

# New Literature on Old Age

EDITOR

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## ABUSE, SAFEGUARDING AND PROTECTION

(See Also 258/25, 258/54, 258/56, 258/88)

- 258/1 Addressing elder abuse: service provider perspectives on the potential of restorative processes; by Maria T Brown, Mary Helen McNeal.: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 32, no 4, August-October 2020, pp 357-376.  
Older adults often rely on family and friends for care and support. Individuals providing support can take advantage of their vulnerabilities, resulting in neglect, physical, emotional, or sexual abuse, or financial exploitation. Conventional approaches, which older adults are often reluctant to pursue, utilize social service interventions, criminal justice responses, civil litigation, and case review multi-disciplinary teams. This project explored providers' perspectives on using restorative processes, alternative approaches that bring together the person harmed, the person committing the harm, and the community to address the harm and repair relationships. Researchers recruited and interviewed providers working with abused older adults, as referred by a community-based elder justice working group. Providers perceived that restorative processes have the potential to address and prevent social isolation, which often leads to elder abuse. We recommend providers explore restorative processes to address elder abuse, paying attention to implementation barriers and identifying appropriate methods for supporting and maintaining outcomes.  
ISSN: 08946566  
From : <https://doi.org/10.1080/08946566.2020.1814179>
- 258/2 Adult safeguarding in Sweden's social services; by Inger Kjellberg.: Emerald.  
Journal of Adult Protection, vol 22, no 5, 2020, pp 257-267.  
The purpose of this paper is twofold: firstly, to describe adult safeguarding in Sweden's social services, and secondly, to analyse the changes in Sweden's national policies related to its adult safeguarding legislation and discuss the implications.  
An analysis of two government bills was carried out inspired by the What's the Problem Represented to Be approach.  
The background and review procedure that is part of the obligation to report mistreatment in Sweden's social services is described. The policy analysis shows a change from a rights-based discourse concerning the duty of staff to safeguard vulnerable service recipients' rights, to a discourse on the obligation for staff to be part of systematic quality assurance. The most conspicuous change in the representation of the problem was attaching the problem descriptions to a lack of quality instead of a duty to protect.  
The implications of the reporting procedure are discussed in terms of a general lack of channels for service recipients and their family members to raise their own concerns about mistreatment. It is suggested that there ought to be more legal and transparent channels for service recipients and their family members to file complaints.  
ISSN: 14668203 From : <https://doi.org/10.1108/JAP-03-2020-0006>
- 258/3 Can a positive doctor-patient relationship contribute to risk of elder abuse?; by Mark Yaffe.: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 32, no 4, August-October 2020, pp 385-387.  
Positive doctor-patient relationships have been noted to be possible facilitators in the identification of elder abuse. A case from family practice is cited in which an enduring and well-appreciated relationship unintentionally set up potential for mistreatment. Considerations to factors beyond traditional elder abuse risk factors should be kept in mind.  
ISSN: 08946566 From : <https://doi.org/10.1080/08946566.2020.1770646>
- 258/4 Elder abuse: a retrospective analysis of autopsy cases from the department of legal medicine in Genoa from 2006 to 2017; by Francesco Ventura, Fiorella Caputo, Cristiano Micera, Andrea Molinelli.: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 32, no 4, August-October 2020, pp 388-398.  
Elder abuse is a form of violence that is often misunderstood and still underestimated. This kind of abuse is classified in physical abuse, psychological abuse, financial abuse, sexual abuse, neglect and self-neglect. In this study, 784 cases of dead people over 65 years of age were retrospectively analyzed: in all cases, the cause of death was determined by the autopsy. Ten cases have been classified as victims of elder abuse: 7 females and 3 males aged between 67 and 91 (average age of 78.9 years). The types of abuse were as follows: neglect: 8 cases; physical abuse: 2 cases; psychological abuse: 2 cases; financial abuse: 2 cases; self neglect: 2 cases. In three cases, the victims had been subjected to two or more types of abuse. In 5 cases the victims had a neuro-psychic decay. In cases of neglect the cause of death was due to sepsis or dehydration. In a case of physical abuse, death was traumatic and related to physical violence. In cases of self neglect, death occurred due to cardiac causes. In cases of domestic abuse, the perpetrator was in most cases the elder's son and in one case the paid caregiver. In three cases, however, the abuses were committed against elderly guests in Nursing Homes. In three cases the perpetrator was affected by psychiatric disorders. Recognizing the elder abuse is often difficult and the understanding of the phenomenon in the case of death requires an integrated analysis of the autopsy data and the anamnesis of the victim.  
ISSN: 08946566 From : <http://www.tandfonline.com>

- 258/5 An empirical examination of elder abuse through the lens of mens rea; by Naval Bajpai (et al.): Emerald. Journal of Adult Protection, vol 22, no 5, 2020, pp 269-297.  
The purpose of this paper is to examine elder abuse (EA) tendency in the context of social integration and caregiver stress (CGS). Afterward, the attempt has been made to examine the role of mens rea or intention in the incidence of EA.  
To examine opinion on EA through the perspective of the older person and caregiver, a questionnaire was developed using exploratory factor analysis and confirmatory factor analysis. Afterward, a z-test was used for analyzing the results obtained from older people and caregivers.  
The results showed that in the context of EA, the opinion of caregivers differs from older people themselves. This finding was attributed to the theory of ignorance. Based on this, the legal action for every incidence of EA was discouraged by seeking endorsement from the attachment theory especially for the EA incidences arising due to factors such as social isolation or CGS.  
This research addresses the presence and non-presence of mens rea or intention in the incidence of EA. Future studies may be conducted by taking a sample from two more developed and developing economies. Moreover, based on the findings the recommended framework can be empirically examined by future researchers.  
Understanding the study through the perspective of the caregiver may facilitate the academicians and practitioners in keeping the fabric of relationships stronger among the elderly and caregiver.  
ISSN: 14668203 From : <https://doi.org/10.1108/JAP-04-2020-0010>

## **AGE-FRIENDLY COMMUNITIES**

(See 258/71)

## **AGEING IN PLACE**

(See 258/46, 258/70)

## **ALTERNATIVE THERAPIES**

(See 258/24)

## **ARTS, CRAFT AND MUSIC**

(See 258/9, 258/17)

## **ASSISTIVE TECHNOLOGY**

(See Also 258/49)

- 258/6 Care navigators decision-making in prescribing Telecare for older people; by Julie MacInnes.: Wiley. Health and Social Care, vol 28, no 6, November 2020, pp 2431-2440.  
This aim of this study was to explore the decision-making process of Care Navigators in prescribing Telecare for older people living at home. The study took place in the South of England. A structured model of decision-making was used as the theoretical framework and a qualitative approach was employed. Care Navigators (n = 7), acting on behalf of the Local Authority as 'external trusted assessors' were interviewed according to a semi-structured interview schedule. Documentary evidence of decision-making (Telecare Reasoning Forms) (n = 10), were also analysed and added to the interview data. The main themes identified were the process of decision-making, training needs, and the support of Care Navigators and partnership working. Care Navigators adopted a complex decision-making process involving information gathering, information synthesis, consideration of alternatives to Telecare and implementation. Decision-making has a strong ethical dimension, especially around funding. Training focused on the functioning and technical aspects of equipment. However, other training needs were identified in order to support decision-making, for example, assessing mental capacity. Peer support networks were valuable to Care Navigators and they developed good relationships with social care and Telecare provider staff. However, professionals making referrals to the Care Navigators for Telecare often did not understand their role or funding eligibility. In conclusion, Care Navigators are well-placed to prescribe Telecare in terms of knowledge and decision-making skills. Comprehensive training is necessary in order to support decision-making. Peer support and education of professionals referring for Telecare is also advocated.  
ISSN: 09660410 From : <https://doi.org/10.1111/hsc.13066>
- 258/7 Factors that affect health information technology adoption by seniors: a systematic review; by Hamidreza Kavandi, Mirou Jaana.: Wiley. Health and Social Care, vol 28, no 6, November 2020, pp 1827-1842.  
The number of seniors and prevalence of chronic conditions are increasing worldwide, resulting in more pressure on health systems. Health Information Technologies (HIT) present opportunities to support the healthcare needs of seniors. Although prior studies have investigated HIT and seniors, it remains unclear what factors significantly affect the adoption of different HIT by elderly people in the community. A

Systematic Review (SR) was conducted between December 2017 and February 2018 (with a search update in 2018-2019) to critically appraise and synthesise existing evidence on HIT adoption factors among seniors. Following the PRISMA guidelines, five major databases were consulted (PubMed, Medline, CINAHL, Scopus and Web of Science). The inclusion criteria consisted of empirical studies, published in English, and reporting impacts of specific factors on HIT adoption among seniors in the community. A total of 41 studies were included in this review, mostly published between 2014 and 2017 in Europe and the US; the level of evidence in these studies was low to moderate. The factors that affect HIT adoption did not differ across types of technologies or age groups. The findings reveal that seniors adopt HIT that are perceived as useful and requiring low effort commitment; price/cost value were reported as adoption barriers. Social influence, facilitating conditions, senior-friendly product design, self-efficacy, Intrinsic Technology Quality, experience/training and technology anxiety may affect HIT adoption by seniors, although the evidence on these impacts remains weak and limited. Mixed and inconclusive evidence was observed on the impacts of socio-demographic variables, health condition, habit and privacy/security. Given the reported low level of HIT adoption among seniors, we call for more rigorous research in this area using a 'senior-centred' approach, which takes into account the discourse/interaction between seniors and their collective environment to better understand the factors that affect their technology adoption and address their needs.

ISSN: 09660410

From : <https://doi.org/10.1111/hsc.13011>

- 258/8      Monitoring walking activity with wearable technology in rural-dwelling older adults in Tanzania: a feasibility study nested within a frailty prevalence study; by Silvia Del Din (et al.): Taylor and Francis. *Experimental Aging Research*, vol 46, no 5, October-December 2020, pp 367-381.  
Older adults with lower levels of activity can be at risk of poor health outcomes. Wearable technology has improved the acceptability and objectivity of measuring activity for older adults in high-income countries. Nevertheless, the technology is under-utilized in low-to-middle income countries. The aim was to explore feasibility, acceptability and utility of wearable technology to measure walking activity in rural-dwelling, older Tanzanians.  
A total of 65 participants (73.9 ± 11.2 years), 36 non-frail and 29 frail, were assessed. Free-living data were recorded for 7 days with an accelerometer on the lower back. Data were analyzed via an automatic cloud-based pipeline: volume, pattern and variability of walking were extracted. Acceptability questionnaires were completed. T-tests were used for comparison between the groups.  
59/65 datasets were analyzed. Questionnaires indicated that 15/65 (23.0%) experienced some therapeutic benefit from the accelerometer, 15/65 (23.0%) expected diagnostic benefit; 16/65 (24.6%) experienced symptoms while wearing the accelerometer (e.g. itching). Frail adults walked significantly less, had less variable walking patterns, and had a greater proportion of shorter walking bouts compared to the non-frail.  
This study suggests that important contextual and practical limitations withstanding wearable technology may be feasible for measuring walking activity in older rural-dwelling adults in low-income settings, identifying those with frailty.  
ISSN: 0361073X  
From : <https://doi.org/10.1080/0361073X.2020.1787752>

## ATTITUDES TO AGEING

- 258/9      Ageing and romance on the big screen: the silvering romantic comedy *Elsa and Fred*; by Núria Casado-Gual.: Cambridge University Press.  
*Ageing and Society*, vol 40, no 10, October 2020, pp 2257-2265.  
The radical demographic change produced by the ageing population in the Western world has entailed a complete transformation of its popular culture. The cinema is one of the popular arts to have been especially affected by the so-called 'longevity revolution'. In fact, an important part of Hollywood celebrity culture and the mainstream film audiences belong to the same ageing demographic. The increasing necessity to tell and consume stories of ageing for the big screen is not only reflected in the growing number of films that feature older characters in their lead roles, but also in the changes produced in the cinematic narratives themselves. Film scholars within the inter-disciplinary field of cultural gerontology have started to address this phenomenon from various perspectives. Building on from their critical consideration, this article focuses on the particular case of Michael Radford's *Elsa & Fred*, a contemporary film released in 2014 that, paradoxically enough, helps renovate the youth-oriented genre of the romantic comedy through a 'silvering' romance. Taking into account contemporary manifestations of the romantic comedy genre, the essay proves that Radford's comedy contributes to the development of the 'gerontocom' as a new sub-genre in which old age is central to the protagonists' characterisations and storylines. By considering the interaction of the generic rules of the genre with the hyper-visibility of the protagonists' agedness, this article also shows the ways in which the film overcomes polarised views of ageing and enhances the figures' own process of becoming in the last stage of their lives.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X19000643>

## **BABY BOOMERS**

- 258/10 Boomers and aging: seeking and recognizing spiritual resources; by Jane A Kuepfer.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 3, 2020, pp 224-246.  
This narrative study discerned the spiritual resources that will accompany baby boomers into their later years. Twelve participants (six men and six women, born between 1946 and 1955 in Ontario, Canada) reflected on their lives and what has sustained them and will sustain them in the future. Spiritual resources were ultimately defined as those things, both internal and external, that address deep human need for such spiritual values as love, hope, peace, and joy. While valuing aspects of traditional religion, with openness to explore and learn, themes of 'Self', 'Someone', and 'Space' frame these boomers' further reflections.  
ISSN: 15528030  
From : <https://doi.org/10.1080/15528030.2019.1608491>

## **BLACK AND MINORITY ETHNIC GROUPS**

(See Also 258/18, 258/36, 258/44)

- 258/11 Filial expectation among Chinese immigrants in the United States of America: a cohort comparison; by Man Guo, Elizabeth Byram, Xinqi Dong.: Cambridge University Press.  
Ageing and Society, vol 40, no 10, October 2020, pp 2266-2286.  
Relying on two unique data-sets on Chinese older immigrants (N = 3,157) and younger immigrants with ageing parents (N = 469) in Chicago, this study compared the level of filial expectation among the two groups and examined the predictors and mental health implications of having high filial expectation among each group. Results of t-tests, logistic regression and negative binominal analyses showed that, regardless of socio-demographic variables, acculturation, physical health and family relations, Chinese adult children had higher filial expectations on themselves than older immigrants' filial expectation on the younger generation. Chinese older immigrants who had less education, lower levels of acculturation, poorer health and closer relationships with children reported higher filial expectation. In the cohort of younger immigrants, high filial expectation was associated with lower income, better health and closer relations with their parents. In addition, having high filial expectation was associated with lower levels of depression and anxiety among the older immigrants, but not among the younger cohort. The results indicated that, whereas Chinese older immigrants seemed to adapt their filial expectation in the new society, the younger cohort still strongly adhere to this traditional family norm. Maintaining strong filial expectation might be a protective factor for older immigrants' mental health. Practice and policy implications of these findings are discussed in the paper.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X1900059X>
- 258/12 The legacy of the Black Church: older African Americans' religiousness; by Edward H Thompson Jr, Andrew M Futterman, Maureen O McConnell.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 3, 2020, pp 247-267.  
The pronounced ways religion manifests itself in African-American attitudes, beliefs, and behaviour remains one of the most fascinating areas of social gerontology and the sociology of religion. Using Lincoln and Mamiya's discussion of the Black Church, we theorize that African Americans' worship and faith become full-bodied whether individuals are affiliated with black congregations or not. Embodiment of the 'black sacred cosmos' moves African Americans to a shared worldview that transcends immediate affiliation with a church. Older adults (N = 357) were interviewed in their homes. Most participants (N = 286) were selected from a random sample of the community-based elders in a Northeastern city. 'Snowball' sampling recruited 71 additional African American elders. Ages range from 60 to 101 with a mean of 74.1. African-Americans participating in black churches show only somewhat greater faith involvement than African-Americans in other churches when compared directly to one another. Regression analyses show religious involvement transcends African Americans' church affiliation. African Americans' worldview is a deeply rooted collective double-consciousness that can be inculcated and maintained outside black church congregations. Active affiliation with a black church seems to only slightly intensify the strength of older black people's worship practices and faith.  
ISSN: 15528030  
From : <https://doi.org/10.1080/15528030.2019.1611521>

## **CARERS AND CARING**

(See Also 258/32, 258/80)

- 258/13 Prevalence of depression and burden among informal care-givers of people with dementia: a meta-analysis; by Rebecca N Collins, Naoko Kishita.: Cambridge University Press.  
Ageing and Society, vol 40, no 11, November 2020, pp 2355-2392.  
This meta-analysis examined the prevalence of depression and burden among informal care-givers of people with dementia (PwD) and compared the prevalence of depression between male and female, and spousal and non-spousal, care-givers. The quality of studies was evaluated and moderator variables



explored. A search of six electronic databases (PsycARTICLES, PsycINFO, MEDLINE Complete, SCOPUS, Web of Science and ProQuest) was conducted from the first available date to the 31 October 2017. Inclusion criteria involved observational studies on the prevalence of burden or depression among informal care-givers of PwD. Forty-three studies were examined with a total of 16,911 participants. The adjusted pooled prevalence of depression was 31.24 per cent (95% confidence interval (CI) = 27.70, 35.01) and burden was 49.26 per cent (95% CI = 37.15, 61.46), although heterogeneity among prevalence estimates was high. Depression prevalence estimates differed according to the instrument used and the continent where the study was conducted. The odds of having depression were almost one and a half times higher in female compared to male care-givers. No significant difference was observed between spouses and non-spouses. Most studies had a medium risk of bias. Results suggest a great need within this population for interventions that are effective at reducing burden and depressive symptoms. It therefore appears imperative for dementia services that are not providing such interventions to do so.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000527>

- 258/14 Quality of life among compound caregivers and noncompound caregivers of adults with autism; by Christina N Marsack-Topolewski.: Taylor and Francis.

Journal of Gerontological Social Work, vol 63, no 5, July 2020, pp 379-391.

Children diagnosed with autism spectrum disorder (ASD) are reaching adulthood and require some form of lifelong care. Many parents continue caring for their adult children with ASD for as long as physically possible. As parents age, many also may provide care for another loved one, such a spouse or parent. This study compares compound (those providing care for multiple loved ones) and noncompound parental caregivers (those providing care solely for an adult child with ASD) on six dimensions of quality of life (enjoys life, life is meaningful, ability to concentrate, accepts bodily appearance, satisfied with self, and frequency of negative feelings). Specifically, this study determined the extent to which compound and noncompound caregivers' quality of life differed. The present study included 320 parents (age 50 or older) of adult children (18 or older) diagnosed with ASD who completed a web-based survey. T-tests for independent samples compared the six dimensions and overall quality of life between compound and noncompound caregivers. Results indicated that compound caregivers were less able to concentrate and had fewer negative feelings than noncompound caregivers. Further research is needed to determine the effects of caregiving on the multidimensional aspects of quality of life.

ISSN: 01634372

From : <https://doi.org/10.1080/01634372.2020.1765063>

- 258/15 Unmet needs of informal carers of the oldest old in Portugal; by Sara Alves, Oscar Ribeiro, Constança Paul.: Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 2408-2417.

Oldest-old individuals are a growing segment of the population that faces several challenges in terms of care demands. Informal caregivers experience more or less challenges, namely depending on the support they can access. The present study explores the unmet needs of a sample of informal caregivers of community-dwelling older adults aged 80+ and analyses the association of such needs with sociodemographic information, care-giving context (e.g., length of care), and health characteristics of the caregivers and care receivers (e.g., cognitive status and functionality). We recruited 175 care-giving dyads from the North of Portugal. Descriptive statistics summarised the sample's characteristics. Informal caregivers were mainly women with a mean age of 60.6 years (SD = 9.8). Care receivers' mean age was 88.7 years (SD = 5.6) and were functionally dependent (9.3 points [SD = 7.0] and 27.0 points [SD = 3.5] for Basic and Instrumental Activities of Daily Living, respectively). A thematic analysis of an open-ended question on unmet needs was performed, revealing the presence of unmet needs. The most relevant ones (financial support, caregiver support, primary care/medical specialities, and labour regulation) were further analysed, concerning the care-giving dyad's using Independent Student's t test or Mann-Whitney U Tests, and Chi-squared test or Fisher's Exact test depending on the variable. The most frequent unmet needs were associated with the caregiver's age, care receivers' kinship, number of care-giving hours, the caregiver's gender, professional status, the caregiver strain and medicines intake. Findings suggest the need for establishing policies that ensure adequate sustainability of the provision of informal care that takes into account the needs of care-giving dyads in the planning process.

ISSN: 09660410 From : <https://doi.org/10.1111/hsc.13063>

## DAY CARE

(See Also 258/21)

- 258/16 How day centres are unlocking lockdown; by Katharine Orellana, Kritika Samsi, Jill Manthorpe.: Investor Publishing.

Journal of Dementia Care, vol 28, no 6, November/December 2020, pp 14-15.

In the UK, in March 2020, day centres closed down in response to the COVID-19 pandemic. This article discusses practical factors to be considered in reopening the centres. In addition to infection control and social distancing, the deaths of former attendees during the pandemic needs to be treated sensitively with some form of remembrance. The comfort offered by individual personal items needs to be balanced against infection control.

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

## DEATH AND DYING

- 258/17 Death, loss and community: perspectives from children, their parents and older adults on intergenerational community-based arts initiatives in Sweden; by Max Kleijberg (et al.): Wiley. Health and Social Care, vol 28, no 6, November 2020, pp 2025-2036.  
Studio DöBra is a community-based initiative in which children (9 y/o) and older adults (mostly 80+) engaged with topics related to dying, death and loss through shared arts activities (e.g. collage, sculpture, games). In an ageing society, Sweden's end-of-life (EoL) care is increasingly professionalised and specialised, but there is little community involvement. One goal of Studio DöBra was therefore to support community engagement with EoL-related topics. Another goal was to create opportunities for interaction between children and older adults as there are few intergenerational meeting places. Two iterations of Studio DöBra were developed (2016, 2018) in different Swedish cities, utilising a community-based participatory research approach. Project groups comprised first author MK and representatives of community organisations such as meeting places for older adults, after-school centres and artistic organisations. Each iteration engaged eight children and eight older adults in a series of five workshops. This article investigates how children and older adults motivate their participation, their experiences of participating and ways in which they were affected by participation. We also investigate how parents reflect on their child's participation in Studio DöBra. Older adults, children and their parents were interviewed after each Studio DöBra. An inductive qualitative process guided by interpretive description was used to analyse the transcripts. Findings indicate that participants acted as individuals with agency in connecting across generations and in creating spaces for engaging with EoL-topics, not only in Studio DöBra but also in their social networks. Participants reflected on a changing sense of community through new intergenerational connections and social activities, and expressed a desire to maintain these. However, participants indicated sustainability challenges related to lacking agency in maintaining these spaces and sense of intergenerational community, as they rely on support from community organisations.  
ISSN: 09660410  
From : <https://doi.org/10.1111/hsc.13014>

## DEMENTIA

(See Also 258/53, 258/67)

- 258/18 Understanding dementia in ethnically diverse groups: a qualitative study from Norway; by Mette Sagbakken, Ragnhild Storstein Spilker, Reidun Ingebreetsen.: Cambridge University Press. Ageing and Society, vol 40, no 10, October 2020, pp 2191-2214.  
As the number of older immigrants in Europe rises, dementia within minority ethnic populations warrants attention as a significant public health problem. Equitable health and care services constitute a prioritised health policy aim on both supranational and national levels in Europe and is formulated in the Norwegian health legislation. Through interviews and focus groups with older immigrants, relatives of immigrants with dementia and health personnel, this study explores the perceptions of dementia among ethnically diverse groups in Norway. The findings show that many interpret symptoms such as memory loss and disorientation as a natural part of ageing. Others consider dementia symptoms to have a psycho-social origin, deriving from social isolation. Some describe symptoms as an expression of a potentially transient sign of madness, while others point to destiny and God's will, representing basic and unalterable causes. However, another pattern of perception includes viewing dementia as a potentially transient physical illness, including a belief in a medical cure. By investigating how people with dementia and their families understand and manage the condition, one may facilitate access to relevant and adapted information. Furthermore, by exploring how people relate to their illness, health personnel may challenge explanatory models that create unrealistic expectations of cure, as well as models that, due to stigma or normalisation of symptoms, prevent the use of public care.  
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From : <https://doi.org/10.1017/S0144686X19000576>

## DEMENTIA CARE

(See Also 258/13, 258/30, 258/49, 258/51, 258/59, 258/86, 258/96)

- 258/19 Effects of caregiver dementia training in caregiver-patient dyads: a randomized controlled study; by Elizabeth G. Birkenhäger-Gillesse, Wilco P Achterberg, Sarah I M Janus, Boudewijn J Kollen, Sytse U Zuidema.: Wiley. International Journal of Geriatric Psychiatry, vol 35, no 11, November 2020, pp 1376-1384.  
Caregivers for people with dementia (PWD) have reported needing emotional and social support, improved coping strategies, and better information about the illness and available support services. In this study, the authors aimed to determine the effectiveness of an Australian multicomponent community-based training programme that was adapted and implemented in a non-medical Dutch health care setting.  
A randomized controlled trial was performed: 142 dyads of cohabiting caregivers and PwD were randomized to control (care as usual) or intervention (training programme) groups and outcomes were

compared. Programs lasted 1 week, comprised 14 sessions, and were delivered by specialist staff. We included 16 groups of two to six caregivers. The primary outcome was care-related quality of life (CarerQol-7D) at 3 months. The main secondary outcomes for caregivers were self-rated burden, health and mood symptoms, and for PwD were neuropsychiatric symptoms, quality of life, and agitation. No significant difference was observed for the primary outcome. However, caregivers experienced fewer role limitations due to physical function (adjusted mean difference, 13.04; 95% confidence interval [95%CI], 3.15-22.93), emotional function (13.52; 95%CI, 3.76-23.28), and pain reduction (9.43; 95%CI, 1.00-17.86). Positive outcomes identified by qualitative analysis included better acceptance and coping and improved knowledge of dementia and available community services and facilities. Quantitative analysis showed that the multicomponent course did not affect care-related quality of life but did have a positive effect on experienced role limitations and pain. Qualitative analysis showed that the course met the needs of participating dyads.

ISSN: 08856230

From : <https://doi.org/10.1002/gps.5378>

- 258/20 Implementing an evidence-based dementia care program in the Australian health context: a cost-benefit analysis; by Miiia Rahja (et al).: Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 2013-2024.

The World Health Organisation has called for the implementation of evidence-based interventions that enhance function and capability in people with dementia. In response, the Boosting Dementia Research Initiative in Australia has funded a number of projects aimed at improving such outcomes for people with dementia and their caregivers. What is not known is the economic and societal outcomes of these projects and of program implementation to the Australian healthcare system. The purpose of this study was to identify the costs and benefits of implementing an evidence-based reablement program within Australian health context. A well-used methodology familiar to governments and decision-makers was used to calculate the costs and benefits of implementing the program in Australia. Four different perspectives: market, private, efficiency (social) and referent group (key stakeholders) were considered in the cost-benefit evaluation. Almost A\$6.2 million societal gain is presented through a social cost-benefit analysis. The referent (stakeholder) group analysis is used to demonstrate that people with dementia and their caregivers are the bearers of the costs and the Australian health and social care system gains the most from the program implementation. The results of this cost-benefit analysis suggest that there is a need to plan and provide subsidies or other financial incentives to assist people with dementia and their caregivers to engage in reablement programs in Australia; thus the whole society can be advantaged. Funding bodies and decision-makers are urged to recognise the potential societal benefits that can be achieved from participating in such reablement programs.

ISSN: 09660410

From : <https://doi.org/10.1111/hsc.13013>

- 258/21 The perspectives of people with dementia on day and respite services: a qualitative interview study; by Emma O'Shea, Eamon O'Shea, Suzanne Timmons, Kate Irving.: Cambridge University Press.

Ageing and Society, vol 40, no 10, October 2020, pp 2215-2237.

Respite services have traditionally been viewed as services for carers mainly. Perhaps as a result, the perspectives of people with dementia have been largely ignored. This study considers these perspectives in relation to day and respite services, and contextualise them in light of Kitwood's prediction that person-centred care would be adopted only superficially by such services. Convenience sampling was employed and semi-structured interviews were conducted with six community-dwelling people with dementia. A thematic analysis was conducted and four themes were identified: 'acceptability of service characteristics', 'meaningful engagement', 'personhood' and 'narrative citizenship'. The findings suggest that day services were more acceptable than residential respite, though some people would prefer home-based models, if available. 'Meaningful' engagement must be individually defined; however purposeful and reciprocal activity was commonly invoked as meaningful. 'Personhood' and 'narrative citizenship' were quintessential markers of quality care; while some people experienced personhood being bestowed upon them, others reported distinct instances of malignant social psychology, discrimination and stigma. In conclusion, an implementation gap may still persist regarding person-centred care in some respite services, based on the perspectives of people with dementia. Delivering the vision for care outlined here would require greater flexibility in service provision, more resources and more one-on-one staff-client time. The fundamental shift in thinking required by some staff relies on supporting them to develop a greater self- and shared cultural-awareness around dementia.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X1900062X>

- 258/22 What do family caregivers of people with dementia need?: A mixed-method systematic review; by Bressan V, Chiara Visintini.: Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 1942-1960.

Caring for people with dementia is a major challenge for relatives and society worldwide. Understanding the family caregivers' needs is crucial to promote their care-giving role during the disease trajectory. The aim of this mixed-method systematic review was to identify and synthesise the existing literature on the needs of family caregivers of people with dementia at home. PubMed, CINAHL, Cochrane Database of Systematic Reviews and PsycINFO databases were systematically explored to find quantitative, qualitative and mixed-method studies published between 2009 and 2019. A total of 1,196 citations were

retrieved and 34 studies were included in the review. The variety of interrelated needs emerged from studies has been summarised in four themes: (a) Being supported, (b) Receiving accessible and personalised information, (c) Being trained and educated to care for their beloved with dementia and (d) Finding a balance. Care-giving for individuals with dementia is an ever-changing process characterised by continuous adjustments to their needs. The majority of a family caregivers' needs are oriented towards receiving support, help in offering daily care and finding a balance between the care-giving role and their own personal needs. For family caregivers, receiving information is a priority to improve their knowledge and to develop coping abilities, care skills and strategies aimed at promoting a balance between care assistance duties and their own needs. They also need social, psychological and emotional support and access to flexible, tailored and timely formal care. Further studies are recommended to detect changes in family caregivers' needs throughout the disease progression in order to tailor formal care offered by social and healthcare services.

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From : <https://doi.org/10.1111/hsc.13048>

## DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING

(See 258/60)

## DEPRESSION

(See Also 258/13, 258/55)

- 258/23 The impact of wealth and income on the depression of older adults across European welfare regimes; by Dimitrios Kourouklis, Georgia Verropoulou, Cleon Tsimbos.: Cambridge University Press. Ageing and Society, vol 40, no 11, November 2020, pp 2448-2479.

This paper examines the impact of wealth and income on the likelihood of depression among persons aged 50 or higher in four European regions characterised by differences in the standards of living and welfare systems. To address possible effects, data from Wave 6 of the Survey of Health, Ageing and Retirement in Europe (SHARE) have been used. Based on a sample of 60,864 persons resident in 16 European countries and a binary indicator of depression, probit and instrumental variable probit models were employed, the latter of which deal with issues of endogeneity and omitted variable bias. The findings show differences in the prevalence of depression across Europe, favouring the more affluent North/Western countries. Further, there is a difference in the role and the magnitude of the effect of income and wealth across different regions. First, though both measures exhibit a measurable effect, their impact is greater in the poorer Central/Eastern and Southern regions; this divide is more pronounced for wealth. Second, income seems to have a stronger effect compared to wealth in all instances: hence, it would seem that liquidity is more important among Europeans aged 50 or higher than assets. Nevertheless, neither income nor wealth are important among persons aged 65 or higher in Nordic countries which may be partly attributable to a more equitable welfare system.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000679>

- 258/24 Qigong for the treatment of depressive symptoms: preliminary evidence of neurobiological mechanisms; by Erin Yiqing Lu, Posen Lee, Shuhe Cai, Wendy Wing Yan So, Bacon Fung Leung Ng, Mark P Jensen, Wai Ming Cheung, Hector W H Tsang.: Wiley.

International Journal of Geriatric Psychiatry, vol 35, no 11, November 2020, pp 1393-1401.

Qigong has been shown to effectively reduce depressive symptoms in older adults with chronic physical illness. Here, the authors sought to evaluate the effects of qigong on serotonin, cortisol, and Brain-derived Neurotrophic Factors (BDNF) levels and test their roles as potential mediators of the effects of qigong on depressive symptoms.

Thirty older adults with chronic physical illness participated in a randomized clinical trial. They were randomly assigned to a qigong group (n = 14) or a control group for cognitive training of executive function and memory (n = 16). The participants provided blood and saliva samples at baseline and post-intervention. Levels of cortisol were measured from the saliva samples, and serotonin and BDNF were measured from the blood samples.

Consistent with the study findings presented in the primary outcome paper, a significant Group - Time interaction effect emerged on depressive symptoms, explained by greater reductions in the qigong group than the control group. Qigong participants had significantly larger increases in serotonin and BDNF, and decreases in cortisol levels, compared with control group participants. Moreover, treatment-related changes in cortisol levels (but not serotonin or BDNF) fully mediated the beneficial effects of qigong on depressive symptoms.

The findings provide preliminary evidence that treatment-related changes in cortisol may mediate the benefits of qigong on depressive symptoms. Given the limitation of small sample size of the present study, future studies with larger sample sizes and more extended follow-up assessment are warranted to determine the reliability of these findings.

ISSN: 08856230

From : <https://doi.org/10.1002/gps.5380>

## DIET AND NUTRITION

(See 258/45)

## EDUCATION AND TRAINING

- 258/25     Discussing elder abuse and neglect in undergraduate dental education: a commentary; by Mario Brondani, Maxine G Harjani, Nawaf Alfawzan, Claudia Maria C Alves, Inger Wårdh, Leann Donnelly.: Taylor and Francis.  
Journal of Elder Abuse and Neglect, vol 32, no 4, August-October 2020, pp 399-408.  
The intra- and extra-oral signs of physical abuse and neglect can appear visible to a dental professional during routine care. Yet, little is known about the existing pedagogies employed to discuss elder abuse and neglect in undergraduate dental education and the level of knowledge undergraduate dental students have about elder abuse and neglect. The purpose of this commentary is to present a literature review exploring how the subject of elder abuse and neglect is taught in dental schools and to discuss the results of a brief knowledge-based questionnaire focused on elder abuse and neglect applied to Canadian undergraduate dental students.  
ISSN: 08946566  
From : <https://doi.org/10.1080/08946566.2020.1750523>

## END-OF-LIFE CARE

- 258/26     Factors associated with overall satisfaction with care at the end-of-life: caregiver voices in New Zealand; by Rosemary Frey (et al).: Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2320-2330.  
In New Zealand, as in other industrialised societies, an ageing population has led to an increased need for palliative care services. A cross-sectional postal survey of bereaved carers was conducted in order to describe both bereaved carer experience of existing services in the last 3 months of life, and to identify factors associated with overall satisfaction with care. A self-complete questionnaire, using a modified version of the Views of Informal Carers - Evaluation of Services (VOICES) instrument was sent to 4,778 bereaved carers for registered deceased adult (>18yrs) patients in one district health board (DHB) for the period between November 2015 and December 2016. Eight hundred and twenty-six completed questionnaires were returned (response rate = 21%). The majority of respondents (83.8%) rated their overall satisfaction with care (taking all care during the last 3 months into account), as high. However, satisfaction varied by care setting. Overall satisfaction with care in hospice was significantly higher compared to other settings. Additionally, patients who died in hospice were more likely to be diagnosed with cancer and under 65 years of age. The factors associated with overall satisfaction with care in the last 2 days of life were: caregiver perceptions of treatment with dignity and respect; adequate privacy; sufficient pain relief and decisions in line with the patient's wishes. A more in-depth exploration is required to understand the quality of, and satisfaction with, care in different settings as well as the factors that contribute to high/low satisfaction with care at the end-of-life.  
ISSN: 09660410  
From : <https://doi.org/10.1111/hsc.13053>
- 258/27     Value-based issues and policy change: medical assistance in dying in four narratives; by Nathalie Burlone.: Wiley.  
Social Policy and Administration, vol 54, no 7, December 2020, pp 1096-1109.  
In 2014, Québec became the first province in Canada to allow medical assistance in dying (MAID) by adopting the Act Respecting End-of-Life Care. This was, and still is, an important policy change. It involves a singular and highly moral issue that generated debates spanning over a longer period than that specific to the law's development and adoption. Using French and English newspapers' renderings of these debates in Québec between 2005 and 2015, this study deconstructs MAID's journey in the province into four periods, each characterized by a specific narrative: flexible precaution, legal hypocrisy, accountability imperative, and ineluctable adaptation. These four narratives allow us to better understand MAID's framing process as they reveal the underlying rationales of three overarching frames covering the 2005-2015 period: the legal frame, the social progress frame, and the service provision frame.  
ISSN: 01445596  
From : <https://doi.org/10.1111/spol.12587>

## FALLS

- 258/28     Effect of acupressure on dynamic balance in elderly women: a randomized controlled trial; by Seyedeh Ameneh Motalebi (et al).: Taylor and Francis.  
Experimental Aging Research, vol 46, no 5, October-December 2020, pp 433-445.  
Balance disorders are common in the elderly and are a major cause of falls. This study aimed to determine the effect of acupressure on dynamic balance in elderly women.  
This randomized controlled clinical trial was conducted on 72 elderly women in Qazvin, Iran. The intervention group received rotary massage using the thumb at the pressure points for 4 weeks, 3 times a week for 20 minutes each session. Dynamic balance in both groups was measured before, 2 and 4 weeks after the intervention using timed up and go test and the step test. Data were analyzed using two

way repeated measures ANOVA.

The mean age of participants was  $67.34 \pm 6.30$  with a range of 60 to 80 years old. The results showed statistically significant improvement in the dynamic balance quantified by timed up and go test and step test for the right and left legs. However, in the control group, no significant change was observed in the dynamic balance after completion of the program.

The results support that acupressure therapy can be an effective, safe, and inexpensive method to improve the dynamic balance and maintain maximum autonomy of the elderly.

ISSN: 0361073X

From : <https://doi.org/10.1080/0361073X.2020.1802981>

- 258/29 Falls in older adults: a systematic review of literature on interior-scale elements of the built environment; by Shabboo Valipoor, Debajyoti Pati, Mahshad Kazem-Zadeh, Sahar Mihandoust, Soheyla Mohammadigorji.: Taylor and Francis.

Journal of Aging and Environment, vol 34, no 4, October-December 2020, pp 351-374.

Falls are the leading causes of injury and injury-related deaths in older adults. This review examined the role of interior-scale elements of living environments, including homes, nursing homes, retirement facilities, care facilities, and assisted living facilities, on falls among elderly residents. A comprehensive review of empirical studies, published in peer-reviewed journals, was conducted using the PRISMA process. Results revealed that while several environmental elements are identified as risk factors, a few are fully examined. Flooring is the most examined element in terms of number and robustness of research. Studies that assessed bundled interventions support the notion that environmental attributes affect the incidence and severity of falls. There is a need for more causal and correlational studies to determine the specific impact of each environmental element on falls to inform facility design decisions.

ISSN: 26892618

From : <https://doi.org/10.1080/02763893.2019.1683672>

## **FAMILY AND INFORMAL CARE**

(See Also 258/11, 258/22, 258/59)

- 258/30 After the care journey: exploring the experiences of family carers of people living with dementia; by Sonja Jameson, Lynne Parkinson, Annie Banbury.: Cambridge University Press.

Ageing and Society, vol 40, no 11, November 2020, pp 2429-2447.

While the burden of caring for people living with dementia has been well documented, considerably less is known about how carers transition into post-care life. This study aimed to understand the experiences of primary family care-givers of people with dementia after the person with dementia has died. A specific focus of the research was understanding the barriers to transitioning into a positive post-care life, and facilitators that help sustain carers as they move forward after their care journey has ended. A qualitative exploratory, descriptive study was undertaken with nine primary carers for a family member who died with dementia (five spouses and four adult children). Semi-structured face-to-face or telephone interviews were conducted with carers between July and August 2016. Interview transcripts were analysed using a thematic approach. A number of factors that can act as barriers or facilitators to transition for carers were identified. Contextualising loss, restructuring identity, psychological health issues and the influence of social attitudes seemed to have a strong influence on carer outcomes. The findings highlight the need for further systematic social and informational support for carers to moderate post-care trajectories and improve carer transition.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000667>

## **FRAILITY**

(See Also 258/8, 258/45)

- 258/31 The conspicuous absence of the social, emotional and political aspects of frailty: the example of the White Book on Frailty; by Amanda M Grenier.: Cambridge University Press.

Ageing and Society, vol 40, no 11, November 2020, pp 2338-2354.

Over the last 15 years, frailty has become a dominant discourse on late life. Taken-for-granted knowledge and practice can be seen in initiatives such as the International Association of Gerontology and Geriatrics' White Book on Frailty. This paper begins with an overview of key themes on frailty from the biomedical literature, followed by critical literature in the social sciences and humanities. It discusses the tensions within the biomedical field, frailty as a social construction and 'social imaginary', practices of frailty as historically linked to political systems of care, and frailty as an emotional and relational experience. It then draws on a critical discourse analysis to assess the 2016 White Book on Frailty. Drawing on the idea of 'significant absences', the paper highlights the gaps that exist where the social and emotional understandings and political readings of frailty are concerned. The paper concludes by outlining the need to recognise the 'politics of frailty' including the power relations that are deeply embedded in the knowledge and practices surrounding frailty, and to incorporate older people's experience and ideas of vulnerability into research, policy and care practice.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000631>

- 258/32 Do European co-residential caregivers aged 50+ have an increased risk of frailty?; by Fatima Barbosa, Gina Voss, Alice Delerue Matos.: Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2418-2430.  
One important health challenge associated with ageing is frailty, which has been acknowledged as a new public health priority. However, only a few studies have explored the relationship between providing care at older ages and frailty. The main objective of this study is to assess whether there is an association between providing co-residential care and frailty, according to gender and from a European cross-sectional perspective, among the population aged 50+. Data from 17 European countries that participated in wave 6 of the Survey of Health, Ageing and Retirement in Europe (SHARE) is used (N = 52,073). Multinomial logistic regressions were used to estimate caregivers' chances of frailty. The results show that the prevalence of pre-frailty and frailty differs according to the caregiver's status, gender and the European region. The highest prevalence of pre-frailty was found in the group of female caregivers from Northern countries (57.3%), and the highest prevalence of frailty was found in the group of female caregivers from Southern countries (29.3%). Providing co-residential care is positively associated with the risk of being pre-frail in women, in all European regions (Northern: OR 1.724, 95% CI 1.190-2.496; Central: OR 1.213, 95% CI 1.010-1.456; Eastern: OR 1.227, 95% CI 1.031-1.460; Southern: OR 1.343, 95% CI 1.103-1.634), and with being frail for both genders in the Southern region (female: OR 1.527, 95% CI 1.060-2.200; male: OR 1.644, 95% CI 1.250-2.164). The results of this study suggest that female co-residential caregivers are a greater risk of being pre-frail in all European regions except Southern Europe, where male and female co-residential caregivers are a greater risk of being frail, compared with non-caregivers. European policy makers should create political measures to prevent and reverse frailty among European co-residential caregivers.  
ISSN: 09660410 From : <https://doi.org/10.1111/hsc.13064>
- 258/33 Stories from people living with frailty; by Anna Lloyd, Erna Haraldsdottir, Marilyn Kendall, Scott A Murray, Brendan McCormack.: Cambridge University Press.  
Ageing and Society, vol 40, no 12, December 2020, pp 2732-2753.  
This study describes the findings of a qualitative longitudinal interview study of a group of initially community-dwelling frail older people, and their informal and formal carers. It uses a narrative approach to explore the role that narrative may have for people living with frailty. This has been less explored comparative to the experiences of those living with chronic illness. The frail older people told stories of their experiences that revealed three distinct shapes or typologies. These were either stable, unbalancing or overwhelmed, and related to how the person managed to adapt to increasing challenges and losses, and to reintegrate their sense of self into a cohesive narrative. Each is illustrated by an individual case story. Frailty is described as both biographically anticipated yet potentially biographically disruptive as older people may struggle to make sense of their circumstances without a clear single causative factor. Findings are discussed in relation to biographical disruption and reconstruction in chronic illness and the rhetoric around 'successful ageing'. The study concludes by drawing attention to the complex individual and social factors that contribute to the experience of living with frailty in later life.  
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19000825>

## HEALTH AND WELLBEING

- 258/34 Flexibility as a mediator between personality and well-being in older and younger adults: findings from questionnaire data and a behavioral task; by Priska Steenhaut, Gina Rossi, Ineke Demeyer, Rudi De Raedt.: Taylor and Francis.  
Experimental Aging Research, vol 46, no 5, October-December 2020, pp 446-468.  
Personality is a predictor of subjective well-being in older and younger adults, but less is known about the underlying mechanisms. One possible mechanism is psychological flexibility, which is the ability to keep an open mind-set in order to make flexible choices adapted to the situation at hand. The authors recruited 60 younger and 60 older adults and measured personality and well-being by questionnaires. To assess psychological flexibility they used questionnaires and a behavioural task assessing flexibility in information acquisition when making choices. Based on indirect effect analysis of the questionnaire data, in line with former research, the data shows that in both age groups, the relationship between personality and well-being runs through psychological flexibility. This implies that training psychological flexibility may be a promising approach to increase well-being in both older and younger adults. This effect could not be demonstrated with our choice flexibility task, thus more research is needed to uncover why this could not be measured at the behavioral level.  
ISSN: 0361073X From : <https://doi.org/10.1080/0361073X.2020.1805935>
- 258/35 Online religious communities and wellbeing in later life; by Sarit Okun, Galit Nimrod.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 3, 2020, pp 268-287.  
This qualitative research sought to explore whether participation in online religious communities can alleviate distress in later life. Twenty-six religious individuals aged 70-96 were trained to use an experimental forum. Their experiences and online activities were documented for six months via interviews, media ethnographies, online observations and monthly follow-ups. Analysis led to

identification of (1) Factors affecting participation; (2) Online activity patterns and (3) Effects on wellbeing. Findings indicate that continued spiritual involvement in later life through online religious communities is recommended as an accessible and available means of empowering older persons and enhancing their satisfaction with life.

ISSN: 15528030

From : <https://doi.org/10.1080/15528030.2019.1666333>

- 258/36 Temporal aspects of wellbeing in later life: gardening among older African Americans in Detroit; by Jessica C Robbins, Kimberly A Seibel.: Cambridge University Press.  
Ageing and Society, vol 40, no 12, December 2020, pp 2614-2643.  
Gardening has well-established physical, social and emotional benefits for older adults in varied circumstances. In Detroit, Michigan (United States of America), as in many cities, policy makers, funders, researchers, community organisations and residents regard gardening as a means of transforming bodies, persons, communities, cities and broader politics. We draw on ethnographic research conducted during one gardening season with 27 older African Americans in Detroit to foreground the social dimensions of wellbeing in later life and thus develop a more robust and nuanced understanding of gardening's benefits for older adults. Based on anthropological understandings of personhood and kinship, this article expands concepts of wellbeing to include social relations across multiple scales (individual, interpersonal, community, state) and temporalities (of the activity itself, experiences of ageing, city life). Even when performed alone, gardening fosters connections with the past, as gardeners are reminded of deceased loved ones through practices and the plants themselves, and with the future, through engagement with youth and community. Elucidating intimate connections and everyday activities of older African American long-term city residents counters anti-black discourses of 'revitalisation'. An expansive concept of wellbeing has implications for understanding the generative potential of meaningful social relations in later life and the vitality contributed by older adults living in contexts of structural inequality.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X19000813>

## HEALTH CARE

(See Also 258/3)

- 258/37 What works in managing complex conditions in older people in primary and community care?: A state-of-the-art review; by Rachael Frost (et al.): Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 1915-1927.  
The number of older people living with complex health conditions is increasing, with the majority of these managed in primary and community settings. Many models of care have been developed to support them, however, there is mixed evidence on their value and they include multiple overlapping components. This study aimed to synthesise the evidence to learn what works for managing complex conditions in older people in primary and community care. The contributors carried out a state-of-the-art review of systematic reviews. They searched three databases (January 2009 to July 2019) for models of primary and community care for long-term conditions, frailty, multimorbidity and complex neurological conditions common to older people such as dementia. They then narratively synthesised review findings to summarise the evidence for each model type and identify components which influenced effectiveness. Out of 2,129 unique titles and abstracts, 178 full texts were reviewed and 54 systematic reviews were included. The authors found that the models of care were more likely to improve depressive symptoms and mental health outcomes than physical health or service use outcomes. Interventions including self-management, patient education, assessment with follow-up care procedures, and structured care processes or pathways had greater evidence of effectiveness. The level of healthcare service integration appeared to be more important than inclusion of specific professional types within a team. However, more experienced and qualified nurses were associated with better outcomes. These conclusions are limited by the overlap between reviews, reliance on vote counting within some included reviews and the quality of study reports. In conclusion, primary and community care interventions for complex conditions in older people should include: (a) clear intervention targets; (b) explicit theoretical underpinnings; and (c) elements of self-management and patient education, structured collaboration between healthcare professionals and professional support. Further work needs to determine the optimal intensity, length, team composition and role of technology in interventions.  
ISSN: 09660410 From : <https://doi.org/10.1111/hsc.13085>

## HEALTHY AGEING

(See Also 258/44)

- 258/38 Healthy ageing in a deprived northern UK city: a co-creation study; by Lesley Glover, Judith Dyson, Fiona Cowdell, Debbie Kinsey.: Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2233-2242.  
With ageing comes an increased risk of poor health and social isolation, particularly in poorer populations. Older people are under-represented in research and as a result interventions may not take account of their context or barriers to participation. In co-creative work, future service users work with



professionals on an equal basis to design, develop and produce a service or intervention. The study's objectives were to (a) undertake a co-creation study with older people living in a northern city in the United Kingdom, (b) explore maintenance of health and well-being in older age, (c) explore the application of co-creation with an older community population and (d) evaluate the process and inform future work. The study was conducted during 2017 by a project team of 10 lay community dwelling older people and four university researchers. Findings demonstrate that state of mind and of health were key to well-being in older age. Feeling safe, comfortable and pain free were important along with being able to adapt to change, have choice and a sense of personal freedom. Social connectedness was seen as the keystone to support healthy behaviours. Rather than developing new interventions, there was a perceived need to connect people with existing resources and provide a human 'bridge' to address barriers to accessing these. In conclusion, the co-creation process proved productive, even when undertaken on a small scale. The scope of the project needs to be realistic, to use diverse methods of recruitment and skilled facilitators, and to prepare well in terms of accessibility, simple systems and appropriate information provision.

ISSN: 09660410

From : <https://doi.org/10.1111/hsc.13036>

- 258/39 Multimorbidity and socioeconomic deprivation among older adults: a cross-sectional analysis in five Canadian cities using the CLSA; by Andrew Wister (et al.): Taylor and Francis.  
Journal of Aging and Environment, vol 34, no 4, October-December 2020, pp 435-454.  
Individual socioeconomic status is known to correlate with multimorbidity, but the role of neighbourhood-level socioeconomic deprivation is uncertain. Participants from five cities (n = 16,313) from the Canadian Longitudinal Study on Aging were mapped by postal code and their local area socioeconomic deprivation scores were calculated using the Vancouver Area Neighbourhood Deprivation Index. Logistic regression models were used to estimate deprivation-associated odds of multimorbidity, controlling for age, sex, obesity, alcohol consumption, and tobacco use, and validated using a Bayesian machine learning technique. Significant associations with neighbourhood deprivation were observed, underscoring the importance of a person's local socioeconomic environment in multimorbidity risk, net of key covariates. The implications of the results are discussed in terms of community and health care organization and intervention programs targeting multimorbidity.  
ISSN: 26892618  
From : <https://doi.org/10.1080/26892618.2020.1734138>

## HOME CARE

- 258/40 Consumer expectations of self-managing aged home care packages in Australia; by Carmel Laragy, Sophie D Vasiliadis.: Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2362-2373.  
This study investigated the expectations of older people who chose to participate in a self-management trial of home aged care packages conducted by COTA Australia. Empowerment theory is used to interpret the findings. All Australian home aged care support packages are delivered using a consumer directed care (CDC) model, and most are managed by an aged care provider. The COTA Australia trial gave older people the opportunity to self-manage their package and have more control over spending and less constraints on its use. This study examined three questions: (a) what motivated the older person, or an informal carer acting on their behalf, to participate in the self-managing trial; (b) what outcomes they expected (c) and what was their attitude towards risk. The trial was conducted over 9 months in 2018-2019. Seven registered home aged care providers from six Australian states and territories recruited 103 consumers to the trial, with having an informal carer act on their behalf. Online questionnaires with consumers (n = 103) and informal carers (n = 66), and 18 semi-structured interviews showed that older consumers and their informal carers had high expectations that self-management would result in: increased choice and control and more flexible use of funds; lower administration fees and more money to spend on services and supports; improved relations with service providers and the opportunity to select support staff. Participants wanted clear information and guidelines and support from their provider. While wanting to have more control and be empowered, few respondents noted concerns about possible risks. This finding raises questions about consumers' awareness of risks that are documented in the literature, and it challenges providers to balance risk management with facilitating independence and autonomy.  
ISSN: 09660410  
From : <https://doi.org/10.1111/hsc.13057>

- 258/41 Does educational inequality predict exercise of users' choice?: Survey evidence from domiciliary care services among elderly in Oslo, Norway; by Hakon S Traetteberg, Audun Fladmoe.: Wiley.  
Social Policy and Administration, vol 54, no 7, December 2020, pp 1123-1140.  
The traditional goal of equality in services remains at the heart of the Scandinavian welfare model; however, in recent decades, policymakers have also placed increased emphasis on user influence over services. Voice and choice are two channels to achieve this goal. The possibility to give feedback and voicing dissatisfaction to service providers (voice) is a well-established channel of service users' influence, however it is increasingly supplemented by user choice schemes (choice), where one can choose between different public and private service providers. This study uses the case of domiciliary care for the elderly to examine how the traditional goal of user equality is associated with the growing

emphasis on user influence through voice and choice. The analyses are based on user surveys carried out by the municipality in the city of Oslo, which is arguably the only municipality in Norway where user choice plays a significant role in elderly care. Since the municipality subsidizes the private providers, individual economic resources should have less relevance. However, voicing dissatisfaction and choosing between different providers may anticipate cognitive resources that are not equally distributed among the users. The survey data indicate that there is an association between level of education and propensity to exploit all channels of user influence. Expanding user influence by introducing user choice thus confirms the differences between highly educated and less educated.

ISSN: 01445596

From : <https://doi.org/10.1111/spol.12589>

- 258/42 Formal and informal care: trajectories of home care use among Danish older adults; by Agnete Aslaug Kjaer, Anu Siren.: Cambridge University Press.

Ageing and Society, vol 40, no 11, November 2020, pp 2495-2518.

To adjust future care policies for an ageing population, policy makers need to understand when and why older adults rely on different sources of care (e.g. informal support versus formal services). However, previous scholars have proposed competing conceptualisations of the link between formal and informal care, and empirical examinations have often lacked a dynamic approach. This study applied an analytical method (sequence analysis), allowing for an exploratory and dynamic description of care utilisation. Based on 15 years of data from 473 community-dwelling older individuals in Denmark, we identified four distinct clusters of care trajectories. The probability of belonging to each cluster varied with predisposing factors (such as age and gender), needs factors (such as dependence in activities of daily living and medical conditions) and enabling factors (such as co-habitation and contact with adult children). A key finding was that trajectories characterised by sporadic use of informal care were associated with low needs and strong social relations, whereas trajectories characterised by reliance on formal care were associated with high needs and limited contact with children. Taken together, the findings provide new evidence on the associations between care use and multiple determining factors. The dynamic approach to studying care use reveals that sources of individual care utilisation change over time as the individual and societal determinants change.

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From : <https://doi.org/10.1017/S0144686X19000771>

- 258/43 The home care work environment's relationships with work engagement and burnout: a cross-sectional multi-centre study in Switzerland; by Nathalie Möckli (et al.): Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 1989-2003.

This study aimed to investigate the levels of burnout and work engagement among home care workers in Switzerland and to test their association with job demands and job resources. Researchers conducted a multi-centre, cross-sectional survey in the German-speaking part of Switzerland with a convenience sample of seven home care agencies. Data were collected between September 2017 and January 2018. We assessed burnout with the Maslach Burnout Inventory (MBI) and work engagement with the Utrecht Work Engagement Scale (UWES) as well as job demands (overtime, work-family conflicts, experienced aggression and work stressors) and job resources (predictability, staffing, teamwork, leadership, collaboration, social support, sense of community, feedback). To investigate the levels of burnout and work engagement, we applied descriptive statistics. Based on Bakker and colleagues' Job Demands-Resources model, we used a path analysis to test the associations of job demands and job resources with burnout and work engagement. The study analysed data from 448 home care workers (response rate 61.8%, mean age 44 years (SD 13.2), 96% female). The frequency of burnout in our sample was low, while that of work engagement was high. Job demands correlated positively with emotional exhaustion (Beta = .54, p .001) and negatively with work engagement (Beta = -.25, p .001). Job resources correlated negatively with emotional exhaustion (Beta = -.28, p .001) and positively with work engagement (Beta = .41, p .001). Work-family conflicts and work stressors correlated strongest with emotional exhaustion, whereas social support and feedback were found to correlate strongest with work engagement. Improvements to the home care work environment might enhance work engagement and reduce burnout. Corrective interventions could focus on reducing specific aspects of job demands, such as work-family conflicts and work stressors, as well as on increasing aspects of job resources, especially social support and feedback.

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From : <https://doi.org/10.1111/hsc.13010>

## HOMELESSNESS

- 258/44 Positive health among older Traveller and older homeless adults: a scoping review of life-course and structural determinants; by Peter Cush, Kieran Walsh, Brídín Carroll, Diarmuid O'Donovan, Sinead Keogh, Thomas Scharf, Anne MacFarlane, Eamon O'Shea.: Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 1961-1978.

Concepts related to positive health in later life are increasingly prevalent within community-based health and social care policy. With a greater emphasis on inclusion health for older populations, there is a critical need to understand the determinants of such states for those most at risk of societal disadvantage. Focusing on two such groups, the aim of this article is to synthesise international research on the life-course and structural determinants of positive subjective health for older homeless people and older

Irish Travellers. Two scoping reviews were conducted (one for each group) to capture state-of-the art knowledge published from 1998 to 2020. The reviews were completed from July to December 2018, and repeated from March to April 2020. Thirty-eight publications were included in the final sample (older Travellers: 10 sources; older homeless: 28 sources). Specific life-course and structural factors were evident for both groups, as well as commonalities with respect to: accumulated exclusions; complexity of needs; accommodation adequacy/stability and independence and resilience. Research gaps are identified concerning: lack of conceptualisation of positive health; the application of life-course perspectives and the absence of an environmental gerontological analysis of the situations of both groups.

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## HOSPITAL CARE

- 258/45 The perspectives of health professionals in Denmark on physical exercise and nutritional interventions for acutely admitted frail older people during and after hospitalisation; by Rikke L Rasmussen (et al).: Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 2140-2149.

Frailty is associated with several negative health outcomes, such as readmissions to hospital. Physical exercise, including strength training and nutritional optimisation are essential parts of documented interventions for frail older people in preventing or minimising frailty. Further knowledge is necessary to ensure feasible and successful interventions encompassing both physical exercise and nutritional optimisation. The aim of this qualitative study was to investigate the perspectives of health professionals on which factors may affect interventions, including physical exercise and nutrition, for frail older people in relation to discharge after acute admission to hospital. Data were gathered in two semi-structured focus groups, totalling 11 health professionals working with frail older people in a Danish university hospital and a municipality. The sampling of participants was purposive and the interviews were facilitated by a semi-structured interview guide. Data were analysed applying a six-step data-driven thematic analysis. Findings showed that health professionals experienced working with nutritional optimisation and physical exercise within a frail older population as challenging, and they mostly used extrinsic motivation, such as incentives, deals or intensified messages, as external factors in their approaches as to affect specific behaviours. A discourse on the importance of activity- and functional training was prevalent, while diverging perspectives were present in relation to strength training, which was considered less feasible or meaningful in a community-dwelling setting. Organisational barriers such as communication between sectors and time limitations affected negatively the work of health professionals, as they hindered co-ordinated and adequate interventions from the health professionals. Findings and theory-based knowledge indicate that health professionals should work towards a person-centred approach, which includes goal-setting, to improve physical training and nutritional interventions for frail older people. Furthermore, health professionals may need more support in order to incorporate strength training in interventions. In addition to this, improved co-ordination between sectors is warranted.

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## HOUSING

(See Also 258/92)

- 258/46 A home for life or a home for now?: Understanding indifference toward accessibility and adaptability features among some older homebuyers; by Dominic Aitken, Rose Gilroy, Ken Willis.: Taylor and Francis.

Journal of Aging and Environment, vol 34, no 4, October-December 2020, pp 417-434.

It has been argued that new homes should be designed with greater accessibility and adaptability to meet the needs of ageing populations and that future proofed dwellings may have a marketing edge and be desirable among older people. Drawing on focus groups with recent and prospective older homebuyers and applying an analytical framework based on insurance theory, this study identifies attitudes toward accessibility and adaptability features which contribute explanations for the indifference of some older people to inclusive design. It argues that without engaging with these perspectives, efforts to improve later life through home design may be inefficient in achieving success.

The study identifies four main causes of indifference: continuous present - a focus solely on current circumstances; improbability of disability - an assessment or hope that future disability is very unlikely; reactive preference - a preference to deal with potential future problems as and when they arise; and utility scepticism - an assessment that accessibility and adaptability designs have limited utility.

ISSN: 26892618 From : <https://doi.org/10.1080/26892618.2019.1707739>

- 258/47 Improving social quality in housing complexes for older adults: professional support as a necessary condition; by J E M (Anja) Machielse, W (Wander) van der Vaart.: Taylor and Francis.

Journal of Aging and Environment, vol 34, no 4, October-December 2020, pp 375-388.

Social quality in housing complexes for older adults depends largely on the opportunities to participate in social activities and the social connections between residents in the complex. The aim of this mixed-methods study was to explore the possibilities of residents in low-income housing complexes to improve the social quality in their complexes, and to get insight into their need for professional support.

Results showed that the self-organizing capacity of the residents is limited due to a lack of knowledge and organizational skills, and health problems. Improving social quality requires permanent attention from facilitating professionals who guide the process and ensure continuity.

ISSN: 26892618

From : <https://doi.org/10.1080/02763893.2019.1684414>

## **HOUSING WITH CARE**

- 258/48 Ageing in extra-care housing: preparation, persistence and self-management at the boundary between the third and fourth age; by Eleanor K Johnson, Ailsa Cameron, Liz Lloyd, Simon Evans, Robin Darton, Randall Smith, Teresa Atkinson, Jeremy Porteus.: Cambridge University Press.

Ageing and Society, vol 40, no 12, December 2020, pp 2711-2731.

Extra-care housing (ECH) has been hailed as a potential solution to some of the problems associated with traditional forms of social care, since it allows older people to live independently, while also having access to care and support if required. However, little longitudinal research has focused on the experiences of residents living in ECH, particularly in recent years. This paper reports on a longitudinal study of four ECH schemes in the United Kingdom. Older residents living in ECH were interviewed four times over a two-year period to examine how changes in their care needs were encountered and negotiated by care workers, managers and residents themselves. This paper focuses on how residents managed their own changing care needs within the context of ECH. Drawing upon theories of the third and fourth age, the paper makes two arguments. First, that transitions across the boundary between the third and fourth age are not always straightforward or irreversible and, moreover, can sometimes be resisted, planned-for and managed by older people. Second, that operational practices within ECH schemes can function to facilitate or impede residents' attempts to manage this boundary.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000849>

- 258/49 The transition to technology-enriched supported accommodation (TESA) for people living with dementia: the experience of formal carers; by Janeet Rondon-Sulbaran (et al).: Cambridge University Press.

Ageing and Society, vol 40, no 10, October 2020, pp 2287-2308.

This paper presents the experiences of formal carers working in technology-enriched supported accommodation for people living with dementia, examining their care-giving role from a person-centred care perspective. Within a qualitative study, 21 semi-structured interviews were conducted with formal carers and data were analysed following a thematic approach. Four main themes were identified that mapped to the attributes of the person-centred practice framework (PCPF): promoting choice and autonomy, staffing model, using assistive technology and feeling that 'you're doing a good job'. Central to person-centred practice in these settings was the promotion of choice, autonomy and independence. The dichotomy between safety and independence was evident, curtailing the opportunities within the environmental enablers and associated embedded assistive technologies. Formal carers reported considerable job satisfaction working in these settings. The small-scale, home-like facilities seemed to have a positive effect on job satisfaction. These findings are relevant to policy makers, commissioners and service providers, highlighting the facilitators of person-centred care in community dwellings for people living with dementia and the role of formal carers in promoting this approach.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19000588>

## **INFORMATION AND COMMUNICATION TECHNOLOGY**

- 258/50 Perceived usefulness and easiness of information and communication technologies and volunteering among older adults; by Joonyoung Cho (et al).: Taylor and Francis.

Journal of Gerontological Social Work, vol 63, no 5, July 2020, pp 428-446.

This study investigates the association between older adults' perception of usefulness and easiness (PUE) of Information Communication and Technologies (ICTs) and volunteering, and if this association differs across their income status. Data were obtained from the 2012 wave of the Health and Retirement Study (HRS), and the sample was restricted to respondents aged between 60 and 84 (N = 901) and who completed the 2012 HRS technology module. Multinomial logistic regression was employed to examine the independent and joint influence of PUE of ICTs and of low-income status on volunteering. The results show that only people with high PUE engaged in more than 100 hours of volunteering among older adults after controlling for covariates. The positive effect of high PUE was found to be more significant in the low-income group. This is the first known research to investigate the PUE of ICTs and volunteering among older adults. This study expands the knowledge of volunteering among older adults by exploring ICTs which can be considered as one of the most influential macrosocial changes in the current society. Moreover, our findings provide some insights and an empirical foundation in volunteering programs for older adults of different PUE levels.

ISSN: 01634372

From : <https://doi.org/10.1080/01634372.2020.1760992>

## INTERGENERATIONAL ISSUES

(See Also 258/57, 258/58)

- 258/51 Bringing the generations together benefits everyone; by Alex Kerr-Dineen, David Hinchliffe.: Investor Publishing.  
Journal of Dementia Care, vol 28, no 6, November/December 2020, pp 12-14.  
Loneliness and social isolation are common problems among older people with dementia, but a primary school-based project as found a solution. This article reports on an initiative bringing together the "bookend generations". The project created a social hub with structured activities and researched which models were effective. It identified benefits for both the older adults and children involved.  
ISSN: 13518372 From : <http://www.journalofdementiacare.co.uk>
- 258/52 Does having highly educated adult children reduce mortality risks for parents with low educational attainment in Europe?; by Albert Sabater, Elspeth Graham, Alan Marshall.: Cambridge University Press.  
Ageing and Society, vol 40, no 12, December 2020, pp 2635-2670.  
It is known that the education of significant others may affect an individual's mortality. This paper extends an emerging body of research by investigating the effect of having highly educated adult children on the longevity of older parents in Europe, especially parents with low educational attainment. Using a sample of 15,015 individuals (6,620 fathers and 8,395 mothers) aged 50 and above, with 1,847 recorded deaths, over a mean follow-up period of 10.9 years from the Survey of Health, Ageing and Retirement in Europe (SHARE), this study examines whether the well-established socio-economic gradient in mortality among parents is modified when their adult children have higher educational attainment than their parents. It finds that having highly educated adult children is associated with reduced mortality risks for fathers and mothers with low educational attainment, compared to their counterparts whose adult children have only compulsory education. The association is stronger in early older age (ages 50-74) than in later older age (ages 75 and over). Part of the association appears to be explained by health behaviours (physical (in)activity) and health status (self-rated health). The findings suggest that the socio-economic-mortality gradient among older parents might be better captured using an intergenerational approach that recognises the advantage of having highly educated adult children, especially for fathers and mothers with only compulsory education.  
ISSN: 0144686X From : <http://www.cambridge.org/aso>

## INTERNATIONAL AND COMPARATIVE

(See Also 258/8)

- 258/53 Attitudes, knowledge and beliefs about dementia: focus group discussions with Pakistani adults in Karachi and Lahore; by Nicolas Farina, Asghar Zaidi, Rosalind Willis, Sara Balouch.: Cambridge University Press.  
Ageing and Society, vol 40, no 12, December 2020, pp 2558-2573.  
Pakistan is a lower middle-income country, which to date has had very little research and policy making to address the challenge of dementia. This study aims to explore the perceptions of dementia in a group of Pakistani adults. A series of focus group discussions were completed during 2017 with men and women in two metropolitan centres in Pakistan (Lahore and Karachi) (N = 40). Two vignettes, depicting someone with mild dementia and someone with severe dementia, were used to facilitate discussions. An induction-led thematic analysis was completed. Five themes were identified, reflecting (a) dementia awareness, (b) responsibility, (c) barriers to health care, (d) identified support needs, and (e) religion. Most participants had little awareness and knowledge about dementia, commonly understood to be a disease of forgetting or just normal ageing. Thus, there is an urgent need of a nation-wide campaign to raise dementia awareness in Pakistan, though this needs to be accompanied by improved, accessible health and social care services.  
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19000862>
- 258/54 Attributions of elder neglect: a phenomenological study of older people in Ghana; by Kofi Awuviry-Newton, Jacob Oppong Nkansah, Kwadwo Ofori-Dua.: Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2172-2178.  
The purpose of the study was to explore how neglected older people describe the factors contributing to their state of neglect. A Phenomenological qualitative approach making use of a semi-structured interview was adopted. Purposive criterion and snowballing sampling were employed to recruit 12 older people facing neglect from Winneba in Ghana. Thematic data analysis making use of in-vivo and focussed coding was employed. Four major interrelated themes were identified. The themes are (a) 'Since the death of my husband': neglect as a function of a natural cause; (b) 'I did not plan well by then': neglect attributed to the self; (c) 'They do to all of us': neglect resulting from the failure of government institutions; and, (d) 'Our family do not even come to see us': neglect attributed to the breakdown of the extended family system. Application of the ecological theory in the discussion improves our understanding of holistic factors depriving older people of care and protection in Ghana. The findings draw attention to programs and policies, taking into consideration the personal, health and environmental factors to meet the needs of older people in Ghana.  
ISSN: 09660410 From : <https://doi.org/10.1111/hsc.13028>

- 258/55 The effectiveness of spiritual reminiscence therapy for older people with loneliness, anxiety and depression in Malaysia; by Sharifah Munirah Syed Elias, Christine Neville, Theresa Scott, Andrea Petriwskyj.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 4, 2020, pp 341-356.  
The present study aimed to determine if an SRT program is effective in reducing loneliness, anxiety and depression for older people living in a residential aged care facility in Malaysia. A randomized controlled trial design was used. The primary outcome measures were the UCLA Loneliness Scale, the Geriatric Anxiety Scale (GAS) and the Malay version of the 14-item Geriatric Depression Scale (M-GDS-14). Of 180 residents, 34 participated. The within-group analysis revealed significant mean differences for loneliness and depression. The findings suggest the value of group-based interventions for older people with loneliness and depression but were inconclusive on the effectiveness of SRT specifically.  
ISSN: 15528030 From : <https://doi.org/10.1080/15528030.2020.1765448>
- 258/56 Elder abuse in Ghana: a qualitative exploratory study; by Wenche Malmedal, Christiana Anyan.: Emerald.  
Journal of Adult Protection, vol 22, no 5, 2020, pp 299-313.  
The aim of this study was to explore how Ghanaian staff in nursing homes and hospitals perceive abuse and neglect of older adults as well as to explore the nature and scope of abuse and neglect of older adults as it exists in Ghana.  
This exploratory study used a qualitative research methodology that sets out to explore staff's perception of elder abuse in nursing homes and hospitals in Ghana. Five nursing assistants and two caregivers were interviewed in two nursing homes and four nurses were interviewed in one hospital. A semi-structured interview guide was used for data collection.  
The findings showed that elder abuse occurs in both hospitals and nursing homes, which might be attributed to different personal, situational and institutional characteristics as well as cultural and traditional value systems. Various factors at the level of interpersonal relationships contributed to elder abuse. Situational characteristics such as aggressive exchanges between residents and health workers and institutional characteristics such as limited facilities and resources to care for residents are all factors that were implicated in elder abuse. Finally, culture and traditional views, beliefs system and socioeconomic factors seem to be implicated in elder abuse and neglect.  
ISSN: 14668203 From : <https://doi.org/10.1108/JAP-04-2020-0011>
- 258/57 Filial piety and intergenerational ambivalence among mother-adult child dyads in rural China; by Qiuju Guo, Xiang Gao, Fei Sun, Nan Feng.: Cambridge University Press.  
Ageing and Society, vol 40, no 12, December 2020, pp 2695-2710.  
This study examines the relationship between filial piety (adult children's filial behaviours and attitudes as well as elderly mothers' overall evaluation of children's filial piety) and elderly mothers' reports of intergenerational ambivalence (positive feelings, negative feelings and combined ambivalence) in rural China. The study analyses the data from a survey in 2016 covering 2,203 adult children and 802 elderly mothers in Sichuan Province using a two-level mixed-effects modelling analysis. The results indicate that most components of filial piety are associated with mothers' ambivalence, in that less ambivalence was reported by mothers when their adult children provided more emotional support to, had less conflict with and were evaluated as more filial by their mothers. Interestingly, mothers demonstrated greater positive feelings when their children were more filial in behaviour and attitude, but they also reported greater negative feelings and ambivalence when their children were more obedient, implying that absolute obedience to elderly parents might no longer be accepted by people. These findings may provide further understanding about the correlation between the culture of filial piety and intergenerational relationships in rural China.  
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19000783>
- 258/58 Intergenerational support between older adults and adult children in Nigeria: the role of reciprocity; by Olayinka Akinrolie, Augustine C Okoh, Michael E Kalu.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 63, no 5, July 2020, pp 478-498.  
The rapid change in the family support structure in developing countries could jeopardize the concept of reciprocal support an older adult receives in later life. This study explored the perception of reciprocity between older parents and adult children on intergenerational support in Northern Nigeria. We purposely selected 18 participants and conducted face-to-face interviews. We analyzed the data using descriptive phenomenological method analysis. Three major themes emerged: characteristics of support, perceived support given and received to/from children, and perceived indebtedness/credit. Financial support is one of the most common types of support received by older adults. The perceived support given to adult children was expressed as 'huge and sacrificial' by older adults. The adult children felt they are providing less support than they have received from their parents and expressed the feeling of indebtedness to their older parents. Generally, adult children perceived the need to reciprocate past support received from their older parents. The perception of reciprocity remains strong among Nigerians and plays a vital role in promoting intergenerational support between older parents and adult children. We discuss the implications of the findings, including the role of professionals to promote provision of other forms of support to older adults.  
ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2020.1768459>

- 258/59 An international systematic review of dementia caregiving interventions for Chinese families: Kris Pui Kwan Ma, Anne Saw.: Wiley.  
International Journal of Geriatric Psychiatry, vol 35, no 11, November 2020, pp 1263-1284.  
Older Asians and Chinese are said to be among the least studied populations in the dementia caregiving literature. This review seeks to critically synthesize the literature on intervention characteristics, components and tailoring strategies for dementia family caregivers in Chinese communities globally. Five electronic databases (PsychINFO, PubMed, CINAHL, ScienceDirect and Google Scholar) were searched for articles published between 1980 and July 2018. The protocol of this review was registered with PROSPERO (CRD42019132800).  
Twenty-nine unique interventions across 39 papers met inclusion criteria. Results from descriptive and thematic syntheses revealed that most interventions were psychoeducational, CBT-based, multicomponent, structured, and less than a year in duration. Disease education, management of behavioural and psychological symptoms of dementia, stress coping techniques, and referral to community resources were frequently included in interventions. Community-, culture- and language-focused strategies were used to tailor interventions. The most common tailoring strategies were: (a) using community networks and media for outreach and recruitment; (b) making translations and language adaptations to the intervention materials; and (c) focusing on trust and therapeutic alliance. Most interventions produced desired outcomes, particularly reducing caregiver burden and increasing self-efficacy.  
The study suggests it may be the first review to date that systematically synthesises the characteristics and tailoring of dementia caregiving interventions for Chinese families globally. The findings suggest that most interventions are effective, although many only superficially address Chinese culture. Future research should incorporate Chinese values and cross-cultural challenges into caregiving interventions for deep-level adaptations that could potentially be more effective to engage and support Chinese caregivers.  
ISSN: 08856230 From : <https://doi.org/10.1002/gps.5400>
- 258/60 Prevalence and demographic characteristics of high-need community-dwelling older adults in Taiwan; by Wei-Yun Chang (et al.): Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2382-2389.  
By early screening, the high-need older adults who require multiple care needs and resources can be identified and the necessary assistance can then be provided. However, a precise definition of and related research on high-need older adults are limited. Identifying older adults with high needs is of practical urgency. This study aimed to investigate the prevalence of high-need community-dwelling older adults and to identify the characteristic differences between high-need older adults and those without high needs. This cross-sectional descriptive survey research was conducted between July and December 2018 and used a simple random sampling to select older adults aged 65 and older who had lived in the community for at least 3 months. The High-need Community-dwelling Older Adults Screening Scale was used to identify high-need older adults in the community. A total of 818 community-dwelling older adults were surveyed and the prevalence of high-need older adults was 24.1%. Those screened as high-need older adults (n = 197) were 78.58 (SD = 7.60) years old in average, mostly female, widowed or single but living with someone, had chronic illnesses (M = 2.11, SD = 1.41), an elementary school level of education and religious beliefs. Furthermore, differences were found between older adults with high needs (n = 197) and those without high needs (n = 621) where there is a significantly higher proportion of high-need older adults who were 85 years and older, being male, widowed or single, illiterate, living alone, had chronic illnesses and no religious belief. The high prevalence of high-need community-dwelling older adults highlighted the importance of screening. If community care centres are provided with a comprehensive screening tool for finding high-need older adults during home visits, this would lead to timely identification of older adults with potential needs and enhance the preventive nature of home visits.  
ISSN: 09660410 From : <https://doi.org/10.1111/hsc.13059>
- 258/61 Social participation and loneliness among older adults in Yazd, Iran; by Hassan Rezaeipandari (et al.): Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2076-2085.  
Social participation among older people is associated with more practice of physical activities, improvement of cognitive skills and less feeling of loneliness. The primary purpose of this cross-sectional study was to examine the social participation and sense of loneliness among older adults in Yazd, an Iranian city that is known for its traditional values and religious people. The non-probability sample consisted of 200 elderly people. Data collection tool was a questionnaire, which was completed by a trained interviewer through face-to-face interview. The mean scores of social participation and loneliness feeling among participants were  $17.29 \pm 5.62$  (8-40) and  $38.02 \pm 7.91$  (16-80), respectively. From the participants, 79.8% had not participated in educational cultural and activities. Mostly reported barriers to social participation included transportation-related issues (57%), diseases and health problems (43.5%) and personal or family responsibility (36%). The best predictors of loneliness were demographic characteristics, followed by the total number of diseases/problems and the total number of barriers to social participation. Social participation itself was not a statistically significant predictor of loneliness. Theoretical and practical implications were discussed.  
ISSN: 09660410 From : <https://doi.org/10.1111/hsc.13018>

## LGBT

- 258/62 Creating supportive environments for LGBT older adults: an efficacy evaluation of staff training in a senior living facility; by Elizabeth Grace Holman, Laura Landry-Meyer, Jessica N Fish.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 63, no 5, July 2020, pp 464-477.  
Supportive housing later in life tends to be a key concern for lesbian, gay, bisexual, and transgender (LGBT) elders. Most senior care providers are un(der)prepared to meet the needs of older LGBT adults. This study evaluated the efficacy of a 4 hours, face-to-face, research-based, LGBT-diversity training designed to improve senior housing facility staff's cultural competency regarding the needs of LGBT elders. Findings from this study found a significant increase in LGBT content knowledge between pre- and post-intervention assessments and a significant decrease in perceived preparedness when working with LGBT elders. These effects remained significant after controlling for staff designation, religion, educational attainment, and training session. Findings suggest that staff's cultural competence affected their perceived readiness to address LGBT elders' needs. Implications are related to the concept of cultural humility or the lifelong process of understanding others' experiences based on the recognition of lack of un(der)preparedness to create a culturally supportive residential environment.  
ISSN: 01634372  
From : <https://doi.org/10.1080/01634372.2020.1767254>
- 258/63 Older lesbians' experiences of ageing in place in rural Tasmania, Australia: an exploratory qualitative investigation; by Ruby Grant, Briohny Walker.: Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2199-2207.  
While there is increasing awareness of the specific health and aged care needs of older lesbian and gay people, little is known about their needs and experiences of ageing in rural communities. In Australia, older people are over-represented in regional and rural areas, however, rural communities face particular challenges to age friendliness, including infrastructure and transport limitations, reduced health and social services. In this context, few studies explore older lesbians' gendered experiences of ageing in place. To address this gap in the literature, this article draws on qualitative interviews with 13 rural Tasmanian lesbians over the age of 55, exploring their perceived barriers and enablers for 'healthy ageing' in their communities. Findings reveal that geographical isolation was a literal barrier to accessing specialist healthcare and lesbian-inclusive services, which may be absent in rural areas. The women perceived community health initiatives and social activities aimed at 'healthy ageing' in rural towns as heteronormative and unappealing for lesbians. In some cases women reported experiencing homophobic discrimination in these social groups. In contrast, rural communities were positively associated with a good quality of life derived from closeness to nature and feelings of reciprocity with rural neighbours and communities. These findings suggest that specific approaches to lesbian-inclusive rural health and social care are required. Rural communities are well-placed to build on community strengths to ensure higher quality of place-based health and social care for isolated older people, including those of diverse genders and sexualities.  
ISSN: 09660410  
From : <https://doi.org/10.1111/hsc.13032>

## LONELINESS AND SOCIAL ISOLATION

(See Also 258/51, 258/55, 258/61, 258/68)

- 258/64 A comparison of different definitions of social isolation using Canadian Longitudinal Study on Aging (CLSA) data; by Nancy E G Newall, Verena H Menec.: Cambridge University Press.  
Ageing and Society, vol 40, no 12, December 2020, pp 2671-2694.  
There are many definitions of social isolation which draw on structural indicators (e.g. living alone), functional indicators (e.g. social support) or both. This makes comparing prevalence rates across studies difficult and provides little guidance for practitioners and service providers to identify and target socially isolated clients. The purpose of the present study was to compare, within one large population-based data-set of Canadians aged 45-85, single-item and composite indicators of social isolation, by total sample and by socio-demographics (age, sex) and health. Data were from the Canadian Longitudinal Study on Aging (CLSA) which assessed features of social network, social support and social participation. Two composite scales were created to compare prevalence rates based on structural only or both structural and functional indicators. Results indicated overall low prevalence rates of social isolation, regardless of the measure used. A composite scale using only structural features identified 5.8 per cent socially isolated adults aged 45-85. This compared with a structural and functional scale that identified 9.8 per cent socially isolated adults. The composite measures showed less variation across socio-demographics than single-item measures. Results shed light on different ways in which social isolation can be defined and how single-item and composite definitions impact our understanding of identifying socially isolated adults in a given population. Results add to discussion of measures that can be used by researchers, services providers and practitioners.  
ISSN: 0144686X  
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## MENTAL HEALTH

(See Also 258/14, 258/24, 258/34, 258/79)

- 258/65 Age-related differences in Emoji evaluation; by Martin Weiss, Dariana Bille, Johannes Rodrigues, Johannes Hewig.: Taylor and Francis.  
Experimental Aging Research, vol 46, no 5, October-December 2020, pp 416-432.  
For decades, the nature of emotions has been at the centre of psychological research, particularly regarding the underlying mechanisms that enable people to perceive, recognize, and process emotional stimuli. Research has indicated that there are interindividual differences in the processing of emotions. This includes age, which underlies neurological changes that contribute to the specific processing of emotions. Increasing age seems to be associated with a more positive evaluation of emotional information, from perception itself to attention, memory, and decision-making.  
The current study aimed to investigate whether these differences can be found in highly artificial emotional faces. Since emojis are representatives of emotional faces in digital communication, we selected a subset of 13 emojis and asked 170 participants to evaluate them for their ability to represent different target emotions.  
An exploratory factor analysis revealed a two-factorial structure with positive and negative valence for most of the ratings for the evaluated emojis. Furthermore, a multilevel model analysis based on the individual factor scores indicated higher age to be associated with an increase in factor scores for negative valence compared to positive valence.  
In the present study, a trend for an age-specific positivity bias could only be shown in the classical smiley, while other emojis were related to negative valence with increasing age. Thus, we revealed age-related differences in emotion classification, even for highly artificial stimuli such as emojis.  
ISSN: 0361073X  
From : <https://doi.org/10.1080/0361073X.2020.1790087>
- 258/66 Cognitive decline and distinction: a new line of fracture in later life?; by Sebastien Libert, Georgina Charlesworth, Paul Higgs.: Cambridge University Press.  
Ageing and Society, vol 40, no 12, December 2020, pp 2574-2592.  
Cognitive decline and dementia have become major concerns for many individuals reaching later life within contemporary Western societies. This fear of decline is central to the social divide between the third age embodying ideals of maintained health, activity and lifestyle choices, and the fourth age, a social imaginary encompassing the irreversible decline associated with ageing. In this article, the authors explore how brain-training technologies have become successful by relying on tensions between the third and fourth ages. They review current debates on the concepts contained in brain training and examine the emphasis on the moral virtue of 'training the brain' in later life as an extension of fitness and health management. The study underlines the limited consideration given to social positioning within old age itself in the literature. It further argues that using brain-training devices can support a distancing from intimations of dementia; a condition associated with an 'ageing without agency'. Drawing on Bourdieu, the authors use the concept of distinction to describe this process of social positioning. They discuss the impact that such 'technologies of distinction' can have on people with dementia by 'othering' them and conclude that the issue of distinction within later life, particularly within the field of cognitive decline, is an important aspect of the current culture of active cognitive ageing.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X19000734>
- 258/67 Falling through the cracks: stakeholders' views around the concept and diagnosis of mild cognitive impairment and their understanding of dementia prevention; by Michaela Poppe (et al.): Wiley.  
International Journal of Geriatric Psychiatry, vol 35, no 11, November 2020, pp 1349-1357.  
Many people live with an awareness of mild cognitive changes that increase their dementia risk. Previous studies describe the uncertainties of this liminal state, between cognitive health and dementia, where being 'at risk' can itself be an illness. This study asks how services respond to people with memory concerns currently, and how a future, effective and inclusive dementia prevention intervention might be structured for people with memory concerns.  
The authors conducted qualitative interviews with 18 people aged 60+ years with subjective or objective memory problems, six family members, 10 health and social care professionals and 11 third sector workers. Interviews were audio-recorded, transcribed and analysed using an inductive thematic approach.  
Three main themes were identified: (1) acknowledging the liminal state, compounded by current, discordant health service responses: medicalising memory concerns yet situating responsibilities for their management with patients and families; (2) enabling change in challenging contexts of physical and cognitive frailty and social disengagement and (3) building on existing values, cultures and routines. Effective dementia prevention must empower individuals to make lifestyle changes within challenging contexts. Programmes must be evidence based yet sufficiently flexible to allow new activities to be fitted into people's current lives; and mindful of the risks of pathologising memory concerns. Most current memory services are neither commissioned, financially or clinically resourced to support people with memory concerns without dementia. Effective, large scale dementia prevention will require a broad societal response.  
ISSN: 08856230 From : <https://doi.org/10.1002/gps.5373>

## MIGRATION

(See Also 258/11, 258/18)

- 258/68     Resettling amidst a mood of loneliness: later-life Chinese, Indian and Korean immigrants in New Zealand; by Valerie A Wright-St Clair, Shoba Nayar.: Cambridge University Press.  
Ageing and Society, vol 40, no 11, November 2020, pp 2393-2409.  
This project was a secondary hermeneutic analysis of text expressing loneliness or social isolation, gathered in an original study exploring how Chinese, Indian and Korean late-life immigrants participated in New Zealand society. It utilised the 24 interview recordings, initially transcribed in participants' first languages from nine focus group and 15 individual interviews, and translated into English for analysis. Hermeneutic methods were used to extract and analyse quotes indicative of loneliness or social isolation. The data cohered into three notions: being unsettled, feeling sidelined and being oriented towards social connectedness. Being unsettled names the experiences of disconcerting loneliness or social isolation when previously familiar things, people and places were not there in the host society context. Feeling sidelined names the feelings of being put aside by others or feeling opaque with local communities. Being oriented towards social connectedness expresses these late-life immigrants' longing to communicate with and to join with others in the community through culturally familiar engagements. A mood of loneliness coloured these late-life immigrants' resettlement experiences in New Zealand. Yet they turned away from loneliness and sought out encounters with other older immigrants within co-ethnic communities.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X19000655>

## NEIGHBOURHOODS AND COMMUNITIES

(See Also 258/46)

- 258/69     Ageing in a changing place: a qualitative study of neighbourhood exclusion; by Lena Dahlberg.: Cambridge University Press.  
Ageing and Society, vol 40, no 10, October 2020, pp 2238-2256.  
An inclusive neighbourhood is a key facilitator enabling older adults to age in place. Neighbourhoods have been identified as a dimension of social exclusion important to older adults, and it has been argued that older adults are particularly vulnerable to neighbourhood change. The aim of this study was to explore older adults' experiences of neighbourhood exclusion within the context of neighbourhood change. Focus groups were undertaken in the urban and rural areas of a metropolitan borough in England involving a total of 41 older adults, with data analysed via thematic analysis. Urban areas in the borough studied have transformed following the closure of the mining industry, with a high level of deprivation in many areas, while some rural areas have undergone gentrification. Within the context of structural neighbourhood change, four themes were identified: community cohesion, political agency, feelings of safety and the physical environment. The themes were interlinked, which calls for collaboration across traditional lines of professional responsibility, and for research that encompasses different aspects of neighbourhood exclusion. This study contributes with knowledge on older adults' experiences of exclusion, including novel findings on the importance of political agency and collective memory, and identifies actions to combat exclusion. An active involvement of older adults in the development of initiatives to tackle social exclusion is recommended.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X1900045X>
- 258/70     Supporting aging in place: a policymaking blueprint for addressing U.S older adults' unmet home modification needs; by Lawren E Bercaw.: Taylor and Francis.  
Journal of Aging and Environment, vol 34, no 4, October-December 2020, pp 389-401.  
Older adults wish to remain in their homes as long as they are able, but little research has evaluated what role housing plays in the decision to age in place. Qualitative interviews of aging services providers and focus groups with older adults provide insight into needs for home improvement while aging in place and the effects those needs may have on deciding to relocate. In light of the recent CHRONIC Care Act and resultant new access to potential home improvement assistance for some older adults, findings from this study highlight the importance of maintaining independence while increasing older adults' awareness of and access to home improvements to support aging in place.  
ISSN: 26892618  
From : <https://doi.org/10.1080/26892618.2019.1707737>
- 258/71     Using community-based participatory research strategies in age-friendly communities to solve mobility challenges; by Holly Debelko-Schoeny (et al).: Taylor and Francis.  
Journal of Gerontological Social Work, vol 63, no 5, July 2020, pp 447-463.  
The number of older adults is steadily increasing in the United States and across the globe. Aging is linked to an increased risk of disability. Disabilities that limit one or more major life activities such as seeing, hearing, walking, and motor skills impact a person's ability to drive a car. Low utilization of alternative transportation by older adults and people with disabilities may put them at risk for social

isolation. Social isolation is associated with a variety of negative health outcomes. While communities are challenged to create available, acceptable, accessible, adaptable and affordable mobility options, there are widely held, inaccurate biases around older adults' abilities to contribute to the development and improvement of alternative transportation options. Gerontological social workers are well-positioned to address this bias. This paper presents a case study of a large metropolitan county in the Midwest where community-based participatory research (CBPR) strategies were used to engage older residents to support the development of alternative transportation options supporting the tenets of environmental justice.

ISSN: 01634372

From : <https://doi.org/10.1080/01634372.2020.1769787>

## **OLDEST OLD**

(See 258/15, 258/73)

## **PARTICIPATION**

(See Also 258/61)

- 258/72      Functioning profiles in a nationally representative cohort of Spanish older adults: a latent class study; by Alejandro de la Torre-Luque (et al.): Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 2190-2198.

Ageing well involves individuals continuing participating in personal, social and civic affairs even in older age. From this standpoint, limitations in individual's functioning (beyond the mere absence of disease) may drastically impact on how well people becoming older. This study aimed to identify functional status profiles in a nationally representative sample of older adults, using latent class analysis methods. Moreover, it intended to study the how identified classes would be related to health-related outcomes later in life, as a way to provide some evidence on predictive validity. Data from a nationally representative sample of Spanish older adults (N = 2,118; 56.18% women; M = 71.50 years, SD = 7.76), were used. Profiles were identified according to a large set of functioning indicators from multiple domains using latent class analysis. Outcomes were studied over a 3-year follow-up, considering both the individual (quality of life, well-being and mortality) and institutional level (health service utilisation). As a result, seven profiles were identified: normative profile (showed by most participants), limited cognitive functioning class, limited global functioning class, limited mental and mobility functioning class, poor self-reported health class, limited sensory functioning class and limited objective functioning class. All the profiles with limitations across domains showed poor outcomes. Multidimensional limitations were related to the worst outcomes, especially when psychosomatic complaints and high feelings of loneliness were reported. To sum up, latent class analysis constitutes a suitable alternative to study population heterogeneity, providing relevant evidence to help making decision in public and community health.

ISSN: 09660410

From : <https://doi.org/10.1111/hsc.13031>

- 258/73      Hardly silent: exploring civic engagement and participation among a panel of adults ages 85+; by John Rudnik (et al.): Taylor and Francis.

Journal of Gerontological Social Work, vol 63, no 5, July 2020, pp 392-411.

The past twenty years have seen a surge of resources for and public attention devoted to civic participation opportunities for older adults in the United States. At the same time, technology has transformed the way information related to political and social issues is spread and shared. As more older adults migrate to using a wider range of communication tools and the internet, technology-mediated forms of engagement represent a new way for the oldest old to participate in society. In this study, a panel of adults ages 85 and older was surveyed to understand their experiences engaging with political and social issues. Responses to a questionnaire (N = 24) and focus groups (n = 22) indicate the oldest old are interested in social and political issues, and there are opportunities for technology to facilitate the oldest olds' civic and political action. This study identifies roles social workers may play in helping the oldest old engage with social and political issues in their communities.

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## **PENSIONS AND BENEFITS**

- 258/74      How do people think about later life when making workplace pension saving decisions?; by Hayley James, Debora Price, Tine Buffel.

Journal of Aging Studies Vol 54, September 2020.

While behavioural economists posit that 'present bias' influences adults' propensity to save, we know very little about the cultural frameworks and internalised rationalities that people apply in real life contexts when making pension choices. This paper investigates how people anticipate the future when they make decisions about workplace pensions, considering whether they think about later life at all; if so, how they conceptualise it; and how these views shape their saving behaviour. These are important questions in the UK where private pension saving is essential to provide for old age, yet an estimated 12 million people do not invest enough for income adequacy in later life. We investigate this issue

through in-depth interviews with 42 full time employees aged between 20 and 50 years, working for three large employers - a privileged group facing relatively few structural barriers to saving. Later life was considered to be a distinct and uncertain phase in the long-term future, and thinking about it was uncomfortable. Most participants were unable to imagine what retirement might be like for them. People's thoughts about the future were disconnected from their pension saving decisions, even for those who were saving at higher levels. Instead people focussed on what they can afford in the present, prioritising stability and current standard of life over long-term saving; even the people who save do so because they feel they can afford to without jeopardising their standard of living.

We expect that if those in our sample with their relative advantages did not connect their present pension actions to their long term futures, this disconnect may be amplified in less privileged and more precarious groups, who have many more demands on their immediate income and far more uncertain futures. We argue that what has previously been identified as an unconscious 'present bias' is instead a conscious and culturally constructed mechanism that embeds everyday structural privileges into long-term savings.

From : <https://doi.org/10.1016/j.jaging.2020.100869>

## PHYSICAL ACTIVITY

(See Also 258/45)

- 258/75 Factors influencing physical activity participation among older people with low activity levels; by Rajni Rai, Michelle I Jongenelis, Ben Jackson, Robert U Newton, Simone Pettigrew.: Cambridge University Press.

Ageing and Society, vol 40, no 12, December 2020, pp 2593-2613.

Despite the well-documented health benefits of physical activity in older adults, participation levels remain low. With rapid global population ageing, intensive efforts are needed to encourage higher levels of participation to ameliorate the negative effects of physical inactivity for older individuals and society as a whole. The aim of this qualitative study was to inform future physical activity promotion interventions by examining factors contributing to low activity levels among older people undertaking less than half the recommended level of moderate-to-vigorous physical activity (MVPA). Semi-structured interviews were conducted with 102 (65% female) community-dwelling Western Australians aged 60+ years (mean = 71.52, standard deviation = 6.26) who engaged in =75 minutes of MVPA per week as measured by accelerometers. Several modifiable and unmodifiable barriers were identified, of which poor health featured most prominently. Lifetime physical inactivity, caring duties, low motivation, misperceptions of physical activity and ageing, and a lack of affordable and attractive options were the other barriers identified. The results suggest that strategies are needed to raise awareness of current physical activity guidelines, normalise engagement in MVPA throughout the lifespan, develop initiatives to motivate participation, improve the availability of affordable physical activity programmes that are attractive to this population segment, and facilitate participation among those with intensive caring responsibilities.

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## RELIGION AND SPIRITUALITY

(See Also 258/10, 258/12, 258/35, 258/55)

- 258/76 Exploring spirituality with older people: (1) rich experiences; by Laurence Lephherd (et al).: Taylor and Francis.

Journal of Religion, Spirituality and Aging, vol 32 no 4, 2020, pp 306-340.

With an increasing aging population worldwide, there is a need for greater focus on the spirituality of older people, to better support them and lead them to an enhancement of their inner peace. This pilot research used a qualitative approach (with semi-structured interviews) in exploring spirituality with older people in residential aged care to understand more about the factors related to a sense of personal belief and connection that helped them in their daily lives. The research involved developing a rigorous exploratory process. The twenty-five (25) participants provided information about their rich experiences and their connections in four dimensions: (1) people, (2) creativity, (3) something bigger or higher than themselves and (4) their own inner being.

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- 258/77 Exploring spirituality with older people: (2) a rigorous process; by Laurence Lephherd (et al).: Taylor and Francis.

Journal of Religion, Spirituality and Aging, vol 32 no 3, 2020, pp 288-304.

Exploring Spirituality With Older People is a research project which has aimed to develop a valid assessment tool for understanding more of the spirituality of older people living in an aged care facility. A qualitative methodology using semi-structured interviews was chosen as the most appropriate way to explore spirituality which led to addressing the question of what constitutes validity and reliability in such a study. An approach involving reflection on the process at four phases of the project by three different groups of people - consultants, participants and participant interviewers, was seen to be suitable and would best serve the process of achieving a rigorous approach in the move towards validity.

ISSN: 15528030 From : <https://doi.org/10.1080/15528030.2019.1672236>

- 258/78 The graying of the flock revisited; by James L Knapp.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 3, 2020, pp 210-223.  
Twenty years have passed since a national study was conducted that examined how congregations within the Churches of Christ were responding to their senior adult members. The present study sought to replicate that research effort as closely as possible in terms of the sampling frame, the survey questions, the hypotheses, and the statistical analysis. The results of the present study indicate that there are similarities with the original study but there are also some noticeable differences. Factors that may have contributed to the differences are identified, and suggestions for how to expand the body of research in this area are provided. In addition, the implications of the findings for those directly involved in senior adult ministry are discussed.  
ISSN: 15528030  
From : <https://doi.org/10.1080/15528030.2019.1608489>
- 258/79 Past or present spirituality?: Predicting mental health outcomes in older adults; by Elizabeth E MacDougall.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 1, 2020, pp 70-87.  
Although the relationship between current religion/spirituality (R/S) and health outcomes is well-established, we know very little about the extent to which R/S experiences across a lifetime affect those outcomes. This may be due to the limited availability of tools designed to measure lifetime R/S. One measurement tool that attempts to address this need is the Spiritual History Scale in Four Dimensions (SHS-4), but no study has examined the psychometric quality of the SHS-4 since the original development study. A convenience sample of 387 older adults completed the SHS-4 and several measures of current R/S and mental health. A confirmatory factor analysis found the hypothesized four-factor structure to be a reasonably good model fit, and three of the four factors (God Helped, Family History of Religiousness, and Lifetime Religious Social Support) were significantly positively correlated with measures of current R/S. On the other hand, only one SHS-4 factor (Cost of Religiousness) added value to the prediction of depression and anxiety symptoms beyond self-reported physical health and current R/S, suggesting that the length of association with religion may not be as important as current religious activity/commitment for predicting mental health outcomes in older adults.  
ISSN: 15528030 From : <https://doi.org/10.1080/15528030.2019.1663772>
- 258/80 Problematics of caring in a spiritual gerontopolis: a study of old age homes in varanasi (Kashi); by Dipannita Chand, Suhita Chopra Chatterjee.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 2, 2020, pp 188-205.  
Among Hindus, Varanasi is believed to be the home of Lord Shiva, who frees the devotees from the bonds of past karma to ensure them moksha/release from the endless cycle of birth and death. This belief has attracted many elders, from time immemorial, to take shelter in various old age homes, wanting to die in this sacred city. Those attending these elders face challenges in balancing between modern practices of eldercare and traditional attitudes of the residents regarding disengagement from body, family, and society which are requisites for moksha. The paper concludes by questioning the relevance and applicability of globally accepted care principles for older adults in the spiritual city of Varanasi.  
ISSN: 15528030 From : <https://doi.org/10.1080/15528030.2019.1608490>
- 258/81 The sacred relationship between marriage, spirituality and healthy aging in Hinduism; by Kallol Kumar Bhattacharhyya.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 2, 2020, pp 135-148.  
Marriage is perhaps the most important foundation in human society. In Hinduism, the foundation for marriage is friendship, which is the understanding and the commitment between spouses. Arrange marriage tradition is still considered as the societal norm in India, and is regarded as an event for life. The relationship based on a strong bonding with each other helps the couple to maintain other social relationships in and outside their extended multigenerational family and help spouses to have good physical and mental health in their future life. This influence on their longevity and promotes healthy aging. Marriage, in Hinduism, also considered as the relationship of souls which extends beyond a single life through incarnations. The current literature review discusses the marital relationship from both global and Indian perspective, and explores how the sacred relation between spousal relationship and spirituality influence healthy aging for an individual, in the context of Hinduism.  
ISSN: 15528030 From : <https://doi.org/10.1080/15528030.2019.1670771>
- 258/82 The search for meaning in later life: on the connection between religious narratives and narratives of aging; by Nienke P M Fortuin, Johannes B A M Schilderman, Eric Venbrux.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 1, 2020, pp 3-24.  
Older adults' life stories are often connected with religious stories. In-depth interviews with 26 older Dutch adults indicate three groups of religious narratives (experiential, ontological, and critical narratives) and three master narratives of aging (active aging, decline, and inner growth). The narrative of aging as inner growth, which strives for a balance between opposites, offers a way out of the polarity between active aging and aging as decline. Kendall's tau-b correlation analysis shows that relative use of affirmative religious narratives tends to be positively correlated with relative use of supportive and negatively correlated with use of invalidating narratives of aging.  
ISSN: 15528030 From : <https://doi.org/10.1080/15528030.2018.1553225>

- 258/83 Searching for more: spirituality for older adult couples seeking enhanced relationship quality; by Thecia Damianakis, James P Coyle, Christina L Stergiou.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 1, 2020, pp 25-44.  
The role of spirituality among older adult couples seeking to enhance the quality of their relationship is a relatively unexplored field. Although baby boomers have effected profound changes in societal norms, including in health care, economics, and their work environments, at the more intimate level, the divorce rate for first-time marriages for this generation continues to be high. Popular media cite graying divorce or examples of couples who remain together in spite of their growing dissatisfaction. A case illustration is offered to explore how spirituality may help older adult couples seeking to enhance the quality of their relationship.  
ISSN: 15528030  
From : <https://doi.org/10.1080/15528030.2018.1555780>
- 258/84 Spirituality among nursing home residents: a phenomenology of the experience of spirituality in late life; by Evalyne Thauvoye, Siebrecht Vanhooren, Anne Vandenhoeck, Jessie Dezutter.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 1, 2020, pp 88-103.  
Spirituality can be a valuable resource for older adults, in particular to frail and vulnerable older people such as nursing home residents. The present study aimed to describe the essence of the experience of spirituality through the perspective of the nursing home residents themselves. A purposive sample of 16 nursing home residents were interviewed following a transcendental phenomenological method. Analyses of the verbalized interviews identified seven superordinate themes including 'feelings of support and trust', 'searching for meaning and finding answers', and 'a perspective beyond death'.  
ISSN: 15528030  
From : <https://doi.org/10.1080/15528030.2019.1631939>
- 258/85 Two-eyed seeing: the integration of spiritual care in Aboriginal residential aged care in South Australia; by Nina Sivertsen, Ann Harrington, Mohammad Hamiduzzaman.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 2, 2020, pp 149-171.  
It is argued that spirituality acts as a powerful determinant of health and influences the general care experiences of older people living in residential aged care. This impact is significant, especially for Aboriginal residents, whose cultural and spiritual well-being is shown to be strongly connected with divine beliefs, land and community. This study, a qualitative exploration from conversational interviews with 7 Aboriginal residents and 19 carers, aimed to investigate how the Aboriginal residents' spiritual well-being related to living in residential aged care in South Australia. Participants shared what spirituality meant to them and how spiritual needs are met in aged care centres for Aboriginal residents. Three major themes emerged from the views of the residents and carers: a lack of understanding of spiritual well-being; challenges around aged care plan; and practice and inadequate resources and funding. The main themes and sub-themes contributed to carers' unawareness around the spiritual care needs of Aboriginal residents. This study concluded there was a requirement for changes in care management and staff approach, and management structure in order to integrate spiritual care into general care for Aboriginal residents in aged care.  
ISSN: 15528030  
From : <https://doi.org/10.1080/15528030.2019.1669515>
- 258/86 Validation of the spiritual and religious attitudes in dealing with illness (SpREUK) in Portuguese Alzheimer's patients; by M G Pereira, M Vilça, S Pedras, S Vieira, S Lima.: Taylor and Francis.  
Journal of Religion, Spirituality and Aging, vol 32 no 2, 2020, pp 172-187.  
Literature shows that spirituality is a helpful resource for patients to cope with illness, having a positive impact on their quality of life. This study aimed to analyze the psychometric qualities of the Spiritual and Religious Attitudes in Dealing with Illness (SpREUK) using a sample of 128 Portuguese Alzheimer's patients. Results showed that the instrument kept its original factorial structure, with a good adjustment and reliability in all subscales, and associations with quality of life and mindfulness. Therefore, the Portuguese version of the SpREUK has appropriate psychometric properties and is an important resource to assess spirituality in Alzheimer's patients.  
ISSN: 15528030  
From : <https://doi.org/10.1080/15528030.2019.1610989>

## RESIDENTIAL AND NURSING HOME CARE

(See Also 258/84)

- 258/87 COVID-19 and care homes in England: what happened and why?; by Mary Daly.: Wiley.  
Social Policy and Administration, vol 54, no 7, December 2020, pp 985-998.  
In the context of very high mortality and infection rates, this article examines the policy response to COVID-19 in care homes for older people in the UK, with particular focus on England in the first 10 weeks of the pandemic. The timing and content of the policy response as well as different possible explanations for what happened are considered. Undertaking a forensic analysis of policy in regard to the overall plan, monitoring and protection as well as funding and resources, the first part lays bare the slow, late and inadequate response to the risk and reality of COVID-19 in care homes as against that in

the National Health Service (NHS). A two-pronged, multidimensional explanation is offered: structural, sectoral specificities; political and socio-cultural factors. Amongst the relevant structural factors are the institutionalised separation from the health system, the complex system of provision and policy for adult social care, widespread market dependence. There is also the fact that logistical difficulties were exacerbated by years of austerity and resource cutting and a weak regulatory tradition of the care home sector. The effects of a series of political and cultural factors are also highlighted. As well as little mobilisation of the sector and low public commitment to and knowledge of social care, there is a pattern of Conservative government trying to divest the state of responsibilities in social care. This would support an interpretation in terms of policy avoidance as well as a possible political calculation by government that its policies towards the care sector and care homes would be less important and politically damaging than those for the NHS.

ISSN: 01445596

From : <https://doi.org/10.1111/spol.12645>

- 258/88 Of myths and markets: how marketisation of the care home sector contributes to circumstances where abuse is more likely to occur and continue; by Steve Moore.: Emerald.

Journal of Adult Protection, vol 22, no 5, 2020, pp 315-331.

Strategic socio-political views are notably scarce among contemporary discourses on the causes of abuse of vulnerable older people in care and nursing homes. This paper aims to catalyse higher order consideration and discussion of one socio-political characteristic that has relevance to the issue of abuse, that is, the market-like environment in which care and nursing homes in England operate. In doing so, the paper argues that the now firmly established but imbalanced 'quasi-market' of care that has developed over many years fosters conditions under which both poor care and abuse are more likely to occur. The evidence presented in the paper focusses primarily on the rise to dominance of for-profit care home provision and the contraction of public sector provision. The paper does not examine in detail the characteristics and market presence of the not-for-profit sector because it has not held a numerically significant market share either historically or contemporarily.

Outcomes of the marketisation of the care home sector that has its origins in the political landscape prevailing in 1979 and thereafter, along with the concurrent development of its regulation and oversight, are narrated and analysed. From this, a mythos of the motives behind the transition to a market-like economy that has taken place over four decades is developed and used to explain how prevailing market conditions contribute to the perpetuation of poor care and abuse.

In the opinion of the author, there are identifiable consequences arising from the evolution of the current care economy that dispel the beliefs that providing care by means of current market-like arrangements is advantageous, that the independent regulation and monitoring of such a market is unproblematic and effective, and that the 'consumers' in this market are exercising personal choice, in accord with classical economic theory.

The paper offers the opportunity for the reader to consider how the development of a 'quasi' market of care and nursing home services that has come to be dominated by for-profit private providers, and that is subject to ineffective oversight, may have contributed to conditions where abuse is more likely to occur and endure.

ISSN: 14668203

From : <https://doi.org/10.1108/JAP-01-2020-0002>

- 258/89 Online representations of nursing-home life in Sweden: perspectives from staff on content, purpose and audience; by Elisabeth Carlstedt, Håkan Jönson.: Cambridge University Press.

Ageing and Society, vol 40, no 12, December 2020, pp 2754-2770.

The article is based on a study of how social media and other types of online representations of nursing homes are described by staff. The study proceeds from a qualitative thematic analysis of 14 interviews with nursing-home representatives. The article addresses a key finding that was apparent in the interviews: the online representations' form and content were adjusted to fit the demands of residents' relatives. Given the peripheral role attributed to relatives in official Swedish eldercare policies, the motives for the online representations are systematically examined. Two motives are found to be central: marketing and assurance. Residents' relatives, specified as adult children, were perceived pre-admission as customers in charge of the process of choice and placement; post-admission, relatives requested proof that social activities were provided for their parents. The article discusses how online representations strategically construct a version of 'reality' by adjusting to relatives' unrealistic expectations, only showing residents as involved in social activities. Finally, the need to examine the actual role of relatives in Swedish eldercare is discussed.

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From : <https://doi.org/10.1017/S0144686X19000941>

- 258/90 Structure and agency attributes of residents' use of dining space during mealtimes in care homes for older people; by Adriano Maluf (et al.): Wiley.

Health and Social Care, vol 28, no 6, November 2020, pp 2125-2133.

Research stresses that mealtimes in care homes for older people are vital social events in residents' lives. Mealtimes have great importance for residents as they provide a sense of normality, reinforce individuals' identities and orientate their routines. This ethnographic study aimed to understand residents' use of dining spaces during mealtimes, specifically examining residents' table assignment processes. Data were collected in summer 2015 in three care homes located in England. The research settings looked

after residents aged 65+, each having a distinct profile: a nursing home, a residential home for older people and a residential home for those with advanced dementia. Analyses revealed a two-stage table assignment process: 1. Allocation - where staff exert control by determining residents' seating. Allocation is inherently part of the care provided by the homes and reflects the structural element of living in an institution. This study identified three strategies for allocation adopted by the staff: (a) personal compatibilities; (b) according to gender and (c) 'continual allocation'. 2. Appropriation - it consists of residents routinely and willingly occupying the same space in the dining room. Appropriation helps residents to create and maintain their daily routines and it is an expression of their agency. The findings demonstrate the mechanisms of residents' table assignment and its importance for their routines, contributing towards a potentially more self-fulfilling life. These findings have implications for policy and care practices in residential and nursing homes.

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From : <https://doi.org/10.1111/hsc.13023>

- 258/91 Use of physical restraint in nursing homes in Spain and relation with resident characteristics: a retrospective multi-centre cohort study with a self-organised maps approach; by José-María Blasco, Celedonia Igual-Camacho, Francisco-José Pérez-Moltó, Pablo García-Molina.: Cambridge University Press.

Ageing and Society, vol 40, no 11, November 2020, pp 2410-2428.

This is a retrospective cohort study based on data from five nursing homes which aims to appraise how physical and cognitive characteristics of nursing home residents were associated with the use of restraints, and to provide information on their prevalence in Spain. The goal was to assess, in a visual way, the possible interactions between the nursing homes residents' characteristics and their association with the use of restraints. Motivation, risk factors, characteristics of the residents analysed by validated rating systems that assess mobility, level of dependence, cognitive condition and nutritional status, and their association with the use of restraints, were described by means of linear and non-linear multivariate approaches in the form of self-organised maps. Findings showed that the prevalence of restraints was high when compared to other developed countries. The visual analysis reinforced the knowledge that a greater impairment was associated with the use of restraints and vice versa. However, the residents' characteristics were not always associated with the use of restraints. Subjective factors seem to play a relevant role in decision-making, so it is important to assess risk factors continuously and determine the actual need for the use of restraints from an individual perspective by basing the criteria on specific objectives, and on consistent, reproducible and reliable methods. Initiatives to minimise these subjective factors should be promoted. Likewise, a clear definition of physical restraints should be offered at each centre. In addition, effective legislation that clearly states the need, alternatives and motivation for the use of restraints is needed.

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From : <https://doi.org/10.1017/S0144686X19000680>

## **RESPITE CARE**

(See 258/21)

## **RETIREMENT COMMUNITIES**

- 258/92 Research trend on retirement village development for the elderly: a scientometric analysis; by Robert Osei-Kyei (et al).: Taylor and Francis.

Journal of Aging and Environment, vol 34, no 4, October-December 2020, pp 402-416.

This paper aims to conduct a systematic review of the research trend on retirement village development by exploring the emerging key themes. Bibliometric data was retrieved from Scopus using some selected keywords. The bibliometric data was analyzed using the VOS viewer. The review results showed that publications on retirement village development increased steadily from 1968 to 2013. Also, the most productive countries of retirement village literature are Australia, the United Kingdom and the United States of America. Lastly, the literature on retirement village revolves around five broad areas. The outputs inform future researchers of the emerging knowledge areas.

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From : <https://doi.org/10.1080/26892618.2019.1707738>

## **RURAL ISSUES**

(See Also 258/94)

- 258/93 Rural old-age social exclusion: a conceptual framework on mediators of exclusion across the lifecourse; by Kieran Walsh, Eamon O'Shea, Thomas Scharf.: Cambridge University Press.

Ageing and Society, vol 40, no 11, November 2020, pp 2311-2337.

Social exclusion amongst rural-dwelling older adults and the role of the diversity of people and places in mediating the construction of that exclusion has not been adequately investigated or conceptualised in the international literature. Consequently, how ageing in a rural community can function to disadvantage or protect older people remains poorly understood. With the aim of advancing conceptual understanding on rural old-age social exclusion, this article explores how exclusion is manifest in the



lifecourse experiences of rural-dwelling older adults and the role of mediating factors in the construction of exclusion in different kinds of rural places. The analysis draws on ten rural case-study sites across Ireland and Northern Ireland, encompassing five kinds of rural communities: dispersed rural; remote rural; island rural; village rural; and near-urban rural. Data come from 106 interviews with older people ranging in age from 59 to 93 years. Rural old-age social exclusion is confirmed as a multi-dimensional construct, involving: social relations; service infrastructure; transport and mobility; safety, security and crime; and financial and material resources. This analysis demonstrates that social exclusion for rural-dwelling older people is multi-layered, and its prevalence and form is shaped by four mediating factors: individual capacities; lifecourse trajectories; place; and macro-economic forces. The findings are used to present a conceptual framework that emphasises the role of mediating forces on rural old-age social exclusion.

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From : <https://doi.org/10.1017/S0144686X19000606>

## **SOCIAL INCLUSION**

(See 258/69, 258/93)

## **TELEHEALTH AND TELECARE**

(See 258/6)

## **TRANSPORT**

(See Also 258/71)

- 258/94 Getting out of the house: the use of community transport as a third place for rural-dwelling older adults; by Robert J Hagan.: Cambridge University Press.

Ageing and Society, vol 40, no 11, November 2020, pp 2519-2539.

Rural-dwelling older adults experience significant shrinkage in their social networks and capital due to transitions in later life related to poor physical health, mobility difficulties and bereavements. Being rurally located adds an extra layer of disadvantage. This article explores how older adults may use community transport systems to not only facilitate important social tasks but also maintain friendships and other valued relationships. Semi-structured interviews were carried out with 11 users of a rural transport community bus service in western Northern Ireland. The interviews identified that participants viewed the transport system as a highly valued conduit for helping escape isolation, maintaining autonomy, and providing an informal space for relationship building and accessing local news.

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From : <https://doi.org/10.1017/S0144686X19000722>

- 258/95 Impact of the statutory concessionary travel scheme on bus travel among older people: a natural experiment from England; by Elise Whitley, Peter Craig, Frank Popham.: Cambridge University Press. Ageing and Society, vol 40, no 11, November 2020, pp 2480-2494.

In the context of worldwide ageing, increasing numbers of older people are lonely, isolated and excluded, with serious implications for health, and cognitive and physical functioning. Access to good public transport can improve mobility and social participation among older adults, and policies that improve access and promote use, such as concessionary travel schemes, are potentially important in promoting healthy and successful ageing. Concessionary travel schemes for older people are in place in many countries but are under threat following the global financial crisis. Evidence regarding their success in encouraging activity and social participation is generally positive but based largely on qualitative or observational associations and, in particular, is often limited by the lack of appropriate comparison groups. We use changes in the English statutory scheme, in particular the rising eligibility age from 2010 onwards, as a natural experiment to explore its impact on older people's travel. A difference-in-difference-in-difference analysis of National Travel Surveys (2002-2016) compares three age groups differentially affected by eligibility criteria: 50-59 years (consistently ineligible), 60-64 years (decreasing eligibility from 2010) and 65-74 years (consistently eligible). Compared with 50-59-year-olds, bus travel by 60-74-year-olds increased year-on-year from 2002 to 2010 then fell following rises in eligibility age (annual change in weekly bus travel: -2.9 per cent (-4.1%, -1.7%) in 60-74- versus 50-59-year-olds). Results were consistent across gender, occupation and rurality. Our results indicate that access to, specifically, free travel increases bus use and access to services among older people, potentially improving mobility, social participation and health. However, the rising eligibility age in England has led to a reduction in bus travel in older people, including those not directly affected by the change, demonstrating that the positive impact of the concession goes beyond those who are eligible. Future work should explore the cost-benefit trade-off of this and similar schemes worldwide.

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From : <https://doi.org/10.1017/S0144686X19000692>

## **VOLUNTEERING AND THE VOLUNTARY SECTOR**

(See Also 258/50)

- 258/96 Being a trained volunteer peer supporter for carers of people living with dementia in Norway: reciprocal benefits and challenges; by Liv Halvorsrud (et al).: Wiley.  
Health and Social Care, vol 28, no 6, November 2020, pp 2150-2159.  
This qualitative, exploratory study aimed to investigate the perception of benefits and the challenges of Peer Support services to carers of people with dementia. Four focus group interviews were conducted with volunteer Peer Supporters (n = 40)-all former carers-on their experience of supporting such carers. One overriding theme was of making the carers' path smoother by giving the possibility for free time and reflection, and three themes summarised their experience: 'filling the gap between health care and everyday life challenges', 'importance of mutual and unique experience based on skills and knowledge' and 'the importance of setting limits'. The findings showed that voluntary work is valuable to both carers and Peer Supporters. Peer Supporters' experiences as former carers are valuable. They offer the opportunity to engage in mutually supportive relationships with carers based on shared experience and similar interests by contributing to a better management of everyday life. Being able to see positive changes in carers' lives, guarding their privacy and providing them with free time were important for volunteers in gaining enjoyment and satisfaction over time. Enabling recovery and reflection might be crucial for carers to avoid burnout. How to recruit, support Peer Supporters and incorporate them in the formal healthcare system will be of great interest in the future.  
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## **WELLBEING**

(See 258/34, 258/35, 258/36)



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