled Trial (RCT) with a population of two elderly groups living in an earthquake-affected district was used in this study. The intervention comprised giving TF-CBT. There were three research instruments applied to determine the variables, namely, the Clinician-Administered PTSD Scale (CAPS-5), the Geriatric Depression Scale 15 (GDS 15) and the World Health Organization Quality of Life-BREF (WHOQOL-BREF). All instruments were adopted and translated using back translation to Bahasa Indonesia, which is appropriate at the suggestion of the WHO. To investigate the effect of the intervention, we used hierarchical linear models (HLM) with intent-to-treat analysis. The patent parameter effect was tested using the Wald test (t-test) with a confidence Interval of 95 per cent. The final analysis applied CAPS-5 and showed that there was a decrease in the PTSD of the respondents, which was down to only 8 (17.8 per cent) in the post-test. The same situation happened for the depression variable (2.8 per cent) after it was assessed using GDS-15C. The Quality of life (WHOQoL-BREF) variable was divided into Physical (50.7), Psychological (57.1), Social (53.6) and Environmental (45.7). These components show there to be a significant result in terms of improving the quality of life of the elderly victims of the earthquake. The finding highlights that applying TF-CBT in the elderly population can significantly drop post-traumatic stress disorder and depression level and enhanced quality of life.

The intervention decreased the depression level and improved the quality of life of the elderly as found in the six- week follow-up. Longer training and integration with the structured local wisdom could be necessary to better address the mental health of the elderly affected by the earthquake. Strengthening the role of the family as the primary caregiver is also required to improve the outcome.

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257/55 Informal care provision across multiple generations in China; by Jane Falkingham (et al).: Cambridge University Press.

Ageing and Society, vol 40, no 9, September 2020, pp 1978-2005.

With increasing life expectancy, changes in family structure and, most recently, the relaxation of the hitherto strict family planning policies, understanding how mid-life individuals support multiple generations, particularly their older parents and younger grandchildren, is of increasing research and policy significance in China. This paper analyses data from the 2011 China Health and Retirement Longitudinal Study (CHARLS) to examine the characteristics of Chinese mid-life individuals aged 45-64 who are potentially being 'sandwiched' between providing care to older parents/parents-in-law and/or younger grandchildren (under age 16). Binary logistic and multinomial regression models shed light on the factors associated with providing support to one generation or multiple generations. The results highlight that amongst the Chinese mid-life sandwich generation, 58 per cent only provide care to their young grandchildren, 23 per cent only provide care to their parents/parents-in-law, whilst 15 per cent are simultaneously supporting both generations. Rather than acting as competing demands upon the mid-lifers' time, the multivariate analysis provides evidence that the provision of intergenerational care is complementary, with caring for grandchildren increasing the probability of also supporting one's parents/parents-in-law, and vice versa. However, an increase in the number of younger grandchildren has a negative impact on the care provided to older parents/parents-in-law, indicating that at higher care intensities there may be competing demands across the generations.

ISSN: 0144686X From : https://doi.org/10.1017/S0144686X19000369

257/56 Multi-track pension scheme and life satisfaction of urban elders in China; by Anning Hu, Yihong Wang.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 1887-1905.
There exist three pension systems for urban older residents in China: the pension for government and public institutions (PGPI), the worker's old-age insurance for enterprise employees (WOI) and the urban residents' social pension insurance (URSPI). This study examines how this multi-track pension system relates to older urbanites' life satisfaction. An ordered logistic regression model was fitted to analyse an urban sample of the China Longitudinal Ageing Social Survey (60+ years), a nationwide representative survey collected in 2014. Mediation analyses were adopted to investigate the potential formative mechanisms. A significantly higher level of life satisfaction was detected for those who receive PGPI benefits relative to those who have access to URSPI and WOI, but no significant difference is detected between URSPI and WOI. Further analyses suggest that the advantage of PGPI in terms of life satisfaction is mediated not through monetary resources, but through the dispositional factor of perceived self-value for society. This study suggests that different institutional configurations of the pension system stratify older urbanites' subjective wellbeing by virtue of factors that are associated with people's capabilities of acting and functioning.
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From : https://doi.org/10.1017/S0144686X19000333

257/57 Understanding family carer experiences of advanced dementia caregiving in India: towards a vision for integrated practice; by Louise Ritchie (et al).: Emerald.
Journal of Integrated Care, vol 28, no 4, 2020, pp 337-348.
Many individual and family hardships are associated with poorly understood palliative care needs arising from advanced dementia within India. The purpose of this paper is to explore the experiences of people in India affected by advanced dementia and to shape educational approaches for practitioners and the local community.
Three focus groups with family carers of people (n = 27) with advanced dementia were undertaken with local communities in South India. One focus group was carried out in English and two in the local language (Kannada) and translated to English.
The findings of the focus groups are presented in four themes, conditions of caring, intersecting vulnerabilities, desperate acts of care and awareness of education and training needs. These themes highlight the challenges faced by family carers of people with advanced dementia and describe the potential harm, abuse and poor mental well-being facing both the person with dementia and the family carer as a result of their situation.
The study concludes that there is a need to explore ways to ensure inclusivity and sensitivity in the research process and enable equal participation from all participants.
The findings highlight a lack of support for family carers of people with advanced dementia and demonstrate the need for dementia-specific integrated and palliative care approaches in India.
ISSN: 14769018
From : http://www.emeraldinsight.com/loi/jica

257/58 Widowhood and mortality risk of older people in rural China: do gender and living arrangement make a difference?; by Huijun Liu, Quanbao Jiang, Marcus W Feldman.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 1939-1955.
Increased mortality after spousal bereavement has been observed in many populations. Few studies have investigated the widowhood effect in a traditional culture where the economy is underdeveloped. The reasons for the widowhood effect and its gender dynamic are not well understood. This study assessed whether the widowhood-associated excess mortality exists and differs by gender and living arrangement in rural China. It used a six-wave panel of data derived from rural people over 60 years old in the Chaohu region of China. Cox regression analyses suggest that there was a positive effect of spousal loss on mortality for older rural Chinese and this effect was gender different. Our findings also suggest that living with adult children after spousal loss played a protective role in reducing the risk of older men's death, though it tended to increase older men's mortality risk in general.
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LONELINESS AND SOCIAL ISOLATION

(See 257/82)

MENTAL HEALTH

(See Also 257/7, 257/32, 257/54, 257/70, 257/77)

257/59 Lower cognitive baseline scores predict cognitive training success after 6 months in healthy older adults: results of an online RCT; by Mandy Roheger (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 9, September 2020, pp 1000-1008.
Identifying predictors for general cognitive training (GCT) success in healthy older adults has many potential uses, including aiding intervention and improving individual dementia risk prediction, which

are of high importance in health care. However, the factors that predict training improvements and the temporal course of predictors (eg, do the same prognostic factors predict training success after a short training period, such as 6 weeks, as well as after a longer training period, such as 6 months?) are largely unknown.
In this study, (N = 4,184 healthy older individuals) from two arms (GCT vs. control) of a three-arm randomised controlled trial were reanalyzed to investigate predictors of GCT success in five cognitive tasks (grammatical reasoning, spatial working memory, digit vigilance, paired association learning, and verbal learning) at three time points (after 6 weeks, 3 months, and 6 months of training). Possible investigated predictors were sociodemographic variables, depressive symptoms, number of training sessions, cognitive baseline values, and all interaction terms (group*predictor).
The study found that being female was predictive for improvement in grammatical reasoning at 6 weeks in the GCT group, and lower cognitive baseline scores were predictive for improvement in spatial working memory and verbal learning at 6 months.
The data indicate that predictors seem to change over time; remarkably, lower baseline performance at study entry is only a significant predictor at 6 months training. Possible reasons for these results are discussed in relation to the compensation hypothesis.
ISSN: 08856230
From : http://www.orangejournal.org

257/60 Prevalence and psychosocial correlates of subjectively perceived decline in five cognitive domains: results from a population-based cohort study in Germany; by Holger Schütz, Svenja Caspers, Susanne Moebus, Silke Lux.: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 10, October 2020, pp 1219-1227.
Subjective cognitive decline (SCD) is frequently investigated for memory in healthy ageing or in relation to diseases like dementia. It is found to be related to sociodemographic and psychological variables as well as cognitive abilities. The prevalence of SCD in other cognitive domains and their relation to these variables is largely unknown to date. The present study aims to fill this gap.
A total of 807 subjects (18-85 years of age, M = 57.8 years, female: 43%) completed the Juelich Questionnaire on Subjective Cognitive Decline, to investigate SCD in memory, attention, language, motor, and executive functions. Logistic regression analyses were used to estimate association of depressive symptomatology, emotionality, and general cognitive performance as well as age, gender, and educational attainment with domain-specific SCD.
The highest prevalence rate was obtained for the memory domain (65.9%), followed by the attention (54.6%), motor (52.9%), executive (39.7%), and language domain (31.5%). Of the psychosocial factors, only age, depressive symptomatology and emotionality were consistently and strongly associated with domain-specific SCD prevalence.
SCD is prevalent not only in the memory domain, but also in other major cognitive domains. The results also suggest that the suspicion from previous research, that subjective memory decline might be more strongly associated with depressive symptomatology and emotionality than with actual decline of cognitive performance, might also apply to the attention, motor, executive, and language domain. Further investigations using neuropsychological testing for specific cognitive functions and employing longitudinal designs are required to substantiate this suspicion.
ISSN: 08856230
From : http://www.orangejournal.org

257/61 Retirement or no retirement?: The decision's effects on cognitive functioning, well-being, and quality of life; by Carmen María Sarabia-Cobo, Victoria Pérez, Carmen Hermosilla, Pablo de Lorena.
Behavioral Sciences, vol 10, no 10, October 2020.
This study addressed the psychological effects on personal well-being and reported quality of life of staying professionally active in late adulthood, and to what extent years of professional inactivity modulates cognitive abilities. Design and Methods: data was collected on 262 elderly adults, 129 of whom were professionally active elderly adults (who voluntarily maintained their professional activity after the age of retirement) and 133 of whom were retired adults, in a set of experimental tasks to measure basic cognitive resources. The study took place during the first quarter of 2020. Results: Active elderly people performed better on cognitive tasks that assessed attention, memory, and solving abilities and also reported more satisfaction with life and their current work. Multiple linear regressions analyses revealed that years of inactivity were associated with lower cognitive performance. Mentally demanding jobs were significantly associated with memory performance, but not with attention and planning. Conclusions: An involuntary separation from professional activity in the beginning of late adulthood may cause a deeper decline of cognitive functions, poorer adaptive adjustment to the aging process, and higher dissatisfaction with the period of life the individual is going through.
From : https://doi.org/10.3390/bs10100151

MENTAL ILLNESS

(See 257/33)

NEIGHBOURHOODS AND COMMUNITIES

(See Also 257/3, 257/52)

257/62 The landscape of aging in place in gerontology literature: emergence, theoretical perspectives, and influencing factors; by Catherine Bigonnesse, Habib Chaudhury.: Taylor and Francis.
Journal of Aging and the Environment, vol 34, no 3, July-September 2020, pp 233-251.
The literature on the concept of 'ageing in place' covers a wide range of areas; however, there is no consensus on how it should be defined or on the influencing factors. This literature review aimed to identify its definitions, related processes, and factors. Results showed there was much variability in the definition and theoretical assumptions and that older adults' perspective was rarely included. Influencing factors and processes included individual experiences and characteristics, home and neighbourhood built environment, social support, community-based services, and mobility. Practitioners and policymakers need to prioritise multidisciplinary and multi-sectoral approaches to effectively support ageing in place.
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OLDER WOMEN

(See 257/27, 257/58, 257/75)

PALLIATIVE CARE

(See Also 257/6, 257/23, 257/28)

257/63 Listening to action: community involvement in strategy development; by Lonan A Oldam (et al).: Emerald.
Journal of Integrated Care, vol 28, no 4, 2020, pp 365-378.
Palliative care requires integration between services, organisations and the community. A series of community engagement programmes, named 'Listening Events', were conducted across the Isle of Man. The aim was to involve the community in the development of Hospice strategy by sharing their views on the future of palliative and end of life care.
Three Listening Event programmes were conducted in community settings, secondary schools and the Isle of Man's University College. The investigators facilitated discussions on current knowledge of Hospice services, what would matter to people should they need to use these, and how Hospice could best serve the community in the future. Participants and investigators noted thoughts and comments. Data were analysed using thematic analysis.
In total, 899 people participated from across the community. Main themes surrounded effective care, person-centred care and integrated care. Most themes agreed across the three programmes, despite some nuances.
ISSN: 14769018
From : http://www.emeraldinsight.com/loi/jica

257/64 Transitional palliative care interventions for older adults with advanced non-malignant diseases and frailty: a systematic review; by Duygu Sezgin (et al).: Emerald.
Journal of Integrated Care, vol 28, no 4, 2020, pp 387-403.
The purpose of this study was to identify transitional palliative care (TPC) interventions for older adults with non-malignant chronic diseases and complex conditions.
A systematic review of the literature was conducted. CINAHL, Cochrane Library, Embase and Pubmed databases were searched for studies reporting TPC interventions for older adults, published between 2002 and 2019. The Crowe Critical Appraisal Tool was used for quality appraisal.
A total of six studies were included. Outcomes related to TPC interventions were grouped into three categories: healthcare system-related outcomes (rehospitalisation, length of stay [LOS] and emergency department [ED] visits), patient-related outcomes and family/carer important outcomes. Overall, TPC interventions were associated with lower readmission rates and LOS, improved quality of life and better decision-making concerning hospice care among families. Outcomes for ED visits were unclear.
Positive outcomes related to healthcare services (including readmissions and LOS), patients (quality of life) and families (decision-making) were reported. However, the number of studies supporting the evidence was limited.
ISSN: 14769018
From : http://www.emeraldinsight.com/loi/jica

PARTICIPATION

257/65 Lifecourse transitions and participation in political organisations in older Spanish men and women; by Rodrigo Serrat, Feliciano Villar.: Cambridge University Press.
Ageing and Society, vol 40, no 10, October 2020, pp 2174-2190.
In recent years, there has been an increasing number of studies addressing older people's political participation. Much of this literature, however, can be criticised for neglecting important aspects of seniors' political participation, such as its dynamics across the lifecourse, its gendered nature and the influence of the particular socio-political contexts in which participation occurs. This paper brings together all these issues to explore the relation between lifecourse transitions and participation in political organisations in Spanish men and women. Life-story interviews are conducted with 40 highly engaged older political activists regarding their lifetime story of political commitment, and eight different lifecourse transitions affecting their participation in political organisations are identified. Three of these transitions were related to the work domain and five to the family domain. Most of them were clearly gender-dependent, affecting men's and women's engagement in political organisations in different ways and to different degrees. The study expands on previous research on lifespan-related aspects of political participation by showing that considering biographical, gendered and historical aspects is key to understanding the relationships between life transitions and participation in political organisations across the lifecourse.
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From : https://doi.org/10.1017/S0144686X19000618

PENSIONS AND BENEFITS

(See Also 257/56)

257/66 The diversity and causality of pension reform pathways: a fuzzy-set qualitative comparative analysis; by Leandro N Carrera, Marina Angelaki.: Cambridge University Press.
Journal of Social Policy, vol 49, no 3, July 2020, pp 582-600.
Pension reform is one of the top public policy priorities in advanced industrialized countries due to population ageing and the significant weight of pension spending in governments' budgets. As a result of these concerns European countries have engaged in varying degrees of pension reforms over the last three decades. The extant literature on pension reform focuses on structural, institutional and blame avoidance theories to explain how pension reform take place. Yet, how do different conditions combine to lead to significant pension reform outcomes? To answer this question we analyze a set of 48 pension reform cases in eight European countries since the late 1980s up until 2014 by using fuzzy set qualitative comparative analysis (fsQCA). Our main finding is that institutional, structural or blame avoidance theories cannot account by themselves for instances of significant pension reform. Rather, we find three pathways that combine structural and institutional conditions to lead to significant pension reform.
ISSN: 00472794
From : http://www.cambridge.org/JSP

257/67 Private pensions and the gender distribution of fiscal welfare; by Michael L Collins.: Cambridge University Press.
Social Policy and Society, vol 19, no 3, July 2020, pp 500-516.
The provision of taxation relief to support pension savings has become a large and expensive aspect of the welfare state in many countries. Among OECD member states this exceeds $200 billion in revenue forgone each year. Previous research has consistently found this fiscal welfare to have pronounced regressive distributive outcomes. However, little is known about the gendered impact of these fiscal welfare supports, a void this article addresses. Using data for Ireland the article finds that the current structure of fiscal welfare supports notably favours males over females. Nominal contribution levels are higher among males, and males are more likely to be active contributors to pension savings. The associated tax supports are consequently skewed, with two-thirds received by men and one-third by women. This outcome suggests a continuation of the gender earnings gap into retirement and a discontinuity between longevity expectations and tax policy supports for pension provision.
ISSN: 14747464
From : http://www.cambridge.org/sps

PETS

257/68 Pros and cons of pet ownership in sustaining independence in community-dwelling older adults: a scoping review; by Natasa Obradovic, Émilie Lagueux, Frédéric Michaud, Véronique Provencher.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 2061-2076.
Although community services support ageing-in-place, older adults often report feelings of loneliness and social isolation. Unmet emotional needs are associated with poorer health, reduced functional abilities and increased mortality in this population. Pet ownership is an avenue worth exploring to reduce these adverse outcomes. This scoping review maps main findings and identifies key gaps with respect to the pros and cons of pet ownership in community-dwelling older adults pertaining to psycho-social, physical and functional outcomes. Scientific and grey literature published from January 2000 to July

2018 was searched. Data selection and extraction were performed by the first author and a sub-sample was co-validated by two co-authors. A total of 62 sources were included for descriptive and thematic analysis. A variety of pros (increased physical activity, wellbeing) and cons (grief, risk of falls) pertaining to psycho-social and physical outcomes were identified. Not many functional outcomes (support for daily routines) were mentioned, and few studies explored the simultaneous balance between the pros and cons of pet care. Further research exploring both clinicians' and older pet owners' perspectives is needed to deepen our understanding of the importance of considering companion animals in older adults' daily lives and to strike a balance between perceived risks and benefits.
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From : https://doi.org/10.1017/S0144686X19000382

PHYSICAL ACTIVITY

(See 257/49)

POLITICS AND CAMPAIGNING

(See 257/40, 257/65)

RELATIONSHIPS (PERSONAL)

257/69 Relationship quality and functional limitations among older adults with cardiovascular disease in the United States of America; by Yan-Liang Yu, Zhenmei Zhang.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1694-1717.
Substantial research shows that cardiovascular disease is a major cause of disability in the United States of America (USA) and worldwide. Despite the well-documented significance of intimate partnerships for cardiovascular health and disease management, how relationship quality contributes to the functional health of older adults diagnosed with cardiovascular disease is much less understood than mental health and mortality risk. Informed by the disablement process model and the lifecourse perspective, this study examines the association between relationship quality and functional limitations among partnered older adults aged 50 years and older diagnosed with cardiovascular disease in the USA. Data are from the Health and Retirement Study, 2006-2012 (N = 1,355). Multi-level linear regression analyses show that baseline negative relationship quality is significantly associated with increased functional limitations over the two- and four-year follow-ups. Additionally, the link between negative relationship quality and functional limitations is stronger among older adults with lower household income over a two-year span, compared to their higher-income counterparts, suggesting that these older adults are doubly disadvantaged by higher relationship strains and limited economic resources. The study's findings demonstrate the significance of relationship quality for the functional health of older adults with cardiovascular disease and shed light on the importance of marriage/partnerships as an important social context for a critical stage in the disablement process (i.e. functional limitations).
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From : https://doi.org/10.1017/S0144686X19000163

RELIGION AND SPIRITUALITY

257/70 Life course religious attendance and cognitive functioning in later life; by Terrence D Hill, Dawn C Carr, Amy M Burdette, Benjamin Dowd-Arrow.: Sage.
Research on Aging, vol 42, nos 7-8, August-September 2020, pp 217-225.
Although several studies suggest that religious attendance is associated with better cognitive functioning in later life, researchers have generally failed to connect with any established life-course perspectives or theories of cognitive aging. Building on previous work, we examine the effects of life-course religious attendance on a range of cognitive functioning outcomes. We employ data from the religious life histories module of the 2016 Health and Retirement Study, a subsample of 516 adults aged 65 and older. Our key findings demonstrate that older adults who attended religious services for more of their life course tend to exhibit poorer working memory and mental status and better self-rated memory than older adults who attended less often. We contribute to previous research by reconceptualizing religious attendance as a cumulative life-course exposure, exploring the effects of religious attendance net of secular social engagement, and examining a wider range of cognitive functioning outcomes.
ISSN: 01640275
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RESEARCH

257/71 Photovoice method with older persons: a review; by Yuliya Mysyuk, Martijn Huisman.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1759-1787.
For a long time researchers have used photography for different purposes, in different ways and with different focus. Photovoice is a qualitative visual research method that refers to photographs taken by the participants themselves. It has been used with different age groups and populations. The use of photovoice in older populations requires its own study of approaches, techniques and challenges. In this

article, the autors review existing studies using photovoice with older participants specifically, to consider its potential as a qualitative research method in the field of gerontology. This study discusses advantages and limitations of the method in gerontological research and provide guidelines for future studies. The results show that photovoice has been used to study a wide range of topics in older people, from health issues and the impact of environment on health and wellbeing, to leisure experiences of groups living with HIV/AIDS. Using photovoice helps researchers to capture live experiences and perceptions of older persons and conduct engaging, involving and empowering research facilitating interaction, reflection and connection of participants. However, conducting photovoice studies can be practically challenging, such as when addressing special needs of the participants, or ethical and other feasibility issues. To conclude, photovoice has great potential for being used in gerontological research, it can be altered to fit specific goals, divergent issues studied and different research contexts.
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RESIDENTIAL AND NURSING HOME CARE

(See Also 257/6)

257/72 Housing wealth and aged care: asset-based welfare in practice in three OECD countries; by Gavin A Wood, Rachel Ong, Marietta E A Haffner.
Housing Studies, online, September 2020.
The transition of the baby boomer bulge into old age and their increasing longevity will lift the numbers of older people in residential aged care. Population ageing and associated fiscal pressures have motivated governments to shift responsibility for the financing of aged care to the individual. This article considers policies that include owner-occupiers' housing wealth and imputed rental incomes in means tests that determine co-contribution charges for residential aged care. Differences in how housing wealth is included in the residential aged care resource tests of three OECD countries - Australia, England and the Netherlands - are documented. It finds some neglected equity implications as tenants in all three countries typically pay higher co-payments for their residential aged care than homeowners with similar wealth holdings. These outcomes are a consequence of the concessional treatment of owners' housing equity stakes, and of wider significance given the growing importance of asset-based welfare strategies. England has relatively progressive asset and income tests that offer more limited concessions.
From : https://doi.org/10.1080/02673037.2020.1819966

RETIREMENT

(See Also 257/26, 257/61, 257/78)

257/73 Creativity in retirement: psychosocial experiences of recently retired people participating in a creative arts project; by Jane Burns, Sue Oliver, Vicky Karkou.
Perspectives in Public Health - Online, July 2020.
This qualitative study aims to explore the contribution that creativity, in the form of active participation in the arts, can make upon the older person's transition to retirement.
Fifteen recently retired people in a Scottish town were invited to participate in a qualitative project which explored, using the creative arts, the participants' psychological and social experiences during this period of transition. The emphasis was on participants' active, rather than passive, involvement in different art modalities. An action research methodology was adopted, involving a circular flexible design. Qualitative information was generated through focus groups, participant observations and group discussions with participants attending arts workshops. Participants were also invited to record their thoughts and observations anonymously in written form. Data were analysed using thematic analysis. Two co-researchers, who were recently retired people from outside the community, took part as participant observers.
Findings indicated that the need to feel challenged and stimulated was paramount for feelings of wellbeing. The feeling of belonging to a community was considered important and could be derived from creative arts activities. Psychological and social benefits of arts participation were derived from active participation, primarily in creating original work.
From : https://doi.org/10.1177/1757913920919449

257/74 Job strain in working retirees in Europe: a latent class analysis; by Ellen Dingemans, Kene Henkens.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 2040-2060.
Scientific research has made great progress towards a better understanding of the determinants and consequences of working after retirement. However, working conditions in post-retirement jobs remain largely unexplored. Therefore, using information on working conditions such as job demands, job control and work hours, the authors investigate whether working retirees can be categorised by the quality of their jobs. Using data from the Survey of Health, Ageing and Retirement in Europe, they perform latent class analysis on a sample of 2,926 working retirees in 11 European countries. The results point to the existence of two sub-groups of working retirees. The first is confronted with high-strain jobs, while the second sub-group participates in low-strain jobs. Subsequent (multi-level) logit analysis undertaken to describe the two classes further suggests that classification in either group is predicted by

the socio-economic status of working retirees and by the context of poverty in old age in the countries in question. The authors conclude that working after retirement in a high-strain job may be conceptually different from working in a low-strain job.
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From : https://doi.org/10.1017/S0144686X19000473

257/75 Who does not intend to retire?: Mothers' opportunity costs and compensation at later ages in Europe; by Younga Kim, Ester Rizzi.: Cambridge University Press.
Ageing and Society, vol 40, no 10, October 2020, pp 2128-2154.
Research investigating the association between women's work-family trajectories and their retirement intentions is limited. Studies considering how different institutional conditions affect this association are even more limited. To fill this gap, this study uses the first three waves of the Survey of Health, Ageing and Retirement in Europe, 2004-2009, and applies two-level random effects models with country-level fixed effects to a sample of mothers aged 50-64 years. The dependent variable is the intention to retire as early as possible. It finds that the following two different mechanisms are associated with mothers' early retirement intentions: (a) strategies to compensate for opportunity costs and (b) work attachment. When all other factors are equal, mothers with a work career characterised by interruptions and part-time work intend to work longer than other mothers, indicating the need to compensate for lower lifelong earnings at older ages. Some compensatory strategies are also observed among mothers who are classified as 'never married', 'divorced' or 'widowed', who wish to continue their careers. In other cases, evidence supporting work attachment mechanisms is found; for instance, working when the youngest child is younger than six years predicts the intention to delay retirement. These results change according to the welfare regime, underlining the importance of family policies and pension benefits to counterbalance the effect of opportunity costs on mothers' earnings.
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X19000503

RURAL ISSUES

257/76 Exploring the active mechanisms for engaging rural-dwelling older men with dementia in a community technological initiative; by Ben Hicks, Anthea Innes, Samuel R Nyman.: Cambridge University Press.
Ageing and Society, vol 40, no 9, September 2020, pp 1906-1938.
Research has suggested ecopsychosocial initiatives can promote a sense of wellbeing and inclusion in people with dementia. However, few studies have elucidated the 'active mechanisms' whereby such initiatives can achieve these outcomes, so hindering their generalisability. This is particularly pertinent when seeking to support community-dwelling older men with dementia who are reluctant to engage with traditional health and social care initiatives. This paper reports on a study that drew from the principles of Participatory Action Research to explore the 'active mechanisms' of a technological initiative for older men (65+ years) with dementia in rural England. An individually tailored, male-only initiative, using off-the-shelf computer game technology (e.g. iPad, Nintendo Wii and Microsoft Kinect) was delivered over a nine-week period. Multiple qualitative methods were employed, including: focus groups, open interviews and extensive reflective field notes, to gather data from the perspective of 22 men, 15 care partners and five community volunteers. The data were analysed thematically and interpreted using a masculinity lens. Three mechanisms contributed to the initiative's success: the use of the technology, the male-only environment and the empowering approach adopted. The paper argues that initiatives aimed at community-dwelling older men with dementia would be advised to consider these gendered experiences and ensure participants can maximise their masculine capital when participating in them, by providing enabling activities, non-threatening environments and empowering approaches of delivery.
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From : https://doi.org/10.1017/S0144686X19000357

SENSORY LOSS

257/77 Hearing-impaired population performance and the effect of hearing interventions on Montreal Cognitive Assessment (MoCA): systematic review and meta-analysis; by Nattawan Utoomprurkporn (et al).: Wiley.
International Journal of Geriatric Psychiatry, vol 35, no 9, September 2020, pp 962-971.
Older adults are at high risk of developing age-related hearing loss (HL) and/or cognitive impairment. However, cognitive screening tools rely on oral administration of instructions and stimuli that may be impacted by HL. This systematic review aims to investigate (a) whether people with HL perform worse than those without HL on the Montreal Cognitive Assessment (MoCA), a widely used screening tool for cognitive impairment, and what the effect size of that difference is (b) whether HL treatment mitigates the impact of HL.
The authors conducted a systematic review and meta-analysis including studies that reported mean MoCA scores and SDs for individuals with HL.
People with HL performed significantly worse on the MoCA (4 studies, N = 533) with a pooled mean difference of -1.66 points (95% confidence interval CI -2.74 to -0.58). There was no significant difference in MoCA score between the pre- vs post-hearing intervention (3 studies, N = 75). However, sensitivity analysis in the cochlear implant studies (2 studies, N = 33) showed improvement of the MoCA score by 1.73 (95% CI 0.18 to 3.28).
The study concludes that people with HL score significantly lower than individuals with normal hearing

on the standard orally administered MoCA. Clinicians should consider listening conditions when administering the MoCA and report the hearing status of the tested individuals, if known, taking this into account in interpretation or make note of any hearing difficulty during consultations which may warrant onward referral. Cochlear implants may improve the MoCA score of individuals with HL, and more evidence is required on other treatments.
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SLEEP

257/78 Reduction in sleep disturbances at retirement: evidence from the Swedish Longitudinal Occupational Survey of Health; by Vera van de Straat (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 10, October 2020, pp 2155-2173.
Although retirement involves a radical change in daily activities, income, social roles and relationships, and the transition from paid work into retirement can, therefore, be expected to affect sleep, little is known about the effects of old-age retirement on changes in sleep disturbances, and how the impact of retirement may vary by gender, age and prior working conditions. This study modelled reported sleep disturbances up to nine years before to nine years following retirement in a sample of 2,110 participants from the Swedish Longitudinal Occupational Survey of Health (SLOSH). Sleep disturbances over the retirement transition were modelled using repeated-measures regression analysis with Generalized Estimating Equations (GEE) in relation to gender, age at retirement, working patterns (night work, full-time/part-time work), control over work hours, and psychological and physical working conditions. The analyses controlled for civil status, education level, income obtained from registers and self-rated health. Retiring from paid work was associated with decreased sleep disturbances. Greater reductions in sleep disturbances were reported by women, as well as by participants who retired before age 65 years, who were working full-time, who lacked control over their work hours and who had high psychological demands. These results, suggesting that old-age retirement from paid work is associated with reductions in disturbed sleep, pose a challenge for governments seeking to increase retirement ages.
ISSN: 0144686X From : https://doi.org/10.1017/S0144686X19000515

SOCIAL CARE

257/79 Barriers and facilitators to ex-service personnel obtaining employment within social care roles with older people: a scoping review; by Jill Manthorpe, Stephanie Bramley.: Emerald.
Working with Older People, vol 24, no 3, 2020, pp 205-220.
This review of English language studies published between 2008 and 2018 reveals barriers to ex-service personnel obtaining employment within social care related to their previous occupation, health status and identity, but also facilitators related to the sector's severe recruitment challenges and the transferable skills of ex-service personnel. Evidence suggests that learning from health services may be highly relevant and transferable.
ISSN: 13663666 From : http://www.emeraldinsight.com/loi/wwop

257/80 Household composition and the dynamics of community-based social care in England; by Jose Iparraguirre.: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1631-1646.
Little is known about the dynamic relationship between the different funding sources of community-based social care in England. Using Waves 2-6 (2004-2013) of the English Longitudinal Study of Ageing survey, the author estimated dynamic multi-level cross-classified mixed-effects logistic regression models to investigate whether receiving services by one source is more or less likely if an older person was already receiving services funded by the same source or another in the previous period. Four hypotheses between formal privately and publicly funded help and informal help are tested: substitution, complementarity, compensation and task-specificity. The study also reports evidence that older people on low incomes residing in local authorities that reduce social care spending are especially affected.
ISSN: 0144686X From : https://doi.org/10.1017/S0144686X19000199

257/81 The scope of possibilities for user influence in Norwegian municipal care services; by Jan Andersen.: Cambridge University Press.
Journal of Social Policy, vol 49, no 4, October 2020, pp 810-828.
The importance of service-user participation has been growing in the care services, but what possibilities do service users have to influence these services? This article analyses how structural factors have an impact on the scope of possibilities for user influence in care services, especially with respect to how established structures and frameworks determine users' opportunities to influence both the allocation and the provision of services. A study of five Norwegian municipalities where managers at different levels and within different areas of the services have been interviewed forms the basis of the empirical material. In the managers' general opinion, over time there has been a stronger individual adjustment of the services and stronger user influence over both the allocation and the provision of services. However, if we look more closely at the service-delivery process, several structural factors limiting the scope of possibilities for user influence become apparent. These factors are discussed in light of different user typologies.
ISSN: 00472794 From : http://www.cambridge.org/JSP

SOCIAL NETWORKS

(See Also 257/69)

257/82 Social relationship adversities throughout the lifecourse and risk of loneliness in later life; by Linda Ejlskov (et al).: Cambridge University Press.
Ageing and Society, vol 40, no 8, August 2020, pp 1718-1734.
Understanding how social experiences throughout life shape later loneliness levels may help to identify how to alleviate loneliness at later lifestages. This study investigates the association between social relationship adversities throughout the lifecourse and loneliness in later life. Using prospective data from the Medical Research Council National Survey of Health and Development (N = 2,453), the study conducted multivariable analyses to investigate independent, cumulative and moderated effects between the number of social relationship adversities experienced in childhood, mid-adulthood and later adulthood and the feeling of loneliness at age 68. It examined interactions between social relationship adversities and current quantity and quality aspects of social relationships. The study found evidence of a step-dose response where greater exposure to social relationship adversities experienced at three earlier lifestages predicted higher loneliness levels in later life with more recent social relationship adversities more strongly related to loneliness. The results also demonstrated support for exacerbation and amelioration of earlier adverse social relationship experiences by current social isolation and relationship quality, respectively. This study suggests that social relationship adversities experienced throughout the lifecourse continue to influence loneliness levels much later in life. A key finding is that adverse social relationship experiences in earlier life may explain why otherwise socially similar individuals differ in their levels of loneliness. Implications for policy and research are discussed.
ISSN: 0144686X
From : https://doi.org/10.1017/S0144686X19000345

STROKE

257/83 FAST 112 HEROES: a kindergarten-based educational stroke intervention for the whole family; by Kalliopi Tsakpounidou (et al).: Sage.
Health Education Journal, vol 79, no 6, October 2020, pp 724-734.
Stroke is a worldwide leading cause of disability, and around 50 million people are affected by stroke annually. Public stroke educational and awareness programmes can make a great deal of difference. Young children are in key position to seek urgent medical care if grandparents suffer a stroke, as grandparents are often their secondary caretakers.

The objective of the current study was to design an educational intervention targeting children and, in parallel, directly involve extended family members.

The study adopted a 'participatory action research'.design in a school-based education stroke intervention in Thessaloniki, Northern Greece.

Over the course of 5 weeks, this intervention sought to educate 66 preschool children and their families through a series of novel activities that revolved around 4 superheroes, the FAST mnemonic and a medical emergency number. One superhero and their unique superpower was introduced every week through a Powerpoint presentation, a short animation video and a wide range of in-class and take-home activities, such as 'phantom speech', role-playing, funny face mimicking games, and rhyming poems. Children were also encouraged to identify their own family superhero so as to transfer their learning to real life.

Follow-up individual and group assessment pointed to encouraging results. Results from odd-one-out-tasks revealed that children were able to recognise the stroke symptoms in question. However, they performed more poorly on more complex tasks involving recall.

The study found that preschool children acquired knowledge of stroke symptoms which appears more solid when recognition is assessed. Assessment tasks involving substantial recall of information do not necessarily reflect the ability to detect stroke symptoms.
ISSN: 00178969
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TELEHEALTH AND TELECARE

(See 257/10)

VOLUNTEERING AND THE VOLUNTARY SECTOR

257/84 Blurring and bridging: the role of volunteers in dementia care within homes and communities; by Vikki Mccall, Louise McCabe, Alasdair Rutherford, Feifei Bu, Michael Wilson, Mike Woolvin.: Cambridge University Press.
Journal of Social Policy, vol 49, no 3, July 2020, pp 622-642.
Policy makers across the political spectrum have extolled the virtues of volunteering in achieving social policy aims. Yet little is known about the role that volunteering plays in addressing one of the significant challenges of an ageing population: the provision of care and support to people with dementia. This study combines organisational survey data, secondary social survey data, and in-depth interviews with

people with dementia, family carers and volunteers in order to better understand the context, role and challenges in which volunteers support people with dementia. Social policies connecting volunteering and dementia care in homes and communities often remain separate and disconnected and our paper draws on the concept of policy 'assemblages' to suggest that dementia care is a dynamic mixture of formal and informal volunteering activities that bridge and blur traditional policy boundaries. Linking home and community environments is a key motivation, benefit and outcome for volunteers, carers and those living with dementia. The paper calls to widen the definition and investigation of volunteering in social policy to include and support informal volunteering activity.
ISSN: 00472794
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257/85 Integrating the voluntary sector in personalised care: mixed methods study of the outcomes from wellbeing co-ordination for adults with complex needs; by Felix Gradinger, Julian Elston, Sheena Asthana, Chloe Myers, Sue Wroe, Richard Byng.: Emerald.
Journal of Integrated Care, vol 28, no 4, 2020, pp 405-418.
'This study looks at an integrated care, Wellbeing Co-ordination programme in Torbay and South Devon NHS Trust, including multidisciplinary team working and the role of voluntary sector link workers. The mixed-methods study includes qualitative data analysis and a number of quantitative, before and after, health outcome measures specified in the NHS commissioning framework.
Outcome measures seem to indicate that, on average, most people benefit, or at least remain stable, as a result of the intervention.
The study indicates that complex care management from voluntary sector wellbeing coordinators makes a difference by improving wellbeing outcomes and, in some cases, reducing health and social care costs.
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