

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See 261/10, 261/12, 261/13, 261/15)

ASSISTIVE TECHNOLOGY

(See Also 261/22)

- 261/1 Remote care technologies, older people and the social care crisis in the United Kingdom: a multiple streams approach to understanding the silver bullet of telecare policy; by Andrew Eccles.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1726-1747.
The policy announcement in November 2018 by the Secretary of State for Health and Social Care that: 'from today, let this be clear: tech transformation is coming' indicates that confidence in care technologies, so apparent over the past decade in policy circles, remains unabated. This article suggests, based on evidence of significant limitations in technological solutions to care needs, that this confidence is misplaced. The focus is on remote care technologies - primarily telecare - which involve the passive or real-time monitoring of recipients, the majority of whom will be older people. These information and communication technologies (ICT) have been heralded by politicians, policy makers and industry interests alike as a solution to the challenges of demographic change and social care demand. While the research evidence suggests telecare works well for some people, in some circumstances, there are also significant complexities in its use, challenges presented to care relationships, and conflicting interpretations around its efficacy and cost-effectiveness. These critical issues have been marginalised in the mainstream discourse around telecare policy. This article explores the dissonance between this policy and the available evidence, drawing on a Multiple Streams Approach to analyse the emergence of, and continued confidence in, telecare policy based on a congruence of views across policy interests. To the extent that social care for older people is now in crisis, the article argues that the discourse around telecare represents an example of 'silver bullet' thinking: that is, too much focus on a single policy solution to address complex problems. Accordingly, the crisis in social care has deepened, without alternative policy proposals being available to address it. The renewed push for ICT-based solutions to this crisis in social care ought therefore to be viewed with some concern.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001776>
- 261/2 A survey of assistive robots and systems for elderly care; by Karthik Kumar Santhanaraj, Ramya M M, Dinakaran D.: Emerald.
Journal of Enabling Technologies, vol 15, no 1, 2021, pp 66-72.
This paper reviews the available assistive technologies and suggests a synergistic model that can be adopted for the caring of the elderly. The authors suggest that there is a dire need for an intelligent assistive system to meet out the requirements of continuous holistic care and monitoring. Assistive robots and systems used for elderly care are studied. The design motivation for the robots, elderly-robot interaction capabilities and technology incorporated in the systems are examined in detail. From the survey, it is suggested that the subsystems of an assistive robot revamped for better human-machine interactions will be a potential alternative to the human counterpart. Affirmable advancements in the robot design and interaction methodologies that would increase the holistic care and assistance for aged people are analyzed and listed.
ISSN: 23986263
From : <https://doi.org/10.1108/JET-10-2020-0043>

BLACK AND MINORITY ETHNIC GROUPS

(See Also 261/6, 261/44)

- 261/3 Understanding the friendship networks of older Black and Minority Ethnic people living in the United Kingdom; by Brenda Hayanga, Dylan Kneale, Ann Phoenix.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1521-1540.
Older Black and Minority Ethnic (BME) people living in the United Kingdom (UK) are vulnerable to the experiences of social isolation and loneliness. Despite this, it is widely assumed that they adhere to traditional family practices and living arrangements that protect them from social isolation and loneliness. Such assumptions are problematic and can reify family networks as the main area of research for older BME people to the detriment of friendship networks which are also crucial. However, few researchers have explored this area. With the older BME population increasing at a faster rate than the older white population, further research is needed. Utilising data from Wave 6 of Understanding Society (N = 7,499, 4.3% of whom self-identified as BME), this study explores the ways in which the friendship networks of older BME people differ compared to older white people using logistic regression analyses. After controlling for potential confounding socio-demographic characteristics, older BME people were more likely to report having fewer close friends and fewer friends who live locally, suggesting that their

friendship networks may be restricted in quantity and accessibility. Not only do these findings raise important questions about the varying needs of older minority ethnic people who have been largely overlooked in recent government policy, but they also highlight the continuing challenges of using large-scale surveys to research older BME people in the UK.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19001624>

CARERS AND CARING

(See Also 261/47)

- 261/4 Advance care planning in New Zealand: a qualitative study of the motivators and barriers to uptake; by Wendy Brown, Donald Baken, Christine Stephens.: Wiley.
Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 162-167.
This study was carried out as a follow-up to the first national survey of advance care planning uptake in New Zealand, which demonstrated a low level of plan completion, this study seeks to better understand the motivators and barriers associated with uptake.
Using a qualitative approach and a purposeful sampling method, nine interviewees participated in semi-structured interviews exploring in further depth their knowledge, attitudes and activities in relation to planning for end-of-life care. Thematic analysis was applied to the transcripts and several key themes identified.
The five key themes identified were Knowledge of Advance Care Planning; Incomplete Planning; Relational Autonomy; Focus on Family; and Still Time to Plan.
The study concludes that a stepped process to encourage planning uptake is suggested, with legal and financial steps preceding the making of more personal values-based decisions salient to a serious diagnosis.
ISSN: 14406481
From : <https://doi.org/10.1111/ajag.12866>
- 261/5 Caring in space: the boundaries between public and private spaces in Finnish adult foster care homes; by Emilia Leinonen.: Cambridge University Press.
Ageing and Society, vol 41, no 5, May 2021, pp 1184-1201.
The purpose of this article is to explore a hybrid community-based form of care for older people called adult foster care. In the article, the nature of the foster care home as a place of care is explored from the foster carers' point-of-view. It is based on an interview study of 12 foster carers. In this article, the theoretical frameworks from human geography and work-family research are combined in order to analyse the boundaries between private family-life and public work-life in the particular space of the foster care home. The research questions are: What kinds of public and private spaces exist in adult foster care homes? What kinds of boundaries separate (a) the public and private spaces and (b) the foster care home and the outside world? The findings suggest that foster care homes are very complex socio-spatial places of care, in which the questions of power (who can do what and when in a certain space), the re-organisation of home, and the division of private and public spaces all contest the idea of home as a mere 'safe haven' from the pressures of work life. Different boundaries and boundary management strategies enabled the foster carers to regard their place of living and working as their home, even though it had altered to a place of care of 'strangers'.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001831>
- 261/6 I'd rather die in the middle of the street: perceptions and expectations of aged care among Forgotten Australians; by Kathryn Browne-Yung, Diana O'Neil, Ruth Walker, Alison Smyth, Peter Putsey, Megan Corlis, Kate E. Laver, Elizabeth Fernandez, Monica Cations.: Wiley.
Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 168-176.
This study aims to explore perceptions and expectations regarding aged care among older Forgotten Australians, informing better ways of delivering safe and inclusive care for this group.
In-depth interviews were undertaken with sixteen Forgotten Australians to understand their perspectives, hopes and perceived barriers to receiving appropriate aged care. Qualitative data were analysed using Ritchie and Spencer's framework approach.
Participants were highly averse to receiving aged care in residential settings, particularly where delivered by religious organisations. Limited perceived opportunities to develop trust and maintain control and independence while managing re-traumatising situations shaped Forgotten Australians negative perceptions of the aged care system. Participants also spoke of how their lifelong marginalisation could limit their access to choice and quality in aged care.
The study concludes that the aged care industry could provide safe and inclusive care by adopting a person-centred and trauma-informed model that recognises and addresses the specific needs and challenges of Forgotten Australians.
ISSN: 14406481
From : <https://doi.org/10.1111/ajag.12851>

- 261/7 The mobilities of care in later life: exploring the relationship between caring and mobility in the lives of older people; by Karen Croucher, Rose Gilroy, Mark Bevan, Katia Attuyer.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1788-1809.
There has been a renewed call for a revaluing of informal caring in order to counter the way that caring is undervalued, taken for granted and invisible. Travel is one area where a detailed critique of this issue has emerged with the concept of 'mobility of care', however, this concept has only been applied in relation to younger age groups, and our understanding of mobilities of care in later life remains underdeveloped. By 'mobilities of care' we mean journeys made for the purpose of giving and receiving informal care and support. This paper draws on the mobility narratives of 99 older people (aged 55 and above) living in three locations in the North of England who participated in a two-year qualitative longitudinal study that explored the inter-play between mobility, wellbeing and life transitions. We focused on the experience of managing life transitions rather than assume that chronology per se determines wellbeing. Narratives of ageing emphasise the importance of getting out and about, and being socially connected active citizens. Our study demonstrates that for many older people getting out and about is not for leisure or utility purposes but to give support and care. As such, these journeys have a particular significance in the lives of older people and in the construction of roles, meaning and identity in later life.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20000100>
- 261/8 Supporting older co-resident carers of older people: the impact of Care Act implementation in four local authorities in England; by Gareth O'Rourke, Liz Lloyd, Agnes Bezzina, Ailsa Cameron, Tricia Jessiman, Randall Smith.: Cambridge University Press.
Social Policy and Society, vol 20, no 3, July 2021, pp 371-384.
The Care Act 2014 provides for 'parity of esteem' between people with social care needs and carers. This is achieved by extending the principles of prevention and wellbeing to carers; reinforcing carers' right to an assessment; and setting national eligibility criteria for access to carer support services. This article reports on research that examined the impact of these changes on older co-resident carers of older people in four English local authorities. Findings are described in relation to four key themes: organisational arrangements and rationale; the aims of carer support and preventative services; design and delivery of carer assessment; and barriers to assessment and support. The findings of the research suggest that, despite the new statutory requirements, underlying contradictions and tensions in local authorities' relationship with carers, and efforts to support them, remain unresolved.
ISSN: 14747464
From : <https://doi.org/10.1017/S1474746420000202>
- 261/9 What factors enable mid-life carers to re-enter the labour market in New Zealand?; by Jeroen J. A. Spijker, Fiona M. Alpass, Joanne Allen, Christine Stephens.: Wiley.
Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 154-161.
This study aims to assess the characteristics of carers and the caregiving situation associated with return to paid employment among older unemployed carers in New Zealand.
A baseline sample of 280 unemployed carers was identified from responses by people aged 55-70 to the 2012-2016 biennial waves of the New Zealand Health, Work and Retirement longitudinal survey. Multiple logistic regression analysis was used to assess characteristics uniquely predicting employment status at two-year follow-up.
Sixteen percent were employed at follow-up. Economic living standards, physical health and preference to be in paid employment were positively associated with being employed at follow-up. There were no statistical differences according to age, gender, ethnicity, marital status, education and care characteristics.
The study finds that individual preferences were the strongest predictor of return to paid employment. Despite New Zealand employment legislation allowing all employees to request flexible working arrangements, economic and health differences in workforce retention among carers persist.
ISSN: 14406481
From : <https://doi.org/10.1111/ajag.12852>

CENTENARIANS

(See 261/74)

COVID-19

(See Also 261/23)

- 261/10 COVID-19: a shock to the system - reflections from practice by safeguarding adults boards managers; by Walter Lloyd-Smith, Lindsey Bampton, Julia Caldwell, Anita Eader, Helen Jones, Steven Turner.: Emerald.
Journal of Adult Protection, vol 23, no 2, 2021, pp 134-139.
This paper aims to set out to share the reflections of safeguarding adult board managers as they worked through what is likely to be just the first wave of the coronavirus COVID-19 pandemic.
The paper draws on the experience of small number of safeguarding adult board managers who have provided reflections from practice.
It illustrates just some of the responses developed by safeguarding adult board managers and their boards to continue to deliver the work of safeguarding those at risk of abuse and harm in the face of unprecedented impact of the coronavirus COVID-19 pandemic on a key aspect of the safeguarding adult system in England.
The reflections reported here are not intended to offer a representative commentary on the experiences of those who oversee and manage safeguarding adults boards. It is intention to provide a flavour of some of the challenges and dilemmas faced and some of the creative solutions to address them used by one group of adult safeguarding practitioners.
ISSN: 14668203
From : <https://doi.org/10.1108/JAP-08-2020-0041>
- 261/11 The crisis of Neoliberal project of aging during the COVID-19 pandemic: from compulsory activity to mandatory isolation; by Elena Bogdanova, Irina Grigoryeva.: Emerald.
Journal of Adult Protection, vol 23, no 2, 2021, pp 76-85.
This paper aims to consider how the situation of the COVID-19 pandemic questions the neoliberal project of ageing, based on a notion of a healthy, active, working older person. A long-term struggle to include older people has been (temporarily) replaced with a struggle to exclude them. This seems to be one of the most sensitive sore spots of the coronavirus crisis and one of the most serious challenges to social policy and welfare systems the world over. The purpose of this paper is to consider where the concepts of ageing and the action on ageing were immediately before the crisis and what their further development might look like.
The main principle of the neoliberal project of ageing, which had been formed at the crossroad of social theory and policy through decades, became vulnerable in the face of the COVID-19 pandemic. The new 'forced ageing' reveals its repressive nature through ensuring seniors' safety from exposure, their removal from work and isolation. The theory now faces new challenges of meshing a neoliberal actor - active, independent and productive - with an older person in isolation, who needs safeguarding, of re-conceptualizing social exclusion of seniors in a situation where exclusion is equated with safety, of resolving a dilemma between isolation and respect of human rights and of keeping progress in anti-ageism.
This paper presents an overview of the main conceptions, underlying the neoliberal project of ageing. It aims to outline the vulnerabilities of the project, which were revealed under the situation of pandemic. Theoretical debate reflects policy of ageing. Discussion of theoretical problems of ageism, social exclusion, safeguarding of the elderly and compulsion are necessary for improvement of social policy of ageing.
When the neoliberal project of ageing comes into collision with reality, the authors recognise it as a crisis. It moves society, and especially the elderly, to a situation of uncertainty. This paper calls for discussion and a search for a new balance between the generations in society.
ISSN: 14668203
From : <https://doi.org/10.1108/JAP-08-2020-0038>
- 261/12 High death rate of older persons from COVID-19 in Quebec (Canada) long-term care facilities: chronology and analysis; by Marie Beaulieu, Julien Cadieux Genesse, Kevin St-Martin.: Emerald.
Journal of Adult Protection, vol 23, no 2, 2021, pp 110-115.
Among the ten Canadian provinces, Quebec has experienced the most significant excess mortality of older persons during COVID-19. This practice paper aims to present the chronology of events leading to this excess mortality in long-term care facilities (LTCFs) and a comprehensive analysis of the phenomenon.
Documented content from three official sources: daily briefings by the Quebec Premier, a report from the Canadian Armed Forces and a report produced by Royal Society of Canada experts were analysed. Two findings emerge: the lack of preparation in LTCFs and a critical shortage of staff. Indeed, the massive transfer of older persons from hospitals to LTCFs, combined with human resources management and a critical shortage of permanent staff before and during the crisis, generates unhealthy living conditions in LTCFs.
ISSN: 14668203
From : <https://doi.org/10.1108/JAP-08-2020-0033>

- 261/13 Structural discrimination and abuse: COVID-19 and people in care homes in England and Wales; by Jonathan Parker.: Emerald.
Journal of Adult Protection, vol 23, no 3, 2021, pp 169-180.
The purpose of this paper is to explore the significant and high death toll of COVID-19 on care home residents and social care staff in England and Wales. These mortality figures, alongside differential treatment of residents and staff during the pandemic, are conceptualized as a form of structural abuse. Arguments are made for the inclusion of structural abuse as a separate category of elder abuse. The paper is predominantly conceptual but it also draws on available secondary data, such as mortality statistics, media reports and developing research.
The paper finds that the lack of appropriate personal protective equipment, paucity of guidance and high mortality rate among care home staff and residents during the pandemic is indicative of social discourses that, when underpinned by ageism, reflect structural elder abuse.
If structural elder abuse was to be included in classifications, it demands a rethink of social and health-care services and the policies and practices associated with them and reinforces the government message that safeguarding is everyone's business.
ISSN: 14668203
From : <https://doi.org/10.1108/JAP-12-2020-0050>
- 261/14 Taking it on the chin: older people, human rights and COVID-19; by John Williams.: Emerald.
Journal of Adult Protection, vol 23, no 2, 2021, pp 86-97.
The purpose of this article is to discuss the implications of government responses to COVID-19 for older people. Governments in England and in Wales faced complex decisions when responding to COVID-19. This paper considers the impact of their actions on the human rights of older people. It argues that there is a case to answer of potential breaches of the European Convention on Human Rights. Although it is too early to come to firm conclusions as more scientific and medical evidence is required, some actions by governments seem to be based on using age as a basis for decision-making. Human rights are complex, and it is important that claims of violations satisfy the Convention, the Human Rights Act 1998, the jurisprudence of the European Court of Human Rights and other international instruments. The paper considers the legal framework of the European Convention and its relevance to Corona Virus Disease (COVID-19) and older people. Case law, academic research, guidance and media coverage form the basis of the research.
The study finds that the governments have a strong case to answer. In defending their positions against allegations of discrimination against older people, they need to produce strong and convincing evidence including medical and scientific evidence that formed the basis of their decisions.
ISSN: 14668203
From : <https://doi.org/10.1108/JAP-09-2020-0042>
- 261/15 Theorising the impact of COVID-19 on the fraud victimisation of older persons; by Cassandra Cross.: Emerald.
Journal of Adult Protection, vol 23, no 2, 2021, pp 98-109.
The purpose of this paper is to understand how COVID-19 may alter the vulnerability levels of older persons, and how this may change their potential for fraud victimisation. This is particularly focused on the government's use of isolation, restrictions on activity and physical distancing to combat the virus. In the absence of statistics, this paper examines what is currently known about older persons and fraud, as well as the recent knowledge of COVID-19-related fraud. On this basis, the paper hypothesises the conceivable changes to vulnerability that potentially expose older persons to fraud.
The paper argues that COVID-19 has not seen 'new' fraudulent approaches, rather offenders have used COVID-19 as a context to their existing schemes. Further, the current response to COVID-19 can substantially increase the number of older persons experiencing levels of vulnerability, and therefore increase their fraud risk.
The study provides an impetus to target the well-being and connectivity of older persons, (regardless of the COVID-19 context), to reduce their vulnerability to fraud victimisation.
ISSN: 14668203
From : <https://doi.org/10.1108/JAP-08-2020-0035>

CRIME

(See 261/15)

DEMENTIA

- 261/16 Living with dementia: the felt worth of support workers; by Leigh Anne Hale, Matthew Lee Jenkins, Beth Mayland, Yvette Buttery, Pauline Norris, Mary Butler, Michelle Holland, Esther Ngocha-Chaderopa, Barbara McKenzie-Green, Karol Czuba, Ann Sezier, Nicola Kayes.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1453-1473.
Considering the important role that paid support workers play in care of older people with dementia, it is vital that researchers and relevant organisations understand the factors that lead to them feeling valued for the work that they do, and the consequences of such valuing (or lack thereof). The current study employed semi-structured interviews to understand the individual experiences of 15 support workers based both in residential care homes and private homes. The General Inductive Approach was used to analyse the interview transcriptions and to develop a conceptual model that describes the conditions that lead to support workers feeling valued for the work that they do. This model consists of organisational or individual strategies, the context in which support work takes place, and various interactions, actions and intervening conditions that facilitate or prevent support workers feeling valued. A significant finding in this research was the role of interpersonal relationships and interactions which underlie all other aspects of the conceptual model developed here. By understanding the importance of how employers, families of older adults with dementia and peers interact with support workers, we may promote not only the quality of work that support workers deliver, but also the wellbeing of the support workers themselves.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001636>
- 261/17 Room for improvement: an online survey of allied health professionals' dementia knowledge; by Katherine Lawler, Alex Kitsos, Aidan D. Bindoff, Michele L. Callisaya, Claire E. A. Eccleston, Kathleen V. Doherty.: Wiley.
Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 195-201.
The aim of this study was to evaluate the dementia knowledge of allied health professionals and identify their specific learning needs.
An online survey was conducted with allied health professionals enrolled in the Understanding Dementia Massive Open Online Course, a free course open to anyone, worldwide. The primary outcome measure was the Dementia Knowledge Assessment Scale, assessed prior to course commencement.
The survey was completed by 1591 participants. The mean dementia knowledge score was 35.0 (SD 8.4), with 13% (n = 207) achieving a target score of 45/50 or above, indicating comprehensive dementia knowledge. Key knowledge gaps were in the areas of dementia onset and non-pharmacological management of behavioural and psychological symptoms of dementia.
The study concludes that the allied health professionals surveyed had significant gaps in dementia knowledge. Educators planning dementia curriculum for allied health professionals could consider addressing areas of knowledge related to the identified items, with view to providing a foundation for excellence in dementia care.
ISSN: 14406481 From : <https://doi.org/10.1111/ajag.12886>

DEMENTIA CARE

(See Also 261/43)

- 261/18 Dementia care-giving and employment: a mixed-studies review on a presumed conflict; by Lydia Neubert, Hans-Helmut König, Claudia Mietzner, Christian Brettschneider.: Cambridge University Press.
Ageing and Society, vol 41, no 5, May 2021, pp 1094-1125.
Many persons with dementia live at home and are cared for by their relatives. If the relatives are still employed, this can lead to higher burden and losses in their work-life. The interplay between informal care-giving and working is complex. Different studies have explored this issue, but the results have not been yet synthesised. In this mixed-studies review, the authors elucidate the underlying complexity. The objective is to identify the factors related to care-giving that influence employment, and to describe their impact on dementia care-givers' employment. They performed a literature search of primary studies using four databases and one meta-database, and retrieved English- and German-language articles. The authors used the Mixed Methods Appraisal Tool to assess their methodological quality. Evidence identified was synthesised by a parallel-results convergent synthesis design. They included 55 qualitative, quantitative and mixed-method studies published up to January 2018. The emerging model identified factors linked to the care recipient with dementia, the informal care-giver and the care-giving context. The impacts of these factors on care-givers' employment are mostly negative (e.g. stopped/reduced work, decreased job performance). Nevertheless, the results provide encouraging insights as working can counterbalance care-giving strain, and managing both roles can enhance care-givers' wellbeing. Practical efforts should focus on enabling informal care-givers to better manage the balance between care-giving and work responsibilities.
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19001545>

- 261/19 Family experiences of caregiving to patients with Alzheimer; by Eman al-Zyoud, Mahmoud Maharmeh, Muayyad Ahmad.: Emerald.
Working with Older People, vol 25, no 2, 2021, pp 115-122.
This paper aims to describe and understand the family experience of caregiving to their Alzheimer patients and to explore the impact of caregiving on the family's caregiver well-being.
The study involved eight family caregivers from the outpatient department, specifically from the neurology-medical clinic. A descriptive phenomenological approach was used for data collection through in-depth semi-structured interviews.
Four themes emerged: caregiver perception, tension, the sense of duty and commitment and altruism and sacrifice. The experience of family caregivers was different from their experiences with other chronic illnesses.
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-02-2020-0006>
- 261/20 Modelling the comparative costs of Namaste Care: results from the namaste care intervention UK study; by Jennifer Bray, Dawn Brooker, Isabelle Latham, Darrin Baines.: Emerald.
Working with Older People, vol 25, no 2, 2021, pp 131-140.
The purpose of this paper is to populate a theoretical cost model with real-world data, calculating staffing, resource and consumable costs of delivering Namaste Care Intervention UK (NCI-UK) sessions versus 'usual care' for care home residents with advanced dementia.
Data from five care homes delivering NCI-UK sessions populated the cost model to generate session- and resident-level costs. Comparator usual care costs were calculated based on expert opinion and observational data. Outcome data for residents assessed the impact of NCI-UK sessions and aligned with the resident-level costs of NCI-UK.
NCI-UK had a positive impact on residents' physical, social and emotional well-being. An average NCI-UK group session cost £220.53, 22% more than usual care, and ran for 1.5-2 h per day for 4-9 residents. No additional staff were employed to deliver NCI-UK, but staff-resident ratios were higher during Namaste Care. Usual care costs were calculated for the same time period when no group activity was organised. The average cost per resident, per NCI-UK session was £38.01, £7.24 more than usual care. In reality, costs were offset by consumables and resources being available from stock within a home.
Activity costs are rarely calculated as the focus tends to be on impact and outcomes. This paper shows that, although not cost neutral as previously thought, NCI-UK is a low-cost way of improving the lives of people living with advanced dementia in care homes.
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From : <https://doi.org/10.1108/WWOP-11-2020-0056>

DIABETES

(See Also 261/24)

- 261/21 The relationships among self-efficacy, health literacy, self-care and glycemic control in older people with type 2 diabetes mellitus; by Ariyanti Saleh, Wirda Wirda, Andi Masyitha Irwan, Aulia Insani Latif.: Emerald.
Working with Older People, vol 25, no 2, 2021, pp 164-169.
This study aims to identify the relationships among self-efficacy, health literacy, self-care and glycemic control in older people with type 2 Diabetes Mellitus (DM).
The study was a descriptive analytics correlational study with a cross-sectional design. The sampling method was purposive sampling involving 68 older people with type 2 DM.
The results showed that self-efficacy, health literacy and self-care correlated with glycemic control at significant levels of $p = 0.020$, $p = 0.002$ and $p = 0.022$, respectively.
Nurses should help older people with type 2 DM in maintaining their self-efficacy and self-care and increasing their health literacy to ensure their glycemic control is in normal state.
This study shows that self-care, self-efficacy and health literacy have a significant correlation with glycemic control in older people with type 2 DM. It indicates that the better self-care, self-efficacy and health literacy of patients, the more likely the patients' blood HbA1C level is to be in the normal range.
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-08-2020-0044>

DISABILITY

- 261/22 Why is telerehabilitation necessary?: A pre-post COVID-19 comparative study of ICF activity and participation.; by Nicola Marotta, Andrea Demeco, Lucrezia Moggio, Antonio Ammendolia.: Emerald.
Journal of Enabling Technologies, vol 15, no 2, 2021, pp 117-121.
This study aims to evaluate the relevance of telerehabilitation during the spread of the COVID-19 pandemic based on the prevalence of participation and activity International Classification of

Functioning, Disability and Health (ICF) domains in a population with disabilities. The authors performed an observational study of ICF files of people with disabilities pre- and post-three-months lockdown imposed by the government to stop the spread of the COVID-19 pandemic. ICF qualifiers such as performing the daily routine (d230), using communication devices and techniques (d360) and doing housework (d640) showed a significant decrease in disabilities ($p = 0.05$). A significant increase ($p = 0.05$) in disability was however evident in relating with strangers (d730); informal social relationships (d750); acquiring, keeping and terminating a job (d845); complex economic transactions (d865); community life (d910); and recreation and leisure (d920). Telerehabilitation should not be regarded as home-based rehabilitation delivered through technology. The results show how telerehabilitation should be a functional diagnostic tool for monitoring of patients' rehabilitation needs.
ISSN: 23986263 From : <https://doi.org/10.1108/JET-11-2020-0047>

DIVERSITY

- 261/23 Workforce ethnic diversity in older people's care services: thinking back and thinking ahead in COVID-19 times; by Jill Manthorpe, Jo Moriarty.: Emerald.
Working with Older People, vol 25, no 2, 2021, pp 170-178.
The COVID-19 pandemic has shone a light on long-standing, structural race inequality in Britain. This paper aims to review historic patterns of ethnic diversity among the workforce employed in services for older people to present some of the lessons that can be learned from the pandemic.
A historical overview was undertaken of research about ethnic diversity in the social care workforce. Too often, the ethnic diversity of the social care workforce has been taken as evidence that structural racial inequalities do not exist. Early evidence about the impact of coronavirus on workers from black and minority ethnic groups has led to initiatives aimed at reducing risk among social care employers in the independent sector and in local government. This offers a blueprint for further initiatives aimed at reducing ethnic inequalities and promoting ethnic diversity among the workforce supporting older people.
The increasing ethnic diversity of the older population and the UK labour force highlights the importance of efforts to address what is effective in reducing ethnic inequalities and what works in improving ethnic diversity within the social care workforce and among those using social care services for older people.
The ethnic makeup of the workforce reflects a complex reality based on multiple factors, including historical patterns of migration and gender and ethnic inequalities in the UK labour market.
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EMPLOYMENT

(See 261/9, 261/18, 261/32, 261/75, 261/77)

END-OF-LIFE CARE

(See 261/65)

EX-SERVICEMEN AND WOMEN

- 261/24 Transitioning from active duty to military retirement: challenges impacting diabetes self-management; by Carla L Fisher, Christy J W Ledford, Easton Wollney, Paul F Crawford.: Sage.
Health Education Journal, vol 80, no 4, June 2021, pp 438-450.
Military retirement happens early in the lifespan presenting a unique transition that challenges chronic illness. The purpose of this study was to explore the factors that military retirees experience as they transition from active duty to military retirement that they perceive as inhibiting their ability to manage type 2 diabetes (T2DM) or pre-diabetes (preDM) and/or which increase their disease risk.
Twenty veterans diagnosed with T2DM or preDM participated in semi-structured, face-to-face interviews in a private setting at their primary care clinic. Transcripts were analysed using constant comparative method. Participants were aged 44 to 63 ($M = 56$), with 15 diagnosed with T2DM and 5 as preDM. They had been retired from the military 6 to 22 years ($M = 14$ years).
Participants linked five inter-related challenging factors to their T2DM/preDM diagnosis (when diagnosed post-retirement) and/or to their inability to manage their disease: (1) diet/eating habits, (2) physical activity, (3) weight fluctuation, (4) health care interactions and (5) systematic barriers. Military retirees' experiences were embedded within a 'cultural shift'. They struggled to maintain self-management behaviours once they were no longer on active duty and had more independence as civilians.
The results provide support for diabetes education during military retirement. Military retirees need help maintaining healthy lifestyle behaviours beyond the structured, health-focused military culture. They could also benefit from patient-provider communication skills training in navigating systematic barriers and attaining the support needed to manage their disease.
ISSN: 00178969 From : <https://doi.org/10.1177%2F0017896920978675>

FALLS

- 261/25 Providing fall prevention services in the emergency department: Is it effective? A systematic review and meta-analysis; by Kristie J. Harper, Glenn Arendts, Annette D. Barton, Antonio Celenza.: Wiley. *Australasian Journal on Ageing*, vol 40, no 2, June 2021, pp 116-128.
This study aims to assess the effects of fall prevention services initiated in the emergency department (ED) to support patients after discharge.
A systematic review and meta-analysis were conducted. Analysis of pooled data used random-effects modelling with results presented as a risk ratio (RR).
Eleven studies were identified (n = 4,018). The proportion of older adults who fell did not differ between the intervention and control groups (RR 0.93; 95% CI, 0.82-1.06, I² 68%, P = 0.28). There was a significant (P = 0.01) reduction in the monthly rate of falling (RR 0.69; 95% CI, 0.52-0.91, I² 93%), fall-related injuries (RR 0.72; 95% CI, 0.59-0.88, I² 0%, P = 0.001), and hospital admissions (RR 0.76; 95% CI, 0.64-0.90, I² 0%, P = 0.002).
The study concludes that ED fall prevention services did not significantly reduce the proportion of older adults who had future falls. However, multifactorial intervention significantly reduced fall-related injuries and hospital admissions with low heterogeneity.
ISSN: 14406481
From : <https://doi.org/10.1111/ajag.12914>

FAMILY AND INFORMAL CARE

(See Also 261/8, 261/19, 261/32, 261/43)

- 261/26 Multiple engagement: the relationship between informal care-giving and formal volunteering among Europe's 50+ population; by Susanne Strauss.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1562-1586.
This article investigates the conditions of multiple engagement in the private and public realm in the second half of life. More specifically, it looks at the relationship between informal care-giving and formal volunteering in a country-comparative way. Based on longitudinal data from the Survey of Health, Ageing and Retirement, 2004-2015, the study investigates the 50+ population in 13 European countries. Controlling for unobserved heterogeneity by using conditional fixed-effect logistic regression models, it confirms earlier findings that care-givers are more likely to volunteer than non-care-givers; this effect is independent of care-giving intensity but only true for those who care outside their own household. As to macro-level influences, the study finds that both care-in-kind and cash-for-care expenditures increase the likelihood of volunteering among the 50+ population. The effect of cash-for-care expenditure is even stronger for the group of those who give intensive care outside their own households than for non-care-givers. Moreover, it finds effects related to family's and women's role in society. First, it shows a negative effect of a country's societal norm of family orientation on volunteering participation for those giving sporadic care outside their household but also among non-care-givers. Second, in countries with higher female labour market participation among the middle-aged, the volunteering likelihood is higher for sporadic female care-givers outside their own household but also among female non-care-givers.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001764>
- 261/27 Providing instrumental support to older parents of multi-child families in China: are there different within-family patterns?; by Jia Chen, Xiachen Zhou, Nan Lu.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1770-1787.
Older parents in China rely heavily on their adult children for instrumental assistance. In different multi-child families, multiple offspring may co-operate in providing instrumental support to older parents in distinct ways in terms of how much support they provide on average and how much differentiation exists between them when they provide such support within a family. We aimed to identify different within-family patterns in relation to multiple offspring's instrumental support to an older parent in Chinese multi-child families, and to investigate potential predictors for different within-family patterns. Using data from the China Family Panel Studies (2016), we had a working sample of 5,790 older adults aged 60+ (mean = 68.54, standard deviation = 6.60). We employed latent profile analysis (LPA) to classify within-family patterns and multinomial logistic regression to investigate predictors. Our findings identified three within-family patterns: dissociated (59.10%), highly differentiated (29.60%) and united-filial (11.30%). Older parents in the highly differentiated families tended to be older, mothers, divorced/widowed and to have poorer physical health compared to their counterparts in the dissociated families. In contrast, the composition characteristics of multiple adult children played more important roles in determining the united-filial within-family pattern. The united-filial families were more likely to have fewer adult children, at least one adult daughter and at least one co-residing adult child.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X21000283>

- 261/28 Reciprocity between older adults and their care-givers in emigrant households of Kerala, India; by Allen Prabhaker Ugargol, Ajay Bailey.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1699-1725.
The felt obligation to return a benefit, termed reciprocity, has been identified as motivating care exchanges between older adults and their younger family members. Within the context of large-scale emigration of young adults from the Indian state of Kerala, this study examines how left-behind older adults and their family care-givers recognise, interpret and give meaning to reciprocal exchanges, expectations and obligations in their care relationship. Employing a social exchange perspective, we qualitatively explore the norm of reciprocity through in-depth interviews of 48 participants (older adults and their care-givers) from emigrant households. Older adults and their care-givers identified reciprocal notions in their care exchange relationship that provided an interpretive framework for describing expectations, motivations, obligations and experiences across care-giving relationships. Spousal care-givers derived reciprocal motives and mutual care obligations through the institution of marriage. Adult children recognised filial duties and responsibilities and were in principle prepared to provide care to their parents. Reciprocating the support received and the likelihood of intergenerational transfers motivated care exchanges from adult children to their older parents. Daughters-in-law executed transferred filial roles from their emigrant husbands and bore a larger burden of care. Primary adult care-givers relied on the 'demonstration effect', hoping that children observe the care-giving process and emulate it later. Imbalances and non-reciprocity in the care exchange led to frustrations and threatened the care relationships.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001685>
- 261/29 The socialization of unpaid family caregivers: a scoping review; by Kirstie McAllum, Mary Louisa Simpson, Christine Unson, Stephanie Fox, Kelley Kilpatrick.: Sage.
Research on Aging, vol 43, nos 7-8, August-September 2021, pp 263-273.
As unpaid family caregiving of older adults becomes increasingly prevalent, it is imperative to understand how family caregivers are socialized and how they understand the caregiving role. This PRISMA-ScR-based scoping review examines the published literature between 1995-2019 on the socialization of potential and current unpaid family caregivers of older adults. Of 4,599 publications identified, 47 were included. Three perspectives of socialization were identified: (1) role acculturation; (2) role negotiation and identification; and (3) specialized role learning. The findings show how socialization involves different contexts (e.g., cultures), imperatives for action (e.g., circumstances), socialization agents (e.g., family), processes (e.g., modeling), and internal (e.g., normalization) and external (e.g., identification) consequences for caregivers. Future research could fruitfully explore how caregivers manage key turning points within the socialization process, disengage from the caregiving role, and negotiate the socialization and individualization processes within diverse cultural and funding contexts.
ISSN: 01640275
From : <https://doi.org/10.1177%2F01640275211005092>
- 261/30 Trajectories of family care over the lifecourse: evidence from Canada; by Janet Fast, Norah Keating, Jacquie Eales, Choong Kim, Yeonjung Lee.: Cambridge University Press.
Ageing and Society, vol 41, no 5, May 2021, pp 1145-1162.
In the midst of a 'care crisis', attention has turned again to families who are viewed both as untapped care resources and as disappearing ones. Within this apparent policy/demographic impasse, we test empirically theorised trajectories of family care, creating evidence of diverse patterns of care across the lifecourse. The study sample, drawn from a Statistics Canada national survey of family care, comprised all Canadians aged 65 and older who had ever provided care (N = 3,299). Latent Profile Analysis yielded five distinct care trajectories: compressed generational, broad generational, intensive parent care, career care and serial care. They differed in age of first care experience, number of care episodes, total years of care and amount of overlap among episodes. Trajectories generally corresponded to previously hypothesised patterns but with additional characteristics that added to our understanding of diversity in lifecourse patterns of care. The five trajectories identified provide the basis for further understanding how time and events unfold in various ways across lifecourses of care. A gap remains in understanding how relationships with family and social network members evolve in the context of care. A challenge is presented to policy makers to temper a 'families by stealth' policy approach with one that supports family carers who are integral to health and social care systems.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001806>

FRAILITY

- 261/31 Interventions for frail older inpatients: a systematic review of frailty measures and reported outcomes in randomised controlled trials; by Shannon J. King, Kate A. Raine, Nancye M. Peel, Ruth E. Hubbard.: Wiley.
Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 129-144.
This study aims to summarise frailty measures and outcomes reported in trials involving frail older inpatients.
Databases were searched for randomised controlled trials enrolling frail older inpatients.
Twenty-four articles describing twelve trials were included. Seven trials applied six tools to measure frailty, whilst five trials employed ad hoc measures. Eighty outcomes were examined with survival and functional status reported most commonly. Nine studies trialled multidisciplinary, geriatrician-led interventions. Statistically significant between-group differences were detected for at least one outcome in ten trials. All studies represented high risk of bias within at least one domain.
The study concludes that heterogeneity of interventions, measurement of frailty and outcomes reported limit generalisability of findings. Many articles purport to study frail patients, yet do not enrol patients using any frailty measurement tool. Utilising validated instruments to measure frailty and a standard set of health outcomes relevant to older people would assist consistent reporting and evaluation of future studies.
ISSN: 14406481 From : <https://doi.org/10.1111/ajag.12951>

GRANDPARENTS

- 261/32 Gendered moral rationalities in later life: grandparents balancing paid work and care of grandchildren in Australia; by Myra Hamilton, Bridget Suthersan.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1651 - 1672.
In recent years there has been increasing policy focus on keeping mature-age people engaged in the labour market. At the same time, grandparents play an important role as regular child-care providers for many families. Yet, little research has explored how grandparents negotiate these dual, often competing demands of paid employment and intergenerational care. Drawing on focus groups with 23 grandparents and an online survey of 209 grandparents providing regular child care for their grandchildren in Australia, this paper addresses this gap in the literature by examining how Australian grandparents experience and negotiate competing responsibilities as older workers and intergenerational care providers. The paper draws on the concept of gendered moral rationalities to examine the way in which grandparents' decisions about participation in paid work are deeply embedded in idealised forms of parenting and grandparenting that are highly gendered. The paper suggests that, as the rate of both maternal and mature-age participation in the paid labour market continues to rise, inadequate attention is being paid to how time spent undertaking unpaid care is compressed, reorganised and redistributed across genders and generations as a result.
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19001855>

HEALTH AND WELLBEING

(See Also 261/39)

- 261/33 Interventions to improve the health and wellbeing of older people living alone: a mixed-methods systematic review of effectiveness and accessibility; by Georgina Johnstone, Marissa Dickins, Judy Lowthian, Emma Renahan, Joanne Enticott, Duncan Mortimer, Rajna Ogrin.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1587-1636.
The global population is ageing and the likelihood of living alone increases with age. Services are necessary to help older people living alone to optimise health and wellbeing. This systematic review aimed to summarise the effectiveness and accessibility of interventions to improve the health and wellbeing of older people living alone. Relevant electronic databases (CINAHL, MEDLINE, PsycINFO and Scopus) were searched for all years up to August 2018. Studies were included if they involved older people (aged ≥ 55 years) living alone, and an intervention with measured health and wellbeing outcomes. All study types were included. The Theory of Access was used to assess interventions across dimensions of accessibility, availability, acceptability, affordability, adequacy and awareness. Twenty-eight studies met the eligibility criteria; 17 studies focused on ageing safely in place and 11 on psychological and social wellbeing. Studies comprised quantitative (N = 19), qualitative (N = 4) and mixed-methods (N = 5) approaches. Dimensions from the Theory of Access were poorly addressed in the studies, particularly those of higher-quality methodology. Studies were heterogeneous, preliminary in scope and lacked consistent study design, methodology or measurement. Services that do not address user accessibility in design or evaluation may be limited in their uptake and impact. It is recommended that dimensions of access and co-creation principles be integrated into service design processes and be evaluated alongside clinical effectiveness.
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19001818>

- 261/34 Social media and social wellbeing in later life; by Kelly Quinn.: Cambridge University Press. Ageing and Society, vol 41, no 6, June 2021, pp 1349-1370.
Social wellbeing is important to health, but maintaining social relations often becomes difficult in later life due to retirement, chronic disease, and the death of spouses and friends. Social media platforms, such as Facebook and Twitter, present accessible and low-cost communication technologies that have been demonstrated to enhance feelings of social connection and reduce loneliness in younger age groups. This exploratory study uses a four-week social media training workshop as an intervention in a randomised controlled study to examine whether similar social benefits might be realised for those at older ages, aged 65+ years. Social wellbeing measures of social capital, loneliness, social connectedness and social provisions were examined, revealing only small differences in social integration. As these findings seemingly contradict studies conducted with younger persons, the contexts of social media use in older adulthood are discussed, along with proposals for future research directions.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001570>

HEALTH CARE

(See Also 261/46)

- 261/35 Catastrophic health expenditure and health-related quality of life among older adults in China; by Yalu Zhang, Qin Gao.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1474-1494.
Older adults have more health-care needs and higher financial burdens but fewer income resources compared to other age groups in China. Meanwhile, substantial inequalities exist between rural and urban older adults in terms of welfare benefits level, access to health care, quality of care and financial resources to pay for health-care services. Using 2011-2013 panel data from the China Health and Retirement Longitudinal Study (CHARLS) and a difference-in-differences methodology, this study examined the association between the incidence of catastrophic health expenditure (CHE) and health-related quality of life among older adults in China. To distinguish the dynamic of CHE and generate rigorous estimates, we categorised the older adults into four groups: CHE entry group, non-CHE group, CHE exit group and CHE persistent group. Overall, we found that entry into CHE was associated with poorer physical and mental health for both rural and urban older adults, but this association was more consistent and robust for physical than for mental health. Exiting CHE was found to have a weak and sporadic positive association with physical and mental health across rural and urban areas. The results suggest that financial resources and social services are needed in China to support older adults who experience CHE persistently or periodically to help improve their health outcomes.
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19001661>

HEALTHY AGEING

(See 261/37)

HOME CARE

- 261/36 The challenges of commissioning home care for older people in England: commissioners' perspectives; by Karen Davies, Elizabeth Dalgarno, Susan Davies, Amy Roberts, Jane Hughes, Helen Chester, Rowan Jasper, David Wilson, David Challis.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1858-1877.
Home care for older people in England is commissioned through local authorities working predominantly with independent providers of care. Commissioners operate in a market model, planning and procuring home care services for local populations. Their role involves 'managing' and 'shaping' the market to ensure an adequate supply of care providers. Another imperative, emerging from the principles of personalisation, is the drive to achieve user outcomes rather than 'time and task' objectives. Little formal research has investigated the way commissioners reconcile these different requirements and organise commissioning. This study investigated commissioning approaches using qualitative telephone interviews with ten commissioners from different local authorities in England. The characteristics of commissioning were analysed thematically. Findings indicated (a) commissioning involved complex systems and processes, uniquely shaped for the local context, but frequently changed, suggesting a constant need for reframing commissioning arrangements; (b) partnerships with providers were mainly transactional, with occasional examples of collaborative models, that were considered to facilitate flexible services more appropriate for commissioning for personalised outcomes; and (c) only a small number of commissioners had attempted to reconcile the competing and incompatible goals of tightly prescribed contracting and working collaboratively with providers. A better understanding of flexible contracting arrangements and the hallmarks of a trusting collaboration is required to move beyond the procedural elements of contracting and commissioning.
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20000021>

HOSPITAL CARE

(See 261/25, 261/31)

HOUSING

(See 261/60)

INCOME AND PERSONAL FINANCE

(See 261/59, 261/68)

INEQUALITY

(See Also 261/14, 261/68)

- 261/37 Comparing socio-economic inequalities in healthy ageing in the United States of America, England, China and Japan: evidence from four longitudinal studies of ageing; by Wentian Lu, Hynek Pikhart, Amanda Sacker.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1495-1520.
Healthy ageing has become a popular topic worldwide. So far, a consensus measure of healthy ageing has not been reached; and no studies have compared the magnitude of socio-economic inequality in healthy ageing outside Europe. This study aims to create a universal measure of healthy ageing and compare socio-economic inequalities in healthy ageing in the United States of America (USA), England, China and Japan. We included 10,305 American, 6,590 English, 5,930 Chinese and 1,935 Japanese participants for longitudinal analysis. A harmonised healthy ageing index (HAI) was developed to measure healthy ageing multi-dimensionally. Educational, income and wealth rank scores were derived accounting for the entire socio-economic distribution and the sample size of each category of socio-economic indicator. Associations between socio-economic rank scores and HAIs were assessed using multi-level modelling to calculate the Slope Indices of Inequality. Healthy ageing trajectories were predicted based on the full-adjusted age-cohort models. We found that education was a universally influential socio-economic predictor of healthy ageing. Moving from the highest to the lowest educational groups was associated with a 6.7 (5.2-8.2), 8.2 (6.0-10.4), 13.9 (11.4-16.3) and 6.1 per cent (3.9-8.2%) decrease in average HAI at 60 years in the USA, England, China and Japan, respectively. After 60 years, the educational inequality in healthy ageing kept increasing in the USA and China. The educational inequality in healthy ageing in China was also greater than any other socio-economic inequality in the four countries. Wealth was more influential in predicting healthy ageing inequality among American, English and Japanese participants, while income was more influential among Chinese participants. The socio-economic inequality in healthy ageing in Japan was relatively small. Chinese and American participants had worse healthy ageing profiles than Japanese and English participants.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001740>
- 261/38 Socio-economic-related health inequality in non-communicable diseases among older people in Viet Nam; by Duc Dung Le, Roberto Leon-Gonzalez, Thanh Long Giang, Anh Tuyet Nguyen.: Cambridge University Press.
Ageing and Society, vol 41, no 6, June 2021, pp 1421-1448.
This study contributes to a growing literature body of studies aimed at explaining socio-economic-related health inequality in non-communicable diseases (NCDs), with a focus on older people who are commonly affected by socio-economic gradient in later life. It identifies factors associated with self-reported NCDs and examines socio-economic-related health inequality in self-reported NCDs between rural and urban Vietnamese older people. This cross-sectional study utilised data from the Viet Nam Ageing Survey. A sample of 2,682 older people aged 60 and over (urban = 703, rural = 1,979) was analysed. Concentration indices were computed to measure socio-economic inequalities in self-reported NCDs. Concentration index decomposition analysis was performed to determine the relative contributions of the determinants to explaining those inequalities. Significant socio-economic inequalities in self-reported NCDs favouring the rich were found, in which the degree of inequality was more pronounced in urban areas than in their rural counterparts. Household wealth and social health insurance were the main drivers contributing to increased socio-economic inequalities in self-reported NCDs in urban and rural areas, respectively. Among disadvantaged groups, older people living alone, with lowest wealth and with social health insurance had highest probability of reporting at least one NCD for both areas. Public policies aimed at narrowing wealth gaps and expanding and improving principle roles of social health insurance should prioritise the most disadvantaged groups in order to achieve health equality.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001843>

- 261/39 Work-family lifecourses and later-life health in the United Kingdom; by Marco Tosi, Emily Grundy.: Cambridge University Press.
Ageing and Society, vol 41, no 6, June 2021, pp 1371-1397.
Socio-economic inequalities in physical and mental health persist at older ages and previous studies have shown that partnership and parenthood histories are also associated with differentials in later-life health. These domains of adult life interact, and both may be influenced by earlier life circumstances, indicating a need for a holistic approach to understanding lifecourse influences on health at older ages. In this paper, we identify classes of lifecourse types for a United Kingdom (UK) cohort born 1933-1945 and investigate differences between the latent classes identified in physical and mental health, and changes in health over a five-year follow-up period. Data were drawn from Waves 1-5 (2009-2013) of the nationally representative UK Household Longitudinal Study. Multi-level models were used to analyse associations with summary indicators of physical and mental health measured using the SF-12, and changes in health, controlling for childhood circumstances and taking account of support from family and friends in later life. Lifecourses characterised by lower socio-economic position, early parenthood and large family size were associated with worse physical and mental health in later life, with respondents who had combined a high socio-economic position and two children being the most advantaged. The study indicates that socio-economic disparities in later-life health vary depending on the way in which individuals combine work and family life.
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From : <https://doi.org/10.1017/S0144686X19001752>

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 261/34)

- 261/40 Elderly and middle-aged intention to use m-health services: an empirical evidence from a developing country; by Syed Moudud-Ul-Huq, Rebeka Sultana Swarna, Mahmuda Sultana.: Emerald.
Journal of Enabling Technologies, vol 15, no 1, 2021, pp 23-39.
m-health services for different age groups are becoming an emerging field in the health-care industry, especially in low-resource environments such as developing countries including Bangladesh. This study's primary aim is to identify the factors that influence middle-aged and older people's intention to use m-health services.
The study applies the extended version of the unified theory of acceptance and use of technology to explore middle-aged and older people's intention to use m-health services. There were 235 respondents, of which 123 (52.34%) were in the middle-aged group, while 112 (47.66%) were in the older group. Both groups had more male participants than female participants. The partial least square (PLS) method was used to analyze data.
The study found that performance expectancy, effort expectancy, facilitating condition, technological anxiety and resistance to change ($p < 0.05$) had a significant influence on middle-aged intention to use m-health services. Social influence and perceived physical condition ($p > 0.05$) had no significant effect on middle-aged intention to use m-health services. On the other hand, performance expectancy, effort expectancy, facilitating condition and resistance to change ($p < 0.05$) significantly influenced older people's intention to use m-health services. However, the social impact of perceived physical condition and technological anxiety ($p > 0.05$) had no significant effect on older people's intention to use m-health services.
ISSN: 23986263
From : <https://doi.org/10.1108/JET-04-2020-0018>

INTEGRATED CARE

(See Also 261/64, 261/65)

- 261/41 Will the real Mrs Smith please stand up: a critical examination of the role of vignettes in integrated service development and delivery; by Thomas George , Michael Toze , Mo Ray , Owen Clayton.: Emerald.
Journal of Integrated Care, vol 29, no 3, 2021, pp 254-261.
The purpose of this study was to explore the use of fictitious vignettes representing older people and the extent to which they serve as an effective resource in developing service provision and transforming health and social care.
Fictitious vignettes or case studies of older adults, such as 'Mrs Smith', may be a useful means to promote communication with and between health and social care colleagues about current services and transforming or re-organising service provision. However, we argue that while there may be a role for vignettes, care should be taken in their use. The potential to 'homogenise' older people into the 'typical' patient personified by Mrs Smith may do very little to challenge age-based stereotypes and assumptions. Moreover, vignettes cannot match the potential value and importance of older men and women directly participating in the evaluation and development of services.

This article argues that changing the way services are organised and delivered must be underpinned by critical reflection of the assumptions which underpin attitudes towards old age, including our tendency to define older people by chronological age and to homogenise 'the elderly' into a single group. The value of participatory methods which meaningfully involve older citizens in both evaluating and planning services could contribute significantly to innovation in service development.

This paper highlights the critical importance of challenging age-based stereotypes and ageist policy and practice. Recognising old age as being characterised by diversity and difference could challenge the tendency to see old age, especially advanced old age, as an inevitable problem.

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From : <https://doi.org/10.1108/JICA-05-2020-0031>

INTERGENERATIONAL ISSUES

- 261/42 Implementation of evidence-based practices in intergenerational programming: a scoping review; by Shannon E Jarrott, Rachel M Scrivano, Cherrie Park, Angela N Mendoza.: Sage.

Research on Aging, vol 43, nos 7-8, August-September 2021, pp 283-293.

Evidence-based intergenerational practices are sought by practitioners interested in the potential value of intergenerational programs. These are often difficult to identify as intergenerational program research frequently consists of small samples and pre-post analyses of attitudinal data with little attention to implementation characteristics. This study systematically identified evidence-based intergenerational practices linked to program outcomes from peer-reviewed journal articles (n = 21) published between 2000 and 2019. Scoping reviews facilitate synthesis of available evidence-based practices and identification of gaps in the literature. Fifteen evidence-based intergenerational practices were identified; each was coded in at least five articles. The practices informed program content (e.g., using technology), program considerations (e.g., environmental modifications), facilitator and participant preparation (e.g., training), and quality interactions among participants (e.g., incorporating mechanisms of friendship). While these identified practices reflect extant theory and research, rigorous implementation research is needed to advance evidence-based intergenerational practice as policymakers and practitioners advocate for intergenerational program growth.

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INTERNATIONAL AND COMPARATIVE

(See Also 261/4, 261/27, 261/28, 261/35, 261/37, 261/38, 261/40, 261/53, 261/69, 261/77)

- 261/43 I try my best.... I try to relieve the burden of my mum: a narrative analysis of the everyday care-giving experiences of five intergenerational Singapore-Chinese families where one member has dementia; by May Yeok Koo, Helen Pusey, John Keady.: Cambridge University Press.

Ageing and Society, vol 41, no 8, August 2021, pp 1897-1919.

Singapore is experiencing a rapid growth in its ageing population with most of the islands' inhabitants living in high-rise apartments due to the scarcity of land. The Chinese community living in Singapore comprises the largest ethnic group and they are more likely to live together under one roof in an intergenerational family grouping. Currently, there are gaps in understanding intergenerational Singapore-Chinese families and their approach to caring at home for a family member with dementia. The aim of this longitudinal qualitative study was to understand better this everyday care-giving experience. Using semi-structured biographical interviews and digital photographs to elicit family stories, five intergenerational Singapore-Chinese families were visited at home for a period of between six and 15 months. Each recruited intergenerational family was treated as a 'case'. Narrative analysis of the data was applied within and between cases and resulted in the emergence of three themes that represented various dynamics in the data. The three themes were identified as: (1) family values, which is about the cultural context in which everyday care takes place, the religious beliefs and practices of the intergenerational Singapore-Chinese families, and the practice of filial piety; (2) family support, which is about everyday access to family and service networks, including the contribution of the live-in maid in caring for the family member with dementia; and (3) family bonds, which is about the maintenance of intergenerational family relations in the Chinese family kinship system.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20000070>

- 261/44 Patterns and preferences for accessing health and aged care services in older Aboriginal and Torres Strait Islander Australians; by Benjamin M. Larke, Gerald A. Broe, Gail Daylight, Brian Draper, Robert G. Cumming, Wendy Allan, Terrence Donovan, Daniel Costa, Suncica Lah, Kylie Radford.: Wiley.

Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 145-153.

This study aims to determine preferences for health and aged care services in Aboriginal and Torres Strait Islander Australians and explore related factors.

A mixed-method, cross-sectional study was carried out, including 336 Aboriginal and Torres Strait Islander people aged 60 years and older from regional and urban areas.

Exclusive preference for Aboriginal Community Controlled services was most common. This preference significantly increased when preferences for, and use of, aged care and disability services were considered. The likelihood of holding an exclusive preference for Aboriginal Community Controlled services was higher in regional settings compared to urban and in those reporting lower engagement in traditional activities during childhood.

The findings suggest that the majority of older Australian Aboriginal and Torres Strait Islander people prefer aged and disability care provided by Aboriginal services. Given the anticipated increase in service demand in this population, there is a growing need for culturally safe services, particularly in regional settings.

ISSN: 14406481

From : <https://doi.org/10.1111/ajag.12864>

- 261/45 Self-determination and financial well-being: mediating role of financial attitude among retirees in Nigeria; by Benard Alkali Soepding, John C Munene, Laura Orobia.: Emerald.
Working with Older People, vol 25, no 2, 2021, pp 153-163.

Little is known about how self-determination and financial attitude are linked to retirees' financial well-being in the Nigerian context. Drawing from the theory of reasoned action, the purpose of this paper is to examine the connection of self-determination, financial attitude and financial well-being. Also, the paper examines the mediating role of financial attitude between self-determination and financial well-being.

A cross-sectional study was carried out, collecting quantitative data from 399 retirees drawn from North Central Nigeria. Hypotheses are tested through structural equation modelling using the Analysis of Moments of Structures (AMOS) software, version 23.

Results from the research indicate that financial attitude serves as a trajectory through which self-determination leads to financial well-being. Therefore, self-determination and financial attitude significantly contribute to the financial well-being of retirees.

ISSN: 13663666

From : <https://doi.org/10.1108/WWOP-09-2020-0051>

- 261/46 Understanding unmet health-care need among older Ghanaians: a gendered analysis; by Vincent Z Kuire, Eric Y Tenkorang, Prince M Amegbor, Mark Rosenberg.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1748-1769.

Health insurance schemes are important for bridging gaps in health-care needs between the rich and poor, especially in contexts where poverty is higher among seniors (persons aged 65 years and above). In this study we examined (a) gender-based predictors of unmet health-care need among seniors and (b) whether access was influenced by wealth status (measured by income quintiles). Gender-specific negative log-log regression models were fitted to data from the Study on Global Ageing and Health to examine associations between unmet health-care need and health insurance status controlling for theoretically relevant covariates. Insurance status was an important determinant of men and women's unmet health-care need but the relationship was moderated by income quintile for women and not men. While occupation was important for men, religion, marital status and income quintile were significantly associated with women's unmet health-care need. Based on the observed gender differences, we recommend the implementation of programmes aimed at improving the economic situation of older people, particularly women.

ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X19001892>

LGBT

- 261/47 Culturally competent clinical care for older sexual minority adults: a scoping review of the literature; by Sarah MacCarthy, Biayna Darabidian, Marc N Elliott, Mark A Schuster, Carl Burton, Debra Saliba.: Sage.

Research on Aging, vol 43, nos 7-8, August-September 2021, pp 274-282.

As recent efforts to improve culturally competent clinical care (CCCC) have largely overlooked older LGB adults, this study conducted a scoping review of position statements, empirical, and non-empirical research and suggest action steps.

The authors followed PRISMA Extension for Scoping Reviews Guidelines and searched for articles 1/1/11-3/14/19 (n = 1210) and other resources (n = 52), deduplicating, dually screening abstracts (n = 1,156), reviewing full-text (n = 107), and conducted a content analysis to identify distinct and cross-cutting domains (n = 44).

Most research was based on simple pre/post-training differences in provider knowledge. A majority of sources were non-empirical. We identified three distinct domains (education & staffing, physical environment, and inclusive language & communication) and three cross-cutting domains (subgroup differences, research, and policy).

Sparse empirical data that specify best approaches to improve CCCC exist; nevertheless, providers, in collaboration with researchers and policy makers, can initiate improved practices aimed at increasing CCCC for older LGB patients.

ISSN: 01640275 From : <https://doi.org/10.1177%2F01640275211004152>

- 261/48 Recent versus lifetime experiences of discrimination and the mental and physical health of older lesbian women and gay men; by Anthony Lyons, Beatrice Alba, Andrea Waling, Victor Minichiello, Mark Hughes, Catherine Barrett, Karen Fredriksen-Goldsen, Samantha Edmonds, Michelle Blanchard.: Cambridge University Press.
Ageing and Society, vol 41, no 5, May 2021, pp 1072-1093.
This study examines the potential health-related impact of recent versus lifetime experiences of sexual orientation discrimination among older Australian lesbian women and gay men. In a nationwide survey, a sample of 243 lesbian women and 513 gay men aged 60 years and over reported on their experiences of sexual orientation discrimination and their mental and physical health, including psychological distress, positive mental health and self-rated health. Among both lesbian women and gay men, recent discrimination uniquely predicted lower positive mental health after adjusting for experiences of discrimination across the lifetime and socio-demographic variables. In addition, recent discrimination uniquely predicted higher psychological distress among gay men. Experiences of discrimination over the lifetime further predicted higher psychological distress and poorer self-rated health among gay men after adjusting for recent experiences of discrimination and socio-demographic variables. However, there were no associations between lifetime discrimination and any of the outcome variables among lesbian women. Overall, recent and lifetime experiences of sexual orientation discrimination were related to mental and physical health in different ways, especially among the men. These findings have potential implications for policy/practice, and suggest that distinguishing between recent and lifetime experiences of discrimination may be useful when assessing potential health-related impacts of sexual orientation discrimination among older lesbian women and gay men, while also taking account of differences between these two groups.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X19001533>

LIFESTYLE

(See 261/39)

LIVING ALONE

(See 261/33)

LONELINESS AND SOCIAL ISOLATION

- 261/49 Loneliness in older age: what is it, why is it happening and what should we do about it in Australia?; by Rajna Ogrin, Elizabeth V. Cyarto, Karra D. Harrington, Catherine Haslam, Michelle H. Lim, Xanthe Golenko, Matiu Bush, Danny Vadasz, Georgina Johnstone, Judy A. Lowthian.: Wiley.
Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 202-207.
Loneliness is an important health issue facing older people due to its association with poor quality of life and poor health outcomes. This paper aimed to clarify key issues around loneliness among older adults and draw attention to innovative programs and the translation of emerging research into practice. Loneliness is a mismatch between a person's actual and desired social connections, experienced as negative emotions. Older adults are vulnerable to loneliness because of changes associated with ageing. As such, identifying as older is often seen as a burden, negatively impacting self-esteem, sense of purpose and relevance, culminating in loneliness. Interventions combatting loneliness can target individuals, relationships, communities or societies. The authors advocate for an intersectoral approach to support healthy ageing and reduce loneliness. This will require further research to evaluate new approaches with loneliness as the primary outcome, and additional funding to translate evidence into an integrated multi-level approach to addressing loneliness.
ISSN: 14406481
From : <https://doi.org/10.1111/ajag.12929>

LONG TERM CARE

(See 261/67)

MEDICAL ISSUES

(See Also 261/17)

- 261/50 Diagnosis of acopia: prescription for neglect?; by Zoe Hodges.: Emerald.
Journal of Adult Protection, vol 23, no 3, 2021, pp 191-198.
This paper aims to reflect upon the usefulness of the word 'acopia' as a diagnosis in relation to individuals in hospital. It takes the form of a response to existing literature and a consideration of application to practice with adults who may be vulnerable.

The paper notes that the term 'acopia' is derived from medicine but has gained popularity throughout health and social care. It is a term that has no diagnostic tool or agreed characteristics. Practitioners across a number of professional disciplines need to be aware of the individual circumstances, preferences and priorities of individuals to secure the most appropriate care and support for each person. Failure to acknowledge complexity of an individual's presenting condition at hospital admission may have fatal consequences.

The paper concludes that the importance of language used to refer to adults who are likely to be vulnerable may influence the quality of the care and treatment that they receive.

ISSN: 14668203

From : <https://doi.org/10.1108/JAP-01-2021-0005>

- 261/51 Frequent problems and their management among mechanically ventilated critically ill elderly patients; by Watchara Tabootwong, Frank Kiwanuka.: Emerald.

Working with Older People, vol 25, no 2, 2021, pp 123-130.

Multiple pathologies and age-related physiological changes lead to acute respiratory failure. This necessitates mechanical ventilation among elderly patients. Mechanically ventilated critically ill elderly patients may confront various problems, including physical and psychological issues. Therefore, the purpose of this paper is to present the frequent problems encountered by critically ill elderly patients and management of such problems.

The study took the form of a literature review.

Physical problems include pain and respiratory infections. Additionally, psychological problems include anxiety and stress. Such problems should be managed by physicians, nurses and family members. Pharmacological and non-pharmacological approaches can be used to manage these problems. Pharmacological management involves use of medications, while non-pharmacological interventions include use of music therapy, acupuncture and sensory stimulation.

ISSN: 13663666

From : <https://doi.org/10.1108/WWOP-11-2020-0058>

MENTAL HEALTH

- 261/52 Mild cognitive impairment: to diagnose or not to diagnose; by Kate N Wang, Amy T Page, Christopher D Etherton-Beer.: Wiley.

Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 111-115.

Older people living with mild cognitive impairment (MCI) have a slight but noticeable decline in their cognitive function, though do not meet the diagnostic criteria for dementia. MCI is controversial, with some saying it is a condition that does not require diagnosis, and others stating that it is a genuine clinical syndrome. Many people with MCI will improve, and most will not progress to dementia. Managing co-morbidities and exercising are likely to be the best treatment options. With limited evidence for effective interventions and uncertainty as to the prognostic value of the condition, the benefit of diagnosing MCI remains unclear.

ISSN: 14406481

From : <https://doi.org/10.1111/ajag.12913>

MIGRATION

- 261/53 'Sometimes you gotta get out of your comfort zone': retirement migration and active ageing in Cuenca, Ecuador; by Matthew Hayes.: Cambridge University Press.

Ageing and Society, vol 41, no 6, June 2021, pp 1221-1239.

The article extends notions of 'active' and 'successful' ageing by exploring the narratives of ageing in the retirement migration of Canadian and American older adults in Cuenca, Ecuador. The article is based on 83 semi-structured qualitative interviews (11 of which are follow-up interviews), most conducted in the first half of the 2010s. I explore how notions of finite time and imaginaries of a fourth age of decline and death inform the migration decisions and imaginaries of Canadian and American retirement migrants. I argue that their desire to seek self-expansive, new experiences through migration and contact with cultural difference dialogues with an increasingly competitive neoliberal culture of ageing, that emphasises success through activity, youthfulness and consumption. While there are certainly other ideals that help inform North American migration to Ecuador, I argue that these particular ideals illustrate how discourses of 'active ageing' have been taken up 'from below', by ageing North American adults, many of whom identify with the aspirations of policy and corporate discourses of activity and success, but who find themselves ageing into material conditions that preclude them. Migration to a lower-cost country, like Ecuador, helps them to experience these aspirations more positively, but may have uneven effects on lower-income workers and their ability to remain in place in the communities marketed for this type of migration.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001154>

- 261/54 International retirement and later-life migrants in the Marche region, Italy: materialities of landscape, 'home', lifestyle and consumption; by Russell King, Eralba Cela, Tineke Fokkema, Gabriele Morettini.: Cambridge University Press.
Ageing and Society, vol 41, no 6, June 2021, pp 1267-1288.
Within the general framework of 'lifestyle migration', the paper explores three materialities associated with the arrival and settlement of British, German and Dutch later-life migrants in the Italian region of Marche, a relatively new 'frontier' region for international retirement migration. The first is about the aesthetics of landscape and the scenic and emotional qualities of the physical and social environment. The second concerns 'home', where we examine house types, property location and home-making practices in terms of 'authenticity', material objects and the cultivation of land for productive purposes. The paper's third thematic focus is on consumption patterns. Most of the 69 participants interviewed for this study hanker after what they perceive as a simpler, more genuine way of life, in tune with the surrounding mixed-farming agricultural environment and distinct from other regions where tourism has taken hold. Many grow their own produce, including some who have small vineyards and olive groves. They enjoy shopping in local markets, eating out in inexpensive local hostels, visiting museums and cultural festivals, and exploring the many pretty villages and historic towns of the region. The participants embody later-life migration as 'active ageing', but those who are older and/or frailer must consider, often reluctantly, the reality of a less-active and more isolated life in the Italian countryside.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001233>
- 261/55 Languages of othering and cultural hybridity. Transnational cultures of ageing in the context of return to the Azores; by Dora Sampaio.: Cambridge University Press.
Ageing and Society, vol 41, no 6, June 2021, pp 1289-1307.
This article foregrounds the role of migration and transnational cultural exchange in the (trans)formation of cultures of ageing. It argues that sustained emigration and return to the Azores archipelago have contributed to the transnational production of hybrid cultures of ageing. The paper suggests that understanding transnational cultures of ageing in the context of return requires a broader field of enquiry that considers return migrants' discursive framings in tension with transnational and local contexts. Returnees' accounts of ageing, produced in relation to transnational exchange and local interactions, emphasise three intersecting themes - health and the ageing body, ageing and care, and mindset and work ethic in later life - which reveal a cultural shift towards forms of active ageing. The discussion shows that new, hybrid lexicons of ageing are articulated through practices and languages of othering and negotiating that are conducive to unsettling social relations and economic contexts in the homeland.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001373>
- 261/56 New frontiers in international retirement migration; by Russell King, Eralba Cela, Tineke Fokkema.: Cambridge University Press.
Ageing and Society, vol 41, no 6, June 2021, pp 1205-1220.
Introducing the special issue of Ageing and Society, this paper provides a state-of-the-art on established and new trends in the study of international retirement migration (IRM) and summarises the five papers that follow. Early studies on IRM were mainly within Europe and drew on the conceptual framework of lifestyle migration, with some reference to the transnational and mobilities paradigms. New frontiers in IRM are presented under three heads. Firstly, new geographical frontiers extend IRM to new destinations within and proximate to Europe, and to new locations in the global South such as Thailand and Ecuador. Secondly, new typological frontiers involve a broadening of the class and wealth backgrounds of the retirees, including the 'return of retirement' of labour migrants to their countries of origin, and attentiveness to IRM's gendered aspects. Thirdly, new conceptual and theoretical frontiers of IRM involve a more in-depth investigation of its transnational aspects, exploration of the various regimes of mobility and, most importantly, a political economy perspective which stresses global inequalities and histories of colonialism in shaping access to privileged lifestyles. In the final part of the paper, the original features of each paper in the special issue are highlighted, demonstrating how they are collectively integrated and contribute to the advancement of IRM research.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X21000179>
- 261/57 Reversing retirement frontiers in the spaces of post-socialism: active ageing through migration for work; by Aija Lulle.: Cambridge University Press.
Ageing and Society, vol 41, no 6, June 2021, pp 1308-1327.
This paper reworks the notion of active ageing through analysis of a case which reverses the retirement-migration nexus - people in the post-socialist realm who approach retirement age and then migrate to begin a new working life. They are thereby introducing a new and complex arrangement to the general concept of 'international retirement migration'. In the post-socialist world, new retirement migration frontiers emerge in the context of a severe weakening of welfare systems. I illustrate this case with data from long-term research with ageing Latvian migrant women to the United Kingdom and the Nordic countries. Even those whose old-age pensions are more or less adequate nevertheless seek

temporary employment and new cultural experiences abroad. However, the dominant trend has been towards the pauperisation of older parents and those approaching retirement age due to the significant decline in state welfare. This case of many older-age Latvians who de facto cannot retire due to low disposable income reveals 'reverse frontiers of retirement': working as long as they can, pushing their personal geographical frontiers outward by emigrating for work and making national frontiers more porous through transnational practices. Conceptually and geographically, the research holds relevance for a wider discussion of trends and contextual factors in other post-Soviet and post-socialist countries with increasing diversities among retirees

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001518>

- 261/58 Starting a new life in the South- Swiss, Dutch and Flemish ageing in Morocco: a lifecourse perspective; by Claudio Bolzman, Tineke Fokkema, Ibrahima Guissé, Danique van Dalen.: Cambridge University Press.

Ageing and Society, vol 41, no 6, June 2021, pp 1240-1266.

This article focuses on European migrants living in Morocco and now near retirement or retired. Using a lifecourse approach we are interested in whether their timing of migration to Morocco made a difference in terms of their motivations to settle there and subsequently with the social relationships at the destination. To this end, we conducted 36 biographical interviews with Swiss, Dutch and Belgian Flemish migrants aged 50 and older. Findings show the relevance of a lifecourse perspective for international migration studies. Early adulthood migrants to Morocco had no strong obligations in their home country and were ready to explore new affective or professional experiences in a new country. They had the time to discover and find a place in Moroccan society and to develop long-lasting social relationships with kin and non-kin. Middle-adulthood migrants moved with the intention of rapidly accessing a higher standard of living thanks to the tourism economy, with hedonistic perspectives in a setting with a better climate. Their social life is limited to interaction with business clients and a few like-minded migrants from Europe, and their communication with personnel is a daily challenge. Most late-in-life migrants experienced disruptive life events before migrating, and expected to find in Morocco a second chance to build a better life. They generally move in select circles of European expatriates.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001804>

OLDER WOMEN

- 261/59 Financial debt amongst older women in the United Kingdom: shame, abuse and resilience; by Kingsley Purdam, Jennifer Prattley.: Cambridge University Press.

Ageing and Society, vol 41, no 8, August 2021, pp 1810-1832.

Long-term poverty, precarious employment, low pay, the increased pension age and real-term reductions in welfare benefits, including bereavement allowances, have brought into focus the financial vulnerability of many older women aged 55 years and older in the United Kingdom. In this article, survey data were analysed alongside evidence from observations of debt support meetings and interviews with older women who were receiving debt advice from a support charity. The findings suggest that older women were more likely to have financial problems than older men, particularly those women who were living on low incomes and who were separated or divorced. Following the breakdown of a relationship, many older women were at increased risk of more debt and bankruptcy, particularly those aged between 55 and 64 years and those in routine and semi-routine occupations. Many women had kept their financial problems hidden due to fear and shame whilst bringing up their children and some had been subject to coercive control and economic abuse by their former husbands or partners. It is important that any pension reforms, changes to minimum wage rates, and new divorce and domestic abuse legislation and welfare policies take account of the circumstances of separated, divorced and widowed older women. More financial support and advice needs to be provided to older women facing financial difficulties.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X2000001X>

- 261/60 Interdependence, commitment, learning and love: the case of the United Kingdom's first older women's co-housing community; by Melissa Fernández Arrigoitia, Karen West.: Cambridge University Press.

Ageing and Society, vol 41, no 7, July 2021, pp 1673-1696.

Housing options for older people in the United Kingdom (UK) have been rather limited to remaining living 'independently' in one's own home and some variant of institutionally provided, pre-established and age-exclusive housing such as retirement communities, extra-care or sheltered housing. However, interest in alternative forms of housing and living which align more closely with the expectations of those currently entering later life is steadily growing. In this paper, we present some findings from original, mixed-methods research on the UK's only established example of senior co-housing, which also happens to be women only. Through thematic analysis, we explore two key questions about this important social experiment: (a) is this a model merely for the dedicated, activist and privileged few, as is often presumed; and (b) what might it tell us about post-traditional ageing. Is it merely a retirement

lifestyle choice and identity project, grounded in logics of age denial, activity, choice, individualism and risk management? Our findings cannot be conclusive at this stage, but they do suggest a new model of later-life dwelling for the UK based on more collectivist values of inter-dependence, commitment, learning and, even, love.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19001673>

PARTICIPATION

- 261/61 Constructing and negotiating social participation in old age: experiences of older adults living in urban environments in the United Kingdom; by Ryan Woolrych, Judith Sixsmith, Jenny Fisher, Meiko Makita, Rebecca Lawthom, Michael Murray.: Cambridge University Press.

Ageing and Society, vol 41, no 6, June 2021, pp 1398-1420.

The age-friendly cities and communities movement has focused on how to better support older adults to age well within urban environments. Central to 'ageing well' and 'active ageing' agendas is ensuring that older adults can participate in meaningful forms of social participation. The benefits of social participation in old age have been well documented, and research amongst community-dwelling older adults has explored some of the neighbourhood qualities that facilitate or impede such forms of engagement. However, understandings of how older adults construct and negotiate social participation within everyday urban environments have been largely unexplored. To address this gap, we present results from 104 interviews conducted with older adults living in three cities and nine neighbourhoods in the United Kingdom (UK). The findings explore three themes generated from the research: 'constructing meaningful social participation in old age', 'negotiating access to social participation' and 'navigating home and community'. Across these themes, the paper describes how experiences of social participation in old age involve a number of inter-connected physical, psychological and social processes experienced by individuals across a range of environmental settings including the home, outdoor spaces and community facilities. The paper concludes by discussing the implications of the findings for practice, specifically in the delivery of age-friendly communities.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19001569>

PENSIONS AND BENEFITS

- 261/62 Pension reforms, the generational welfare contract and preferences for pro-old welfare policies in Europe; by Aart-Jan Riekhoff.: Wiley.

Social Policy and Administration, vol 55, no 3, May 2021, pp 501-518.

This study investigates how various types of pension reforms affect the age-related policy preferences of different cohorts and whether they reinforce or undermine the generational welfare contract. It uses detailed descriptions from OECD Pensions at a Glance reports to create indicators for pension reforms in 18 European countries between 2008 and 2016. These indicators are combined with European Social Survey data from 2008 and 2016 to measure preferences towards welfare programmes that benefit the old compared to policies that benefit the working population and families with children. A difference-in-difference design is applied to test whether there are differences between reform and non-reform countries and between cohorts. Pension reforms were found to be associated with stronger declines in pro-old policy preferences in countries that raised the retirement age or introduced private pensions. The results show that although support for pro-old welfare policies has declined in almost all countries, this has not necessarily undermined the generational welfare contract. Rather, there has been a re-balancing of preferences towards policies that also favour other generations in other life-course stages.

From : <https://doi.org/10.1111/spol.12678>

- 261/63 Recent pension reforms in Europe: More challenges, new directions. An overview; by Karl Hinrichs.

Social Policy and Administration, vol 55, no 3, May 2021, pp 409-422.

During the last 30 years, all European Union member states have reformed their pension systems. In view of ongoing and intensifying population aging, efforts have aimed at containing the future rise of the contribution rate, improving the system dependency ratio, lowering the benefit ratio and/or infusing tax money or other financial resources into the system. Moreover, since about the early 2000s, we can observe a move towards a multi-pillar pension system in countries hitherto running a dominant-pillar system: private pre-funded occupational pensions and individual provision for old age are given larger roles within the public-private mix of retirement income. An analysis of reforms shows a finite menu of adjustment options, and concrete measures have to be adapted to nation-specific institutional contexts. Finally, we can conclude that pension reforms focusing on long-term financial sustainability may increase the risk of old-age poverty and, thus, violate a central objective of pension schemes.

ISSN: 01445596

From : <https://doi.org/10.1111/spol.12712>

PERSON CENTRED CARE

- 261/64 Achieving person-centredness through technologies supporting integrated care for older people living at home: an integrative review; by Julie MacInnes , Jenny Billings , Alexandra Lelia Dima , Chris Farmer , Giel Nijpels.: Emerald.
Journal of Integrated Care, vol 29, no 3, 2021, pp 274-294.
The purpose of this paper is to identify the range, type and outcomes of technological innovations aimed at supporting older people to maintain their independence within the context of integrated care at home. We also discuss key emergent themes relevant to the use of person-centred technology for older people in integrated care and propose recommendations for policy and practice.
An integrative review methodology was used to identify and describe recent scientific publications in four stages: problem identification, literature search, data evaluation and data analysis.
Twelve studies were included in the review. Three studies described remote consultations, particularly telemedicine; five studies described tools to support self-management; three studies described the use of healthcare management tools, and one study described both remote consultation and self-care management. Emergent themes were: acceptability, accessibility and use of digital technologies; co-ordination and integration of services; the implementation of digital technologies; and safety and governance. Several recommendations are proposed relevant to integrated care teams, technology developers and researchers.
ISSN: 14769018
From : <https://doi.org/10.1108/JICA-03-2021-0013>
- 261/65 Case study method to design and evaluate person-centred integrated palliative and end-of-life care; by Giovanna I Cruz, Sarah M McGhee.: Emerald.
Journal of Integrated Care, vol 29, no 3, 2021, pp 231-241.
This case study aims to understand the experience of care from a patient/carer perspective and to describe how the method can be replicated to address gaps in evidence relating to integrated person-centred care.
The case study was constructed using data extracted from personal diaries and medical records kept by a person with a complex condition, correspondence with family from the last 18 months of life and interviews with the carer and long-term conditions coordinator. The number of professionals or teams involved in providing care from statutory services, the third sector, and private providers were counted to understand the ecosystem of care. The number of contacts was plotted by provider and purpose of care. The type of care and hours of respite were estimated. A protocol was developed to assess the feasibility of replicating the data and analyses used.
There were 35 care providers from the public, private and the third sector, demonstrating that only the patient or carer can identify the ecosystem of care. The majority of care was for respite and on average, the carer provided four hours of care per every respite care hour. The method was replicated successfully.
The case study formed the basis of a workshop that brought together health care professionals from the public services and the third sector. The discussion led to the identification of gaps and areas where greater coordination between providers would benefit patients.
ISSN: 14769018
From : <https://doi.org/10.1108/JICA-04-2020-0021>
- 261/66 Person-centred care in Northern Ireland: learning from the experiences of adult social care users; by Alexandra Chapman.: Emerald.
Journal of Integrated Care, vol 29, no 3, 2021, pp 242-253.
The move towards a 'person-centred' or 'personalised' system of adult social care has been at the heart of policy debates in Great Britain. However, policy developments in Northern Ireland are more limited than in other parts of the UK, and less attention has been paid to reforming adult social care. The purpose of this paper is to examine the views and experiences of adult social care users who receive care at home, to explore if and how a person-centred approach might work for older adults in Northern Ireland.
Using a qualitative approach, semi-structured interviews were carried out with 12 people aged over 70 years who receive social care provision at home.
The empirical findings show that social care users experienced limited involvement in their care planning process, reflecting a predominantly service-led approach. The importance of care worker continuity and consistency was crucial for all participants, particularly for maintaining discreet routines and promoting personal dignity. However many experienced different care workers which presented challenges caused by the inconsistency of carers.
The majority of participants in the study were women, despite attempts to achieve greater gender diversity. It was also difficult to recruit a range of ethnic groups for the study. It would be important for future studies to include these groups and to ensure their voices are represented in further work in this area. Nonetheless, the findings offer valuable insight into the views of adult social care users and can form a useful basis for future studies.
The findings provide a more nuanced understanding of what people want and expect in social care to

generate future policy debates and discussions in planning long-term adult social care provision in Northern Ireland. It also provides important and timely contribution to this area, where there is currently limited research and information available.

ISSN: 14769018

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- 261/67 Person-centred communication in long-term care with older people: a scoping review; by Daniel Lombard.: Emerald.

Journal of Integrated Care, vol 29, no 3, 2021, pp 306-333.

Interpersonal skills are increasingly important tools in long-term care with older people, especially against the backdrop of loneliness affecting older people and expectations for a person-centred, joined-up approach. However, the term is used as a composite and its definition lacks shape and focus. In existing literature, participants appear to be selected on the basis of specific illnesses rather than age. Better understanding of the features of everyday communication processes associated with person-centred care can lead to improvements in policy and practice.

A scoping review examined communication features associated with person-centred care for older adults. This identified the extent and nature of literature. Several databases were searched; after screening and hand-searching, 31 studies were included. Findings were analysed for patterns and contradictions, against the objectives of person-centred and integrated care.

Emotional intelligence and the ability to employ various communication styles are crucial skills of person-centred communication. Such approaches can have positive effects on the well-being of older people.

Some studies' validity was weakened by methodological designs being founded on value judgements. Using personalised greetings alongside verbal and non-verbal prompts to keep residents emotionally connected during personal care is considered good practice. Stimulating feedback from people using services and their relatives is important.

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POVERTY

- 261/68 Inequalities and poverty risks in old age across Europe: The double-edged income effect of pension systems; by Bernhard Ebbinghaus.

Social Policy and Administration, vol 55, no 3, May 2021, pp 440-455.

While the sustainability of pension systems facing demographic ageing has been widely discussed, the adequacy of retirement income has often been neglected in current debate. However, considerable poverty and income inequality in old age exists across Europe. Using recent EU-SILC data (2017/18), the comparative analysis of poverty rates and income inequality in old age shows important cross-national variations that need to be seen in context of market-related inequalities but also the specific pension system. Beveridge basic security is not always capable of effectively reducing poverty despite the explicit goal to do so. In addition, private funded pensions may generate social inequality. Some contributory Bismarckian systems are better suited to reduce poverty, but given their focus on status maintenance also reproduce inequality. Poverty rates are low due to encompassing basic pensions in Dutch and some Nordic multipillar systems and in core Central and Eastern European countries. Bismarckian pensions such as in Germany are generating some inequality and medium level of poverty, while France and some Southern European countries perform better on poverty but reproduce larger inequalities. Beveridge systems such as in the United Kingdom and Switzerland with rather meagre basic multipillar systems have relatively medium to high poverty risks. In addition, the Baltic countries and new EU member states in the periphery have the highest poverty rates across Europe. The analysis shows that the minimum income provision of public pension systems matters most for poverty risks, while the overall pension architecture has an impact on reproducing inequality in old age acquired during working life.

ISSN: 01445596

From : <https://doi.org/10.1111/spol.12683>

REMINISCENCE

- 261/69 Constructing a hero-victim identity through reminiscing: a phenomenological study on rural Chinese elders; by Yanping Liu, Gertina J van Schalkwyk.: Cambridge University Press.

Ageing and Society, vol 41, no 6, June 2021, pp 1328-1348.

Reminiscing contributes to the formulation of identity in later adulthood through integrating individuals' recomposed past, perceived present and envisioned future. Aiming to understand rural Chinese elders' identity construction through reminiscing, we conducted semi-structured interviews with 20 elders living in ShiGo, a village located in the south-west of China. Data analysis suggests the rural elders in this study constructed a hero-victim identity through telling stories about the hardships they went through and the sacrifices they made. The participants narrated suffering from lack of basic living needs in the past, in particular before the 1980s while they were involved in turmoil brought on by wars and national

movements, from destructive relationships, from making sacrifices for the country and their families, and from adapting to challenges brought on by the hardships. The rural elders shared life experiences with other villagers in daily life through bitter-sweet telling and wanted their suffering and sacrifices to be witnessed. Witnessing connects suffering, sacrifice, hero and victim into a self-enforcing system that helps the elders maintain interdependence and defence against existential concerns like death anxiety. A hero-victim dialectic model was presented to capture the self-enforcing attribute of the hero-victim identity. Findings of this study could be used to make sense of rural ageing in China and benefit clinical professionals working with rural Chinese elders.

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RESEARCH

- 261/70 Keeping together: older people in longitudinal research studies, the case of TwinsUK; by Gill Mein, Taha Bhatti, Sarah Bailey, Claire J Steves, Deborah Hart, Paz Garcia, Anthea Tinker.: Emerald. Working with Older People, vol 25, no 2, 2021, pp 105-114.
A decline in participation in research studies as people age is inevitable as health declines. This paper aims to address this by collecting data from a group of participants to examine their reasons for declining attendance and suggestions for maintaining attendance as participants age.
This research used a postal self-completed questionnaire including open and closed questions. The questionnaire was sent to those participants who have declined to attend further clinic visits. Results were analysed using thematic content analysis.
The study had a 51% response rate. Participants reported difficulty with travelling to the clinic, and health as the main issues in addition to family demands and a lack of understanding regarding the continuing participation of a singleton twin.
This study could only include data from responding participants, answers to open question also included comments from participants regarding their twin. A further issue was that an anonymous questionnaire was sent to all individuals in the Keeping Together project. It was therefore not possible to identify if responses were from both members of a twin pair.
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RESIDENTIAL AND NURSING HOME CARE

(See Also 261/13)

- 261/71 Aged care residents' perspectives on quality of care in care homes: a systematic review of qualitative evidence; by Andrew S Gilbert, Stephanie M Garratt, Leona Kosowicz, Joan Ostaszewicz, Briony Dow.: Sage.
Research on Aging, vol 43, nos 7-8, August-September 2021, pp 294-310.
There is increasing interest in harnessing aged care residents' perspectives to drive quality improvement in aged care homes. We conducted a systematic review of qualitative evidence including literature examining residents' descriptions of 'quality of care' in aged care homes, using database searches and screening records according to eligibility criteria. Three independent reviewers conducted quality assessment of forty-six eligible articles and performed thematic synthesis of articles' findings. We distinguish nine key themes describing factors influencing quality care: staffing levels, staff attitude, continuity, routine, environment, decision-making and choice, dignity of risk, activities, and culture and spirituality. While many themes were consistent across studies, residents' prioritization of them varied. Aged care home residents have differing conceptions of quality care as well as heterogeneous and dynamic needs and preferences. Care providers are best able to facilitate quality care when intentional efforts are made to recognize this and tailor delivery of services to the individual residents.
ISSN: 01640275
From : <https://doi.org/10.1177%2F0164027521989074>
- 261/72 Stories from the fourth age: autonomy and the lives of older care home residents; by Lucy V. Pocock, Fiona MacKichan, Francesca Deibel, Anna Mills, Lesley Wye.: Cambridge University Press.
Ageing and Society, vol 41, no 7, July 2021, pp 1637-1650.
Transition to a care home often follows a hospital admission and can be distressing. Care home settings play an important role in the care of many people at the end of life. This longitudinal study employed a narrative approach, aiming to explore the perspectives of older care home residents on transitions to, and life and death within, care homes. Five participants, aged 85 years and over, were recruited from two privately owned care homes in the South-West of England. All participants had a diagnosis of an advanced progressive condition (excluding advanced dementia), or were thought to be frail. Longitudinal interviews (19 in total) were conducted over a ten-month period. A structural narrative analysis was performed and participants' narratives are presented under three headings, with one participant's story chosen to illustrate each narrative type: 'becoming a care home resident', 'living in a care home' and 'death and dying'. Findings revealed that care home residents experience a loss of autonomy and a lack

of agency; they are often excluded from decision-making. Older care home residents have few choices with regard to care at the end of life. Further work is required to improve transition into care homes, including support and advocacy during decision-making, which often takes place in hospitals at a time of crisis.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X1900182X>

RESILIENCE

- 261/73 Developing a model of resilience in older adulthood: a qualitative meta-synthesis; by Claire A Wilson, Deanna Walker, Donald H Saklofske.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1920-1942.

The study of resilience in an older adult population is expanding rapidly. However, most theoretical models of resilience have been developed with children or young to middle-aged adults. The objective of the present study was to review systematically the qualitative literature examining resilience in older adults, and to develop a comprehensive model of resilience in older adulthood. A qualitative meta-synthesis was conducted to review the qualitative literature examining resilience from older adults' perspectives. An exhaustive search of the literature revealed 1,752 articles. From these articles, 34 studies meeting inclusion criteria were selected for analysis. Across the 34 studies analysed, eight themes were revealed as important for achieving resilience later in life: perseverance and determination, self-efficacy and independence, purpose and meaning, positive perspective, social support, faith and prayer, previous experience and being proactive. These themes can be organised into a four-factor model: (a) Intrapersonal Protective Factors; (b) Interpersonal Protective Factors; (c) Spiritual Protective Factors; and (d) Experiential Protective Factors. This study presents a new model of resilience in older adulthood that is grounded in qualitative literature and is relevant and appropriate for an older adult population. This research may be useful for clinicians, support workers and researchers working with older individuals through improving our understanding of what contributes to resilience later in life.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20000112>

- 261/74 Understanding resilience from the perspective of Appalachian centenarians; by Ezra C. Holston, Bonnie Callen.: Cambridge University Press.

Ageing and Society, vol 41, no 7, July 2021, pp 1541 - 1561.

Centenarians worldwide are growing rapidly and thriving as they age. This growth reflects their desire to thrive beyond personal and societal obstacles, a hallmark sign of resilience. However, little research exists on centenarians' perspectives about their lived experiences that reflect resilience. Therefore, the purpose of this secondary analysis was to capture the perspectives of Appalachian centenarians about (a) living through their childhood and early adulthood in an area known for poverty and isolation, and (b) exploring the resilient nature that emerged from their narratives. With a qualitative descriptive design, 21 community-dwelling Appalachian centenarians participated in face-to-face interviews. They resided in either their homes or assisted-living facilities. Transcripts were analysed with Neuendorf's method of content analysis. Within three themes, 11 sub-themes were identified: (a) working hard for the family, (b) loss of a loved one, (c) gender and race discrimination, (d) impact of isolation on health, (e) living a simple life, (f) using family/community support, (g) consuming and appreciating food from their farms, (h) spirituality, (i) generosity of spirit, (j) living a clean life, and (k) happy, good and loving life. Collectively, these themes and sub-themes reflected how the centenarians overcame and grew from challenges and adversities to become resilient. Consequently, these findings show that understanding resilience from centenarians' perspectives can significantly contribute to the potential for longevity.

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From : <https://doi.org/10.1017/S0144686X19001739>

RETIREMENT

(See Also 261/45, 261/53, 261/54, 261/55, 261/56, 261/57, 261/58)

- 261/75 Extending working lives: How policies shape retirement and labour market participation of older workers; by Kati Kuitto, Jan Helmdag.

Social Policy and Administration, vol 55, no 3, May 2021, pp 423-439.

This study investigates how policies shape retirement and labour market participation of older workers and thus help extending working lives. It employs a time-series cross-section analysis of the effects of macro-level institutional pull, push and retention factors on effective retirement age and employment rate of older workers in 15 OECD countries from 1992 to 2010. The comparative approach reveals that public pension system rules that have been geared towards postponing retirement in many countries in past decades, indeed, are significant determinants of lengthening working lives. In particular, statutory retirement age and financial disincentives for early retirement prove important. Institutional effects differ by gender, though. Furthermore, the results point to the importance of social policies supporting labour market participation throughout the life-course: social investment in human capital and public services clearly supports extending working lives.

ISSN: 01445596

From : <https://doi.org/10.1111/spol.12717>

- 261/76 Retirement and organizations: perspectives and challenges for both workers and human resource management; by Diogo Henrique Helal, Cleverson Vasconcelos da Nobrega, Tatiana Aguiar Porfirio de Lima.: Emerald.
Working with Older People, vol 25, no 2, 2021, pp 141-152.
This paper aims to reflect on retirement, showing its different viewpoints, advocating the need to understand the issue from a procedural and multidimensional perspective, and especially, defending a more active role of human resource management in the process.
The paper presents a theoretical framework of retirement, based on a procedural and multidimensional perspective.
To study how individuals adapt to retirement permits the discovery, for example, of how they maintain quality of life after the transition and how they manage the internal and external aspects of the process. Human resource management must treat retirement as a complex and multidimensional phenomenon. This means it should consider retirement not only as a decision but also as a process.
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-04-2020-0014>
- 261/77 Retirement timing in Italy: rising age and the advantages of a stable working career; by Marco Trentini.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1878-1896.
This article looks at how retirement timing is changing in Italy. A first aim is descriptive and it is to identify recent trends in retirement age, following the pension reform. Then the focus is on factors which may favour or hinder the extension of the working career of older workers. They are studied by looking at the reasons for retirement, introducing the distinction between voluntary and involuntary retirement, and some predictors of retirement. Some of them relate to the work history of individuals, in particular the stability/instability of careers due to episodes of unemployment. The level of education and gender, two variables that may affect the employability of older workers, have also been considered. The study is based on a longitudinal analysis (Kaplan-Meier survival estimates of transition to retirement and binomial logit discrete-time model for the analysis of retirement predictors) of the Survey of Health, Ageing and Retirement in Europe (SHARE) Job Episodes Panel data. They refer to a sample of 1,999 individuals born between 1911 and 1959. Although the various pension reforms initiated in Italy in the 1990s have not yet been fully implemented, retirement age is rising, even in the case of involuntary retirement. Regarding work history, the advantages of a working career with a small number of unemployment episodes emerge from the study.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20000148>

RETIREMENT COMMUNITIES

(See Also 261/60)

- 261/78 Research in the retirement village community: the problems of recruiting a representative cohort of residents in Auckland, New Zealand; by Martin Joseph Connolly, Joanna Hikaka, Katherine Bloomfield, Joanna Broad, Zhenqiang Wu, Michal Boyd, Kathy Peri, Cheryl Calvert, Annie Tatton, Ann-Marie Higgins, Dale Bramley.: Wiley.
Australasian Journal on Ageing, vol 40, no 2, June 2021, pp 177-183.
Retirement villages are semi-closed communities, access usually being gained via village managers. This paper explores issues recruiting a representative resident cohort, as background to a study of residents, to acquire sociodemographic, health and disability data and trial an intervention designed to improve outcomes.
The authors planned approaching all Auckland/Waitemata District villages and, via managers, contacting residents ('letter-drop'; 'door-knocks'). In 'small' villages (n = 60 units), they planned contacting all residents, randomly selecting in 'larger' villages. They excluded those with doubtful or absent legal capacity.
The team approached managers of 53 of 65 villages. Thirty-four permitted recruitment. Some prohibited 'letter-drops' and/or 'door-knocks'. Hence, we recruited volunteers (23 villages) via meetings, posters, newsletters and word-of-mouth, that is representative sampling obtained from 11/34 villages. The study recruited 578 residents (median age = 82 years; 420 = female; 217:361 sampled:volunteers), finding differences in baseline parameters of sampled vs. volunteers.
The study concludes that, due to organisational/managers' policy, and national legislation restrictions, the sample does not represent the intended population well. Researchers should investigate alternative data sources, for example electoral rolls and censuses.
ISSN: 14406481
From : <https://doi.org/10.1111/ajag.12898>

SOCIAL INCLUSION

(See 261/79)

SOCIAL NETWORKS

(See Also 261/3)

- 261/79 Social connectedness: what matters to older people?; by Tessa Morgan, Janine Wiles, Hong-Jae Park, Tess Moeke-Maxwell, Ofa Dewes, Stella Black, Lisa Williams, Merryn Gott.: Cambridge University Press.
Ageing and Society, vol 41, no 5, May 2021, pp 1126-1144.
While social connectedness is heralded as a key enabler of positive health and social outcomes for older people, rarely have they themselves had the opportunity to express their views about the concept. Working with a diverse group of Pacific, Maori, Asian and New Zealand European older adults, this paper explores what matters to older people when discussing social connectedness. The study draws from individual, in-depth interviews with 44 older adults, and three group interviews comprising 32 older adults. Data were analysed using thematic and narrative analyses. The three themes identified were: getting out of the house, ability to connect and feelings of burden. Fundamental to social connectedness was participants' desire to be recognised as resourceful agents able to foster relationships on the basis of mutual respect. Social connectedness was conceptualised as multi-levelled: relating to interpersonal relationships as much as neighbourhoods and wider society. Alongside these similarities we also discuss important differences. Participants preferred to socialise with people from similar cultural backgrounds where they shared taken-for-granted social customs and knowledges. This is in the context where racism, poverty and inequalities clearly impeded already minoritised participants' sense of social connection. Key structural ways to improve social connectedness should focus on factors that enable cohesion between levels of connection, including stable neighbourhoods serviced with accessible public transport, liveable pensions and inclusivity of cultural diversity.
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X1900165X>

TELEHEALTH AND TELECARE

(See 261/1)

VOLUNTEERING AND THE VOLUNTARY SECTOR

(See Also 261/26)

- 261/80 A state-of-the-art review of the socio-ecological correlates of volunteerism among older adults; by Peiyi Lu, Cai Xu, Mack Shelley.: Cambridge University Press.
Ageing and Society, vol 41, no 8, August 2021, pp 1833-1857.
The health and social benefits of volunteering behaviours by older adults are well acknowledged. However, few review articles have been concerned with the correlates/dimensions of older adults' volunteerism. Some focused only on the North American context or reviewed studies only up to 2008. This study reviewed the recent global literature in the past decade about the correlates of older adults' volunteerism. We carried out a literature search in PsycINFO, Social Services Abstracts, Sociological Abstracts and Google Scholar to identify empirical journal publications about the correlates of older adults' (age 60+) volunteerism from 2008 to 2019. Among 112 initially eligible papers, 41 were selected. Findings were synthesised using the framework of the Socioecological Model. Existing studies mainly have used quantitative methodologies and were conducted within the context of a single Western country. Motivations included higher education, morale and mentality, previous experiences, social network, community cohesion and organisational management. Major barriers were health and financial constraints. Few studies focused on macro-level correlates. Irrelevant and confounding correlates were also discussed. We suggest practitioners recruit and retain older volunteers by identifying their needs and optimising management within the organisation. Policy makers should create a supportive environment and increase resource accessibility. Future research could conduct cross-cultural comparisons, use diverse methodologies and embrace more correlates, especially at the macro-level.
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From : <https://doi.org/10.1017/S0144686X20000082>

WELLBEING

(See 261/34)

