

# New Literature on Old Age

EDITOR

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## ABUSE, SAFEGUARDING AND PROTECTION

(See Also 262/40)

- 262/1 Financial abuse, statutory provisions and the courts: adequacy and analysis of enduring and lasting powers of attorney; by Owen P O'Sullivan.: Emerald.  
Journal of Adult Protection, vol 23, no 4, 2021, pp 253-262.  
Financial abuse can be difficult to detect, and it is deemed to have the same potential to cause distress as other forms of abuse. The delegation of financial affairs brings with it the scope for degrees of exploitation. This study aims to assess the adequacy of the statutory provisions and courts in England and Wales at protecting at risk older people from the harm of financial abuse.  
The review focuses on the enduring power of attorney and the lasting power of attorney provisions. Cases discussed were selected based on their judgments' significance in relation to these powers, the range of issues illustrated and the extent of associated commentary and attention received in the literature. This piece is presented as a narrative review, and as such, references to case law and associated commentary are non-exhaustive.  
Shortcomings and vulnerabilities are identified and explored with respect to both provisions. These are contrasted and contextualised in view of the broader challenges and complexities associated with preventing financial abuse within society. Key consideration is given to powers of creation, registration, supervision, objection and revocation in addition to the role and powers of both the Office of the Public Guardian and the Court of Protection.  
ISSN: 14668203      From : <https://doi.org/10.1108/JAP-01-2021-0004>
- 262/2 On (not) learning from self-neglect safeguarding adult reviews; by Michael Preston-Shoot.: Emerald.  
Journal of Adult Protection, vol 23, no 4, 2021, pp 206-224.  
The purpose of this paper is to update the core data set of self-neglect safeguarding adult reviews (SARs) and accompanying thematic analysis. It also explores whether lessons are being learned from the findings and recommendations of an increasing number of reviews on self-neglect cases.  
Further published reviews are added to the core data set, mainly drawn from the websites of safeguarding adults boards (SABs). Thematic analysis is updated using the domains used previously. The domains and the thematic analysis are grounded in the evidence-based model of good practice, reported in this journal previously.  
Familiar findings emerge from the thematic analysis and reinforce the evidence-base of good practice with individuals who self-neglect and for policies and procedures with which to support those practitioners working with such cases. Multiple exclusion homelessness and alcohol misuse are prominent. Some SABs are having to return to further cases of self-neglect to review, inviting scrutiny of what is (not) being learned from earlier findings and recommendations.  
The national database of reviews commissioned by SABs remains incomplete. The Care Act 2014 does not require publication of reports but only a summary of findings and recommendations in SAB annual reports. National Health Service Digital annual data sets do not enable the identification of reviews by types of abuse and neglect. However, the first national analysis of SARs has found self-neglect to be the most prominent type of abuse and/or neglect reviewed. Drawing together the findings builds on what is known about the components of effective practice, and effective policy and organisational arrangements for practice.  
Answering the question 'why' remains a significant challenge for SARs. The findings confirm the relevance of the evidence-base for effective practice but SARs are limited in their analysis of what enables and what obstructs the components of best practice. Greater explicit use of research and other published SARs might assist with answering the 'why' question. Greater scrutiny is needed of the impact of the national legal, policy and financial context within which adult safeguarding is situated.  
ISSN: 14668203      From : <https://doi.org/10.1108/JAP-02-2021-0008>

## ADVANCE DIRECTIVES

- 262/3 Achievements and challenges during the development of an advance care planning program; by Jane Goodwin, Brett Shand, Rachel Wiseman (et al).: Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 301-308.  
A nationwide programme to promote preparation of advance care plans (AC Plans) was introduced in Canterbury, New Zealand, in 2013. The programme was developed by local facilitators who provided support and organised education seminars and an accredited training programme for health care professionals. Information and templates for an AC Plan were available to these professionals and the community on local health care websites and secure online systems designed to allow plans to be viewed across all health care sectors. The number of AC Plans prepared has increased steadily, although people in minority ethnic populations or in the most deprived socioeconomic quintile are less likely to have a plan. While nurses have become the predominant group guiding people through the process of preparing an AC Plan, the involvement of staff in residential care homes has remained low. Local audit showed that 82% of people with an AC Plan died in a community setting, frequently their preferred place of death. (JL)  
ISSN: 14406381      From : <https://doi.org/10.1111/ajag.12945>

## **AGE-FRIENDLY COMMUNITIES**

(See 262/57)

## **AGEING IN PLACE**

(See 262/11, 262/58)

## **AGEISM AND AGE DISCRIMINATION**

- 262/4 Associations of ageism and health: a systematic review of quantitative observational studies; by Rita Xiaochen Hu, Mengsha Luo, Anao Zhang, Lydia W Li.: Sage.  
Research on Aging, vol 43, nos 7-8, August-September 2021, pp 311-322.  
This systematic review synthesizes observational studies on the relationship between ageism and health. We searched 10 electronic databases and included 67 articles. The operationalization of ageism in these studies can be classified into three constructs: age stereotype, self-perceptions of aging, and age discrimination. Most ageism measures were used within a single study, and many lacked information about psychometric properties. Seven health domains - disease, mortality, physical/functional health, mental health, cognitive function, quality of life, and health behaviour - have been used as outcomes. Evidence supports a significant association between ageism and health, particularly between self-perceptions of aging and health. Nine studies report moderators, which helps to identify those more vulnerable to negative effects of ageism and inform the development of interventions. The review suggests that the literature has examined limited dimensions of ageism, and that developing valid and reliable instruments for ageism-related concepts is a priority.  
ISSN: 01640275

From : <https://doi.org/10.1177%2F0164027520980130>

- 262/5 Counting the costs of ageism: discrimination and COVID-19; by Cassie Curryer, Peta S Cook.: Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 237-240.  
This brief literature review looks at the rampant prevalence of ageism in Australia and around the world, particularly in the context of the COVID-19 pandemic. During COVID, the dangerousness and insidiousness of ageism have been strongly evident across care provision and policy responses. This has been witnessed in the questioning of the abandonment and resultant deaths of older people in aged care and ongoing debates about the ethics of refusing care and lifesaving support to older COVID patients. Extra burdens placed on older people have included restricting or limiting access to health services, and lockdown measures that have led to increased physical and mental health problems. Ageism as a social determinant of health interacts with other forms of discrimination and negatively impacts older people as individuals. Recognising the human rights of older people is an important first step in addressing the consequences of ageism for individuals and society. (JL)

ISSN: 14406381

From : <https://doi.org/10.1111/ajag.12993>

## **ALTERNATIVE THERAPIES**

- 262/6 Cannabis and its therapeutic value in the ageing population: attitudes of health-care providers; by Karan Chandiok, Shreeya Marathe, Miranda Rooney (et al.): Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 261-274.  
This Australian study aimed to explore the attitudes of health care providers and the perceived barriers and facilitators regarding the use of cannabis-containing medicines (CCMs) in older patients. The study used semi-structured interviews with eleven health care providers in rural New South Wales (NSW). A thematic analysis was performed. Themes and recommendations included attitudes towards CCMs for therapeutic purposes, their perceived uses, side effects, barriers to use and prescription (stigma, regulation, access and driving), difficulties encountered with the Special Access Scheme (SAS) and the need for ongoing research and education. An ecological framework demonstrated the complex interactions between patients and health care providers and their social, community and political environment. Providers' attitudes towards CCM use in older patients were generally found to be positive. However there was found to be a need for further high quality evidence on efficacy and safety, alongside improved CCM education and training, to reduce barriers to their implementation. Barriers to prescription and access continue to evolve on personal, organisational and systemic levels. (JL)

ISSN: 14406381

From : <https://doi.org/10.1111/ajag.12846>

## ARTS, CRAFT AND MUSIC

- 262/7 Reflections on music therapy with older adults from an ethnographic perspective; by Brigitte K Schneible, Jay F Gabriel, Joke Bradt.: Emerald.  
Quality in Ageing and Older Adults, vol 22, no 1, 2021, pp 26-39.  
Older adults often navigate periods of disruptive transition, such as rehousing, that can be understood in terms of ritual transformation, a concept that describes changes to the social self in terms of deconstruction, liminality and reconstruction. Music therapy can assist older adults' movement through these stages. This paper aims to engage theoretical perspectives on ritual to consider the social and cultural transformation of these residents of a long-term care nursing home.  
Ethnographic theory and literature on the ritual process are used to reflect on one music therapist's (first author's) experience providing music therapy to older adult residents of a long-term care nursing home. The therapist facilitated a collaborative 'healing story' whose performative aspects engaged the residents in their own healing process. These experiences culminated in a group songwriting experience with a resident choir ensemble.  
The healing narrative involved aspects of the person, selfhood, relationship and culture more than elements of physicality or functional abilities. Music therapists working with older adults may find this theoretical perspective informative in interpreting resident behaviors and needs, identifying and addressing therapeutic goals and fostering a healing narrative.  
ISSN: 14717794 From : <https://doi.org/10.1108/QAOA-03-2021-0031>

## ASSISTIVE TECHNOLOGY

- 262/8 Exploring patterns of personal alarm system use and impacts on outcomes; by Nadine E Andrew, Yun Wang, Ken Teo (et al.): Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 252-260.  
The purpose of this study was to describe patterns of personal emergency response systems (PERS) use in a statewide cohort of older Australians. PERS data from clients enrolled in the Personal Alarm Victoria programme between January 2014 and June 2017 were analysed. Alarm activation reasons were extracted, and a medical record audit was performed for a sub-cohort of patients admitted to a local hospital following an alarm event. Descriptive statistics were used. There were 42,180 clients enrolled during the study (mean age 80 years, 80% female, 93% living alone). An ambulance attended 44% of the fall-related events and 81% of events coded as unwell. Activation reasons were distributed equally between a fall and feeling unwell, and a repeating pattern of activation reasons was observed. In the sub-cohort of 92 patients, the majority of admissions (86%) followed an alarm activation coded as unwell. An invited commentary appears in the same issue of this journal (pp 241-242). (JL)  
ISSN: 14406381 From : <https://doi.org/10.1111/ajag.12941>

## ATTITUDES TO AGEING

(See Also 262/22, 262/42)

- 262/9 Doddery but dear?: Examining age-related stereotypes; by Centre for Ageing Better. London: Centre for Ageing Better, 2020, 20 pp.  
This paper is based on a literature review conducted by Hannah J Swift and Ben Steeden of the School of Psychology, University of Kent, summarising what existing research tells us about the role and impact of language and stereotypes in framing old age and ageing in the UK. Specifically, it provides examples of evidence for stereotypes of age and ageing, also of ageist language, images and behaviours. (RH)  
From : <https://ageing-better.org.uk/sites/default/files/2020-03/Doddery-but-dear.pdf>
- 262/10 Generation Z undergraduate social work students' knowledge of and attitudes toward older persons: implications for professional training; by Stephan Geyer, Liebie Louw.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 63, nos 1-2, January-March 2020, pp 92-113.  
Appropriate gerontological social work services are, amongst others, dependent on social workers' knowledge of and attitudes toward older people. The current cohort of students, known as Generation Z, are global citizens. This study determined and described South African undergraduate social work students' knowledge of and attitudes toward older people. A cross-sectional survey was undertaken with 395 social work students at two universities. Data collection included the three scales of Palmore's First Facts of Aging Quiz in multiple-choice format (1996) and four scales of Fraboni's Scale of Agism (1990). Age and five categorical factors were considered to determine their simultaneous impact on each of the seven scales/subscales of the two instruments by performing multi-way ANOVA models. An unexpected finding was that the factor 'completed a course in gerontology' did not have any impact on any scale. Year level of study, area of childhood residence and consideration to work exclusively with older people after graduation simultaneously impacted respondents' 'overall attitude' toward older people. Two factors (i.e., year level of study and area of childhood residence) mutually impacted respondents' 'overall knowledge' of ageing. Recommendations for the training of Generation Z students are offered concerning course content and pedagogical interventions. (JL)  
ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2020.1716428>

## BLACK AND MINORITY ETHNIC GROUPS

(See Also 262/45, 262/72)

- 262/11 Ageing in place for minority ethnic communities: the importance of social infrastructure; by Sophie Yarker, *Ambition for Ageing*; Greater Manchester Centre for Voluntary Organisation (GMCVO). Manchester: Ambition for Ageing, August 2020, 39 pp.  
There is a lack of research into the experiences of social isolation for different minority ethnic older people living in the UK. This study, carried out in August 2019, investigates the opportunities for building and maintaining social connections for older South Asians living in Manchester (Levenshulme and Longsight), Birmingham (Sparkbrook), Leicester (Belgrave, Spinney Hills and Highfields), and Camden (Reggent's Park, and St Pancras and Somers Town Wards); also older people of Greek Cypriot, Turkish and Kurdish heritage living in Hackney (Dalston). Based on qualitative interviews with older people and a survey conducted with community and voluntary organisations working within these communities, the project identifies spaces such as religious buildings, specialist retail spaces, green and outdoor spaces, and minority ethnic led community and voluntary organisations that must be supported and maintained if older people from these minority ethnic groups are to be able to age in place. The research demonstrates the importance for older people with a shared cultural identity to have places where they can meet together, not only to maintain their sense of identity but also for bonding social connections. (RH)  
<https://www.gmcvo.org.uk/publications/ageing-place-minority-ethnic-communities-importance-social-infrastructure>

## CARERS AND CARING

(See Also 262/26)

- 262/12 Conceptualising trust in aged care; by Andrew Simon Gilbert.: Cambridge University Press. *Ageing and Society*, vol 41, no 10, October 2021, pp 2356-2374.  
This Australian study calls for a sociological understanding of the importance of trust to aged care. It connects existing theories of trust to empirical evidence from gerontology and nursing research. Trust is defined as a response to and management of social vulnerability. It is argued this makes trust a fundamental concept for understanding human service and social care institutions, including aged care. In light of Australia's Royal Commission into Aged Care Quality and Safety, as well as generational shifts in consumer expectations and care ethics, the article highlights four distinct yet interrelated forms of trust: interpersonal, institutional, organisational and public trust. All of these forms are shown to be critical in conceptualising and evaluating the perceived trust deficit facing contemporary aged care systems, and existing evidence shows how these forms of trust can reinforce, conflict and misalign with each other. Efforts to rebuild trust in aged care at an organisational and institutional level should ensure mechanisms facilitate rather than hinder the formation of interpersonal trust relations between individual service users, their families and aged care staff. Broader social policy reforms must also consider and address the way cultural understandings of ageing and media representations of aged care have diminished the public's trust in the sector, and how the cycle of scandals, reviews and piecemeal reforms contributes to this. (JL)  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000318>
- 262/13 Making personalised short breaks meaningful: a future research agenda to connect academia, policy and practice; by Diane Seddon, Emma Miller, Louise Prendergast (et al).: Emerald. *Quality in Ageing and Older Adults*, vol 22, no 2, 2021, pp 81-94.  
There is a growing policy impetus to promote carer wellbeing through the provision of personalised short breaks. However understanding of what makes for a successful personalised short break is limited. This paper aims to identify key evidence gaps and considers how these could be addressed. A scoping review mapping the evidence base relevant to respite and short breaks for carers for older people, including those living with dementia, was completed. National and international literature published from 2000 onwards was reviewed. The scoping review focused on wellbeing outcomes, identified by previous research, as being important to carers. It was found that most studies investigating the outcomes of short breaks for carers supporting older people focus on traditional day and residential respite care. Although there have been developments in more personalised break options for carers, research exploring their impact is scarce. There is limited knowledge about how these personalised breaks might support carers to realise important outcomes, including carer health and wellbeing; a life alongside caring; positive caregiving relationships; choices in caring; and satisfaction in caring. Three priority lines of inquiry to shape a future research agenda are identified: understanding what matters – evidencing personalised short break needs and intended outcomes; capturing what matters – outcomes from personalised short breaks; and commissioning, delivering and scaling up personalised short breaks provision to reflect what matters. (JL)  
ISSN: 14717794 From : <https://doi.org/10.1108/QAOA-10-2020-0050>



## COVID-19

(See Also 262/5)

- 262/14 Characteristics of nursing homes associated with COVID-19 outbreaks and mortality among residents in Victoria, Australia; by Joseph E Ibrahim, Yingtong Li, Grace McKee (et al.): Wiley. *Australasian Journal on Ageing*, vol 40, no 3, September 2021, pp 283-292.  
The aim of this study was to determine nursing home characteristics associated with COVID-19 outbreak, outbreak size and mortality during the second wave of the disease in Victoria, Australia. This was a population-based cross-sectional study of all nursing homes in Victoria carried out between July and November 2020. There were found to be one or more resident cases of COVID-19 in 9.7% of nursing homes. COVID-19 intrusion was more likely in larger metropolitan facilities, privately owned by large chains, with a past history of regulatory non-compliance, located close to high-risk industry. Larger outbreaks were associated with homes in metropolitan areas, accommodating 91 or more residents, with shared rooms, owned by private providers operating many (11 or more) facilities. The highest case-fatality rates were observed in homes owned by not-for-profit providers operating many facilities, located close to high-risk industry. Stratifying nursing homes according to characteristics associated with morbidity and mortality can inform risk management, prioritising emergency responses and optimising future nursing home operations. (JL)  
ISSN: 14406381  
From : <https://doi.org/10.1111/ajag.12982>
- 262/15 Coronavirus: lessons learned to date: sixth report of the Health and Social Care Committee, and third report of the Science and Technology Committee of session 2021/22: report, together with formal minutes ...; by Health and Social Care Committee, House of Commons; Science and Technology Committee, House of Commons. London: House of Commons, 12 October 2021, 147 pp (HC Session 2021/22 92).  
The Committees provide an early assessment of the key decisions, structures and underlying factors which contributed to the extent of the impact of the coronavirus pandemic in the UK. The focus is on six key areas: an assessment of the country's prior preparedness for a pandemic disease; the Government's deployment of "non-pharmaceutical interventions" such as lockdowns; the adoption of testing and contact tracing throughout the pandemic; the impact of the pandemic on the social care sector; the experience of some communities where the impact of Covid fell disproportionately; and the research, procurement and initial roll-out of Covid-19 vaccines and the use of therapeutics. The report concludes that with the notable exception of vaccine development and deployment, the UK's response has mostly been too reactive as opposed to anticipatory, and with too little explicit learning from the international experience. (RH)  
From : <https://committees.parliament.uk/publications/7496/documents/78687/default/>
- 262/16 Living and working in Europe 2020; by Helen Burke, European Foundation for the Improvement of Living and Working Conditions (Eurofound). Luxembourg: Publications Office of the European Union, 2021, 76 pp.  
Living and working in Europe 2020 provides a snapshot of how the COVID-19 confinement measures changed employment, work and quality of life in Europe, as gathered by Eurofound's research activities in 2020. This yearbook also summarises the Agency's findings regarding developments in other aspects of social and economic life - including workplace practices, social dialogue, gender equality and access to public services - that will have a significant bearing on how quickly Europe recovers from the pandemic and a successful transition to a green and digital future. A short Section 6 outlines solving the conundrum of access to care, for example noting large gaps in provision of long-term care. (RH)  
From:  
[https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef21055en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef21055en.pdf)

## DEMENTIA

(See Also 262/65)

- 262/17 How does physical activity benefit people living with dementia?: A systematic review to identify the potential mechanisms of action; by Jan Pringle, Ruth Jepson, Alison Dawson, Louise McCabe, Alison Bowes.: Emerald.  
*Quality in Ageing and Older Adults*, vol 22, no 1, 2021, pp 3-25.  
One limitation of research that assesses the effectiveness of physical activity interventions for people with dementia is that most do not describe the intervention in sufficient detail to ascertain a theoretical basis or mechanism of action that determines the effective components. This paper aims to identify studies which evaluate the mechanisms of action of physical activity interventions for people with dementia, to further inform effective intervention development.  
Papers were screened for evidence of evaluation of specific forms of physical activity, using pre-defined inclusion criteria. Analysis was conducted to ascertain if mechanisms of action were corroborated by

data within and between studies.

The authors identified 26 studies with a measured mechanism of action; these related to the effects of physical activity on either neurological structure or endocrinal markers, including hormones. Physical activity had potential to reduce hippocampal atrophy, increase neural recruitment, activate the noradrenergic system and improve anti-inflammatory responses. While individual studies were hampered by small sample sizes, the body of evidence indicated that physical activity may have potential to delay cognitive decline.

Mechanisms of action in relation to dementia and physical activity are likely to be multifaceted, and physical activity may be protective against progression in the early stages of cognitive decline. Physical activity may be of greatest benefit if incorporated into on-going lifestyle, rather than engaged in for short periods, and combined with social interaction.

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From : <https://doi.org/10.1108/QAOA-09-2020-0046>

## DEMENTIA CARE

(See Also 262/17, 262/52)

- 262/18 Non-use of community health-care services: an exploratory cross-sectional study among family care-givers for older, home-dwelling persons with dementia; by Jill-Marit Moholt, Oddgeir Friberg, Nils Henriksen, Torunn Hamran, Bodil H Blix.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2074-2098.  
Community health-care services for older, home-dwelling persons with dementia tend to be underutilised. Family care-givers provide substantial care, and they often arrange for and co-ordinate health-care services on behalf of persons with dementia. The aim of this study was to examine family care-givers' knowledge of unused services and their self-reported reasons for non-use of such services. We gathered cross-sectional survey data from 430 family care-givers of older persons with dementia in Northern Norway. Multinomial logistic regression analysis was used to identify predictors of family care-givers' knowledge of unused services. An open-ended question regarding reasons for non-use of services was analysed by thematic text analysis. Characteristics of family care-givers (e.g. education level) and factors related to the care-giving circumstances (e.g. negative impact of care-giving) predicted family care-givers' knowledge of unused services. Reasons for non-use of services were multifaceted and complex, and were related to attributes of the person with dementia and/or the family care-giver (e.g. reluctance to use services) and/or the health-care services (e.g. low quality). Although services were unused, several family care-givers indicated substantial needs for the services. Strategies aimed at addressing the non-use of services should emphasise individuals' and families' needs and the adaptation of information about available services and their benefits for both care recipients and family care-givers. A relationship-centred care approach is thus recommended in dementia care.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X2000015X>
- 262/19 Specialist residential dementia care for people with severe and persistent behaviours: a ten-year retrospective review; by Meredith Gresham, Thomas Morris, Sabrina Min Chao (et al.): Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 309-316.  
Very severe behavioural and psychological symptoms of dementia (BPSD) have low prevalence but disproportionately poor outcomes for people with dementia, others and systems of care, including inappropriate use of medication, tenuous accommodation, poor quality of life and increased costs. The Australian Government has established new Special Dementia Care Programmes (SDCPs) to provide interim care for up to 12 months for those with severe and persistent BPSD unsuitable for mainstream aged care. This ten-year retrospective review describes environmental design, governance, clinical processes, characteristics and outcomes for 80 residents of a similar-aged care mental health partnership SDCP. A key finding was that average length of stay was slightly over 12 months. All surviving residents except one were able to be transferred to mainstream aged care services. Doses of regular and PRN antipsychotic and anxiolytic medications were significantly reduced. SDCPs may have the potential to improve care and outcomes for this group of vulnerable older people. (JL)  
ISSN: 14406381  
From : <https://doi.org/10.1111/ajag.12964>
- 262/20 Understanding total energy expenditure in people with dementia: a systematic review with directions for future research; by Judi Porter, Hannah Thompson, Alvin Surya Tjahyo.: Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 243-251.  
Weight loss is a primary manifestation of dementia. This review aimed to systematically synthesise the literature on total energy expenditure (TEE) in people with dementia. The protocol, registered with the International Prospective Register of Systematic Reviews (PROSPERO), was reported against PRISMA guidelines. Eligible studies investigated TEE in people with dementia. Six electronic databases and a supplementary Internet search identified relevant publications. Results were synthesised narratively. The final library considered the TEE of 358 participants. Two studies used the gold standard method of doubly labelled water (DLW); other studies used TEE measures validated against DLW. TEE varied

considerably, from  $6095 \pm 1353$  kJ to  $9765 \pm 2066$  kJ. The TEE of community-dwelling people with dementia (range  $8430 \pm 2250$  kJ- $9765 \pm 2066$  kJ) was higher than in institutionalised groups (range  $6095 \pm 1353$  kJ- $7619 \pm 1827$  kJ). New technologies will enable future research in this patient population to be less burdensome than those reliant on DLW measures. In planning future research, avoidance of selection bias and considering disease stage and movement are important considerations. (JL)

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From : <https://doi.org/10.1111/ajag.12977>

## DIET AND NUTRITION

(See 262/20)

## DISABILITY

- 262/21 The direct cost of disability of community-dwelling older persons in Belgium; by Sophie Ces, Anne-Sophie Lambert, Johanna de Almeida Mello (et al.): Cambridge University Press. Ageing and Society, vol 41, no 10, October 2021, pp 2214-2241.

Current policies aim to promote and develop community-based support of disabled older adults, yet knowledge of the cost implications is insufficient. This study aimed to estimate, for three disability profiles and three presence levels of the main informal carer (none, non-cohabitant, cohabitant), the cost of formal and informal support currently provided at home in Belgium. In this cross-sectional study, a sample of 5,642 disabled older adults living at home was established between 2010 and 2016. The administrative database of the Belgian public healthcare insurance was merged with other prospective data on social care service utilisation, informal care and disability. The total cost of formal support ranged from ?725 to ?1,344 (on average, per person, per month), depending on the three disability profiles identified. 25% of adults with the highest level of disability (important functional limitations and cognitive impairment) and helped by a cohabitant carer, had a low total cost of formal support: below ?382 per month. Informal care represented the main cost component of total support costs in the three disability profiles (between 64 and 76%). To prevent the worsening of situations of disabled older adults and their informal carers, better detection of seriously disabled persons with low levels of formal support was found to be crucial. (JL)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20000045>

## DIVERSITY

- 262/22 Understanding diversity in later life through images of old age; by Friederike Enssle, Ilse Helbrecht.: Cambridge University Press.

Ageing and Society, vol 41, no 10, October 2021, pp 2396-2415.

This German study aims to enhance the conceptual debate on diversity in old age by exploring the interplay of diversity in later life and images of old age. It is argued that the analysis of images of old age on the micro-level is a fruitful methodology in order to unravel the meaning of diversity in later life. Drawing on findings from qualitative research in Berlin, the authors explore how new and diverse imaginations, experiences and lifestyles of old age emerge. The conceptual focus on images of old age enables one to investigate further what diversity in later life comprises and how it simultaneously fosters the genesis of new images of old age. The manifold new images found in the research suggest that prevalent societal discourses about old age on the macro-level are rather deceptive and represent mostly stereotypes such as 'active agers' or 'frail and dependent elders'. Three explanations are offered as to why alternative images of old age are currently barely present in public discourse: (a) the actors transmitting images of age; (b) the institutionalisation of the images; and (c) the challenge to communicate complexity. The authors conclude by suggesting that images of old age are a promising starting point to explore and make visible both the diversity of social groups within the older generation as well as the heterogeneity of older individuals. (JL)

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From : <https://doi.org/10.1017/S0144686X20000379>

## EDUCATION AND TRAINING

- 262/23 The effect of educational interventions on willingness to work with older adults: a comparison of students of social work and health professions; by Ahuva Even-Zohar, Shoshi Werner.: Taylor and Francis.

Journal of Gerontological Social Work, vol 63, nos 1-2, January-March 2020, pp 114-132.

This study examined the effect of an educational intervention on the willingness of Israeli social work students to work with older adults, comparing them to students of nursing, speech therapy and physiotherapy. A sample of 187 first year students were divided into two groups: a research group of 83 exposed to an educational intervention on ageing, and a control group of 104 that received no intervention of any kind. Following the intervention, ageism among social work students in the research group decreased and positive behaviour toward older adults increased. No significant differences were

found among students of the health professions following the intervention. In addition, ageism mediated between knowledge of ageing and willingness to work with older adults. Furthermore the higher the students assessed the contribution of the intervention, the lower their level of ageism, the more positive their behaviour toward older adults, and the more willing they were to consider a career in geriatrics. The results suggest that introducing into the curriculum a variety of learning methods aimed at increasing knowledge of ageing and familiarity with the world of older adults is likely to encourage more students of social work and other therapeutic professions to work with the older population. (JL)

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From : <https://doi.org/10.1080/01634372.2020.1712511>

## EMPLOYMENT

(See Also 262/16, 262/50, 262/68)

- 262/24 Do aging employees benefit from self-regulative strategies?: A follow-up study; by Saija Mauno, Jaana Minkkinen.: Sage.

Research on Aging, vol 43, nos 9-10, October-December 2021, pp 335-344.

SOC-strategies (selection, optimization, and compensation) are crucial for wellbeing and adaptation throughout the life course. The workforce is ageing rapidly, thus the age-conditional premises of SOC theory require attention. This study explored (1) whether older employees used SOC strategies more often (compared to younger employees), and (2) whether older employees benefitted more from SOC strategies in relation to occupational wellbeing (job burnout, work engagement). The study was based on follow-up data including three occupational subsamples of different age (N = 1,020). There were no significant age-conditional differences in the takeup of SOC strategies. However, older (white-collar) employees benefitted more from compensation and elective selection in relation to occupational wellbeing. Moreover older employees also benefitted more from using all SOC strategies concerning occupational wellbeing. Strengthening older employees' SOC strategies needs more attention as the workforce is ageing. (NH/JL)

ISSN: 01640275

From : <https://doi.org/10.1177%2F0164027520958582>

- 262/25 Narrating potential: older knowledge workers' anticipatory narratives about their future employment; by Karen Handley, Birgit den Outer.: Cambridge University Press.

Ageing and Society, vol 41, no 10, October 2021, pp 2375-2395.

This article examines the narratives of 24 knowledge workers aged 48-58 as they anticipate their future employment and employability. The term knowledge worker is used to indicate occupational roles such as software engineer, academic, architect, manager and lawyer, where work involves non-routine problem-solving using 'intellectual assets'. Four narrative patterns about future employment are presented: winding down, reorienting 'self' away from work, seeking progression and renewal. These patterns reveal contrasting self-evaluations of employability and potential. It is argued that employability is not a straightforward function of human capital, which usually refers to experience, knowledge and qualifications. The data shows how judgements about a person's employability - both self-evaluations as well as evaluations by others - are complicated by social norms and cultural understandings of 'potential'. Strategies to signal one's potential become more complex and sometimes less effective for older knowledge workers. It is argued that a person's age influences others' evaluations of their employment potential, such that the relationship between attributed merit (based largely on past experience) and attributed potential (based on assumptions about a person's future) is inverted as workers become older. The findings have implications for public policies such as 'Extending Working Lives'. Policies that remove legal and institutional barriers to extended working lives may be only partially successful without changes to cultural attitudes about older workers' employment potential. (JL)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20000252>

- 262/26 Providing informal care next to paid work: explaining care-giving gratification, burden and stress among older workers; by Olga Grunwald, Marleen Damman, Kene Henkens.: Cambridge University Press.

Ageing and Society, vol 41, no 10, October 2021, pp 2280-2298.

With an increasing retirement age more older adults are combining employment with informal caregiving responsibilities. However little is known about how older workers experience caregiving activities next to their paid jobs. This Dutch study aimed to fill this gap by examining how the work situation (i.e. working hours, occupational status and perceived access to human resources practices) is associated with feelings of gratification, burden and stress in caregiving. Using data from the NIDI Pension Panel Survey, the authors studied caregiving experiences - i.e. the extent to which caregiving activities were gratifying, burdensome or stressful - of 1,651 older workers (age 60-65) who provided care at least once per week. Multivariate analyses revealed that the work situation played an explanatory role next to socio-demographic factors and indicators of the caregiving situation. Working caregivers who felt they had access to phased retirement and organisational health support experienced caregiving as relatively less burdensome and stressful. Moreover those with access to phased retirement experienced relatively higher levels of gratification in caregiving. Findings suggested that the availability of organisational

support related to lower levels of caregiving burden and stress, and to some extent to higher levels of gratification. Organisations were thus found to play an important role in facilitating the combination of work and caregiving obligations in a context of longer working lives. (JL)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20000215>

## EX-SERVICEMEN AND WOMEN

- 262/27 A point of connection?: Wellbeing, the veteran identity and older adults; by Liz Brewster, Brigit McWade, Samuel J A Clark.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 1984-2005.  
Maintaining good wellbeing in older age is seen to have a positive effect on health, including cognitive and physiological functioning. This paper explores experiences of wellbeing in a particular older adult community: those who have served in the military. It aims to identify the specific challenges that ex-service personnel may have, reporting findings from a qualitative study focused on how older veterans told stories of military service and what these stories revealed about wellbeing. We used a qualitative approach; data are drawn from 30 individual interviews, and from engagement with veterans in workshops. Analysis was conducted using a data-driven constant comparison approach. Three themes are presented: how loneliness affects older adult veterans; how they draw on fictive kinship; and the role of military visual culture. Although participants had diverse experiences of military service, they felt that being a veteran connected them to a community that went beyond association with specific experiences. Using narratives of military experience to connect, both in telling stories and by stories being listened to, was vital. As veterans, older adults were able to access each other as a resource for listening and sharing. However, it was also exclusionary: civilians, because they lacked military service experience, could not empathise and be used as a resource.  
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20000161>

## FAMILY AND INFORMAL CARE

(See 262/26)

## GERONTOLOGY (GENERAL)

- 262/28 The evolution of British gerontology: personal perspectives and historical developments; by Miriam Bernard, Mo Ray, Jackie Reynolds. Bristol: Policy Press, 2020, 314 pp.  
Half a century of UK gerontology research, theory, policy and practice are under the spotlight in this landmark critical review of the subject that places the country's achievements in an international context. Drawing on the archives of the British Society of Gerontology (BSG) and interviews with many of the most influential figures in the field, the authors provide a comprehensive picture of key developments and issues and look to the future to plot new directions in thinking. This is the story of the remarkable progress of gerontology, told through the eyes of those gerontologists who have led it. Photographs of the 50 participants by Sukey Parnell originally formed part of the Ageing of British Gerontology Exhibition at the BSG's 46th annual conference held at Swansea University in July 2017, also a newspaper-style publication, 'The ageing of British gerontology: learning from the past to inform the future'. (RH)  
Price: £29.99 From : Policy Press, University of Bristol, 1-9 Old Park Hill, Bristol, BS2 8BB.
- 262/29 What's so critical about it?: An analysis of critique within different strands of critical gerontology; by Shane Doheny, Ian Rees Jones.: Cambridge University Press.  
Ageing and Society, vol 41, no 10, October 2021, pp 2314-2334.  
Shortly after emerging in the 1980s, critical gerontology became a recognised part of mainstream gerontology. Under the umbrella of 'critical gerontology' sits a number of orientations that draw attention to how ageing is socially located, while foregrounding the importance of values in ageing research. Nevertheless, as critical gerontology is not a clearly defined field or orientation, inconsistencies in the use of 'critique' among critical gerontologists has been fermenting internal tensions. In this paper the authors draw on recent debates on critique as a form of discourse that aims to criticise a deficient social order with the aim of helping to bring about a good society, to identify four discourses of critique. These include the discourses of immanent critique and of transcendent critique, critique that focuses on tensions between these two, and critique that builds on constructive combinations of immanence and transcendence. To these are added an extra level of depth by distinguishing how critical discourse is applied in each case. This framework is used to identify the discourses of critique deployed in variants of critical gerontology. Here the authors distinguish political economic, lifecourse, humanistic and culturalist approaches within critical gerontology and assess how each of these applies a discourse of critique. It is found that these gerontological perspectives draw on a variety of discourses of critique and make use of varying degrees of engagement with critical discourse. The paper concludes by discussing how critical gerontology may develop as a reflective forum commenting on and integrating insights offered by its own varieties of critique and connecting these with macro-social analyses. (JL)  
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20000288>

## HEALTH AND WELLBEING

(See 262/46, 262/62)

## HEALTH SERVICES

(See 262/18)

## HEALTHY AGEING

(See Also 262/44, 262/66)

- 262/30 The age of ageing better?: A manifesto for our future; by Anna Dixon, Centre for Ageing Better. London: Green Tree, 2020, 296 pp.  
The author turns the misleading narrative of burden and perceived extra costs of people living longer on its head, to show how our society could thrive, if we started thinking differently about what we mean by an ageing society. Specifically, she considers how, as a society, we currently fail to respond to the shifting age profile, and what needs to change. She draws on a wide range of sources (ranging from published research and data, to personal experience) to examine key areas of society, including health, financial security, where and how people live, and social connections. She presents an optimistic vision for the future that could change the way we value later life in every sense. (RH)  
Price: £14.99 From : Bloomsbury Publishing Plc, 50 Bedford Square, London, WC1B 3DP.
- 262/31 Prerequisites for a healthy and independent life among older people: a Delphi study; by Annelie K. Gusdal, Rose-Marie Johansson-Pajala, Viktoria Zander, Petra von Heideken Wägert.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2171-2187.  
The number of older people (aged 65+) will more than double by 2050 in Sweden. The ageing population is an increasing concern due to rising health-care costs and a shortage of health professionals. Older people generally prefer ageing in place, as long as they feel confident and comfortable. However, preventive and supportive measures are needed to maintain older people's independence and active participation in society. The aim of this study is to explore the prerequisites for a healthy and independent life among older people in Sweden. A Delphi study was conducted in three rounds. In round 1, seven focus group interviews were performed with older persons aged 65-79, older persons aged 80+, next of kin of older persons, health professionals in primary and home health care, assistant nurses in home care, care managers and local politicians. The data were analysed using thematic analysis, resulting in 35 statements of the prerequisites needed for a healthy and independent life. These statements were sent to the participants from round 1, who were asked to evaluate the degree to which they agreed with each statement in round 2, and again in round 3. There was an agreement of at least 80 per cent for 31 of the 35 statements. When asked to identify the three prerequisites of most importance for a healthy and independent life, most participants stated: to have a social life, to have freedom of choice and power over one's own situation, and to have the possibility to choose independently one's type of housing. There was an overall high group agreement on the prerequisites needed for a healthy and independent life among older people. The main areas of importance were to have a social life, several dimensions of feeling safe and to retain one's personal control.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000306>

## HOME CARE

- 262/32 Substituting inpatient rehabilitation beds for home-based multidisciplinary rehabilitation: a qualitative study of patient perceptions; by Lara A Kimmel, Angela Burge, Dina Watterson (et al): Wiley. Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 275-282.  
Better at Home was a pilot project set up by Alfred Health in Victoria, Australia, in order to reduce time spent in hospital by providing multidisciplinary aftercare in the patients' own homes. The aim of this study was to better understand patients' perspectives of the programme in order to inform the development of bed substitution rehabilitation services. This was a prospective qualitative study using semi-structured interviews undertaken three to six months following programme participation. Interviews were transcribed and themes developed by two independent researchers. In all, 19 participants (14 of whom were women) were interviewed. Major themes found included high satisfaction with the service and a high regard for the importance of communication both within the team and with the patients. Patients had inconsistent views on the provision of services with some feeling that the programme was not specific to their needs, whilst others felt it was focused and flexible. Involvement in decision-making for referral to the service was also not always fully understood. This study provides important information that can be utilised in the development of any bed substitution home-based model of care. (JL)  
ISSN: 14406381 From : <https://doi.org/10.1111/ajag.12883>

- 262/33 What do family care-givers want from domiciliary care for relatives living with dementia?: A qualitative study; by Kristian Pollock, Samantha Wilkinson, Lucy Perry-Young, Nicola Turner, Justine Schneider.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2060-2073.  
In the current ecology of care, social, rather than medical, support is critical in enabling frail older people to live at home. This paper reports findings from a qualitative study about how home care workers (HCWs) support persons with dementia living in the community. Semi-structured qualitative interviews were carried out in England with 14 family care-givers (FCGs) recruited from a single private home care provider. A thematic analysis of the data was undertaken using the constant comparative method. In every instance, it was FCGs who initiated domiciliary care for the person with dementia, highlighting ambiguity about who is the 'client'. Rather than focusing on the HCWs' work in undertaking practical tasks and personal care, respondents prioritised HCWs as companions, providing emotional and social support for their relatives. From an organisational perspective, respondents valued the capacity of the provider to deliver a consistent, personal, reliable and punctual service. These attributes were important in supporting their relative's agency and dignity. Respondents described HCWs engaging in skilled and sensitive communication with clients but considered 'character' and 'innate' caring abilities to be more important than those derived from training. The results highlight the need to acknowledge the family, rather than the individual client, as the functioning unit of care, and to recognise the highly skilled communicative and emotional work undertaken by HCWs.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000185>

## HOMELESSNESS

- 262/34 Identity narration and negotiation among older adults experiencing homelessness; by Kelly Melekis, Judith G Gonyea.: Taylor and Francis.  
Journal of Aging and Environment, vol 35, no 3, July-September, pp 249-272.  
To be old and homeless is to face multiple stigmatized identities simultaneously. This qualitative study explored how older homeless adults construct their personal and social identities to manage this stigma. A series of semi-structured in-depth interviews and field observations were conducted over a period of two years with twenty homeless older adults affiliated with an outreach program in a Northeastern U.S. city. Results revealed three typologies of identity narration strategies that the participants used in their processes of identity negotiation and stigma resistance: (1) illumination of positive identities, (2) differentiation and hierarchy, and (3) adoption of other stigmatized but more 'deserving' identities. Three case narratives are presented here as a means of illustrating the constructed typology of identity narration and negotiation strategies among older adults experiencing homelessness. Findings suggest ways we might honor individual narratives to eliminate the dividing practice of homelessness as 'other' and reframe the discourse to better address older homelessness.  
ISSN: 26892618  
From : <https://doi.org/10.1080/26892618.2020.1834051>

## HOSPITAL CARE

(See Also 262/52)

- 262/35 Elderspeak in acute hospitals?: The role of context, cognitive and functional impairment; by Eva-Luisa Schnabel, Hans-Werner Wahl, Christina Streib, Thomas Schmidt.: Sage.  
Research on Aging, vol 43, nos 9-10, October-December 2021, pp 416-427.  
Older adults are often exposed to elderspeak, a specialised speech register linked with negative outcomes. However previous research has mainly been conducted in nursing homes without considering multiple contextual conditions. Based on a novel contextually-driven framework, this study examined elderspeak in an acute general versus geriatric German hospital setting. Individual-level information such as cognitive impairment (CI) and audio-recorded data from care interactions between 105 older patients (M = 83.2 years; 49% with severe CI) and 34 registered nurses (M = 38.9 years) were assessed. Psycholinguistic analyses were based on manual coding (Kappa = .85 to Kappa = .97) and computer-assisted procedures. First, diminutives (61%), collective pronouns (70%), and tag questions (97%) were detected. Second, patients' functional impairment emerged as an important factor for elderspeak. Study findings suggest that functional impairment may be a more salient trigger of stereotype activation than CI and that elderspeak deserves more attention in acute hospital settings. (NH/JL)  
ISSN: 01640275  
From : <https://doi.org/10.1177%2F0164027520949090>

## HOUSING

(See 262/46)

## INEQUALITY

(See Also 262/47)

- 262/36 Social divisions and later life: difference, diversity and inequality; by Chris Gilleard, Paul Higgs. Bristol: Policy Press, 2020, 216 pp.  
The authors look beyond longstanding factors such as class, gender and ethnicity to explore new social divisions and social differences, including contrasting states of physical fitness and mental health. They show how differences in health and frailty are creating fresh inequalities in later life, with significant implications for the future of our ageing societies. Among the themes examined are: ageing and gender; ethnicity, race and migration in later life; disability and later life; and identity and intersectionality. The authors attempt to show "how later life has become a more diverse social location than ever before". (RH)  
Price: £26.99    From : Policy Press, University of Bristol, 1-9 Old Park Hill, Bristol, BS2 8BB.

## INTEGRATED CARE

- 262/37 A new era of social policy integration?: Looking at the case of health, social care and housing; by Vikki McCall, Louise Hoyle, Saminda Gunasinghe, Siobhan O'Connor.: Cambridge University Press.  
Journal of Social Policy, vol 50, no 4, October 2021, pp 809-827.  
Service integration is a global trend aiming to create partnerships, cost-effectiveness and joined-up working across public and third sector services to support an ageing population. However social policy research suggests that the policy making process behind integration and implementation is complex, contradictory and full of tension. This paper explores social policy integration at the ground-level of services in the health and housing sector within a new integrated model for housing for older people. The paper applies a critical Lipskian approach to show that housing can promote integration for both users and wider stakeholders. Front-line workers were central to service integration, often working to integration principles despite policy changes and uncertainty. Challenges of social policy integration include the gaps between policy and practice and the developing nature of interaction at the ground-level – most notably, the role of technology. Technology and digital health platforms could enhance service user and practitioner interactions at the ground-level. The paper calls for renewed focus on policy processes in relation to service integration and consideration of new forms of service user, practitioner and policy maker interaction. (JL)  
ISSN: 00472794    From : <https://doi.org/10.1017/S0047279420000525>

## INTERGENERATIONAL ISSUES

- 262/38 Green paper on ageing: fostering solidarity and responsibility between generations; by European Commission; Secretariat-General (European Commission). Brussels: European Commission, 27 January 2021, 23 pp COM(2021)50 final.  
This green paper takes a life-cycle approach that reflects the universal impact of ageing. Along with the demographic challenges identified in the European Union's policy agenda, the paper focuses on both the personal and wider societal implications of ageing. These include everything from lifelong learning and healthy lifestyles, to how to fund adequate pensions, or the need for increased productivity and a large enough workforce to sustain healthcare and long-term care for older people. The paper reflects the fact that responding to population ageing is a question of striking the right balance between sustainable solutions for the welfare system and strengthening intergenerational solidarity and fairness between both young and old. (RH)  
From : [https://ec.europa.eu/info/sites/default/files/1\\_en\\_act\\_part1\\_v8\\_0.pdf](https://ec.europa.eu/info/sites/default/files/1_en_act_part1_v8_0.pdf)
- 262/39 Health and marital status of older Chinese couples and implications for intergenerational co-residence; by Sneha Kumar, Lindy Williams.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2143-2170.  
Older individuals who are in poor health or who lack spousal support are in many ways vulnerable in contemporary China. Declines in family size, combined with improvements in life expectancy and the out-migration of young adults from rural areas, have reduced the pool of potential care-givers for a growing number of older individuals. At the same time, state support for elderly people remains inadequate, further emphasising families' role in care provision. This paper uses couple-level panel data from the 2012, 2014 and 2016 China Family Panel Studies to examine whether older couples with health-care or other needs receive help in the form of intergenerational co-residence. Multinomial logistic regressions are used to examine factors associated with the intergenerational solidarity framework from the older parents' perspective that could motivate co-residence. Results show that when mothers report activity limitations or poor word recall at baseline, or when at least one parent has activity limitations in both waves, the probability of co-residence in both waves increases. Further, when both parents have depression at baseline, or when a parent loses a spouse, the probability of transitioning to co-residence increases. Findings suggest that adult children in present-day China do respond to parental needs by living together. Nevertheless, going forward, the state will likely have to play a greater role in old-age care provision.  
ISSN: 0144686X    From : <https://doi.org/10.1017/S0144686X20000355>



## INTERNATIONAL AND COMPARATIVE

(See Also 262/39)

- 262/40 Challenges faced by older people in a district of Uttar Pradesh: a qualitative study; by Avanish Bhai Patel.: Emerald.  
Journal of Adult Protection, vol 23, no 4, 2021, pp 263-276.  
The steady rise in aged population has brought many challenges such as social, economic and health care that confront of the older people in their later life. The purpose of this study is to understand the nature of challenges among the older people and to assess the role of social security programmes for the welfare of the older people. The qualitative descriptive research has been applied in this paper.  
The qualitative descriptive research has been applied in this paper. The study was conducted in a sample of 220 elderly living in Lucknow, Uttar Pradesh, using purposive sampling. The study was based on interviews. The order of questions and samples depended on the information flow during the interviews. The purposes of using the qualitative descriptive research in the present study are to satisfy the researcher's curiosity and desire for better understanding to discuss the challenges faced by older people (these challenges are social vulnerability, poor economic conditions, poor health and no familiarity with government programmes), to understand the practicability of the study in extensive way and to explain why any phenomenon occurs or why older people face problems in later life.  
The first finding demonstrates that the different challenges among older people such as social, economic and health challenges are affecting their way of life and sense of well-being and are fracturing their social bonds from the family and society. The second finding indicates that only 46.3% older people are benefitted from government pension programmes schemes. While the numbers of older people are unknown from other government welfare programmes such as health programmes, concession for older people and maintenance and welfare of parent and senior citizen act are not able to work properly due to lack of awareness and lack of proper communication between older people and government bodies  
ISSN: 14668203  
From : <https://doi.org/10.1108/JAP-02-2021-0007>
- 262/41 Internal migration and the health of middle-aged and older persons in China: the healthy migrant effect reconsidered; by Li Gao, Margaret J Penning, Zheng Wu (et al.): Sage.  
Research on Aging, vol 43, nos 9-10, October-December 2021, pp 345-357.  
This study investigated associations between internal migration and health among middle-aged and older adults in China, including variations associated with type of migration (rural-to-urban, urban-to-rural, rural-to-rural, urban-to-urban). Data were drawn from China's Health and Retirement Longitudinal Study (2011, 2013, 2015). Lagged panel and fixed-effect regression models addressed associations between migration and health outcomes (self-rated health, depression) while controlling for pre-migration and post-migration selection effects. Study results revealed the positive implications of rural-to-urban migration for the self-rated health of middle-aged but not older adults. They also pointed to the positive effects of migration within and to rural areas for the self-rated and mental health of older adults. Overall, although migration may be beneficial to the health of internal migrants in China, complexities associated with age, type of migration and the health outcome involved need to be taken into account. (JL)  
ISSN: 01640275  
From : <https://doi.org/10.1177%2F0164027520958760>
- 262/42 The portrayal of elderly men and women in Hungarian television news programmes; by Gabor Kovacs, Petra Aczel, Tamas Bokor.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2099-2117.  
Mass media research on the portrayal of older people has primarily focused on television series and advertisements. News programmes on television have received little attention. We argue that viewers perceive characters on the news as more direct and more accurate representations of social reality than fictional characters, and therefore portrayals on the news are more likely to be integrated in viewers' stereotypes about elderly people or used as standards of comparison. In order to explore potential differences in the representation of senior men and women, we conducted a quantitative content analysis on a sample of 754 elderly people who appeared on the evening news programmes of four major Hungarian television channels with high viewership. Each character was coded in terms of 115 qualitative variables. Our results indicate that older men are portrayed significantly more often than women as affluent, elegant, knowledgeable, powerful and actively working. By contrast, women are more commonly shown as kind, family-oriented, in ordinary roles (e.g. as the 'woman in the street') and engaged in less-productive activities such as shopping. Based on previous research on the role of mass media in the socialisation process as well as social comparison theory, we discuss how these imbalances in the representation of older men and women may affect viewers of different age groups, genders and social status.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000227>

- 262/43 Preferences for formal social care in rural and urban China: evidence from a national survey; by Cheng Shi, Bo Hu.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 63, nos 1-2, January-March 2020, pp 19-40.  
This study investigated older people's preferences for social care in rural and urban China. The data came from the China Longitudinal Aging Social Survey (CLASS) which collected information from a nationally representative sample of 10,682 Chinese older people aged 60 and over in 2014. Guided by the ecological model of ageing, multilevel logistic regression analyses were conducted to identify factors associated with preferred care arrangements. It was found that older people in urban China were more likely than those in rural China to accept care home services or prefer government-provided care. Educational qualifications and the number of surviving children strongly and consistently predicted older people's preferences for formal care in both rural and urban China. Proximity to care home facilities and higher income were associated with an increase in the willingness to live in a care home in urban China but they were not significant predictors of preferences for formal care in rural China. It is argued that a one-size-fits-all social care policy may not be well received in the Chinese older population. The government may want to consider social care policies where support is tailored to suit older people's varied preferences. (JL)  
ISSN: 01634372  
From : <https://doi.org/10.1080/01634372.2019.1709246>
- 262/44 Still feeling better?: Trends in self-related health of older adults in the U.S; by Esther O Lamidi.: Sage. Research on Aging, vol 43, nos 9-10, October-December 2021, pp 358-367.  
Previous studies have shown an overall pattern of improvement in self-rated health of U.S. older adults in the 1980s and the 1990s, but it was uncertain if the declining shares of older people reporting fair or poor health would continue over the next decades. Using the 2000-2018 pooled data from the National Health Interview Survey, this study examined recent trends in self-rated health of adults aged 45 and older. The results showed important variations in self-rated health trends across age groups. Between 2000 and 2018, the shares of adults aged 60 and above reporting fair or poor health declined significantly while self-rated health trends for middle-aged adults worsened over time. Educational and racial/ethnic differentials in self-rated health persisted over time but there were important group variations. To further improve the health of the older population, it is important to consider changing health disparities in later life. (JL)  
ISSN: 01640275  
From : <https://doi.org/10.1177%2F0164027520963659>
- 262/45 Vietnamese adult-child and spousal caregivers of older adults in Houston, Texas: results from the Vietnamese Aging and Care Survey (VACS); by Christina E Miyawaki, Nai-Wei Chen, Oanh L Meyer (et al.): Taylor and Francis.  
Journal of Gerontological Social Work, vol 63, nos 1-2, January-March 2020, pp 5-18.  
Vietnamese are the largest Asian ethnic group in Houston, Texas; however, research on this population is scarce. In this study the authors developed the Vietnamese Aging and Care Survey, the objective of which was to explore the sociodemographic and health characteristics of 132 Vietnamese adults aged 65 years and older and 64 family caregivers. Of these, 41 adult-child caregivers were aged between 21 and 65 years old. Most were married, working, female, and in good to excellent health. 23 spousal caregivers were between 57 and 82 years old, retired, female, and in fair to good health. Adult children received more caregiving-related help from others compared to spousal caregivers; however, they felt more caregiver burden, had more perceived stress and were in challenging relationships with care recipients. Differences in life stages of adult-child versus spousal caregivers may contribute to these results. Implications are discussed. (JL)  
ISSN: 01634372  
From : <https://doi.org/10.1080/01634372.2019.1707735>
- 262/46 Who we live with and how we are feeling: a study of household living arrangements and subjective well-being among older adults in China; by Wen-Jui Han, Ying Li, Cliff Whetung.: Sage. Research on Aging, vol 43, nos 9-10, October-December 2021, pp 388-402.  
Using a sample of Chinese adults over the age of 50 from wave 1 of the WHO Study on Global Ageing and Adult Health, this study investigated the relationship between living arrangements and subjective well-being (SWB) in regard to life satisfaction, happiness and control. It also looked at the moderating role of resources, proxied by income and hukou status (the term 'hukou' refers to a system of household registration used in mainland China). Multivariate regression results indicated that living only with a spouse was significantly associated with better SWB. Multigenerational living arrangements did not always promote SWB, particularly when resources were constrained. Yet results also underscored the importance of daughters and daughters-in-law in promoting SWB among older adults. Older adults in rural areas had better SWB, including greater life satisfaction if living with grandchildren only, compared to their urban peers living with a spouse only. Findings suggest that context matters in the association between living arrangements and older adults' SWB. (JL)  
ISSN: 01640275  
From : <https://doi.org/10.1177%2F0164027520961547>

## **LGBT**

- 262/47 Health and socio-economic inequalities by sexual orientation among older women in the United Kingdom: findings from the UK Household Longitudinal Study; by Laia Bécaries.: Cambridge University Press.  
Ageing and Society, vol 41, no 10, October 2021, pp 2416-2434.  
Lesbian, gay, bisexual and queer (LGBQ) women living in the UK experience worse health than their heterosexual peers throughout their lives but less is known about health inequalities in older age. This study used population-level data to examine inequalities among LGBQ older women and women who preferred not to disclose their sexuality, compared to heterosexual women. Analyses used data from women aged 50 and older who were active in Waves 3 and 7 of the UK Household Longitudinal Study (also known as Understanding Society) in order to examine inequalities in socio-economic conditions, health and alcohol consumption across sexual orientation groups. LGBQ older women were on average younger and had higher socio-economic resources than their heterosexual peers. In contrast, women who preferred not to disclose their sexual orientation were older and had the lowest income and educational qualifications. Results of the health inequalities analyses showed that LGBQ older women were almost twice as likely as heterosexual older women to engage in harmful alcohol consumption. Older women who preferred not to disclose their sexuality had worse physical and mental health than heterosexual older women. The health of LGBQ older women and women who preferred not to disclose their sexual orientation was found to be one of the most neglected research areas in UK gerontology. Findings of this study contribute to our understanding of their social and health circumstances, and illuminate methodological limitations in existing data. (JL)  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000367>

## **LIFE-LONG LEARNING**

- 262/48 Learning in late career stages in Europe: gendered effects of retirement policies; by Kirsti Melesk.: Cambridge University Press.  
Ageing and Society, vol 41, no 10, October 2021, pp 2191-2213.  
Institutional contexts shape learning participation throughout the course of life. Combining micro-data on adult education from 26 European countries with country-level indicators on retirement systems in multi-level logistic regression models, the focus of this study was on analysis of participation in non-formal learning among people aged 50-64 and its interactions with retirement policies. The analysis made use of a large sample of European countries for exploring the issue. For the first time gender differences in retirement policies were considered. The results implied that for all women and highly educated men, participation in non-formal training was higher when retirement age in the country was set at 65 years or higher. However men with less education did not profit from a higher retirement age because their training participation remained unaffected by retirement policies. In the current analysis training participation in older age groups remained unaffected by the generosity of pensions. The results outlined gender differences in learning participation in older age groups. Also after the age of 50 men with a low education were at particular risk of labour market exclusion and unemployment because the retirement age in European countries kept rising and technological advancements made additional demands on workers' skills. (JL)  
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20000033>

## **LIVING ALONE**

(See 262/49)

## **LONELINESS AND SOCIAL ISOLATION**

- 262/49 Always alone?: Network transitions among detached older Europeans and their effects; by Howard Litwin, Michal Levinsky.: Cambridge University Press.  
Ageing and Society, vol 41, no 10, October 2021, pp 2299-2313.  
The present study investigated changes that occurred within the interpersonal environments of a sample of socially isolated older Europeans after four years. Based upon data from the Survey of Health, Ageing and Retirement in Europe (SHARE), the inquiry looked at 834 older people who were socially detached at baseline, at follow-up or at both time-points. The analysis traced changes in relation to the social network types that they acquired or left. Findings indicated that respondents more frequently moved from no-network status at baseline to close family-based social network types at follow-up than to other network types. In comparison the loss of a network at follow-up was seen to originate from close networks and from other network types alike. Multivariate analysis revealed that those who moved from socially detached status to close-family networks had fewer depressive symptoms compared to those who moved to other network types. However the move from a close-family network to the no-network status was about as depressing as was being chronically isolated. The effects of network transitions were more varied in relation to the life satisfaction outcome. In sum, the findings suggest that a transition out of social isolation in late life is possible and it may be beneficial as well. (JL)  
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20000240>

## LONG TERM CARE

- 262/50 Long-term care workforce: employment and working conditions; by :Hans Dubois, Tadas Leoncikas, Daniel Molinuevo and Mathijn Wilkens, European Foundation for the Improvement of Living and Working Conditions (Eurofound). Luxembourg: Publications Office of the European Union, 14 December 2020, 84 pp.  
The long-term care (LTC) sector employs a growing share of workers in the EU and is experiencing increasing staff shortages. The LTC workforce is mainly female, and a relatively large and increasing proportion is aged 50 years or older. Migrants are often concentrated in certain LTC jobs. This report maps the LTC workforce's working conditions and the nature of employment and role of collective bargaining in the sector. It also discusses policies to make the sector more attractive, combat undeclared work, and improve the situation of a particularly vulnerable group of LTC workers: live-in carers. The report ends with a discussion and policy pointers on addressing expected staff shortages and the challenges around working conditions. (RH)  
From :  
[https://www.eurofound.europa.eu/sites/default/files/ef\\_publication/field\\_ef\\_document/ef20028en.pdf](https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef20028en.pdf)

## MENTAL HEALTH

- 262/51 Association between knowledge about how to search for mental health information and emotional distress among older adults: the moderating role of immigration status; by Ora Nakash, Tsahi Hayat, Sarah Abu Kaf, Michal Cohen.: Taylor and Francis.  
Journal of Gerontological Social Work, vol 63, nos 1-2, January-March 2020, pp 78-91.  
Mental health literacy (MHL) provides a framework to overcome barriers to service use and reduce mental health disparities through public education. Acquiring basic knowledge about mental health problems can guide subsequent help seeking behaviour. Improving knowledge about how to search for mental health information is a critical first step in improving MHL. In this Israeli study the authors examined the association between knowledge about how to search for mental health information and emotional distress among older adults. They further examined the moderating role of immigration status in this association. A sample of 605 older adults participated in the study. Of these, 357 were Native Israelis and 222 were Immigrants from the Former Soviet Union. Participants completed self-report measures assessing MHL and emotional distress. Overall findings showed that Native Israelis reported significantly lower levels of emotional distress and higher levels of knowledge about how to search for mental health information compared to immigrants. Moreover, while among native older adults, increased knowledge about how to search for mental health information was associated with lower emotional distress, among immigrant seniors there was no significant association between these variables. These findings suggest that differences among immigrant and native older adults can impact the effectiveness of the mental health knowledge that is accessed. (JL)  
ISSN: 01634372  
From : <https://doi.org/10.1080/01634372.2019.1709247>
- 262/52 Improving emotional well-being for hospital-based patients with dementia; by Stephanie Petty , Amanda Griffiths , Donna Maria Coleston , Tom Denning.: Emerald.  
Quality in Ageing and Older Adults, vol 22, no 1, 2021, pp 56-67.  
Improving hospital care for people with dementia is a well-established priority. There is limited research evidence to guide nursing staff in delivering person-centred care, particularly under conditions where patients are emotionally distressed. Misunderstood distress has negative implications for patient well-being and hospital resources. The purpose of this study is to use the expertise of nurses to recommend ways to care for the emotional well-being of patients with dementia that are achievable within the current hospital setting.  
A qualitative study was conducted in two long-stay wards providing dementia care in a UK hospital. Nursing staff (n = 12) were asked about facilitators and barriers to providing emotion-focused care. Data were analysed using thematic analysis.  
Nursing staff said that resources existed within the ward team, including ways to gather and present personal information about patients, share multidisciplinary and personal approaches, work around routine hospital tasks and agree an ethos of being connected with patients in their experience. Staff said these did not incur financial cost and did not depend upon staffing numbers but did take an emotional toll. Examples are given within each of these broader themes.  
The outcome is a short-list of recommended staff actions that hospital staff say could improve the emotional well-being of people with dementia when in hospital. These support and develop previous research.  
ISSN: 14717794  
From : <https://doi.org/10.1108/QAOA-05-2020-0019>

- 262/53 Mental health in later life: taking a life course approach; by Alisoun Milne. Bristol: Policy Press, 2020, 351 pp.  
Focusing on mental health rather than mental illness, this book adopts a life-course approach to understanding mental health and well-being in later life. The author explores the influences of life-course experiences, structural inequalities, socio-political context, history, gender and age-related factors, to engage with new ways of thinking about preventing mental ill health and promoting mental health in later life. Other themes covered are: quality of life; abuse, mistreatment and neglect; frailty; and living with dementia. While the tone is academic, the book is intended to be accessible. Drawing together material from a number of different fields, the book analyses the meaning and determinants of mental health among older populations, and offers a critical review of the life-course, ageing and mental health discourse for students, professionals, policy makers and researchers. (RH)  
From : Policy Press and Bristol University Press, 1-9 Old Park Hill, Bristol, BS2 8BB.
- 262/54 Nadir experiences and ego-integrity: types of narrative enactment; by Vladimir Chrz, Eva Dubovska, Iva Polackova Solcova.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2006-2025.  
Coming to terms with negative life experiences is a way of reaching ego-integrity in mature age, a development task belonging to the last phase of Erikson's theory of psycho-social development. This study explores fundamental tensions between negative life experiences and ego-integrity through the lens of narrative enactment, i.e. by looking at how nadir experiences are constructed in the narratives of study participants. From 166 potential participants, we selected life-story narratives of 42 highly ego-integrated older adults based on a self-rated ego-integrity scale. Data were analysed using the narrative approach, where ageing is perceived as autobiographical work and narrativity is viewed as enactment of the constitutive event of 'trouble'. Our results suggest a subtle classification of five distinct types of narrative enactment: 'it turned out well', 'I managed to cope with it', 'validation with respect to future development', 'acquisition of a new attitude' and, finally, 'justification of a hard decision'. Each of these enactment types is defined by a particular configuration of narrative categories: agency in a negative event, agency in a positive resolution, reflexivity and construction of moral identity. Our results highlight the meaning of processing and reconstruction of negative life experiences and the various narrative pathways this process can follow in highly ego-integrated older adults.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000197>
- 262/55 Promoting positive mental wellbeing for older people: a quick guide for registered managers of care homes; by Social Care Institute for Excellence - SCIE; National Institute for Health and Care Excellence - NICE.: National Institute for Health and Care Excellence; Social Care Institute for Excellence, 2020, 4 pp (Quick guide).  
Older people, including those living in care homes, often experience depression, loneliness and low levels of satisfaction and well-being. Taking part in meaningful activities, maintaining and developing personal identity, and getting the right help for any health conditions and sensory impairments have been identified as key to improving mental well-being. This guide is based on NICE's quality standard on mental well-being of older people in care homes. It aims to help care home managers to identify older people's individual needs and to improve their mental well-being by offering personalised support. (RH)  
From : <https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/Mental-wellbeing-in-care-homes.pdf>

## **MIGRATION**

(See 262/41, 262/51)

## **MORTALITY**

- 262/56 Educational differences in risk of all-cause mortality after acute cardiovascular events: examining cohort and gender variations; by Wen Fan, Jack Lam.: Sage.  
Research on Aging, vol 43, nos 9-10, October-December 2021, pp 403-415.  
Acute cardiovascular events are prevalent in older adults. In this study, following a sample of respondents from the 1996-2016 Health and Retirement Study after diagnosis of myocardial infarction or stroke, the research used discrete-time event history models to study mortality post diagnosis. There was found to be an educational gradient in mortality following myocardial infarction or stroke with the better educated surviving longer, even as the gradient was weaker for stroke. Cohort variations existed with the educational gradients stronger for more recent cohorts (Silent and Boomer) as compared with the GI cohort. Gender interacted with cohort to shape mortality such that men from the Silent and Boomer cohorts benefitted the most from high school and some college education. Mediation analysis showed that the educational differences in mortality are accounted for by spousal educational attainment, wealth, Medicaid coverage, change in health behaviours and comorbidities. (JL)  
ISSN: 01640275  
From : <https://doi.org/10.1177%2F0164027520966758>

## NEIGHBOURHOODS AND COMMUNITIES

(See Also 262/11, 262/46)

- 262/57 Age-friendly cities and communities: a review and future directions; by Alex Torku, Albert Ping Chuen Chan, Esther Hiu Kwan Yung.: Cambridge University Press.  
Ageing and Society, vol 41, no 10, October 2021, pp 2242-2279.  
The rise in the ageing population, coupled with urbanisation, has led to a vast number of research publications on age-friendly cities and communities (AFCC). However the existing reviews on AFCC studies are not sufficiently up-to-date. This paper presented a thorough analysis of the annual publication trend, the contributions of authors and institutions from different countries, and the trending research themes in the AFCC research corpus through a systematic review of 98 publications. A contribution assessment formula and thematic analysis were used for the review. The results indicated a growing AFCC research interest in recent times. Researchers and institutions from the US, Canada, UK and Hong Kong made the highest contribution to the AFCC research corpus. The thematic analysis classified the AFCC research corpus into four main themes: conceptualisation; implementation and development; assessment; and challenges and opportunities. The themes indicated the current and future research patterns and issues to be considered in the development of AFCC and for interested researchers to make proposals for future research. Future directions were proposed including suggestions on adopting new assessment methods and instruments, collaboration and cross-nation comparative research, considering older adults as place-makers and conducting a prior participatory analysis to maximise the participation of older adults. (JL)  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000239>
- 262/58 Definitions, key themes and aspects of ageing in place: a scoping review; by Katinka E Pani-Harreman, Gerrie J J W Bours, Inés Zander, Gertrudis I J M Kempen, Joop M A van Duren.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2026-2059.  
The purpose is to give an overview of the extent, range and nature of existing definitions of the concept 'ageing in place'. Providing such an overview may be helpful, for policy makers, researchers, communities and service providers, to make sense of the versatility and uses of the concept, and allow the improvement and increase the success of efforts to contribute to the quality of life of older people. The overview was created using Arksey and O'Malley's scoping review methodology. Out of 3,692 retrieved articles, 34 met the inclusion criteria. These studies concentrate on the following five key themes concerning 'ageing in place': 'ageing in place' in relation to place, to social networks, to support, to technology and to personal characteristics. Each of these key themes consists of other aspects, like physical place and attachment to place for the keyword place. This study concludes that the concept 'ageing in place' is broad and can be viewed from different (i.e. five) key themes. A more thorough understanding of 'ageing in place' provides knowledge about the existing key themes and aspects. These findings might provide practical support for professionals and governments when they develop their policies about 'ageing in place' integrally and to develop fit policies.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000094>

## PENSIONS AND BENEFITS

- 262/59 State pension triple lock; by Djuna Thurley, Rod McInnes, House of Commons Library. London: House of Commons Library, 4 February 2021, 20 pp (Briefing paper, CBP-07812).  
A new State Pension (nSP) was introduced from 6 April 2016 for people reaching SPA from that date. The 'triple lock' was introduced by the Coalition Government in June 2010 as a Government commitment, over and above the statutory requirement, to uprate the basic State Pension (bSP) and nSP by the highest of earnings, prices (as measured by the Consumer Prices Index, CPI), or 2.5%. This briefing looks at the triple lock's effect so far, and the arguments for and against the policy since its introduction. These centre on cost and intergenerational fairness, issues examined by the Work and Pensions Select Committee and in Parliamentary debates. (RH)  
From : <https://researchbriefings.files.parliament.uk/documents/CBP-7812/CBP-7812.pdf>

## PETS

- 262/60 It gives you more to life, it's something new every day: an interpretative phenomenological analysis of wellbeing in older care home residents who keep a personal pet; by Shoshanna Freedman, Petia Paramova, Victoria Senior.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 1961-1983.  
There is a substantial amount of literature that suggests that animals, and specifically animals kept as pets, can have a positive effect on wellbeing. Research exploring the impact of animals on wellbeing in care homes mainly concerns visiting animals as well as shared communal pets. In light of the lack of research regarding personal pets in care homes, the aim of this study was to explore what the experience of keeping a personal pet in a care home means for residents' sense of wellbeing. Semi-structured

interviews were conducted with seven care home residents who were currently living with their pet in a care home. Interviews were analysed using Interpretative Phenomenological Analysis (IPA). Analysis revealed four master themes deemed to be relevant to participants' wellbeing, these were: 'sense of self and identity', 'responsibility and ownership', 'motivation and desire to live' and 'feeling content in the care home'. The analysis indicated that living with a personal pet in a care home has the potential to enhance residents' wellbeing. At the same time, it also found that the benefits of keeping a personal pet may be dependent on specific circumstances, such as the attitudes of staff and fellow residents at the care home. This study indicates that it may be advisable for more care homes to accept personal pets.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19001880>

## PHYSICAL ACTIVITY

(See Also 262/17)

- 262/61 A group-based walking study to enhance physical activity among older adults: the role of social engagement; by Yujun Liu, Margie E Lachman.: Sage.  
Research on Aging, vol 43, nos 9-10, October-December 2021, pp 368-377.  
The aim of this study was to explore social engagement and social comparisons as mechanisms to increase physical activity among older adults. 60 participants with a mean age of 65.7 years were randomly assigned to one of two conditions. Participants in the treatment condition used the application to track their daily walking steps and interact via text messages with their group members for four weeks. Participants in the control group used the application only to track their own walking steps. Outcome variables included mean weekly steps, exercise self-efficacy and social engagement. Results of the study revealed that participants in the experimental condition significantly increased their mean weekly steps and social engagement from the pre-test to the post-test whereas the control group did not. These effects were maintained at the one-month follow up. The study expands understanding of the motivational role of social engagement and social comparison in increasing physical activity among older adults. (NH/JL)  
ISSN: 01640275  
From : <https://doi.org/10.1177%2F0164027520963613>

## RELATIONSHIPS (PERSONAL)

- 262/62 Marital quality and well-being among older adults: a typology of supportive, aversive, indifferent, and ambivalent marriages; by Yingling Liu, Laura Upenieks.: Sage.  
Research on Aging, vol 43, nos 9-10, October-December 2021, pp 428-439.  
A large body of work has linked marital quality to the health and wellbeing of older adults, but there is a lack of agreement on how to best measure dimensions of marital quality. Drawing on a stress-process life course perspective, this study constructed a typology of marriage type that captured the synergistic relationship between positive and negative marital qualities and health. Using data from Wave 1 (2005/2006) and Wave 2 (2010/2011) of the NSHAP survey from the United States, the authors examined the association between supportive, aversive, ambivalent and indifferent marriages for older adults that remained married over the study period on multiple indicators of wellbeing (depression, happiness, and self-rated health). Results suggested that older adults in aversive marriages reported lower happiness (men and women) and physical health (men). There was less evidence that those in ambivalent and indifferent marriages reported worse wellbeing (JL)  
ISSN: 01640275  
From : <https://doi.org/10.1177%2F0164027520969149>

## REMINISCENCE

- 262/63 Virtual visits: reminiscence in residential aged care with digital mapping technologies; by Sarah Webber, Steven Baker, Jenny Waycott.: Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 293-300.  
Digital technologies can support reminiscence and lifestyle enrichment in residential aged care. This study aimed to explore potential benefits and risks of virtual visits using digital maps, tablet computers and virtual reality technologies. Reminiscence sessions were conducted with seven metropolitan aged care facility residents, using Google Street View, Google Earth, Oculus Go and other digital mapping applications to 'visit' places of personal significance. Four residents and family members were then interviewed. Some older adults found virtual visits valuable and all reminisced in various ways about personal, family and social experiences. Family members felt that virtual visits would be enriching for loved ones and that they supported sharing of life stories. Study results also highlighted that VR usability improvements are needed to better suit older people. Virtual visits could offer valuable opportunities for positive reminiscence for some older adults in residential aged care. Digital technologies need to provide better support for older users and people who assist them. (JL)  
ISSN: 14406381  
From : <https://doi.org/10.1111/ajag.12902>

## RESEARCH

- 262/64     Aging researchers in early stages (ARIES): a model for career development collaboration of researchers in aging; by Kei Ouchi, Shalender Bhasin, Ariela R Orkaby.: Emerald. Quality in Ageing and Older Adults, vol 22, no 2, 2021, pp 75-80. Individuals over age 65 represent the fastest growing segment of the population, yet they are also the least studied group and are most likely to be excluded from research most likely to apply to them. A significant reason for this deficit has been a shortage of scientists and clinicians to care for and study the many diseases that impact older adults. The purpose of this study was to help early-stage clinician-scientists develop local forums fostering their career developments. In this study the difficulties associated with raising new generations of researchers in ageing are looked at. The authors then offer suggestions for how early-stage clinician-scientists can foster career development in ageing. This paper draws upon a local example, ARIES, to explain how early-stage investigators can be brought together with the goal of creating a pipeline of future leaders in ageing research. The model may empower more early-stage clinicians to pursue such research. (JL)  
ISSN: 14717794  
From : <https://doi.org/10.1108/QAOA-01-2021-0012>

## RESIDENTIAL AND NURSING HOME CARE

(See 262/14, 262/55, 262/60, 262/73)

## RESILIENCE

- 262/65     Exploring resilience in adult daughter and spousal carers of people living with dementia in North West England: an ecological approach; by Warren James Donnellan, Kate Mary Bennett, Natalie Watson.: Emerald. Quality in Ageing and Older Adults, vol 22, no 1, 2021, pp 40-55. Research has shown that informal carers of people living with dementia (PLWD) can be resilient in the face of caregiving challenges. However, little is known about resilience across different kinship ties. This study aims to update and build on our previous work, using an ecological resilience framework to identify and explore the factors that facilitate or hinder resilience across spousal and adult daughter carers of PLWD. This study conducted in-depth qualitative interviews with a purposive sample of 13 carers from North West England and analysed the data using a constructivist grounded theory approach (Charmaz, 2003). Adult daughters were motivated to care out of reciprocity, whereas spouses were motivated to care out of marital duty. Spouses had a more positive and accepting attitude towards caregiving and were better able to maintain continuity, which facilitated their resilience. Resilience emerged on multiple levels and depended on the type of kinship tie, which supports an ecological approach to resilience. The implications of these findings are discussed.  
ISSN: 14717794  
From : <https://doi.org/10.1108/QAOA-12-2020-0063>

## RETIREMENT

(See Also 262/48)

- 262/66     The Effects of Retirement on Health and Health Behaviour among Retirees and their Partners: Evidence from the English Longitudinal Study of Ageing; by Attakrit Leckcivilize, Paul McNamee. Journal of Population Ageing., July 2021. Retirement from paid work is a major transitional point and can have large impacts on lifestyle choices and subsequent health. Using eight waves of data from the English Longitudinal Study of Ageing (ELSA), this paper assesses impacts of both own and partner's retirement on health and health behaviour by examining heterogeneous effects. We focus on individuals who retired from paid work and estimate fixed effects regression using state pension age (SPA) as an instrumental variable. Our results suggest that whilst own retirement improves health outcomes and increases the probability of engaging in more physical activity, the retirement of a partner does not influence the health or health behaviour of the other partner. The results from sub-sample regressions focusing on differences by sex, education, wealth, and occupation are consistent with these main findings, and find no significant impacts of partner retirement on own health or health behaviour in these sub-groups. Our results for the full sample and the sub-groups are mostly robust to changes in sample restriction and model specification, with only a small number of changes in absolute coefficient size. The results may suggest a role for targeted interventions, particularly amongst those with fewer years of education, lower wealth and some occupational groups.  
From : <https://doi.org/10.1007/s12062-021-09337-3>



- 262/67 On how different combinations of conditions produce different early exit/retirement outcomes: a qualitative (case-oriented) comparison of Denmark and Sweden; by Per H Jensen.: Cambridge University Press.  
Ageing and Society, vol 41, no 10, October 2021, pp 2335-2355.  
Denmark and Sweden are rather similar in most societal dimensions but differ markedly with regard to the employment rate among older workers, which in 2015 was 65% in Denmark and 75% in Sweden. Using a qualitative (or case-oriented) comparative approach, this article seeks to identify configurations or combinations of conditions that have produced these differences in older workers' work patterns. From an inter-disciplinary perspective, the article draws on the conceptual framework of push (e.g. involuntary retirement due to poor health), pull (e.g. voluntary retirement because of generous welfare benefits), jump (e.g. exit due to a search for life conditions that are more fulfilling than paid work), stay (e.g. older workers remain voluntarily in the labour market because work is fulfilling and well paid) and stuck (e.g. older workers remain involuntarily in the labour market because they cannot afford to retire). Findings are that low employment rates in Denmark are an outcome of a relatively strong combination of push-pull-jump factors, while Sweden, with its high employment rate, exhibits a combination of stay-stuck conditions. (JL)  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X2000029X>
- 262/68 The working class and early retirement in Demark: individual push factors; by Jeevitha Yogachandiran Qvist.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 2118-2142.  
Previous research finds that members of the working class have a higher risk of early retirement compared to professionals because they are pushed into early retirement. This indicates that not all workers can respond to incentives to extend their working life. Yet, little previous work has been conducted to quantify systematically the extent to which push factors explain why members of the working class have a higher risk of early retirement compared to professionals. Using longitudinal data on Danish workers, the results suggest that members of the working class have an increased risk of early retirement compared to professionals, but poor health, previous spells of unemployment and low job quality mediate a large part of this effect. Among men, the push factors mediate 57 and 86 per cent of the effect of social class on early retirement for skilled manual and unskilled manual workers, respectively. Among women, the push factors mediate 43 and 55 per cent of the effect of social class on early retirement for skilled manual and unskilled manual workers, respectively. Overly physical work demands is the most important mediator, which explains between 23 and 31 per cent of the total effect of belonging to the working class on early retirement. Moreover, the magnitudes of the indirect effects of the push factors depend on the particular pathway into retirement.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000203>
- RISK**
- 262/69 Attitudes towards dignity of risk in older people: a survey following a short narrative film; by Yingtong Li, Lyndal Bugeja, Navjot Bhullar, Joseph E Ibrahim.: Wiley.  
Australasian Journal on Ageing, vol 40, no 3, September 2021, pp 317-322.  
The aim of this study was to evaluate aged care staff's willingness to help an older person with risk-taking activities that improve quality of life (known as 'dignity of risk'). This was an opportunity-based cross-sectional anonymous electronic survey in four Australian jurisdictions, conducted immediately after screening a short animated narrative film describing 'dignity of risk'. The survey comprised nine questions including respondent demographics, professional role, risk-taking and outcome. From 24 separate screenings, there were 929 respondents. Agreement to 'help an older person with risk-taking activities' was associated with respondent prediction of the least severe harm occurring. Conversely, respondents in non-executive, non-managerial roles - that is, nurses and care workers - were unlikely to agree to help with risk-taking activities. There was not an association with respondent's age grouping. Staff self-reported attitudes towards dignity of risk are important to understand to enhance in an older person's quality of life. (JL)  
ISSN: 14406381 From : <https://doi.org/10.1111/ajag.12910>
- 262/70 Precarity and ageing: understanding insecurity and risk in later life; by Amanda Grenier, Chris Phillipson, Richard A Settersten (eds). Bristol: Policy Press, 2020, 258 pp (Ageing in a global context). What risks and insecurities do older people face in a time of both increased longevity and widening inequality? This edited collection develops a new approach to understanding the changing cultural, economic and social circumstances facing different groups of older people. Exploring a range of topics, the chapters provide a critical review of the concept of precarity, highlighting the experiences of ageing that occur within the context of societal changes tied to declining social protection. The book is arranged in three parts: life course perspectives on precarity; precarity across situations (e.g. vulnerability, workers' employment and welfare, and migration); and austerity, care and social responses to precarity. The book brings together insights from leading experts across a range of disciplines, and underscores the pressing need to address inequality across the life course and into later life. (RH)  
Price: £75.00 From : Policy Press, University of Bristol, 1-9 Old Park Hill, Bristol, BS2 8BB.

## **SOCIAL CARE**

(See Also 262/21, 262/43)

- 262/71     Paying for your care: funding your own care at home or in a care home; by Independent Age. London: Independent Age.  
Social care helps people to carry out everyday tasks, such as washing, dressing and eating. It might be provided at home or in a residential care home. Some people will be able to get funding from their council, but many will end up paying for all of their care themselves. This guide is for people paying for their care, and their friends and family. It looks at: how to get started; the differences between care at home and care in a care home; how council assessments work; ways to pay for your care; and what to do if your financial situation changes. The advice in this guide applies to England only. (RH)  
From : Independent Age, 6 Avonmore Road, London W14 8RL.  
Website: <http://www.independentage.org>

## **STROKE**

- 262/72     Analysis of self-efficacy for stroke recognition and action from a cluster randomised trial evaluating the effects of stroke education pamphlets versus a 12-minute culturally tailored stroke film among Black and Hispanic churchgoers in New York; by Dadee Ilunga Tshiswaka, Jeanne Teresi, Joseph P Eimicke (et al).: Sage.  
Health Education Journal, vol 80, no 7, November 2021, pp 844-850.  
Because early recognition of symptoms and timely treatment of stroke can reduce mortality and the long-term effects of such events, efforts to make many people both aware of these symptoms and knowledgeable about what to do when recognising them are critical for reducing impacts from stroke. The objective of this study was to assess the impact of a stroke preparedness film (intervention) and stroke preparedness pamphlets (usual care) on self-efficacy for stroke recognition and action. This was a two-arm cluster randomised trial conducted between 2013 and 2018. The study setting comprised of 13 church sites located in economically disadvantaged urban neighbourhoods in New York. Of 883 churchgoers approached, 503 expressed interest, 375 completed eligibility screening and 312 were randomised. Participant inclusion criteria were Black or Hispanic churchgoers, aged 34 years or older, without stroke history, but at a high risk for stroke. The intervention consisted of two 12-minute stroke films: Gospel of Stroke, in English for Black participants, and 'Derrame Cerebral', in Spanish for Hispanic participants. Participants were pre-post-tested (at baseline, 6-month follow-up and 12-month follow-up) for self-efficacy. Descriptive analysis, a linear mixed model and t tests were used to assess the effects of a stroke preparedness film and stroke preparedness pamphlets on self-efficacy. Study findings were based on intention-to treat analysis. A total of 310 participants completed the study (99% retention rate). About half (53.8%) of participants were Black and 46.2% Hispanic in the intervention group; 48.3% were Black and 51.7% were Hispanic in the usual care group. Overall, both groups evidenced higher self-efficacy (i.e. lower predicted means) over time, although a significant benefit was not observed for the intervention relative to usual care. Overall, both stroke preparedness films and stroke preparedness pamphlets improved self-efficacy with respect to stroke recognition and action among ethnic minority churchgoers. (JL)  
ISSN: 00178969  
From : <https://doi.org/10.1177%2F00178969211002871>

## **SUICIDE**

- 262/73     Places of living and places of dying: the case for preventing suicide in residential long-term care; by Briony Jain, Viktoryia Kalesnikava, Joseph E. Ibrahim, Briana Mezuk.: Cambridge University Press.  
Ageing and Society, vol 41, no 9, September 2021, pp 1945-1960.  
This commentary addresses the increasing public health problem of suicide in later life and presents the case for preventing suicide in residential long-term care settings. We do so by examining this issue from the perspective of three levels of stakeholders - societal, organisational and individual - considering the relevant context, barriers and implications of each. We begin by discussing contemporary societal perspectives of ageing; the potential impact of ageism on prevention of late-life suicide; and the roles of gender and masculinity. This is followed by a historical analysis of the origin of residential long-term care; current organisational challenges; and person-centred care as a suicide prevention strategy. Finally, we consider suicide in long-term care from the perspective of individuals, including the experience of older adults living in residential care settings; the impact of suicide on residential care health professionals and other staff; and the impact of suicide bereavement on family, friends and other residents. We conclude with recommendations for policy reform and future research. This commentary aims to confront the often unspoken bias associated with preventing suicide among older adults, particularly those living with complex medical conditions, and invoke an open dialogue about suicide prevention in this population and setting.  
ISSN: 0144686X  
From : <https://doi.org/10.1017/S0144686X20000173>

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