

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 266/52, 266/82, 266/84)

- 266/1 Classifying elders neglect, insult and abuse through financial hardship and physical health; by Naval Bajpai, Kushagra Kulshreshtha, Prince Dubey, Gunjan Sharma.: Emerald. Working with Older People, vol 26, no 4, 2022, pp 297-318. Ageing has detrimental effects on older people due to their physical health and financial hardship. Older people face neglect, insult and abuse in society due to causes related to physical health and financial issue from caregivers. This Indian study aims to identify the measures of physical health and financial hardship and classifies older people under the categories of neglect, insult and abuse. The propositions of existence and classifying older people under neglect, insult and abuse categories were tested using discriminant analysis; profiling was done by perceptual mapping technique. The elder neglect category was identified as a prominent category due to physical health, while elder insult and abuse were caused by physical health or financial hardship or both. The present study portrays the multi-dimensional facets related to elders' ill-treatment. The elder's ill-treatment categories were profiled to imply the measure of elevating elders' dignity and care at a personal level and society at large. This study classifies older people under categories of neglect, insult and abuse. This classification may facilitate medical practitioners, academics and government and non-government social welfare agencies in understanding elder abuse with new perspectives. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-03-2021-0008>

ADVANCE DIRECTIVES

- 266/2 Advance care plans in UK care home residents: a service evaluation using a stepped wedge design; by Gill Garden, Adeela Usman, Donna Readman (et al.): Oxford University Press. Age and Ageing, vol 51, no 3, afac069, March 2022, pp 1-8. Advance care planning (ACP) in care homes has high acceptance, increases the proportion of residents dying in place and reduces hospital admissions in research. The authors investigated whether ACP had similar outcomes when introduced during real-world service implementation. A service in care homes in Lincoln which was undertaking ACP was evaluated using routine data. Outcomes were proportion of care homes and residents participating in ACP; characteristics of residents choosing or declining ACP, and place of death for those with/without ACP. Hospital admissions were analysed using mixed-effects Poisson regression for number of admissions, and a mixed-effects negative binomial model for number of occupied hospital bed days. About 15/24 (63%) eligible homes supported the service, in which 404/508 (79.5%) participants chose ACP. Residents choosing ACP were older, frailer, more cognitively impaired and malnourished; 384/404 (95%) residents choosing ACP recorded their care home as their preferred place of death; 380/404 (94%) declined cardiopulmonary resuscitation (CPR). Among deceased residents, 219/248 (88%) and 33/49 (67%) with and without advance care plan respectively died in their care home (relative risk 1.35, 95% confidence interval [CI] 1.1-1.6, P 0.001). Hospital admission rates and bed occupancy did not differ after implementation. The study found that those who chose ACP were more likely to die at home. However, many homes were unwilling or unable to support the service, and so hospital admissions were not reduced. Further research should consider how to enlist the support of all homes, and to explore why hospital admissions were not reduced. (RH)
ISSN: 14682834
From : <https://academic.oup.com/ageing/article/51/3/afac069/6555262>

AGE-FRIENDLY COMMUNITIES

(See 266/63, 266/83, 266/105, 266/106, 266/108, 266/109, 266/110, 266/111)

AGEING (GENERAL)

(See Also 266/65)

- 266/3 Old age as a new class or an outdated social category?: Objective and symbolic representations of later life; by Chris Gilleard.: Cambridge University Press. Ageing and Society, vol 42, no 7, July 2022, pp 1499-1512. Age has become an increasingly contested form of division within contemporary society, with some writers suggesting age has become 'the new class', while others point to increasing 'ageism' in society. In exploring such competing claims, this paper examines the basis for considering age as a social class, category or group. Drawing upon Bourdieu's writings on classification and the criteria for what constitutes a social class or category and the 'objective' and 'symbolic' criteria defining it, the paper argues that the material criteria for distinguishing between 'retired' and 'working-age' households have almost disappeared. At the same time, the symbolic representation of age is no longer confined to the

parameters of poverty. Shorn of its objective distinction, the symbolic representation of old age seems to have bifurcated, between a generational identity where older people are represented as an advantaged group and an aged identity still essentialised as old and weak. The dissolution of an objective material basis for framing age has taken away much of the underlying basis for a coherent symbolic categorisation of age. Later life might better be seen as a contested symbolic space, framed by the dual axes of socio-historical generation and corporeal, chronological agedness. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001579>

AGEING WELL

(See 266/68)

AGEING WITHOUT CHILDREN

266/4 Childlessness, geographical proximity and non-family support in 12 European countries; by Agnieszka Fihel, Malgorzata Kalbarczyk, Anna Nicinska.: Cambridge University Press.

Ageing and Society, vol 42, no 11, November 2022, pp 2695-2720.

The number of relatives and geographical proximity between them affects informal support provided to older people. In this study, the authors investigate whether (a) childless persons and parents living remotely from their adult children experience similar shortages in informal support, and (b) whether neighbours, friends and other non-family helpers compensate for these shortages.

The authors estimate the probability and amount of informal non-financial support received by people aged 65+ over who remain childless or live at different distances to their children. Their estimates are based on data from the Survey on Health, Ageing and Retirement in Europe (SHARE) data for 12 European countries (Czech Republic, Poland, Denmark, the Netherlands, Sweden, Italy, Spain, Austria, Belgium, France, Germany and Switzerland). The contribution of non-family individuals is rather complementary to the help from family. Parents residing in the proximity of their children rely almost exclusively on family; but as the geographical distance between adult children and older parents increases, the probability and amount of non-family support increase as well. But childless individuals differ from parents of remotely living children: the former rely on smaller support networks and resort more often to other relatives than the latter. Non-family individuals compensate for the scarcity of informal support only in the case of parents of distant children, but not in the case of childless individuals. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X21000313>

266/5 Constructions of childlessness and ageing: legitimising dependency on unpaid care?; by Alex Hall, Gemma Spiers, Barbara Hanratty.: Emerald.

Quality in Ageing and Older Adults, vol 23, no 4, 2022, pp 165-173.

A narrative has developed in recent years to link ageing without children to support needs in later life. Social care has long been viewed as a private, familial responsibility, whilst health care is a societal, public good. Childlessness is framed negatively in terms of increased demands on care services and wider family networks. As governments tackle the issue of how to fund and deliver an equitable and sustainable long-term care sector, this policy-oriented commentary paper aims to argue that it is more critical than ever to evaluate views of childlessness in the context of ageing. The authors use the UK as a contextual example, to argue that the research and policy communities have a role to play in evaluating their constructions of childlessness and ageing, and questioning whether they do little more than legitimise government's unwillingness to take responsibility for social care. The paper concludes that if the focus on childlessness and ageing is through a lens of a potential care deficit, this continues to frame ageing without children as a risk, and does little to challenge increasing reliance on unpaid care. Research and policy need to explore how to make access to social care more equitable and reduce expectations of unpaid care. They also need to increasingly emphasise exploration of aspects of later life beyond the issue of care, for example, by more of a focus on communities, what matters to people to age well, and to lives that extend beyond traditional views of nuclear families. (RH)

ISSN: 14717794 From : <https://doi.org/10.1108/QAOA-10-2021-0078>

AGEISM AND AGE DISCRIMINATION

(See Also 266/22)

266/6 The association between ageist attitudes, subjective age, and financial exploitation vulnerability among older adults; by Gali Weissberger, Yoav S Bergman, Amit Shrira.

Journal of Applied Gerontology, online first, October 2022.

Ageism, or age-based negative stereotypes, prejudice, and/or discriminatory behaviours toward older adults, has been linked with various detrimental physical and psychological consequences. The current study examined the relevance of ageist attitudes to financial exploitation vulnerability (FEV) among

older adults and investigated whether feeling older than one's chronological age (i.e., older subjective age) moderated the ageist attitudes-FEV association. 230 participants (mean age = 72.08, SD = 5.74) filled out scales assessing ageist attitudes, subjective age, and provided relevant sociodemographic information. High levels of ageist attitudes and an older subjective age were associated with increased FEV. Moreover, the ageist attitudes-FEV association was significantly stronger among participants reporting an older subjective age. The results highlight the importance of taking into account ageism and subjective age in order to gain a deeper understanding of the underlying mechanisms which render older adults vulnerable to financial exploitation. Practical and empirical implications are discussed. (NL/RH) ISSN: 07334648 From : <https://doi.org/10.1177/07334648221132130>

- 266/7 Combating ageism through adult education and learning; by António Frago, Josélia Fonseca. *Social Sciences*, vol 11, article number 110, 2022, 12 pp.
The demographic data and projections show that the world is ageing at a high pace and that this has detrimental consequences for society. The available data on ageism show that it constitutes the most prevalent form of discrimination in Europe. Whilst this seems logical because ageism, potentially, affects everybody (unlike sexism or racism), public debate on the phenomenon is rare. The awareness of people of its importance is minimal, the resources and investigation devoted to understanding it are relatively small, and the initiatives towards combating ageism are inadequate. There is a mismatch between the dimension of the phenomenon and the attention that we have given it. Ageism has various negative consequences for the older adults themselves, for the institutions at large (but especially for the working world institutions), and for countries. In a fast-ageing world that will witness structural changes in age groups, ageism is a complex phenomenon that needs to be counteracted. So far, in Europe, combating ageism through law and public policy seems to have produced poor results. However, the literature shows that adult education and learning can provide very effective means for improving mutual knowledge between generations, combating myths and prejudice, and deconstructing age-based stereotypes. (OFFPRINT). (RH)
From : <https://doi.org/10.3390/socsci11030110>
- 266/8 Cross-generational understandings of ageism and its perceived impacts on personal-public health; by Diana M Mayo, Thomas M Meuser, Regula H Robnett, Megan E Webster, Carly E Woolard.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 7, October 2022, pp 711-727.
In 2016, the World Health Organization (WHO) launched a global campaign to combat ageism, emphasizing its potential harm to personal and public health. This qualitative focus group study explored generational differences in understanding the WHO's definition and impact of ageism among northern New England, United States baby boomers (ages 60-72; n = 17) and silent generation members (ages 78-85; n = 10). Verbatim transcripts were analysed via a grounded theory approach, and representative themes and quotations were extracted by consensus. Members of both age groups initially downplayed personal impacts of ageism in favour of a broader discussion of age-related discrimination on a societal level. As each discussion progressed, however, participants acknowledged economic, social and health impacts linked with ageism, but primarily for others. Both groups noted ageist actors in places of employment, healthcare settings, restaurants, retirement communities and within family networks. Interestingly, each group rated risk of harm by ageism as greater for the other group. The findings highlight challenges associated with the translation of a broad public health campaign to engage specific stakeholder subgroups. The authors discuss future research, education, and training initiatives across all ages to address the detrimental impacts of ageism. (RH)
ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2021.2019865>
- 266/9 Expressions of self-ageism in four European countries: a comparative analysis of predictors across cultural contexts; by Belia Schuurman, Jolanda Lindenberg, Johanna M Huijg, Wilco P Achterberg, Joris P J Slaets.: Cambridge University Press.
Ageing and Society, vol 42, no 7, July 2022, pp 1589-1606.
Self-ageism has a significant negative impact on older people's ageing experiences and health outcomes. Despite ample evidence on cross-cultural ageism, studies have rarely looked into the way cultural contexts affect self-ageism. In this article, the authors compare expressions of self-ageism and its possible predictors across four European countries (France, Poland, Portugal and the Netherlands) based on two questionnaires in a study sample of 2,494 individuals aged 55 and older. The authors explore how predictors of self-ageism are moderated by cultural values in a comparative fixed-effects regression model. They empirically show that similarly to ageism, self-ageism is not present in the same way and to the same extent in every country. Moreover, the level to which cultures value hierarchy and intellectual autonomy significantly moderates the association between self-ageism and individual predictors of self-ageism. This study adds to the small existing body of work on self-ageism by confirming empirically that certain expressions of self-ageism and individual predictors are susceptible to change in different cultural contexts. The research results suggest that self-ageism interventions may benefit from a culturally sensitive approach and imply that more culturally diverse comparisons of self-ageism are necessary to figure out fitting ways to reduce self-ageism. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20001622>

- 266/10 Is ageism an oppression?; by Paul Higgs, Chris Gilleard.
Journal of Aging Studies, vol 62, September 2022, 6 pp.
The concept of ageism as oppression has become an important point of reference in contemporary gerontology. Apart from its giving substance to the negative experiences impacting on older people, the idea of ageism as oppression is used in many different contexts, with different meanings. In this paper, the authors argue that the positioning of ageism as oppression, rather than constituting a deepening of gerontological focus, seems to serve as a way of connecting those using it with other social movements for whom oppression and its overcoming have been critical to their historical development. The authors argue that in and of itself, ageism as oppression has little instrumental value in effecting change over and above that associated with the identification of discrimination experienced by older people in various settings. Furthermore, it risks reinforcing a homogenised perspective of later life that masks the complex and contradictory position that later life occupies in most ageing societies. (OFFPRINT.) (RH)
ISSN: 08904065
From : <https://doi.org/10.1016/j.jaging.2022.101051>
- 266/11 Is part of ageism actually ableism?; by Mariska van der Horst, Sarah Vickerstaff.: Cambridge University Press.
Ageing and Society, vol 42, no 9, September 2022, pp 1979-1990.
Ageism is a widely used term that is not (yet) well understood. The authors propose a redefinition of ageism and to separate it from ableism. They believe this to be important, as remedies may depend on whether someone is experiencing ageism or ableism. While focusing the discussion on older workers as a sub-group of older people who (can) experience ageism, the authors assess the usefulness of critical (feminist) disability studies for ageism research. They hope that redefining ageism and analytically separating it from ableism (without suggesting that both concepts should be studied independently from one another) will provide guidance for researchers who study ageism, and will allow for more specific policy guidance on how to solve difficulties experienced by older workers. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001890>
- 266/12 A scoping review of ageism towards older adults in cancer care; by Kristen R Haase, Schroder Sattar, Sophie Pilleron, Yentl Lambrechts, Michelle Hannan, Erna Navarrete, Kavita Kantilal, Lorelei Newton, Kumud Kantilal, Rana Jin, Hanneke van der Wal-Huisman, Fay J. Strohschein, M. Pergolotti, Kevin B. Read, Cindy Kenis, Martine Puts, Nursing and Allied Health Interest Group, International Society of Geriatric Oncology (SIOG).
Journal of Geriatric Oncology, October 2022.
Ageism towards older adults with cancer may impact treatment decisions, healthcare interactions, and shape health/psychosocial outcomes. The purpose of this review is twofold: (1) To synthesize the literature on ageism towards older adults with cancer in oncology and (2) To identify interventions that address ageism in the healthcare context applicable to oncology.
The authors conducted a scoping review following Arksey and O'Malley and Levac methods and Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. They conducted an exhaustive multi-database search, screening 30,926 titles/abstracts. Following data abstraction, and conducted tabular, narrative, and textual synthesis. The study extracted data on 133 papers. Most (n = 44) were expert opinions, reviews, and letters to editors highlighting the negative impacts of ageism, expressing the need for approaches addressing heterogeneity of older adults, and calling for increased clinical trial inclusion for older adults. Qualitative studies (n = 3) described healthcare professionals' perceived influence of age on treatment recommendations, whereas quantitative studies (n = 32) were inconclusive as to whether age-related bias impacted treatment recommendations/outcomes or survival. Intervention studies (n = 54) targeted ageism in pre/post-licensure healthcare professionals and reported participants' improvement in knowledge and/or attitudes towards older adults. No interventions were found that had been implemented in oncology. Concerns relating to ageism in cancer care are consistently described in the literature. Interventions exist to address ageism; however, none have been developed or tested in oncology settings. The study concludes that addressing ageism in oncology will require integration of geriatric knowledge/interventions to address conscious and unconscious ageist attitudes impacting care and outcomes. Interventions hold promise if tailored for cancer care settings.
From : <https://doi.org/10.1016/j.jgo.2022.09.014>
- 266/13 Visual ageism and the subtle sexualisation of older celebrities in L'Oréal's advert campaigns: a Multimodal Critical Discourse Analysis; by Lame Maatla Kenalemang.: Cambridge University Press.
Ageing and Society, vol 42, no 9, September 2022, pp 2122-2139.
This study focuses on the recent increase in the use of older celebrities in cosmetics advertising. It asks what kinds of ideas and values these images may attribute to discourses of ageing. Drawing on a Multimodal Critical Discourse Analysis (MCDA) perspective, this study focuses on L'Oréal UK and Ireland Web advertisements, examining how these advertisements use older celebrities to redefine and/or reposition ageing, and exploring how they relate to the notion of 'successful ageing'. In these

advertisements, using cosmetics is presented as a positive, empowering choice. The advertisements simultaneously promote new discourses about ageing in which older women's sexuality is presented as a form of power. However, the analysis shows that the underlying discourse pathologises ageing and presents ageing as something which can be evaded through the consumption of cosmetics. It thus turns ageing into a choice, but one where the 'right choice' aligns with neo-liberal ideas about ageing well. For women, decision-making about ageing seems to be a never-ending process that requires constant construction, promoted through the older celebrity's sexualisation. Women are expected to always look good and present the best versions of themselves, even at the latest stages of life, which reproduces and legitimises sexist and ageist expectations about women's appearances, including the expectations that for older women to remain visible and attractive, they must hide outward signs of ageing. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20002019>

ASSISTIVE TECHNOLOGY

- 266/14 Broadcasting, through TV, social services information to older persons; by Telmo Silva.: Emerald. Working with Older People, vol 26, no 4, 2022, pp 249-257.
The author reports the process of a field trial conducted to test the usability and usefulness of an Interactive TV (iTV) platform that aims to promote Portuguese older adults' info-inclusion and quality of life by delivering informative content about public and social services. The field trial also examined the iTV platform's usability and user experience along with 21 senior users. A high-fidelity prototype was tested with potential users for two weeks to collect data in a "real life" background to gather valuable information to refine the solution according to the target public needs. The results revealed positive usability levels and overall satisfaction of users in interacting with the system, yet not stopping them from giving their inputs and feedback. The informative videos sent to the platform were considered adequate, the remote control was simple and caused no problems, and the video library and the splash screen were both positively reviewed. This original research offers insights on how valuable such a field trial can be in developing an innovative technology with and for this target population. Also, it was possible to understand that older adults want to be informed. Despite this, most of the time, they are unable to find the information efficiently. These results also supported the usefulness of the +TV4E platform. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-01-2022-0001>
- 266/15 Using video consultation technology between care homes and health and social care professionals: a scoping review and interview study during COVID-19 pandemic; by Krystal Warmoth, Jennifer Lynch, Nicole Darlington, Frances Bunn, Claire Goodman.: Oxford University Press.
Age and Ageing, vol 51, no 2, afab279, February 2022, pp 1-17.
The COVID-19 pandemic disproportionately affected care home residents' and staffs' access to health care and advice. Health and social care professionals adapted rapidly to using video consultation (videoconferencing) technology without guidance. The authors sought to identify enablers and barriers to using videoconferencing in supporting care home residents and staff. The study used a scoping review of the evidence on remote consultations between healthcare services and care homes, and interviews with English health and social care professionals about their experiences during the pandemic. Findings were synthesised using the non-adoption, abandonment, scale-up, spread, sustainability framework. 18 papers were included in the review. Twelve interviews were completed. Documented enablers and barriers affecting the uptake and use of technology (e.g. reliable internet; reduced travelling) resonated with participants. Interviews demonstrated rapid, widespread technology adoption overcame barriers anticipated from the literature, often strengthening working relationships with care homes. Novel implementation issues included using multiple platforms and how resident data were managed. Healthcare professionals had access to more bespoke digital platforms than their social care counterparts. Participants alternated between platforms depending on individual context or what their organisation supported. All participants supported ongoing use of technologies to supplement in-person consultations. The evidence on what needs to be in place for video consultations to work with care homes was partly confirmed. The pandemic context demolished many documented barriers to engagement and provided reassurance that residents' assessments were possible. It exposed the need to study further differing resident requirements and investment in digital infrastructure for adequate information management between organisations. (RH)
ISSN: 14682834
From : <https://academic.oup.com/ageing/article/51/2/afab279/6520508>

ATTITUDES TO AGEING

(See Also 266/9, 266/66)

- 266/16 A cross sectional survey on UK older adult's attitudes to ageing, dementia and positive psychology attributes; by Madeleine Thelu, Bobbie Webster, Katy Jones, Martin Orrell. BMC Geriatrics vol 22, article no 837, 5 November 2022, 12 pp.
With an increasingly ageing population worldwide, the predominant attitude towards ageing is still negative. Negative stereotypes have detrimental effects on individuals' physical and mental health. Evidence is required about factors that may predict and change these views. This study aimed to investigate if older people's attitude towards dementia, their belief in a just world and sense of coherence is associated with their attitudes to ageing. A 25-min online survey was completed by 2,675 participants aged 50 or over who were current UK residents. Questions included demographics, overall health, dementia carer, dementia relative status and retirement status. Standardised scales used were the Attitudes to Ageing Questionnaire (AAQ), Dementia Attitudes Scale (DAS), Just World Scale (JWS) and Sense of Coherence Scale-13 (SOC). Data were analysed with descriptive, two-tailed bivariate Pearson's correlations, simple, and hierarchical regression analyses. Attitudes to dementia, just world beliefs, and sense of coherence were all significantly positively correlated with AAQ-Total, with SOC sub-scale 'Meaningfulness' showing the strongest correlation. In a hierarchical regression model, higher scores on SOC-Meaningfulness, DAS-Total and belief in a just world for oneself have all predicted more positive attitudes to ageing. The more positive an individual's attitude to dementia and the stronger they hold the belief that the world is just and coherent, the more likely they are to display positive attitudes to ageing. This initial evidence helps create a greater understanding of the factors that drive attitudes and stigma, and may have implications for public health messaging. (OFFPRINT.) (RH)
ISSN: 14712318
From : <https://doi.org/10.1186/s12877-022-03539-w>

- 266/17 Perceptions of older adults?: Measuring positive, negative, and physical descriptors using the stereotype content and strength survey; by Kristy J Carlson, David R Black, Daniel C Coster.: Taylor and Francis. Journal of Gerontological Social Work, vol 65, no 4, May-June 2022, pp 437-449.
The COVID-19 pandemic has disproportionately affected older people's health. In addition to the higher risk for serious illness and death, the societal value of senescent adults has been challenged. The research literature has reported conflicting results regarding positive and negative stereotypes of older adults; and no reliable, valid assessment tool to measure content (existence of stereotype) and strength (intensity of stereotype) is available. To address issues with instruments employed to measure ageist stereotypes, researchers developed the Stereotypes Content and Strength Survey. Students at a Midwest US university (n=483) were directed to "think about their perceptions of older adults" and indicate how many they believed could be described using the terms listed on a 5-point Likert-type scale from none to all. Response categories for each descriptive item were dichotomised into 1 = "some, most or all" and 0 = "none or few". Based on odds analyses of 117 items, 84 met the content criteria to be considered a stereotype regarding older adults. Using the criteria for strength, items were categorised into 36 "strong", 25 "moderate", and 23 "weak" stereotypes. Assessing the content and strength of stereotypic beliefs using this procedure may contribute to major biases influencing ageist perceptions. (RH)
ISSN: 01634372
From : <https://doi.org/10.1080/01634372.2021.1978026>

BLACK AND MINORITY ETHNIC GROUPS

(See 266/68, 266/126)

CARERS AND CARING

(See Also 266/77, 266/113)

- 266/18 Conceptualizing how caregiving relationships connect to quality of family caregiving within the stress process model; by Kylie N Meyer, Ashlie Glassner, Kyungmi Lee (et al.): Taylor and Francis. Journal of Gerontological Social Work, vol 65, no 6, August-September 2022, pp 635-648.
Family caregivers provide the majority of care for older and disabled family members living with an illness or disability. Although most caregivers want to provide high-quality care, many report providing care that is potentially harmful. The authors apply the Stress Process Model to review the preponderance of literature implicating quality of the relationship between caregivers and care recipients as a factor contributing to quality of family caregiving. In drawing together literature on caregiving relationships and caregiving quality, this commentary identifies potentially modifiable intervention targets to develop programs to support high-quality caregiving to older adults living with a chronic illness or disability. (RH)
ISSN: 01634372
From : <https://doi.org/10.1080/01634372.2021.2010855>

266/19 Long-distance caregivers' use of supportive services; by Jillian Minahan Zucchetto, V R Cimarolli, M J Wylie (et al).: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 6, August-September 2022, pp 618-634.
While long-distance caregiving has received increased attention as a unique care experience, previous research has not explored the supportive services used by long-distance caregivers (LDCs) and the factors that predict their use of supportive services. Using the Andersen Model of Health Care Utilization, this American cross-sectional study sought to: 1) describe the types of supportive services LDCs used and the frequency of usage; and 2) identify predisposing, enabling and need-related factors associated with supportive service use in a sample of LDCs. Participants were recruited from ageing services organisations, a national participant registry, professional networks, participant referrals, and an existing pool of research participants. The sample included 304 LDCs who reported on the use of nine supportive services and completed measures assessing depression, caregiver burden, self-rated health, sociodemographic characteristics, and the condition of the care recipient (CR). Fifty percent of LDCs reported no service use. Multiple hierarchical regression analyses demonstrated that younger age, higher caregiver burden, greater depressive symptoms, more time spent helping the CR, and worse CR functional status were significantly related to greater total supportive service use by LDCs. The study contributes to our understanding of the factors associated with LDCs' use of supportive service, and highlights the importance of need-related factors. (RH)
ISSN: 01634372
From : <https://doi.org/10.1080/01634372.2021.2009079>

266/20 Mandatory vaccination against COVID-19 for health and social care workers caring for older people; by Adam L Gordon, Wilco P Achterberg, Johannes J M van Delden.: Oxford University Press.
Age and Ageing, vol 51, no 4, afac097, April 2022, pp 1-4.
The COVID-19 pandemic has particularly adversely affected older people with frailty and functional dependency. Essential regular contact with care staff has been evidenced as an important source of infection for this group. Vaccinating care staff can reduce the incidence, duration and severity of infection, preventing onward transmission to older people and minimising the harm associated with discontinuity caused by staff absence. Voluntary vaccination programmes for staff are more likely to be effective when associated with information and education, community engagement and financial incentives, but programmes using all of these approaches have failed to establish consistently high vaccination rates among care staff during the pandemic. Mandatory vaccination, proposed as a solution in some countries, can increase vaccination rates. It is only ethical if a vaccine is effective and cost-effective, the risk associated with vaccinating care workers is proportionate to the risk reduction achieved through vaccination, and where all efforts to encourage voluntary vaccination have been exhausted. Even when these conditions have been met, careful attention is required to ensure that the penalties associated with conscientious objection are proportionate and to ensure that implementation is equitable in a way that does not disadvantage particular groups of staff. (RH)
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COVID-19

(See Also 266/20, 266/64, 266/68, 266/69, 266/70, 266/73, 266/74, 266/75, 266/76, 266/86, 266/98, 266/130, 266/132, 266/138)

266/21 COVID-19: lessons learned the hard way; by Tomas James Welsh, Emme Tenison.: Oxford University Press.
Age and Ageing, vol 51, no 6, afac132, June 2022, pp 1-2.
By the beginning of April 2022, there had been over 480 million confirmed cases of coronavirus infection globally and over 6 million deaths. Older people have been particularly affected, with higher rates of hospitalisation and death in the United States, Canada and Europe (including the UK). That older people were disproportionately affected by this illness was apparent very early on in the pandemic; and both increased age and high clinical frailty score have subsequently been shown to be associated with COVID-19 mortality and increased care needs in survivors. This editorial notes four key points. First, older adults hospitalised with COVID-19 presented earlier and had improved outcomes in the second wave, compared with the first. Second, a higher frailty score is associated with higher COVID-19 mortality, but that it is important to avoid nihilism. Third, geriatricians and gerontologists should be involved early in pandemic preparedness planning. Lastly, trial population demographics should match future treatment populations. (RH)
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From : <https://academic.oup.com/ageing/article/51/6/afac132/6615426>

- 266/22 Covid-19 and age discrimination: benefit maximization, fairness, and justified age-based rationing; by Andreas Albertsen.: Springer. *Medicine, Health Care and Philosophy*, October 2022, 9 pp.
Age-based rationing remains highly controversial. This question has been paramount during the Covid-19 pandemic. Analysing the practices, proposals and guidelines applied or put forward during the current pandemic, three kinds of age-based rationing are identified: an age-based cut-off, age as a tiebreaker, and indirect age rationing, where age matters to the extent that it affects prognosis. Where age is allowed to play a role in terms of who gets treated, it is justified either because this is believed to maximise benefits from scarce resources or because it is believed to be in accordance with the value of fairness understood as (a) fair innings, where less priority is given to those who have lived a full life, or (b) an egalitarian concern for the worse off. By critically assessing prominent frameworks and practices for pandemic rationing, this article considers the balance the three kinds of age-based rationing strikes between maximising benefits and fairness. It evaluates whether elements in the proposals are, in fact, contrary to the justifications of these measures. Such shortcomings are highlighted, and it is proposed to adjust prominent proposals to care for the worse-off more appropriately and better consider whether the acquired benefits befalls the young or the old. (OFFPRINT) (RH)
ISSN: 15728633
From : <https://doi.org/10.1007/s11019-022-10118-8>
- 266/23 COVID-19 infection and attributable mortality in UK care homes: cohort study using active surveillance and electronic records (March-June 2020); by Peter F Dutey-Magni, Haydn Williams, Arnoupe Jhass, Greta Rait, Fabiana Lorencatto, Harry Hemingway, Andrew Hayward, Laura Shallcross.: Oxford University Press.
Age and Ageing, vol 50, no 4, July 2021, pp 1019-1028.
Epidemiological data on COVID-19 infection in care homes are scarce. The authors analysed data from a large provider of long-term care for older people, to investigate infection and mortality during the first wave of the pandemic. This cohort study comprised 179 UK care homes with 9,339 residents and 11,604 staff. The authors used manager-reported daily tallies to estimate the incidence of suspected and confirmed infection and mortality in staff and residents. Individual-level electronic health records from 8,713 residents were used to model risk factors for confirmed infection, mortality and estimate attributable mortality. Of the 9,339 residents, 2,075 developed COVID-19 symptoms (22.2% [95% confidence interval: 21.4%; 23.1%]), while 951 residents (10.2% [9.6%; 10.8%]) and 585 staff (5.0% [4.7%; 5.5%]) had laboratory-confirmed infections. The incidence of confirmed infection was 152.6 [143.1; 162.6] and 62.3 [57.3; 67.5] per 100,000 person-days in residents and staff, respectively. Sixty-eight percent (121/179) of care homes had at least one COVID-19 infection or COVID-19-related death. Lower staffing ratios and higher occupancy rates were independent risk factors for infection. Out of 607 residents with confirmed infection, 217 died (case fatality rate: 35.7% [31.9%; 39.7%]). Mortality in residents with no direct evidence of infection was twofold higher in care homes with outbreaks versus those without (adjusted hazard ratio: 2.2 [1.8; 2.6]). Findings suggest that many deaths occurred in people who were infected with COVID-19, but not tested. Higher occupancy and lower staffing levels were independently associated with risks of infection. Protecting staff and residents from infection requires regular testing for COVID-19 and fundamental changes to staffing and care home occupancy. (RH)
ISSN: 14682834 From : <https://doi.org/10.1093/ageing/afab060>
- 266/24 COVID-19 infection risk amongst 14,104 vaccinated care home residents: a national observational longitudinal cohort study in Wales, UK, December 2020-March 2021; by Joe Hollinghurst, Laura North, Malorie Perry (et al).: Oxford University Press.
Age and Ageing, vol 51, no 1, Issue 1, afab22, January 2022, pp 1-7.
Vaccinations for COVID-19 have been prioritised for older people living in care homes. However, vaccination trials included limited numbers of older people. The authors conducted an observational data-linkage study of 14,104 vaccinated older care home residents in Wales, using anonymised electronic health records and administrative data. The aim was to study infection rates of SARS-CoV-2 for these residents following vaccination, and to identify factors associated with increased risk of infection. Cox proportional hazards models were used to estimate hazard ratios (HRs) for the risk of testing positive for SARS-CoV-2 infection following vaccination, after landmark times of either 7 or 21 days post-vaccination. HRs were adjusted for age, sex, frailty, prior SARS-CoV-2 infections and vaccination type. The authors observed a small proportion of care home residents with positive polymerase chain reaction (tests following vaccination 1.05% (N = 148), with 90% of infections occurring within 28 days. For the 7-day landmark analysis we found a reduced risk of SARS-CoV-2 infection for vaccinated individuals who had a previous infection; HR (95% confidence interval) 0.54 (0.30, 0.95). For the 21-day landmark analysis, we observed high HRs for individuals with low and intermediate frailty compared with those without; 4.59 (1.23, 17.12) and 4.85 (1.68, 14.04), respectively. The study concludes that increased risk of infection after 21 days was associated with frailty. The authors found that most infections occurred within 28 days of vaccination, suggesting extra precautions to reduce transmission risk should be taken in this time frame. (RH)
ISSN: 14682834 From : <https://academic.oup.com/ageing/article/51/1/afab22/6430099>

- 266/25 The COVID-19 pandemic has highlighted the need to invest in care home research infrastructure; by Adam L Gordon, Caroline Rick, Ed Juszcak (et al.): Oxford University Press.
Age and Ageing, vol 51, no 3, afac052, March 2022, pp 1-4.
The COVID-19 pandemic resulted in catastrophic levels of morbidity and mortality for care home residents. Despite this, research platforms for COVID-19 in care homes arrived late in the pandemic compared with other care settings. The Prophylactic Therapy in Care Homes Trial (PROTECT-CH) was established to provide a platform to deliver multi-centre cluster-randomised clinical trials (RCTs) of investigational medicinal products for COVID-19 prophylaxis in UK care homes. Commencing set-up in January 2021, this involved the design and development of novel infrastructure for contracting and recruitment, remote consent, staff training, research insurance, eligibility screening, prescribing, dispensing and adverse event reporting; such infrastructure being previously absent. By the time this infrastructure was in place, the widespread uptake of vaccination in care homes had changed the epidemiology of COVID-19, rendering the trial unfeasible. While some of the resources developed through PROTECT-CH will enable the future establishment of care home platform research, the near absence of care home trial infrastructure and nationally linked databases involving the care home sector will continue to significantly hamper progress. These issues are replicated in most other countries. Beyond COVID-19, there are many other research questions that require addressing to provide better care to people living in care homes. PROTECT-CH has exposed a clear need for research funders to invest in, and legislate for, an effective care home research infrastructure as part of national pandemic preparedness planning. Doing so would also invigorate care home research in the interim, leading to improved healthcare delivery specific to those living in this sector. (RH)
ISSN: 14682834
From : <https://academic.oup.com/ageing/article/51/3/afac052/6529173>
- 266/26 COVID-19 risk factors amongst 14,786 care home residents: an observational longitudinal analysis including daily community positive test rates of COVID-19, hospital stays and vaccination status in Wales (UK) between 1 September 2020 and 1 May 2021; by Joe Hollinghurst, Robyn Hollinghurst, Laura North (et al.): Oxford University Press.
Age and Ageing, vol 51, no 5, afac084, May 2022, pp 1-9.
COVID-19 vaccinations have been prioritised for high risk individuals. This longitudinal observational cohort study used individual-level linked data from the Secure Anonymised Information Linkage (SAIL) databank, and aimed to determine the risk factors for care home residents testing positive for SARS-CoV-2. Subjects were 14,786 care home residents (aged 65+) living in Wales between 1 September 2020 and 1 May 2021: the dataset consisted of 2,613,341 individual-level daily observations within 697 care homes. The authors estimated odds ratios (ORs [95% confidence interval]) using multilevel logistic regression models. The outcome of interest was a positive SARS-CoV-2 PCR test. The authors included time-dependent covariates for the estimated community positive test rate of COVID-19, hospital inpatient status, vaccination status and frailty. Additional covariates were included for age, sex and specialist care home services. The multivariable regression model indicated an increase in age (OR 1.01 [1.00,1.01] per year), community positive test rate (OR 1.13 [1.12,1.13] per percent increase), hospital inpatients (OR 7.40 [6.54,8.36]), and residents in care homes with non-specialist dementia care (OR 1.42 [1.01,1.99]) had an increased odds of a positive test. Having a positive test prior to the observation period (OR 0.58 [0.49,0.68]) and either one or two doses of a vaccine (0.21 [0.17,0.25] and 0.05 [0.02,0.09], respectively) were associated with a decreased odds. Care providers need to remain vigilant despite the vaccination rollout, and extra precautions should be taken when caring for the most vulnerable. Minimising potential COVID-19 infection for care home residents when admitted to hospital should be prioritised. (RH)
ISSN: 14682834
From : <https://academic.oup.com/ageing/article/51/5/afac084/6577098>
- 266/27 The impact of COVID-19 on adjusted mortality risk in care homes for older adults in Wales, UK: a retrospective population-based cohort study for mortality in 2016-2020; by Joe Hollinghurst, Jane Lyons, Richard Fry (et al.): Oxford University Press.
Age and Ageing, vol 50, no 1, January 2021, pp 25-31.
Care homes are particularly vulnerable to the spread of infectious diseases, which may lead to increased mortality risk, and a prominent focus during the COVID-19 outbreak. The care home sector faces multiple and interconnected challenges in the prevention and management of outbreaks of COVID-19, including adequate supply of personal protective equipment (PPE), staff shortages and insufficient or lack of timely COVID-19 testing. The authors analyse the mortality of older care home residents in Wales during COVID-19 lockdown, and compare this across the population of Wales and the previous 4 years. They used anonymised electronic health records and administrative data from the secure anonymised information linkage databank to create a cross-sectional cohort study. They anonymously linked data for Welsh residents to mortality data up to 14th June 2020. Survival curves and adjusted Cox proportional hazards models were calculated to estimate hazard ratios (HRs) for the risk of mortality. HRs were adjusted for age, gender, social economic status and prior health conditions. Results indicate that survival curves show an increased proportion of deaths between 23rd March and 14th June 2020

in care homes for older people, with an adjusted HR of 1.72 (1.55, 1.90) compared with 2016. Compared with the general population in 2016-2019, adjusted care home mortality HRs for older adults rose from 2.15 (2.11, 2.20) in 2016-2019 to 2.94 (2.81, 3.08) in 2020. The authors conclude that the survival curves and increased HRs show a significantly increased risk of death during the 2020 study periods. (RH)

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From : <https://academic.oup.com/ageing/article/50/1/25/5908996>

CRIME

- 266/28 Old age and fear of crime: cross-national evidence for a decreased impact of neighbourhood disadvantage in older age; by Goran Kober, Dietrich Oberwettler, Rebecca Wickes.: Cambridge University Press.

Ageing and Society, vol 42, no 7, July 2022, pp 1629-1658.

Fear of crime among older people has been a frequent topic in ageing research, criminology and urban studies. The 'environmental docility hypothesis' assumes that older people are more vulnerable to adverse neighbourhood conditions than younger age groups. Yet, few studies have tested this influential hypothesis using samples of respondents covering the complete adult lifespan. Looking at fear of crime, the authors investigated the person-environment interaction of age and neighbourhood disadvantage, using two independent surveys comprising 12,620 respondents aged 25-90 years residing in 435 neighbourhoods in four cities in Germany and Australia. Multi-level analysis and cross-level interactions were used to model age-differential effects of neighbourhood disadvantage on fear. Contrary to the hypothesis, a weakening of neighbourhood effects on fear with age was found. The strong effect of neighbourhood disadvantage on fear of crime dropped by around half from the youngest (25 years) to the oldest age (90 years) in both countries. Younger people were almost as fearful as older people in the most disadvantaged neighbourhoods, but older people were considerably more fearful than younger ages in better-off neighbourhoods. Limited empirical support was found for the assumption that this diminished association between neighbourhood disadvantage and fear can be explained by the stronger neighbourhood attachment of older people. The limitations of the analysis and potential future directions of research are discussed. (RH)

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From : <https://doi.org/10.1017/S0144686X20001683>

DEATH AND DYING

- 266/29 Religiosity, spirituality and death anxiety among older adults living at home and in institutional facilities: a comparative study; by Gil P Soriano, Kathyrine A Calong Calong, Rudolf Cymorr Kirby P Martinez, Rozzano C Locsin.: Taylor and Francis.

Journal of Religion, Spirituality and Aging, vol 34, no 3, 2022, pp 284-296.

Death is a taboo topic among Filipinos especially within families. Filipino older people live with their family members as central figures tasked to assure family cohesion and harmony. This is a shared relationship with the family serving as the older people's primary source of social and spiritual support. However with the changing social landscape, more and more Filipino older people now live in institutions away from their families. This situation was the impetus for conducting a study to determine and compare the levels of religiosity, spirituality and death anxiety among older adults living at home and in institutional facilities. Following the selection procedure for participation, a sample of 125 older adults were included; those living with their families (67 in all) and those living in institutional facilities for the elderly/ senior care residences/ nursing homes (58 in all). Data were collected using the Spirituality Scale, Revised Death Anxiety Scale, and Dimension of Religiosity Scale. The study revealed that there was a significant difference in the level of death anxiety and spirituality between the participants living at home and in institutional facilities. No significant difference was noted on their level of religiosity. (JL)

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DEMENTIA

(See Also 266/102, 266/128)

- 266/30 New analytical tools and frameworks to understand dementia: what can a human rights lens offer?; by Suzanne Cahill.: Cambridge University Press.

Ageing and Society, vol 42, no 7, July 2022, pp 1489-1498.

The biomedical model has traditionally informed the dominant discourse on dementia and has significantly shaped responses of practitioners, policy makers and researchers. This model contextualises dementia as a progressive neurodegenerative cognitive disorder and focuses on deficits and underlying pathology, often overlooking the fact that the person can and should be an active partner in the treatment process. Beginning in the late 1990s, the exclusive reliance on the biomedical model has come under

increasing scrutiny with a growing awareness that by recasting dementia in broader social and more humanitarian terms, much can be done to promote the individual's quality of life. Different frameworks and analytical tools have been put forward to help us better understand dementia. These include personhood, citizenship, public health, disability and human rights. This review examines the merits of framing dementia as a disability, a citizenship concern and a human rights issue. It highlights some of the potential gains that can arise for the individual in using a human rights model to enhance practice, inform policy and create a more balanced research agenda. The article concludes by arguing that the complexities and magnitude of dementia are such that it requires multiple responses and a broad range of interpretative frameworks. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001506>

266/31 Prioritising national dementia guidelines for general practice: a Delphi approach; by Danielle Mazza, Edwina McCarthy, Vera Camoes-Costa (et al): Wiley.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 247-257.

Australian guidelines for dementia cover 109 recommendations for dementia care. Knowing which recommendations to implement poses a challenge for general practitioners (GPs). This study aimed to gather general practice perspectives of priority recommendations for GPs in their practice. In order to explore which recommendations were most important and those requiring the greatest support in GP implementation, a Delphi study was conducted. 36 GPs, four practice nurses and one medical services director completed two rounds of email questionnaires. Recommendations requiring support for GP implementation related to early assessment of behavioural and psychological symptoms; mental health interventions tailored to the person's preferences and abilities; language and cultural barriers in access to information and services; and cognitive and learning needs in treatment delivery. It is critical to understand where support may be needed for GPs to successfully implement recommendations to improve care provided to people with dementia and their carers. (JL)

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From : <https://doi.org/10.1111/ajag.13012>

DEMENTIA CARE

(See Also 266/31, 266/131)

266/32 Taking time: the temporal politics of dementia, care and support in the neighbourhood; by Richard Ward, Kirstein Rummery, Elzana Odzakovic (et al): Wiley.

Sociology of Health and Illness, vol 44, no 9, November 2022, pp 1427-1444.

Dementia is a global health challenge and currently the focus of a coordinated international response articulated through the notion of 'dementia-friendly communities and initiatives' (DFCIs). Yet while increasing research attention has been paid to the social and spatial dimensions to life with dementia in a neighbourhood setting, the temporalities of dementia have been largely overlooked. This article sets out different aspects of the lived experience of time for people with dementia and unpaid carers, before exploring the temporal politics of formal dementia care and support. The authors show that time is a site for material struggle and a marker of unequal relations of power. People with dementia and unpaid carers are disempowered through access to formal care, and this is illustrated in their loss of (temporal) autonomy and limited options for changing the conditions of the care received. The authors advocate for a time-space configured understanding of the relationship with neighbourhood and foreground a tempo-material understanding of dementia. Set against the backdrop of austerity policy in the UK, the findings reveal that ongoing budgetary restrictions have diminished the capacity for social care to mediate in questions of social justice and inequality, at times even compounding inequity. (OFFPRINT.) (RH)

ISSN: 14679566

From : <https://doi.org/10.1111/1467-9566.13524>

DIET AND NUTRITION

266/33 Food security and food practices in later life: a new model of vulnerability; by Angela Dickinson, Wendy Wills, Ariadne Beatrice Kapetanaki, Faith Ikioda, Amy Godfrey-Smythe, Sue Vaux Halliday.: Cambridge University Press.

Ageing and Society, vol 42, no 9, September 2022, pp 2180-2205.

The older population is particularly susceptible to malnutrition, which currently affects 1.3 million people aged 65+ in the United Kingdom. Malnutrition is an outcome of food insecurity; and despite demographic changes that have led to a rise in numbers of older people, we know very little about how older people become vulnerable to food insecurity. This study aimed to explore older people's everyday food practices in order to expose the strengths and challenges within local and national food systems, and better understand how food insecurity might arise in later life. This empirical study operationalised practice theory, using a multi-method ethnographic approach with 25 households aged 60-94 years, comprising interviews, observation, visual methods and food logs. A model of vulnerability developed

by Schröder-Butterfill and Marianti framed data collection and analysis. Analysis revealed the assets and adaptations older households used to protect themselves from threats to food security. Factors ranging from changes to physical and mental health, and structural factors such as supermarket design, moved households towards food insecurity. Smaller everyday 'trivia', e.g. lack of seating and accessible toilets in supermarkets, accumulated to shift people towards vulnerability. Vulnerability is structured by the habitus but is a fluid, relational, temporal and socially constructed state, and people moved towards and away from vulnerability. The authors have developed a model that accommodates this fluidity, incorporates the concept of 'cumulative trivia', and suggests how the 'aggregation of marginal gains' could counterbalance and address trivial threats. This model demonstrates to policy makers and those working in public health how vulnerability to food insecurity operates, and where interventions could be applied to support households to achieve food security and avoid becoming malnourished. (RH)

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DISABILITY

(See 266/49, 266/122, 266/140)

EDUCATION AND TRAINING

(See 266/7)

EMPLOYMENT

- 266/34 Changes in labour market histories and their relationship with paid work around state pension age: evidence from three British longitudinal studies; by Karen Glaser, Giorgio Di Gessa, Laurie Corna, Rachel Stuchbury, Loretta G Platts, Diana Worts, Peggy McDonough, Amanda Sacker, Debora Price. Ageing and Society, First View, 31 March 2022, 25 pp.
Many countries have implemented policies to extend working lives in response to population ageing, yet there remains little understanding of what drives paid work in later life, nor how this is changing over time. This paper utilises the 1988/89 Survey of Retirement and Retirement Plans, the 1999 British Household Panel Survey and the 2008 English Longitudinal Study of Ageing, to investigate drivers of paid work in the ten years surrounding state pension age (SPA) for women and men in, comparing cohorts born in the 1920s, 1930s and 1940s. Using optimal matching analysis with logistic and multinomial regression models, the study assesses the relative importance of lifecourse histories, socio-economic circumstances and contemporaneous factors, in determining paid work in mid- and later life. Participation in paid work in the five years preceding and beyond SPA increased markedly for men and women across cohorts, with women's lifecourses and engagement with paid work changing considerably in these periods. However, for women, a lifetime history of paid work remained a crucially important predictor of paid work in later life, and this relationship has strengthened over time. Experiencing divorce has also become an important driver of paid work around SPA for the youngest cohort. Having children later, and still having a mortgage, also independently predict labour force participation for women and men. Across all cohorts and for women and men, working at these older ages was a function of higher income and better health. These findings suggest that policies which enable people to maintain ties to paid work across the lifecourse may be more effective at encouraging later-life employment than those concerned only with postponing the retirement transition.
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X22000095>
- 266/35 Changes of profession, employer and work tasks in later working life: an empirical overview of staying and leaving; by Nina Garthe, Hans Martin Hasselhorn.: Cambridge University Press.
Ageing and Society, vol 42, no 10, October 2022, pp 2393-2413.
Occupational change encompasses change of profession, employer and work tasks. This study gives an overview on occupational change in later working life and provides empirical evidence on voluntary, involuntary and desired occupational changes in the older workforce in Germany. The analyses were based on longitudinal data from 2,835 participants of the German lidA Cohort Study on Work, Age, Health and Work participation, a representative study of employees born in 1959 or 1965. Multinomial logistic regression analyses were performed in order to characterise the change groups in their previous job situation. The findings indicate that occupational change among older workers is frequent. In four years, 13.4 per cent changed employer, 10.5 per cent profession and 45.1 per cent work tasks. In addition, the desire for change often remains unfulfilled: the share of older workers who wanted to but did not change was 17.6 per cent for profession, 13.2 per cent for employer and 8.9 per cent for work tasks. The change groups investigated differ in terms of their socio-demographic background, health and job factors such as seniority and leadership quality. In times of ageing populations, the potential of occupational change among older workers requires more consideration in society, policy and research. Special attention should also be paid to the group of workers who would have liked to change but feel that they cannot leave. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X21000088>

- 266/36 Prolonged or preserved working life?: Intra-organisational institutions embedded in human resource routines; by Roy Liff, Ewa Wikström.: Cambridge University Press.
Ageing and Society, vol 42, no 8, August 2022, pp 1781-1799.
The purpose of this paper is to provide an understanding of why people are still retiring earlier than would have been expected, despite policies that increase the retirement age. This is a qualitative study of a large public-service organisation in Sweden, focusing particularly on how human resource (HR) routines aimed at middle management tend to inhibit the promotion of a prolonged working life, despite government efforts aimed at changing these actions. The results highlight three key routines that inhibit prolonged working life: development talks, salary talks and internal recruitment. These routines seem rational and appropriate to the organisation's managers, because the demands of the job must have priority over employees' capabilities in recruitment routines. Furthermore, it could be considered economically rational to prioritise salary demands of younger employees over those of older employees, and it may appear economically rational to stop further training efforts for older employees. In general, then, it seems reasonable to managers to make decisions based on objective criteria like age. Nevertheless, the study's results suggest that these routines may need to be redesigned in order to support a prolonged working life, and to avoid a discrepancy between accepted prolonged working-life policies and the actions of organisational actors. The study further reveals how intra-organisational institutions (e.g. taken-for-granted mind-sets and norms) embedded in HR routines may promote or inhibit prolonged working life, suggesting a need for change in those institutions. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001713>
- 266/37 What determines the willingness of older Polish employees to learn?: by Karolina Pawlowska-Cyprysiak, Katarzyna Hildt-Ciupinska.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 275-288.
The issue of older people's educational activity is very important, not only because it is closely related to the productivity of employees in a company and their retention, but also to their broadly understood quality of life. This Polish study developed a model of conditions for the willingness to learn in the case of older employees. The study group consisted of 544 older employees aged 50+ whose selection was intentional. Questionnaires were completed by employees of companies that agreed to participate in the survey. A logistic regression analysis was carried out to identify the direct predictors of the willingness to participate in training. The model explained 19.1% of the variance of the dependent variable. Higher age value reduces the chance that a person will want to participate in training, while a higher number of employees in the company, the need to learn new things at work, greater emotional demands and a greater sense of effectiveness increase these chances. Research on training and the willingness to learn is more often carried out among younger employees than with groups of employees aged 50+. Defining what influences the willingness to learn among this group allows to design activities aimed at developing and satisfying older employees' needs. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-11-2021-0060>
- END-OF-LIFE CARE**
- 266/38 End-of-life care for older people: the way forward; by Nele Julienne Van Den Noortgate, Lieve Van den Block.: Oxford University Press.
Age and Ageing, vol 51, no 7, afac078, July 2022, pp 1-5.
Even though many older people will live longer in good health, many will also be confronted with frailty, multi-morbidity, cognitive decline, disability and serious illnesses in the last years of their life. The end-of-life trajectories of frail older people have a major impact on the care that needs to be provided. Older people develop different physical, psychological and/or social needs in varying intensity during the last years of life. Moreover, determining a clear terminal phase of life is difficult in this population. In this commentary, the authors aim to highlight the importance of an integrated palliative, geriatric and rehabilitative care approach for older people, emphasizing the importance of setting-specific and cross-setting interventions. They stress the importance of person-centred care planning with the older patient and the role of their families, communities and society as a whole. They identify and formulate some of the research gaps that can be addressed in the near future. Thus, a model integrating principles of palliative, geriatric, and rehabilitative medicine and care is needed, in which family, close friends, neighbours, the larger community, social and voluntary networks will play an important role. (RH)
ISSN: 14682834
From : <https://academic.oup.com/ageing/article/51/7/afac078/6637441>
- 266/39 Knowledge of end-of-life law: a cross-sectional survey of general practitioners working in aged care; by Marcus Sellars, Ben White, Patsy Yates, Lindy Willmott.: Wiley.
Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 265-273.
The purpose of this study was to describe knowledge of end-of-life law and experiences in practice at the end of life amongst Australian general practitioners (GPs). This was a cross-sectional online survey

of GPs practising in aged care settings in Queensland (QLD), New South Wales (NSW) and Victoria (VIC). From 521 potential GPs, 160 (response rate 30.7%) were included in the final sample. Most participants (62%) reported experience with six key end-of-life areas at least 'a few times', including 74% administering medication for pain and symptom relief, and 67% facilitating advance care planning 'several' or 'many times' and perceiving they had 'some' knowledge of end-of-life law. However low-to-moderate actual levels of end-of-life legal knowledge were identified. Australian GPs working in aged care may have low-to-moderate knowledge about end-of-life law despite frequently making end-of-life decisions in clinical practice. (JL)

ISSN: 14406381

From : <https://doi.org/10.1111/ajag.13018>

266/40 Standardising care of the dying: an ethnographic analysis of the Liverpool Care Pathway in England and the Netherlands; by Erica Borgstrom, Natashe Lemos Dekker.: Wiley.

Sociology of Health and Illness, vol 44, no 9, November 2022, pp 1445-1460.

The Liverpool Care Pathway for the Dying Patient (LCP) was a prominent set of guidance in the late 2000s and early 2010s within palliative and end-of-life care. Developed in England to improve the care of dying patients, it was later adopted in 20 counties. After a public scandal, it was removed from practice in England but remains in other locations, including the Netherlands. Drawing on two sets of ethnographic data, from England and the Netherlands, the authors consider the ways in which the LCP was engaged with as a form of standardisation aimed at improving practice, how it was deployed in relation to other forms of knowledge, and the political and moral statements that are being made through the (selective) use of it. Looking into the use of the LCP shows that, while the LCP attempts to standardise some of the values associated with palliative care, there are significant differences between how these standardised values are then enacted in different institutional and national contexts and by different individual care professionals. The authors conclude that the LCP was used to impart moral values, establish protocols of care, and demonstrate professionalism, showing the multiplicity of the use of standards in healthcare practice. (OFFPRINT.) (RH)

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FALLS

266/41 Agreement and participants' preferences comparing self-rated falls risk questionnaire (FRQ) and activities-specific balance confidence (ABC) scale in community-dwelling older adults using the Bland-Altman method; by Hadi Kooshari, Joy C MacDermid, Dave M Walton, Ruby Grewal.: Emerald. Quality in Ageing and Older Adults, vol 23, no 3, 2022, pp 85-98.

Screening for fall risks is an important part of fall and fracture prevention. This study aims to investigate cross-sectional inter-instrumental agreement and participants' preferences of the self-rated Falls Risk Questionnaire (FRQ) and Activities Specific Balance Confidence 6 items (ABC-6). This study also aimed to compare FRQ and ABC-6 scores in older adults with and without a history of falls. An online and snowball sampling survey was used to recruit 114 respondents (mean age 67) from six countries (Canada, USA, Australia, Ireland, New Zealand and the UK). Respondents were asked to perform FRQ and ABC-6 surveys, and 44.8% had reported falls in the past year. The mean of rescored FRQ and ABC-6 scores were 68.6% and 66.2%, respectively. The FRQ and ABC-6 scores for fallers were lower than non-fallers. Bland and Altman's method indicated the mean 2.6 and two standard deviations 20.9 differences between ABC-6 and FRQ, which means an overall agreement between these tools. 36% of the respondents had no preference between ABC-6 and FRQ, 34% preferred neither, 21% preferred the ABC-6 and 9% preferred the FRQ for screening future falls risk. Both ABC-6 and FRQ can distinguish between fallers and non-fallers, and findings of this study can be used to support the use of the FRQ for falls screening in older adults. (RH)

ISSN: 14717794

From : <https://doi.org/10.1108/QAOA-03-2022-0020>

266/42 Do home adaptation interventions help to reduce emergency fall admissions?: A national longitudinal data-linkage study of 657,536 older adults living in Wales (UK) between 2010 and 2017; by Joe Hollinghurst, Helen Daniels, Richard Fry (et al).: Oxford University Press.

Age and Ageing, vol 51, no 1, afab201, January 2022, pp 1-9.

Falls are common in older people, but evidence for the effectiveness of preventative home adaptations is limited. This study aimed to determine whether a national home adaptation service, Care & Repair Cymru (C&RC), identified those at risk of falls occurring at home and reduced the likelihood of falls. In a retrospective longitudinal controlled non-randomised intervention cohort study of 657,536 individuals aged 60+ living in Wales between 1 January 2010 and 31 December 2017, about 123,729 received a home adaptation service. The authors created a dataset with up to 41 quarterly observations per person. For each quarter, they observed if a fall occurred at home that resulted in either an emergency department or an emergency hospital admission. Using multilevel logistic regression to analyse the data, it was found that compared to the control group, C&RC clients had higher odds of falling, with an odds ratio (OR [95% confidence interval]) of 1.93 [1.87, 2.00]. Falls odds was higher

for females (1.44 [1.42, 1.46]), older age (1.07 [1.07, 1.07]), increased frailty (mild 1.57 [1.55, 1.60], moderate 2.31 [2.26, 2.35], severe 3.05 [2.96, 3.13]), and deprivation (most deprived compared to least: 1.16 [1.13, 1.19]). Client fall odds decreased post-intervention; OR 0.97 [0.96, 0.97] per quarter. Regional variation existed for falls (5.8%), with most variation at the individual level (31.3%). C&RC identified people more likely to have an emergency fall admission occurring at home, and their service reduced the odds of falling post-intervention. Service provision should meet the needs of an individual, but need varies by personal and regional circumstance. (RH)

ISSN: 14682834

From : <https://academic.oup.com/ageing/article/51/1/afab201/6399893>

- 266/43 Understanding how older adults negotiate environmental hazards in their home; by Daejin Kim.: Taylor and Francis.

Journal of Aging and Environment, vol 36, no 2, April-June 2022, pp 173-193.

This research aimed to examine environmental hazards related to falling risk by using two different approaches, and to discuss older people's adaptive coping strategies. Environmental hazards were identified by a researcher and residents in 88 older people's independent living units at a retirement community in North Florida. The research employed two statistical analyses, including a dependent sample t-test and pair-wise Kappa statistics. The aim was to identify a significant difference in environmental hazards from two assessment tools, as well as examine the inter-rater reliability on each item. Research findings show that older people could hardly identify as many environmental hazards as the objective measurement did because of their different coping strategies, knowledge, experience and health status. A resident's perception is a necessary component in that it could provide new insights about hazards. This research provides empirical evidence of how older people negotiate their environmental hazards. (RH)

ISSN: 26892618

From : <https://doi.org/10.1080/26892618.2021.1918814>

FAMILY AND INFORMAL CARE

(See Also 266/18)

- 266/44 Assessing policy challenges and strategies supporting informal caregivers in the European Union; by Estera Wieczorek, Silvia Evers, Ewa Kocot (et al).: Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 144-159.

Cost containment and older people's preferences are important stimuli for encouraging the provision of informal care worldwide. Nevertheless, informal caregiving can have negative effects on a caregiver's health, well-being and employment opportunities. Moreover, it is questionable whether informal caregivers can substantially contribute to meeting the increasing demand for care, or serve as a substitute for formally provided services. This commentary assesses strategies to remediate the negative effects of caregiving, and ultimately to improve informal caregiving, and to support their critical role in European long-term care systems. Cash benefits are a particularly common method of supporting informal caregivers. Paid and unpaid leave, and flexible work arrangements are the most prevalent measures to support family caregivers within labour market policy, specifically. Providing training and counselling services to individuals engaged in informal care is a strategy used to support caregivers at home. Disparities in the level of support provided to informal caregivers across the European Union (EU) need to be addressed. A lack of supporting policies increases the likelihood that caregivers experience negative physical and psycho-social health problems, as well as unemployment and impoverishment. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2021.1935144>

- 266/45 Family caregivers' experiences of providing care for hospitalized older people with a tracheostomy: a phenomenological study; by Watchara Tabootwong, Katri Vehviläinen-Julkunen, Pornchai Jullamate (et al).: Emerald.

Working with Older People, vol 26, no 4, 2022, pp 355-367.

A descriptive phenomenological approach was used in this study in which 40 Thai family caregivers were interviewed face-to-face in medical-surgical wards. Data was analysed using Giorgi's phenomenological method. Family caregivers described meanings of providing care, learning how to provide care, caring activities, impacts of caregiving, support needs and qualities of being a caregiver. Meanings included filial responsibility, spousal attachment and end of life care. Caring activities were varied. Impacts experienced were reported as physical, psychological, social and financial. Caregivers expressed the need for information from the nursing team and assistance from their relatives. Positive caregiver qualities that were described included loving to provide care for older people and confidence and sincerity in caregiving.

Although caring for older people with a tracheostomy was difficult and came with challenging impacts, family caregivers were willing to support their loved ones due to feelings of family responsibility. The paper addresses family participation in providing care for people with a tracheostomy. They experience

physical, psychological, social and financial consequences of caregiving. Health-care professionals should support family caregivers with education, training and awareness of support and resources for dealing with problematic impacts and other expressed needs. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-08-2021-0043>

- 266/46 Navigating the choppy waters to Nirvana: a critical reflective account of caring for ageing parents in the fourth age; by Alison McInnes.: Cambridge University Press.
Ageing and Society, vol 42, no 10, October 2022, pp 2227-2243.
The author revisits her article, 'Meldrew or Methuselah: the mythology of old age' (Generations Review, vol 14, no 4, October 2004) and uses an autoethnographical / critical reflective biographical approach to re-examine seven cultural notions or myths, which may encourage ageism. These cultural notions or myths are, or relate to: chronology; personality; misery; rejection and isolation; dependence and/or not being a productive member of society; physical ill health; and mental deterioration. This paper is framed within the author's experiential knowledge of caring for her ageing parents, with the tensions and challenges around problematising the value of expertise based on experience, communication, grief, and autonomy and freedom versus safety. The commentary emphasises that by analysing the impact of our personal life experiences, we can start to understand both the intended and unintended consequences of policy and practice affecting those in the fourth age. As a social work educator, she wanted to reflect upon how her tacit experiential knowledge, if made explicit, could impact upon her own and others' learning. Her father's recent death has allowed for a period of reflection on her own caring and indeed, her professional social work experience, knowledge, skills and practice. It is argued that the ageing process is unequal, as class and socio-economic factors, i.e. geography, age, gender, religion and ethnicity, all play parts in determining how someone ages, and indeed upon the care an individual older person receives. A fuller understanding of negotiating the role of one stakeholder, that of a family carer in the ageing process, is elicited in this paper. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001956>

FRAILITY

(See 266/140)

GRANDPARENTS

(See 266/74)

HEALTH AND WELLBEING

(See Also 266/50)

- 266/47 How welfare professions contribute to the making of welfare governance: professional agency and institutional work in elder care; by Kathrine Carstensen, Viola Burau, Hanne Marlene Dahl, Andreas Nielsen Hald.: Cambridge University Press.
Journal of Social Policy, vol 51, no 4, October 2022, pp 900-919.
Welfare governance in elder care has undergone significant changes, but we know less about the processes and actors of making welfare governance. This is problematic, as the concern for process is a key strength of the welfare governance perspective. Based on a case study of elder care in Denmark, and drawing on studies of professions, the aim is to analyse how welfare professions contribute to the making of welfare governance. This analysis shows that welfare professions bring unique resources into play. They have strong professional agency, drawing on both broader institutional roles and more specific professional projects. The institutional work itself is highly complex and the welfare professions combine not only formal and informal coordination, but also do so in ways that are closely tailored to specific contexts. The analysis makes important empirical and theoretical contributions to the study of welfare governance in elder care. (RH)
ISSN: 00472794
From : <https://doi.org/10.1017/S0047279421000271>

HEALTH CARE

(See 266/12, 266/50, 266/72)

HEALTH EXPECTANCY

- 266/48 Projections of healthy working life expectancy in England to the year 2035; by Marty Lynch, Milica Bucknall, Carol Jagger, Ross Wilkie.
Nature Aging, vol 2, January 2022, pp 13-18.
The UK state pension age (SPA) is rising in response to life expectancy gains, but population health and job opportunities may not be sufficient to achieve extended working lives. This study aims to estimate future trends in healthy working life expectancy (HWLE) from age 50 to 75 for men and women in England. Using the 'inter-censal' health expectancy approach, annual HWLE from 1996 to 2014 was estimated using cross-sectional data from the Health Survey for England, along with mortality statistics. HWLE projections until the year 2035 are estimated from Lee-Carter forecasts of transition rates. Projections of life expectancy from age 50 show gains averaging 10.7 weeks (0.21 years) and 6.4 weeks (0.12 years) per calendar year between 2015 and 2035 for men and women respectively. HWLE has been extending in England, but gains are projected to slow to an average of 1 week per year for men (0.02 years) and 2.8 weeks (0.05 years) per year for women between 2015 and 2035. Modest projected HWLE gains and the widening gap between HWLE and life expectancy from age 50 suggest that working lives are not extending in line with policy goals. Further research should identify those factors that increase healthy working life. (OFFPRINT). (RH)
From : <https://doi.org/10.1038/s43587-021-00161-0>

HEALTHY AGEING

- 266/49 (Un-) healthy ageing: Geographic inequalities in disability-free life expectancy in England and Wales; by Paul Norman, Dan Exeter, Nicola Shelton, Jenny Head, Emily Murray.
Health and Place, vol 76, July 2022.
Health expectancies are an indicator of healthy ageing that reflect quantity and quality of life. Using limiting long term illness and mortality prevalence, we calculate disability-free life expectancy for small areas in England and Wales between 1991 and 2011 for males and females aged 50-74, the life stage when people may be changing their occupation from main career to retirement or alternative work activities. We find that inequalities in disability-free life expectancy are deeply entrenched, including former coalfield and ex-industrial areas and that areas of persistent (dis-) advantage, worsening or improving deprivation have health change in line with deprivation change. A mixed health picture for rural and coastal areas requires further investigation as do the demographic processes which underpin these area level health differences.
From : <https://www.sciencedirect.com/science/article/pii/S1353829222000818>
- 266/50 Health literacy and age-related health-care utilisation: a multi-dimensional approach; by Joachim Gerich, Robert Moosbrugger, Christoph Heigl.: Cambridge University Press.
Ageing and Society, vol 42, no 7, July 2022, pp 1538-1539.
Inefficient health service utilisation puts pressure on health systems and may cause such negative individual consequences as over-medicalisation or exacerbation of health problems. While previous research has considered the key relevance of health literacy (HL) for efficient use of health services, the results of that research have been somewhat inconclusive. Possible reasons for diverging results for previous research may be grounded in different measurement concepts of HL and the disregarding of age-specific effects. This Austrian study analyses the association between individuals' HL typology based on a two-dimensional concept and indicators of health service utilisation measured by registered data covering the number of doctor visits and medication costs. Results confirm a significant interaction effect between age and HL typology. The age-related increase in health service utilisation is strongest for individuals with the combination of high subjective HL but low health-related knowledge, while the smallest increase is for individuals with the constellation of high subjective HL combined with high health-related knowledge. Individuals with specific constellations of HL (that is, individuals with high subjective HL but low health-related knowledge) are associated with reduced service utilisation in younger ages but higher service utilisation in later stages of life, compared to other groups. These results are likely to be attributed to a higher external health-related locus of control and more traditional paternalistic role expectations in such groups. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001609>
- 266/51 The UN decade of healthy ageing: strengthening measurement for monitoring health and wellbeing of older people; by Jotheeswaran Amuthavalli Thiyagarajan, Christopher Mikton, Rowan H Harwood (et al.): Oxford University Press.
Age and Ageing, vol 51, no 7, afac147, July 2022, pp 1-5.
Over the past 100 years, life expectancy has increased dramatically in nearly all nations. Yet, these extra years of life gained have not all been healthy, particularly for older people aged 60 years and over. In 2020, the World Health Organization (WHO) and United Nations (UN) member states embraced a sweeping 10-year global plan of action to ensure all older people can live long and healthy lives, formally known as the UN Decade of Healthy Ageing (2021-2030). With the adoption of the UN Decade

of Healthy Ageing resolution, countries are committed to implementing collaborative actions to improve the lives of older people, their families and the communities in which they reside. The Decade addresses four interconnected areas of action. Adopting the UN's resolution on the Decade of Healthy Ageing has caused excitement, but a question that has weighed on everyone's mind is how governments will be held accountable? Besides, there have been no goals or targets set for the UN Decade of Healthy Ageing from a programmatic perspective for the action areas, and guidance on measures, data collection, analysis and reporting are urgently needed to support global, regional and national monitoring of the national strategies, programmes and policies. To this end, WHO in collaboration with UN agencies and international agencies established a Technical Advisory Group for Measurement of Healthy Ageing (TAG4MHA) to provide advice on the measurement, monitoring and evaluation of the UN Decade of Healthy Ageing at the global, regional and national levels. (RH)

ISSN: 14682834

From : <https://doi.org/10.1093/ageing/afac147>

HOMELESSNESS

- 266/52 Bridging the gap between homelessness in older adulthood and elder abuse: considerations for an age-friendly shelter system; by Andie MacNeil, David Burnes.: Taylor and Francis.
Journal of Aging and Social Policy, vol 34, no 3, 2022, pp 391-400.
Homelessness and elder abuse are two major public health issues affecting older adults that are increasing in scope due to global population ageing. While these issues have typically been examined separately, this Canadian commentary considers the often overlooked intersection between homeless older people and victims of elder abuse through two pathways: (1) the systemic abuse of older adults in the shelter system; and (2) the role of elder abuse as a possible risk factor for homelessness in later life. By bridging these two issues, this commentary proposes strategies for the development of shelter systems that can meet the complex and diverse needs of an ageing population. The authors note that the Canadian Network for the Prevention of Elder Abuse (CNPEA) includes systemic abuse (also known as institutional abuse) as a subtype of elder abuse. Systemic abuse refers to structural and/or organisational factors that harm or discriminate against older people, such as institutional rules. (RH)
ISSN: 08959420
From : <https://doi.org/10.1080/08959420.2021.1973342>
- 266/53 Identifying shelter and housing models for older people experiencing homelessness; by Sarah L Canham, Christine A Walsh, Tamara Sussman (et al.): Taylor and Francis.
Journal of Aging and Environment, vol 36, no 2, April-June 2022, pp 204-225.
Limited research has identified the types of shelter and/or housing and supports for the growing population of older people experiencing homelessness (OPEH) and the extent to which existing models align with their needs. To redress this gap, the authors conducted an environmental scan and three World Café workshops to identify and characterise shelter and/or housing models for OPEH in Montreal, Calgary and Vancouver (Canada). Fifty-two models were identified and categorised into six shelter and/or housing types based on the programme length of stay and level of health and social supports provided onsite: (1) Emergency, transitional or temporary shelter and/or housing with supports; (2) Independent housing with offsite community-based supports; (3) Supported independent housing with onsite, non-medical supports; (4) Permanent supportive housing with onsite medical support and/or specialised services; (5) Long-term care for individuals with complex health needs; and (6) Palliative care and/or hospice, offering end-of-life services. Models that met the unique needs of OPEH had coordinated supports, social and recreational programming, assistance with daily tasks, and had a person-centred, harm-reduction approach to care. This typology of shelter and housing models offers a basis from which local and regional governments can audit their existing shelter and/or housing options and determine where there may be gaps in supporting OPEH. (RH)
ISSN: 26892618
From : <https://doi.org/10.1080/26892618.2021.1955806>
- 266/54 Shelter/housing options, supports and interventions for older people experiencing homelessness; by Sarah L Canham, Joe Humphries, Piper Moore, Victoria Burns, Atiya Mahmood.: Cambridge University Press.
Ageing and Society, vol 42, no 11, November 2022, pp 2615-2641.
While experiences of later-life homelessness are known to vary, classification of shelter, housing and service models that meet the diverse needs of older people with experiences of homelessness (OPEH) are limited. To address this gap, a scoping review was conducted of shelter/housing options, supports and interventions for OPEH. Fourteen databases were searched for English-language peer-reviewed and/or empirical literature published between 1999 and 2019, resulting in the inclusion of 22 sources. Through a collaborative, iterative process of reading, discussing and coding, data extracted from the studies were organised into six models: (1) long-term care, (2) permanent supportive housing (PSH), including PSH delivered through Housing First, (3) supported housing, (4) transitional housing, (5) emergency shelter settings with health and social supports, and (6) case management and outreach. Programme descriptions and OPEH outcomes are described and contribute to our understanding that

multiple shelter/housing options are needed to support diverse OPEH. The categorised models are considered alongside existing 'ageing in place' research, which largely focuses on older adults who are housed. Through extending discussions of ageing in the 'right' place to diverse OPEH, additional considerations are offered. Future research should explore distinct sub-populations of OPEH and how individual-level supports for ageing in place must attend to meso- and macro-level systems and policies. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X21000234>

HOSPITAL CARE

(See 266/45, 266/71)

HOUSING

(See Also 266/43)

266/55 Age segregation and housing unaffordability: generational divides in housing opportunities and spatial polarisation in England and Wales; by Albert Sabater, Nissa Finney. Urban Studies, Online First, September 2022, 21 pp.

Age is an important known driver of residential sorting, yet little is understood about how age segregation is affected by housing unaffordability. This relationship is particularly pertinent given trends of increasing housing inequalities and population ageing, in Europe and elsewhere. Using harmonised population data for small areas linked with local house price statistics and household incomes in England and Wales, this paper examines the scale of, and links between, residential age segregation and housing unaffordability. The results reveal a strong association between increasing housing unaffordability (for sales and rentals) and increasing residential age segregation (beyond other local characteristics). This association is particularly marked in urban and rich (least deprived) areas. This points to increasing spatial polarisation along the intersections of wealth and age: not only are the wealthiest parts of the country, where housing is particularly unaffordable, becoming increasingly demarcated socio-economically, but also by age. This implies that age-related life course processes are integral to the trends observed more broadly of increasing socio-spatial polarisation. (OFFPRINT.) (RH)

From : <https://doi.org/10.1177/00420980221121088>

INCOME AND PERSONAL FINANCE

(See Also 266/116, 266/122)

266/56 Welfare regime variation in the impact of the Great Recession on deprivation levels: a dynamic perspective on polarisation vs convergence for social risk groups, 2005-2014; by Dorothy Watson, Raffaele Grott, Christopher T Whelan, Bertrand Maitre.: Cambridge University Press. Journal of Social Policy, vol 51, no 4, October 2022, pp 813-833.

This paper investigates changes over the period 2005 to 2014 in material deprivation dynamics of social risk groups in 11 European countries covering a range of welfare regimes. The period covered experienced dramatic economic change, encompassing periods of boom, the Great Recession and early recovery. Social risk groups are defined as groups which differ in the challenges that they face in converting resources into desired outcomes. The comparative element of the paper allows us to assess whether certain welfare regimes were better at protecting more vulnerable groups. Results, based on the longitudinal component of the European Union Statistics on Income and Living Conditions and on analysis of deprivation dynamics between pairs of years, showed large inequality between groups in the risk of persistent deprivation - with lone parents and people with disability most at risk in all countries. Variation across welfare regimes was restricted to the contrast between the liberal and the remaining regimes. Countries belonging to the former regime (UK and Ireland) were distinctive in showing the largest social risk gap in persistent deprivation and were the only ones which experienced substantial polarisation between groups with the Great Recession. (RH)

ISSN: 00472794

From : <https://doi.org/10.1017/S0047279421000210>

INEQUALITY AND HUMAN RIGHTS

(See 266/30)

INFORMATION AND COMMUNICATION TECHNOLOGY

(See Also 266/86)

- 266/57 Aspects of ICT connectivity among older adults living in rural subsidized housing: reassessing the digital divide; by Casey Golomski, Marguerite Corvini, BoRin Kim, John Wilcox, Scott Valcourt.: Emerald. *Journal of Enabling Technologies*, vol 16, no 1, 2022, pp 17-27.
This article examines aspects of information communication technology (ICT) connectivity among the under-studied population of low-income older adults living in rural and peri-urban subsidised housing. Using data from northern New England, it aims to investigate whether variations exist in access and connectivity when economic and housing conditions are constant. The study uses a multidisciplinary, mixed-methods approach involving administering structured surveys using iPads with senior residents (n = 91) from five housing sites, qualitative observations by field researchers, and an ecological assessment of ICT resources at housing, community and state levels.
It finds that all subsidised housing sites were broadband accessible and had libraries nearby. Fewer sites had Wi-Fi freely available to residents, and individual residents' Internet access was disparate. Age and education demonstrably influenced ICT use of social media and email. Technology in the form of iPads used for surveys posed functional challenges for some older adults, but these technology-mediated interactions were also perceived as important sites of sociability. Older adults access and use ICT in disparate ways relative to socioeconomic status, even as housing conditions remain constant. Their access and use influences frequency of social connections with friends and family. The findings reveal factors that contribute to the existing digital divide facing older adults and the broader lack of digital equity. (RH)
ISSN: 23986263 From : <https://doi.org/10.1108/JET-12-2020-0052>
- 266/58 Use and perception of gerontechnology: differences in a group of Spanish older adults; by Alicia Murciano-Hueso, Judith Martin-Lucas, Sara Sarrate Gonzelez, Patricia Torrijos-Fincias.: Emerald. *Quality in Ageing and Older Adults*, vol 23, no 3, 2022, pp 114-128.
Gerontechnology (gerontology + technology) is an interdisciplinary research field applicable to gerontology and technology. It also includes the development and distribution of technological environments, products and services. A quantitative study was conducted with a sample of 497 participants aged 60-94, with the aim of understanding the profile of use by Spanish older adults of gerontechnology by age group (60-70; 71-80 and over 80 years). The study also aimed to discern whether groups of subjects with similar characteristics can be established, to ascertain which factors are behind the profile of frequent gerontechnology use. The results show that, even though most participants consider technology to be useful in their daily lives, there is still a lack of knowledge on how to use it, especially among older subjects. This highlights the importance of promoting technological co-creation initiatives such as senior living labs. This research provides promising data that should merit attention to contribute to the well-being and quality of life of older adults in a society where currently technology is a key part in every sphere of our daily life. Therefore, if we want to increase older people's acceptance of technology, we must first let them take part in the design of the technologies they will use. (RH)
ISSN: 14717794 From : <https://doi.org/10.1108/QAOA-02-2022-0010>

INTEGRATED CARE

- 266/59 Effectiveness of integrating primary healthcare in aftercare for older patients after discharge from tertiary hospitals: a systematic review and meta-analysis; by Ran Li, Jawai Geng, Jibin Liu (et al.): Oxford University Press.
Age and Ageing, vol 51, no 6, afac151, June 2022, pp 1-10.
Quality of aftercare can crucially affect older patients' health status and reduce the extra burden of unplanned healthcare resource utilisation. However, evidence of effectiveness of primary healthcare in supporting aftercare, especially for older patients after discharge, is limited. The authors searched for English articles of randomised controlled trials (RCTs) published between January 2000 and March 2022. All-cause hospital readmission rate and length of hospital stay were pooled using a random-effects model. Subgroup analyses were conducted to identify the relationship between intervention characteristics and the effectiveness on all-cause hospital readmission rate. A total of 30 studies with 11,693 older patients were included in the review. Compared with patients in the control group, patients in the intervention group had 32% less risk of hospital readmission within 30 days (RR = 0.68, P 0.001, 95%CI: 0.56-0.84), and 17% within 6 months (RR = 0.83, P 0.001, 95%CI: 0.75-0.92). According to the subgroup analysis, continuity of involvement of primary healthcare in aftercare had significant effect with hospital readmission rates (P 0.001). Economic evaluations from included studies suggested that aftercare intervention was cost-effective due to the reduction in hospital readmission rate and risk of further complications. Integrating primary healthcare into aftercare was designed not only to improve the immediate transition that older patients faced but also to provide them with knowledge and skills to manage future health problems. There is a pressing need to introduce interventions at the primary healthcare level to support long-term care. (RH)
ISSN: 14682834 From : <https://academic.oup.com/ageing/article/51/6/afac151/6618060>

INTERGENERATIONAL ISSUES

(See Also 266/74)

- 266/60 Comparing community-based intergenerational activities in Israel: participants, programs, and perceived outcomes; by Jiska Cohen-Mansfield, Aline Muff.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 5, July-August 2022, pp 495-511.
Different types of community-based intergenerational programs (IGPs) and their content were investigated for their perceived impact on older and younger participants in this Israeli study. Data were collected through direct structured questionnaires administered to 84 older and 96 younger participants, and were assessed using both quantitative and qualitative analyses.
Different IGP types involved participants with differing background characteristics, and were associated with different benefits and challenges. In art courses, older participants reported being more active; younger participants indicated more awareness of others, but also greater stress. Learning programs contributed to older people's happiness, and younger people's acquisition of new skills, but were also associated with divergent expectations between young and old, and a perception that young participants lacked commitment. Assistance programs attracted older participants with greater needs, and were associated with such benefits as alleviating older people's loneliness, improving younger participants' satisfaction from helping, but also involved challenges pertaining to relationship termination. Generally, older participants reported more benefits than younger people. The results highlight the need to differentiate between IGP types, a distinction not addressed in previous studies. The combination of activity content and participant characteristics and needs may lead to different perceived impacts of IGPs. (RH)
ISSN: 01634372
From : <https://doi.org/10.1080/01634372.2021.1983683>
- 266/61 Intergenerational equity, equality and reciprocity in economically and politically turbulent times: narratives from across generations; by Josephine M Wildman, Anna Goulding, Suzanne Moffatt, Thomas Scharf, Alison Stenning.: Cambridge University Press.
Ageing and Society, vol 42, no 10, October 2022, pp 2284-2303.
The concept of intergenerational fairness has taken hold across Europe since the 2008 financial crisis. In the United Kingdom (UK), focus on intergenerational conflict has been further sharpened by the 2016 'Brexit' vote to take the UK out of the European Union (EU). However, current debates around intergenerational fairness are taking place among policy makers, the media and in think tanks. In this way, they are conversations about, but not with, people. This article draws on qualitative interviews with 40 people aged 19-85 years and living in Tyne and Wear, North-East England and Edinburgh, Scotland's capital city, to explore whether macro-level intergenerational equity discourses resonate in people's everyday lives. The authors find widespread pessimism around young people's prospects: there is evidence of a fracturing social contract, with little faith in the principles of intergenerational equity, equality and reciprocity upon which welfare states depend. However, blame for intergenerational inequity was placed on a remote state rather than on older generations. Despite the precariousness of the welfare state, participants of all ages strongly supported the principle of state support, rejecting a system based on family wealth and inherited privilege. Rather than increased individualism, participants desired strengthened communities that encouraged greater intergenerational mixing. (RH)
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INTERNATIONAL AND COMPARATIVE

(See Also 266/60, 266/122, 266/144)

- 266/62 'Kookaburras, kangaroos and my frilly-necked lizard': the value of wildlife, nature and companion animals for older community-dwelling Australians; by Kelli Dendle, Evonne Miller, Laurie Buys, Desley Vine.: Wiley.
Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 335-339.
With little research investigating older Australians' experience of companion animal (pet) ownership or wildlife encounters, this paper focused on the value of animals in their lives. Three online focus groups explored 103 older adults' lived experience of home and community, with this paper focused on interactions with animals - companion animals and wildlife. Most (60%) of study participants had at least one pet, which brought love and joy into their lives. Reflexive thematic analysis identified three themes: pets as family; challenges of pet ownership; and connection to everyday wildlife and nature. In addition to valuing companion animals (typically cats and dogs), this research is among the first to show that some older people also develop ongoing relationships with local Australian wildlife, such as kookaburras, kangaroos, lizards and birds, which raises the possibility that fostering connections with wildlife may enhance wellbeing. (JL)
ISSN: 14406381 From : <https://doi.org/10.1111/ajag.13070>

- 266/63 Age-friendly city indicators from the viewpoint of older adults in Kashan City, Iran; by Mohammad ali Morowatisharifabad, Leila Tagharrobi, Sara Jambarsang, Masumeh Abbasi Shavvazi.: Taylor and Francis.
Journal of Aging and Environment, vol 36, no 2, April-June 2022, pp 156-172.
The World Health Organization (WHO) introduced the age-friendly city as a response based on the challenges of demographic ageing in order to maintain older people's participation in society. This study aimed to assess the status of age-friendly city indicators from the viewpoints of older adults living in Kashan City, Iran. A cross-sectional study was conducted among 379 older people in Kashan in 2020. The study tool was a questionnaire measuring age-friendly indicators designed by H Zarghani and colleagues, according to criteria set by the WHO. Data were analysed by SPSS and a t-test was run to compare the indicators' mean scores with those of the desired standard. The mean (standard deviation) of the social, communicational, cultural-recreational and health-care indicators were 2.34 (0.82), 2.02 (0.78), 2.13 (0.79), and 2.56 (0.94), respectively. In comparing the desirability of the four indicators with the desired standard, no significant difference was observed only in the health-care indicator ($p > .05$) and in the other indicators; a significant difference was observed which indicates the low desirability of the social, communicational and cultural-recreational indicators. The authorities are recommended to make more effort and provide higher levels of welfare for older people, by eliminating shortcomings and meeting their needs. (RH)
ISSN: 26892618
From : <https://doi.org/10.1080/26892618.2021.1898075>
- 266/64 Ageing in the unusual times and adapting to the new normal: an Indian perspective; by Munmun Ghosh.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 289-296.
The COVID-19 pandemic has changed the way we live, and social and physical distancing has become an inevitable part of our life. Although younger age groups can adapt to the situation quickly, it is extremely difficult for older people (age 60 years and above) who are locked in their homes to manage this situation on their own, especially those who live alone. In this scenario, how can we help older people who are caught at home? How will they again fight with social and physical distancing and the pandemic? This study aims to acknowledge the fact that older people need urgent consideration and attention, with ways being suggested to adapt to the "new normal". It discusses the diverse ways in which older people can be motivated to adapt to the situation of a pandemic-hit environment. The study highlights in detail the prospects, challenges and considerable steps that need to be taken by important stakeholders (practitioners and policymakers) in our society to support older people. The perspective offered has emphasised the need to create separate policies and their implementation at various levels. Although the Indian government does have legislation and policies for older people's welfare and maintenance, the government should now also rethink a more concrete and sustainable policy to take care of older people, especially during a crisis. Ageing is inevitable; and the reflections in this study will also allow families and society to cushion older people in their families and around them. This work will also create an opportunity for practitioners to work for this under-explored community and look forward to catering for their needs. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-07-2020-0034>
- 266/65 Aging as a productive process: a critical analysis of aging policy in Newfoundland and Labrador, Canada; by Sue Ann Mandville-Anstey, Pamela Ward, Erin Cameron (et al).: Taylor and Francis.
Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 1-19.
There has been a growing focus on healthy ageing in the political agenda. Discourses contained within policy documents have the potential to shape our notions of healthy aging and well-being. This comprehensive critical document analysis of provincial ageing policies in Newfoundland and Labrador (2006-2015) contributes to a larger research study exploring ageing women's notions of health and the body in relation to the ageing process. The findings highlight how healthy ageing discourses focus on the concept of productivity and how a certain type of health is required for ongoing contribution. The paper concludes by arguing that if healthy ageing is framed around one's ability to remain productive, notions of health will remain limited to an externalised measure of output versus subjective experience of well-being. (RH)
ISSN: 08959420
From : <https://doi.org/10.1080/08959420.2021.1927612>
- 266/66 Attitudes toward and willingness to work with older people and its predicting factor among medical science students in Iran; by Fatemeh Rashidi, Arman Azadi.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 397-406.
As the ageing population increases steadily, demand for specialist nurses and geriatricians willing to work in geriatric settings will probably explode. Accordingly, medical sciences students' attitude toward older adults and their willingness to work with them should be determined. This cross-sectional study aimed to determine medical sciences students' attitude toward older people and its relationship with their

willingness to work with this population. In addition, it sought to determine the variables that could predict students' attitudes toward older people. A stratified random sampling method was used to recruit 305 Iranian medical sciences students (response rate was 97.4%). The instruments for data collection were composed of three parts: socio-demographic characteristics of participants, Kogan's Attitudes toward Old People Scale, and the Willingness to Work with Elderly People Scale (WEPS). Data were analysed in SPSS version 23 (IBM SPSS statistics 23.0). The participants' mean (SD) age was 22.95 (2.53). Most of them (69%) were women, and 51% were nursing students. The findings showed that 70% of students had a slightly positive attitude toward older people, and only 12.8% of them declared geriatric setting as their workplace preference in the future. Experience of volunteering activities with older people, WEPS score, workplace preference after graduation and gender were the predictors of medical science students' attitudes toward older people. This paper further develops previous research on Iranian medical sciences students' attitudes toward older adults. (RH)

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From : <https://doi.org/10.1108/WWOP-11-2021-0054>

266/67 Challenges and assets of older adults in Sub-Saharan Africa: perspectives of gerontology scholars; by Margaret E Adamek, Messay Gebremariam Kotecho, Sansom Chane (et al): Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 107-125.

Life expectancy is increasing globally, with the biggest gains expected in sub-Saharan Africa. The authors used an online survey to investigate the perspectives of gerontology scholars on the challenges of ageing in sub-Saharan Africa as well as the assets of older adults. Respondents (n = 72) from 17 countries, primarily in Africa, and representing 16 disciplines, identified the top issues facing African older adults as poverty, lack of trained geriatric professionals, food insecurity, disability and/or health issues, and long-term care. Older adults' unique strengths were noted as indigenous knowledge systems, being holders of cultural heritage, and their contributions to development. Respondents' biggest concerns about older adults in sub-Saharan Africa were the lack of government attention to ageing issues (63%) and a lack of social services targeted to older adults' needs (57%). Government funding (77.8%) and international partnerships (38.9%) were noted as resources needed to support ageing research in sub-Saharan Africa. The response or non-response of governments in sub-Saharan Africa will determine whether the growing number of older adults will increasingly experience unmet needs, and whether their assets will be considered in development efforts. Establishing professional networks of gerontology scholars in the region will help to document the challenges faced by older adults, to plan for the coming demographic shift, and to empower older adults to thrive as valued community members. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2021.1927614>

266/68 COVID-19 and "ageing well" for the older migrants and refugees in rural Australia: the case of Bhutanese elders in Albury, New South Wales; by Nichole Georgeou, Spyros Schismenos, Nidhi Wali, Karin Mackay, Elfa Moraita.: Emerald.

Quality in Ageing and Older Adults, vol 23, no 2, 2022, pp 54-62.

Australia's older population is growing rapidly, and older people from culturally and linguistically diverse migrant and refugee backgrounds face numerous barriers such as limited linguistic, health and digital literacy. The purpose of this study is to highlight the challenges and opportunities for the well-being of older migrants and refugees in rural Australia by learning from the example of the Bhutanese community in Albury, New South Wales. The focus is on health and aged care barriers, also demonstrating how these barriers can be intensified due to the COVID-19 pandemic. Engagement through agriculture, and a sense of "belonging" strengthen the cultural well-being of the Bhutanese older adults in Albury. However, major issues remain, as health-related resources and information are lacking in rural Australia. How this group's meaningful activities in Albury enabled collaborations to be built is shown in this working example, and can provide lessons for other communities that experience similar problems of disconnection as they get older. The information regarding the Bhutanese older adults in Albury is primarily based on the authors' personal communication with the General Secretary of the Bhutanese Australian Community Support Group in Albury Wodonga Inc. In describing common health and aged care issues that affect older people's well-being in rural Australia, the authors particularly emphasise those that occurred or intensified due to the COVID-19 pandemic. This novel information is now especially relevant to the health and aged care sectors in changing and diverse communities, not only in Australia but also in other countries. (RH)

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266/69 COVID-19 and geriatric medicine in Australia and New Zealand; by Liesl Ischia, Vasi Naganathan, Louise M Waite (et al): Wiley.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 301-308.

The purpose of this study was to investigate geriatricians' views about issues facing geriatric medicine and the preparedness of the health care system during the COVID-19 pandemic.

An online survey of heads of geriatric medicine departments in hospitals in Australia and New Zealand was undertaken in May 2020. The majority of hospitals had admitted one or more patients with

suspected COVID-19. Most geriatricians believed their hospital was 'adequately' or 'well prepared' for the pandemic. Inpatient capacity increased to manage acute, post-acute and rehabilitative care of older patients with COVID-19. Non-inpatient services for older people were reduced and telehealth instituted widely. Increases in work hours, on-call and staffing levels were reported. Geriatricians voiced major concerns about the preparedness of residential aged care facilities to manage the pandemic. The COVID-19 pandemic impacted on geriatricians and the provision of geriatric medicine services. Many issues that subsequently affected older people were predicted in advance. (JL)
ISSN: 14406381

From : <https://doi.org/10.1111/ajag.13027>

- 266/70 COVID-19 outbreak in India: age-wise analysis of patients; by Rajan Kumar.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 319-324.
India reported its first COVID-19 case in the southern province of Kerala in late January 2020. Since then, the outbreak has spread to other provinces and union territories, with the highest number of cases reported in Maharashtra province as of 24 May 2020. This paper presents age- and gender-wise analysis of COVID-19 patients in Maharashtra province and the whole of India. It shows that 75% of them are in the 21-60 years age group. The 50+ age group has a very high fatality rate of 14.52% in Maharashtra. This analysis also shows that 76% of COVID-19 cases in India are in males. The data indicates that 75.3% of the deaths in India are in those aged 60+; and 86% of cases of death had diabetes-related comorbidity, hypertension, chronic kidney problems and heart problems. In India, the case-fatality rate, which estimates the proportion of deaths among identified confirmed cases, was 2.93% as of 24 May 2020, significantly less than in many countries. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-05-2020-0022>

- 266/71 Differentials and predictors of hospitalization among the elderly people in India: evidence from 75th round of National Sample Survey (2017-2018); by Saddaf Naaz Akhtar, Nandita Saikia.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 325-341.
There is limited evidence on the determinants of hospitalisation and its causes in India. This study aims to examine the differential in the hospitalisation rates and its socioeconomic determinants. This study also examines causes of diseases in hospitalisation among older people (age 60+) in India. The study used data from the 75th round of the National Sample Survey Organizations (collected July 2017-June 2018). The older people sampled in this survey are 42,759, where 11,070 were hospitalised, and 31,689 were not hospitalised in the past year or 365 days. The study estimated hospitalisation rates and carried out binary logistic regression analysis to examine the associations of hospitalisation with background variables. The cause of diseases in hospitalisations was also calculated. The hospitalisation rate was lower among older females compared to older males. Those who belongs to middle-old aged groups, non-married, North-Eastern region, Southern region, general caste, health insurance, partially and fully economically dependent have a higher chance of being hospitalised. About 38% of older people were hospitalised due to communicable diseases (CDs), 52% due to non-communicable diseases (NCDs) and 10% due to injuries and others (IO). Nearly 40% of older people were hospitalised in public hospitals due to CDs, whereas 52% were hospitalised in private hospitals due to NCDs and 11% due to IO. Among this study's research limitations are, firstly, that it is based on a cross-sectional survey, due to which temporal ambiguity averted to draw causal inferences. Secondly, other significant factors can also predict hospitalisations and provide insightful results, such as lifestyle factors, behavioural factors, obesity, mental state and several personal habits such as smoking cigarettes, drinking alcohol, consuming tobacco or other harmful substances. But this information was not available in this study. Even with these limitations, it is beneficial to understand the current circumstances of CDs, NCDs and injury and other diseases regarding hospitalisation issues among older people in India and its states to formulate health policy. Early screening and early treatment for NCDs are needed, which are non-existent in almost all parts of India. It is essential to necessitate and identify the important factors that best predict hospitalisation or to revisit hospital admission. Although, medical advances in India have made rapid strides in the past few decades, it is burdensome nonetheless, as the doctor-patient ratio is very low. It is important to develop preventive measures to minimise accidents and causalities to avoid substantial costs associated with older people's health care. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-11-2021-0055>

- 266/72 Evaluating inconsistency in health responses: evidence from elderly in India; by Dona Ghosh.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 258-274.
This paper explored the reliability of self-reported health and the impact of a person's social status in determining the inconsistent health response (IHR), in late life. As self-reported health is a subjective measure, older people might have a tendency to under-report health problems because of lower socioeconomic status. This can lead to inaccuracies in estimating older people's health problems when formulating health policy or providing health-care infrastructure. This study explores the sources of inconsistent responses of self-reported health by examining whether older respondents suffering from

chronic ailments report their health consistently. The study uses nationally representative unit-level data from the National Sample Survey of India. Using the bi-variate probit model, joint estimation of reported health and IHRs is determined. The study compares perceived and actual health status, and explores how individual characteristics and socioeconomic position contributes to IHRs among the elderly population. The study finds, firstly, that self-reported health has little reliability, as it is compared with the existence of chronic ailment. Older people in rural areas have a greater tendency to under-estimate their health problems, whereas those in urban elders tend to over-estimate. Secondly, the inconsistency in health response is significantly associated with social caste, economic status and attainment of education. The results offer deeper understandings about the reliability of self-reported health, and provide further insights to improving policy design formulated to mitigate health inequality among older people. This study might be helpful in designing an inexpensive and easily available health measure, which is very important for a highly populated ageing country with limited health-care resources. (RH)
ISSN: 13663666 From : <https://doi.org/10.1108/WWOP-05-2021-0023>

266/73 Face-to-face with the pandemic: experiences of staff in Portuguese residential care facilities; by Rosa Marina Afonso, Maria Miguel Barbosa, Constanca Paúl, Liliana Sousa.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 7, October 2022, pp 782-794.

The COVID-19 pandemic has placed care facilities for older adults under high pressure. This study aimed to identify the perception of staff in Portuguese Residential Care Facilities for Older Adults about their experience during and right after the first lockdown (March/April 2020) due to the COVID-19 pandemic. It comprises 198 respondents who answered an open question about their experiences during the pandemic on an online questionnaire. The main findings suggest three themes: 1) a cascade of new needs on top of old problems; 2) working on the razor's edge: a difficult balance between protecting against the virus and maintaining one's well-being; and 3) a need for support and appreciation. The pandemic has exposed and accentuated the fragilities of residential care facilities in Portugal, which operate with low budgets and minimum staff. The measures to protect against infection have to be balanced by actions to maintain psychosocial and rehabilitation activities with the residents, to promote their well-being and functional capacity. (RH)

ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2022.2043505>

266/74 Grandparents' mental health and lived experiences while raising their grandchildren at the forefront of COVID-19 in Saudi Arabia; by Nazik M A Zakari, Hanadi Y Hamadi, Chloe E Bailey (et al.): Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 5, July-August 2022, pp 512-528.

Understanding grandparents' lived experiences and healthy ageing is essential to designing efficient, effective and safe services to support a family structure in which grandparents care for their grandchildren. So far, no study has explored this concept in an Arab and Muslim country during a pandemic. This study examined Saudi Arabian grandparents' experiences in raising their grandchildren during COVID-19. The aim was to provide recommendations for needed mental health interventions during and after COVID-19. The authors used a phenomenological approach, to gain a detailed and in-depth understanding of the lived experiences of 15 grandparents caring for their grandchildren. This study shows the need for support service interventions (support groups, health professional support and respite care) for grandparents in Saudi Arabia, especially during global crises like COVID-19, that enhance social distance and social isolation. Raising grandchildren affects grandparents' physical, mental and social well-being. (RH)

ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2021.1983684>

266/75 Impact of the first wave of COVID-19 on the health and psychosocial well-being on Maori, Pacific Peoples and New Zealand Europeans living in aged residential care; by Gary Cheung, Sharmin Bala, Mataroria Lyndon (et al.): Wiley.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 293-300.

The purpose of this study was to investigate the impact of New Zealand's (NZ) first wave of COVID-19, which included a nationwide lockdown, on the health and psychosocial wellbeing of Maori, Pacific Peoples and NZ Europeans in aged residential care (ARC). interRAI assessments of Maori, Pacific Peoples and NZ Europeans aged 60 years and older completed between March and June 2020 were compared with assessments of the same ethnicities during the same period in the previous year, i.e. March to June 2019. Physical, cognitive, psychosocial and service utilisation indicators were included in the bivariate analyses. A total of 538 Maori, 276 Pacific Peoples and 11,322 NZ Europeans had an interRAI assessment during the first wave of COVID-19, while there were 549 Maori, 248 Pacific Peoples and 12,367 NZ Europeans in the comparative period. Fewer Maori reported feeling lonely but more NZ Europeans reported severe depressive symptoms during COVID. Lower rates of hospitalisation were observed in Maori and NZ Europeans. Overall the study found a lower rate of loneliness in Maori but a higher rate of depression in NZ European ARC populations during the first wave of COVID-19. Further research, including qualitative studies with ARC staff, residents and families, and different ethnic communities, is needed to explain these ethnic group differences. Longer-term effects from the COVID-19 pandemic on ARC populations should also be investigated. (JL)

ISSN: 14406381 From : <https://doi.org/10.1111/ajag.13025>

- 266/76 Life under COVID-19 lockdown: an experience of old age people in India; by Anuj Kumar, Nishu Ayedee.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 368-373.
The purpose of this paper is to highlight the pain and suffering of older people during the COVID-19 lockdown, an unpleasant experience for them. The paper is based on firsthand information received from an old-age couple. The researchers interviewed the couple and discussed their experience during the lockdown; their activities during that period were also observed. The main results suggest that lockdown appeared as a double-edged sword in old age and for older people. During lockdown, they are not allowed to go outside, to safeguard their lives; and inside the home, they face issues of anxiety, fear and mental trauma. They are not able to complete their daily routine, and it hampers their mental strength. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-06-2020-0027>
- 266/77 Market-oriented policies on care for older people in urban China: examing the experiment-based policy implementation process; by Wenjing Zhang.: Cambridge University Press.
Journal of Social Policy, vol 51, no 2, April 2022, pp 284-302.
The rapidly ageing population and increasing care needs provide the rationale for care systems progressively shaped by a growing market in a global context. In China, the approach to policy-making, which has been largely experimental, has involved market-oriented reforms since the 1980s. While marketisation processes have been well studied in various European care systems, very little is known about their implementation in the Chinese context. Based on qualitative interviews with local government officials and care providers in Shanghai, this article discusses the Chinese policy process in the field of care for older people and the barriers to effective implementation. It investigates the experiment-based marketisation policy process, the power hierarchy and the lines of accountability of the state in the care field. Multi-layered barriers are identified in the market-oriented policy process. These include (1) inherent bureaucratic obstacles at practice level: reluctance to exercise discretionary power, administrative inefficiency, incoherence of care schemes and poor inter-department communication; and (2) complexities and failures at policy-making level: the infeasibility of policies, underestimation of operational capacity and inadequate involvement of practice knowledge. These findings have implications for balancing the efficiency, effectiveness and sustainability of care policies in an era of public service austerity. (RH)
ISSN: 00472794 From : <https://doi.org/10.1017/S0047279421000131>
- 266/78 Political discourse and aging in a neoliberal Singapore: models of citizenship, older adults and policy initiatives; by Philip A Rozario, Marcella Pizzo.: Taylor and Francis.
Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 58-72.
Singapore now faces one of the fastest ageing populations in the world, leading the country's political leaders to fear the implications of population ageing for the country's economic viability. The authors analysed National Day Rally speeches in Singapore from 2011 to 2015 by Prime Minister Lee Hsien Loong to examine how policymakers conceptualised the challenges related to its ageing population. Findings point to the government's manifest and latent emphasis on its economic viability, when developing social policies to address the well-being of its ageing population. Its approaches to welfare provision are informed by a neoliberalist agenda that requires its citizens to exercise personal responsibility and self-reliance, and to rely on their family and community for mutual assistance. Despite its highly interventionist approach, the government is clear about its residual role in the provision of safety nets. A neoliberalist reconceptualisation of citizenship serves to restrict older citizen's claims to basic social assistance. (RH)
ISSN: 08959420 From : <https://doi.org/10.1080/08959420.2020.1851435>
- 266/79 Prioritizing the national aging policy in Ghana: critical next steps; by Gifty D Ashirifi, Grace Karikari, Margaret E Adamek.: Taylor and Francis.
Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 126-143.
Most developing nations are facing rapid population ageing, with limited economic and social resources. In Ghana, a National Ageing Policy (NAP) was promulgated by the government in 2010 to ensure the well-being of older adults. Since its passage, the NAP has yet to be funded and implemented. In this paper, the authors synthesise key information on policies and programs targeted at older adults in Ghana. The challenges that are adversely impacting older people's welfare are identified, including the non-implementation of the National Ageing Policy. To give the NAP needed attention and promote its implementation, a national coordinating body exclusively devoted to older adults is an essential first step. Critical next steps are offered to promote the effective implementation of the NAP and ensure the well-being of older adults in Ghana. With its current foundation of support programs for older adults, Ghana has the opportunity to be the lead nation in Sub-Saharan Africa in establishing a national level office which is dedicated to promoting older adults' well-being and including them in the nation's development efforts. (RH)
ISSN: 08959420 From : <https://doi.org/10.1080/08959420.2021.1927621>

- 266/80 Protective factors for life satisfaction in aging populations residing in public sector old age homes of Pakistan: implications for social policy; by Sara Rizvi Jafree, Quasar Khalid Mahmood, Syeda Rhadija Burhan, Amna Khawar.: Taylor and Francis.
Journal of Aging and Environment, vol 36, no 2, April-June 2022, pp 136-155.
Pakistan's increasing ageing population faces a shortage of old age home facilities, so there is a critical need to develop state-run old age homes for poor older people. This study aims to identify the challenges faced by Pakistan's ageing population in old age homes, and to determine predictors for improved life satisfaction in old age homes. In a sample of 139 ageing residents from six public sector old age homes across four cities, the qualitative results highlight barriers to life satisfaction and coping strategies of the ageing population. Bivariate regression results show that ageing residents have higher odds for life satisfaction when they are content with: (i) quality of life overall (AOR 5.99; 95% CI: 2.38-7.06); (ii) health (AOR 2.50; 95% CI: 1.02-4.14); (iii) finances (AOR 1.98; 95% CI: 0.67-3.72); (iv) religious and spiritual associations (AOR 1.90; 95% CI: 0.81-2.45); and (v) opportunities for learning (AOR 1.02; 95% CI: 0.42-2.41). The study concludes with four salient social policy recommendations to improve life satisfaction for older populations living in old age homes in Pakistan. (RH)
ISSN: 26892618
From : <https://doi.org/10.1080/26892618.2021.1887042>
- 266/81 Room arrangement and social cohesion in senior homes: a study in China; by Zhe Wang.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 4, May-June 2022, pp 421-436.
Private rooms are widely preferred by residents in senior homes (care homes). However, having room-mates may help them to maintain social networks, leading to promoted social cohesion and health. The differences in social cohesion among senior-home residents who live in private or shared rooms need investigation. Focusing on social cohesion and room arrangement, on-site questionnaire surveys recruited 345 residents from eight senior homes in Beijing and Shanghai, China. Controlling for personal and facility factors, ANOVA tests were employed to investigate the differences in social cohesion among residents living in private or shared rooms. Room arrangement was found significant to social cohesion in assisted-living and nursing-care residents. At the assisted-living level, triple-room (room shared by three) residents had stronger social cohesion than private-room or double-room (room shared by two) residents ($p = 0.01$). At the nursing-care level, residents with fewer room-mates had stronger social cohesion ($p = 0.05$). At the independent living level, no factors significant to social cohesion were found. The influences of room arrangement on social cohesion vary by care level and facility. To promote social cohesion, triple rooms are suggested for assisted-living care, whereas private rooms are more appropriate for nursing care. Senior-living rooms should be socially friendly through appropriate arrangement in cultural contexts. (RH)
ISSN: 01634372
From : <https://doi.org/10.1080/01634372.2021.1969610>
- 266/82 Social work response to elder abuse in Uganda: voices from practitioners; by Charles Kiiza Wamara.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 4, May-June 2022, pp 361-381.
Social workers across the globe are at the forefront of tackling elder abuse, as they are committed to social justice, human rights and respect for human diversity. However, research on social workers' response to elder abuse in Sub-Saharan Africa remains scarce. This qualitative study assessed how social workers in Uganda have responded to elder abuse. In-depth semi-structured interviews were used to collect data from 21 social workers. The findings suggest that social work in Uganda has not asserted itself in the fight against elder abuse. The few social work interventions aimed at reducing the risk of elder abuse are mostly anti-poverty undertakings. Social workers mainly discussed the drivers of elder abuse, correlating them with their interventions and challenges such as the absence of a specific law for older people, ignorance of older people's rights, and the underreporting of elder abuse. This study found that advocacy is needed for specific laws that protect the rights of older people, along with public awareness campaigns and the establishment of a research centre for ageing and later life. (RH)
ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2021.1968093>
- 266/83 Why and how have Korean cities embraced the World Health Organization's age-friendly cities and communities model?; by Jung-Min Woo, Moon Choi.: Taylor and Francis.
Journal of Aging and Social Policy, vol 34, no 2, 2022, pp 293-310.
This study examined forces leading Korean cities to join the WHO Global Network of Age-Friendly Cities and Communities (AFCC) and implement the WHO guidelines, from the perspectives of multiple streams theory and policy transfer theory. The authors conducted interviews with stakeholders from six member cities and identified relevant themes using directed content analysis. Political motivation was the strongest factor in seeking Network membership, but the lack of political motivations after gaining membership resulted in lacklustre local implementation efforts. Capital cities may need to take a stronger leadership role to encourage the WHO AFCC Network's expansion in Asia. (RH)
ISSN: 08959420 From : <https://doi.org/10.1080/08959420.2019.1707057>

LEGAL ISSUES

- 266/84 Enduring powers of attorney and financial exploitation of older people: a conceptual analysis and strategies for prevention; by Nola M Ries.: Taylor and Francis.
Journal of Aging and Social Policy, vol 34, no 3, 2022, pp 357-374.
Enduring powers of attorney (POAs) are commonly used legal instruments that enable older people to plan for asset management in the event of future incapacity. The policy objective of POAs - empowering control over money and property - are frustrated when POAs are misused to financially exploit older people. This commentary integrates theory and evidence to propose a conceptual framework for POA-facilitated financial exploitation (POA-FE). Identified risk factors include inadequate knowledge about the POA role; family conflicts; attitudes of entitlement; and lack of planning and preparation for financial decision-making. POA-FE occurs on a continuum of behaviour. Strategies for preventing POA-FE which use strengths-based approaches for older people and their attorneys are suggested. (RH)
ISSN: 08959420 From : <https://doi.org/10.1080/08959420.2019.1704143>

LEISURE

- 266/85 A preliminary study of the correlates of leisure interests and constraints among adults residing in public housing; by Angie L Sardina, Shyuan Ching Tan, Jillian Perry, Alyssa A Gamaldo.: Taylor and Francis.
Journal of Aging and Environment, vol 36, no 2, April-June 2022, pp 113-135.
The correlates of leisure interests and constraints of 39 adult public housing residents from North Carolina and Pennsylvania were explored. Most preferred activities included walking, volunteering, reading, card games, dining out, travel, movies and music. Pearson and Spearman correlations revealed significant associations between education quality and leisure interests. Education quantity and quality, pain severity and interference, loneliness and depressive symptoms were significantly associated with leisure constraints. With the growing number of adults depending on public housing, it is imperative to understand leisure interests and constraints within these communities, to ensure the availability of appropriate community programs and services. (RH)
ISSN: 26892618 From : <https://doi.org/10.1080/26892618.2021.1887041>

LGBT

- 266/86 Internet use among lesbian, gay, bisexual, transgender, intersex, and queer+ older adults during COVID-19; by Trevor G Gates, Mark Hughes, Jack Thepsourinthone, Tinashe Dune.: Emerald.
Quality in Ageing and Older Adults, vol 23, no 2, 2022, pp 63-67.
The internet can be a critical form of social contact for lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) older people. The extent to which LGBTIQ+ older people in Australia used the internet for social, informational and instrumental needs, including how internet use changed during COVID-19, is examined in this short paper. The authors used a survey advertised to LGBTIQ+ older adults (N = 394), recruited as a convenience sample, on social networking sites and via LGBTIQ+ and aged care organisations. Findings are that self-reported internet use decreased during COVID-19, with various significant between-group differences in purposes of internet use and sexuality, gender, living arrangements and time. This is among the first studies in Australia about LGBTIQ+ older people's internet use during COVID-19. The findings suggest that this group's patterns of internet use may have been decreasing during the pandemic. The authors acknowledge the collaboration of LGBTIQ+ Health Australia in this research. (RH)
ISSN: 14717794 From : <https://doi.org/10.1108/QAOA-10-2021-0083>
- 266/87 Understanding the role of virtual outreach and programming for LGBT individuals in later life; by Anyah Prasad, Michael Immel, Alice Fisher, Timothy M Hale, Kamal Jethwani, Amanda J Centi, Bob Linscott, Kathrin Boerner.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 7, October 2022, pp 766-781.
Due to health disparities, lesbian, gay, bisexual and transgender (LGBT) older adults may have more health care needs, but they are likely to have less informal sources of support. While efforts have been made to serve LGBT older adults, traditional forms of in-person outreach and service may still be inaccessible to those with restricted mobility living in rural areas, due to lack of transport during inclement weather or in public health situations as the Covid-19 pandemic. This study conducted focus group discussions to understand the role of virtual outreach in serving LGBT individuals' needs in their later years of life. Study participants expressed a desire for dating, community, ageing in place, and affirming health care. However, their experience of internalised and institutional homophobia and ageism may act as barriers in fulfilling those needs. A dedicated virtual space has the potential to overcome these barriers by facilitating online get-togethers, support groups, dating events, having coming out resources, and exchanging information on LGBT friendly health services. Having a space to express their generativity may make such virtual services more empowering. Lack of technological access and privacy concerns may hinder the use of virtual services, but can be overcome with training and education. (NL/RH)
ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2022.2032526>

LONELINESS AND SOCIAL ISOLATION

(See Also 266/103)

- 266/88 'She shouldn't cross the line': experiential effectivity of social guidance trajectories for socially isolated older adults with complex problems; by Anja Machielse.: Cambridge University Press. Ageing and Society, vol 42, no 7, July 2022, pp 1686-1709.
Social isolation of older adults is difficult to break through, and interventions that focus on network development or enhanced social participation are hardly effective, especially when the older adults have been isolated for a long time and have problems in multiple life domains. This evaluative study aimed to investigate the needs and subjective experiences of this less-researched group and obtain a deeper understanding of their goals and priorities. The study is part of a longitudinal qualitative study being conducted since 2006 in Rotterdam, the Netherlands. This part of the study involved 25 socially isolated people who receive assistance from a social worker in an individual guidance programme. Data were collected via repeated in-depth interviews with the older adults. By directing the focus towards their subjective experiences, the study gives insight into the 'experiential effectivity' of the intervention. It shows what their experienced problems were, and to what degree they benefited from the intervention in this respect. The experience of personal attention and involvement of the social workers represents the most relevant results for them. The participants have no need for network development or engagement in local communities. Yet, the help offered by the social workers produces other results for them, such as solved practical problems, emotional support, more self-sufficiency, a point of contact or a safety net that was not there before. This knowledge can help to improve the quality of intervention for this target group. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001725>
- 266/89 Are older people living alone socially isolated?: A qualitative study of their experiences; by Maryse Soulieres, Michele Charpentier.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 6, August-September 2022, pp 664-677.
The current state of knowledge on older people living alone suggests that they are at a higher risk of social isolation which, in turn, can compromise their health and well-being to varying degrees. Yet, few qualitative studies have tried to understand the subjective experience of living alone. This article presents the results of an action research study exploring how older people living alone perceive their day-to-day lives, and specifically the social relationships which they develop. The data presented are based on 43 individual interviews with men and women aged 65 to 93 living alone in the Montreal area (Canada), and group discussions with 120 actors involved in intervention. The results show that the majority of the participating older people did not see living alone as a problem. Their stories reveal the extent of their resilience and their ability to maintain satisfactory social relations with family and peers. However, for a minority, mostly men aged 80+, solo living translated into being alone and could become problematic. The article presents reflections for social work intervention, and invites practitioners to consider different vulnerabilities affecting the capacity of older people living alone to maintain their social networks. The importance of fostering reciprocity in their relationships is highlighted. (RH)
ISSN: 01634372
From : <https://doi.org/10.1080/01634372.2021.2019163>
- 266/90 Loneliness and psychological well-being among community-dwelling elderly people: the mediating role of death anxiety; by N Sreelekha, Surendra Kumar Sia.: Emerald.
Working with Older People, vol 26, no 4, 2022, pp 374-386.
The relationship between loneliness and psychological well-being was investigated in this cross-sectional study, which also examined whether death anxiety mediates the association between loneliness and psychological well-being among community-dwelling older people. A total of 209 participants (125 males and 84 females) in Kerala state, India were selected for this study through convenience sampling. SPSS (version 22) was used to estimate descriptive and correlational indices. Mediation analysis was conducted using Hayes Process macro-Version 3.5 and 5,000 bootstrapped sample-based analysis. Results indicate the significant indirect effect of loneliness on psychological well-being through the influence of death anxiety. It was thus concluded that older people's feelings of loneliness lead to lower psychological well-being; and death anxiety partially mediates the relationship of loneliness and psychological well-being. These findings for a community-dwelling sample cannot be generalised to institutional settings. The study recommends the need for, and importance of, mental health support for older people through community intervention programs to reduce their feeling of loneliness. This study contributes to the existing body of knowledge by substantiating the mediating role of death anxiety in the relationship between loneliness and the psychological well-being of older people staying at home. (RH)
ISSN: 13663666
From : <https://doi.org/10.1108/WWOP-08-2021-0042>

- 266/91 Social isolation in later life: the importance of place, disadvantage and diversity; by Amanda Grenier, Equity Burke, Glenys Currie, Susannah Watson, Jonelle Ward.: Taylor and Francis.
Journal of Aging and Social Policy, vol 34, no 3, 2022, pp 471-495.
Social isolation among older people is a complex social problem and growing policy concern. This study investigated social isolation under the auspices of the Hamilton Senior Isolation Impact Plan, a government funded programme in Canada. It situates the study of social isolation in a unique region of Ontario and involved 7 focus groups and 32 interviews with older people and stakeholders. Results outline how place and spatial relations can create and/or reinforce isolation; how addressing social isolation requires attention to the relationship between poverty, inequality and disadvantage; and how regional experiences of isolation may differ substantially from what is assumed, where diversity and the needs of particular sub-populations of older people are concerned. Findings highlight the need to broaden policy and practice efforts on social isolation to better include diverse groups of older people who may be poorly served by the agenda of connection alone. (RH)
ISSN: 08959420
From : <https://doi.org/10.1080/08959420.2021.1886637>
- 266/92 Transitions in loneliness in later life: the role of social comparisons and coping strategies; by Deborah Morgan, Vanessa Burholt, CFAS Wales Research Team.: Cambridge University Press.
Ageing and Society, vol 42, no 7, July 2022, pp 1607-1628.
This study explored the coping strategies and social comparisons used by older adults on different loneliness trajectories (decreased loneliness, stable loneliness and degenerating loneliness). The adaptive consequences of social comparison in later life are recognised as an important strategy for preserving life satisfaction regardless of age-related losses. Coping strategies are also important in managing loneliness. Narrative interviews were conducted with lonely older adults (N = 11) who had participated in Wave One of the Maintaining Function and Well-being in Later Life Study Wales (CFAS Wales). The study found key differences in the coping strategies employed by older adults on different loneliness trajectories. Differences in coping styles between those who reported decreased loneliness and those who were chronically lonely stemmed from perceptions as to whether loneliness was modifiable or not. Different types of social comparison were also found to modulate the loneliness experience. The findings indicate that higher-order strategies (problem, emotional and meaning focused) are not distinct entities but are part of a dynamic process. The management of loneliness in later life may be dependent on several factors, including older adults' interpretations of the cause of loneliness. These interpretations will have implications for interventions aimed at alleviating chronic loneliness, where the focus may have to be on changing older adults' perceptions of unmodifiable loneliness. (RH)
ISSN: 0144686X
From : <https://doi.org/10.1017/S0144686X20001634>
- 266/93 Understanding loneliness in older adults: reports from experts by experience to reach digital solutions; by Sara Guerra, Liliana Sousa, Rita Carvalho, Sara Melo, Oscar Ribeiro.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 7, October 2022, pp 728-734.
Loneliness is a subjective experience escalating worldwide and affecting older adults. Digital solutions can play a major role in addressing loneliness, although their use has been facing resistance due a lack of the involvement of older adults in the design. MOAI LABS is an ongoing European project that adopts a co-design process to develop digital solutions to address loneliness in older adults. This study reports the experience of loneliness shared by a group of eight community-dwelling older Portuguese adults (aged 64 to 86 years old), who are 'experts by experience' (who feel lonely). Findings were obtained from two co-creation sessions that were audio-recorded, and transcribed. Data analysis involved the research team and the 'experts by experience.' Three themes emerged: 1) loneliness as a detrimental 'state of the soul'; 2) loneliness reinforced by features of the ageing process; and 3) loneliness builds more loneliness. MOAI LABS co-design process of digital solutions will embrace these experiences and involve frontline gerontological social workers who have experience with older adults' loneliness. (NL/RH)
ISSN: 01634372
From : <https://doi.org/10.1080/01634372.2021.2019866>
- 266/94 Why is living alone in older age related to increased mortality risk?: A longitudinal cohort study; by Jessica G Abell, Andrew Steptoe.: Oxford University Press.
Age and Ageing, vol 50, no 6, November 2021, pp 2019-2024.
Living alone has been associated with increased mortality risk, but it is unclear whether this is a result of a selection effect or the impact of stressful life changes such as widowhood or divorce leading to changes in living arrangements. The authors therefore examined the association between living alone, transitions in living arrangements and all-cause mortality. They analysed data from 4,888 individuals who participated in both wave 2 (2004-2005) and wave 4 (2008-2009) of the English Longitudinal Study of Ageing (ELSA). Transitions in living arrangements over this period were identified. Mortality status was ascertained from linked national mortality registers. Cox proportional hazards analysis was used to examine the association between living alone and mortality over an average 8.5 year follow-up period. An association was found between living alone at wave 4 and mortality (hazard ratio (HR): 1.20, 95%

CI 1.04-1.38) in a model adjusted for multiple factors including socioeconomic status, physical health, health behaviours and loneliness. It was also found that participants who moved to living alone after divorce or bereavement had a higher risk of mortality compared with those who lived with others at both time points (HR: 1.34, 95% CI 1.01-1.79), while those who moved to living alone for other reasons did not show an increased mortality risk. The authors conclude that the relationship between living alone and mortality is complicated by the reasons underlying not living with others. A greater understanding of these dynamics will help to identify the individuals who are at particular health risk because of their living arrangements. (RH)

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From : <https://academic.oup.com/ageing/article/50/6/2019/6326082>

LONG TERM CARE

(See Also 266/77)

- 266/95 Long-term care market trend and patterns of caregiving in the U.S.; by Rashmita Basu, Adrienne C Steiner, Alan B Stevens.: Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 1, 2022, pp 20-37.

Informal care is a major source of long-term services and supports (LTSS) for older adults in the U.S. However, the increasing gap between available family caregivers and those needing LTSS in coming years warrants better understanding of the balance between informal and formal home or community-based LTSS to meet the growing demand. The current study aimed to 1) identify patterns of informal and formal LTSS use among community-dwelling individuals; and 2) examine if the supply of formal LTSS predicts the use of informal care. These aims were investigated by linking the market supply of formal LTSS at the state-level to the Health and Retirement Survey (HRS, 2008-2015) data for 7,781 individuals aged 50+. Results provide important empirical evidence that patterns of informal and formal LTSS use among older adults are heterogeneous and market supply of formal home and community-based services (HCBS) significantly predicts the use of informal care. Most older adults rely on informal care in combination with some formal supports, suggesting that the two systems work in tandem to meet the growing needs of LTSS. This offers important implications for states allocating resources to meet the LTSS needs of older adults and individuals with disabilities, since states play key roles in U.S. long-term care policies. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2021.1926209>

LONG TERM CONDITIONS

- 266/96 Chronic conditions and psychological distress in older Asian Americans: the mediating role of subjective health perception; by Hyunwoo Yoon, Seuyoun Kim, Mitra Naseh (et al).: Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 6, August-September 2022, pp 604-617.

Given the importance of understanding the connection between physical and mental health in old age, this study examined the mediating role of subjective health perception in the relationship between chronic conditions and psychological distress among older Asian Americans. Using data from 533 Asian Americans aged 60 and over in the 2016 Asian American Quality of Life Study, the direct and indirect effect models were tested with multivariate linear regressions and the PROCESS macro. Results show that chronic conditions pose significant risks to psychological distress, and that subjective health perception mediates their association. The observed role of subjective health perception as an intervening step between physical and mental health offers implications for gerontological social work research and practice by highlighting the importance of positive self-appraisals for the health and well-being in later years of life. (RH)

ISSN: 01634372

From : <https://doi.org/10.1080/01634372.2021.2005213>

MEDICATION

- 266/97 Dispensing care?: The dosette box and the status of low-fi technologies within older people's end-of-life caregiving practices; by Tessa Morgan, Robbie Duschinsky, Stephen Barclay.

Sociology of Health & Illness, Vol 44, Nos 4-5, April/May 2022, pp 745-763.

Technology has been lauded as a solution to challenges presented by the ageing population internationally. While the lion's share of scholarship has focused on high-fi, digital technologies, there has been a recent shift to exploring the contributions that mundane, low-fi technologies make to older people's daily lives and our understandings of health, illness and care more broadly. Drawing from serial narrative interview data collected with 19 married couples aged 70 and over living in the UK, this article explores the way one medical technology - the dosette box - was taken-up and deployed in their end-of-life caring process. Informed by actor-network theory and critical feminist scholarship, this article considers how the dosette box played an active role in structuring relationships, scheduling daily care activities and enforcing medical compliance. In doing so, the authors suggest that the dosette box

provides an unexpected companion and 'weapon of the weak' for older partners who attempt to assert their expertise and power while caring. This article also explores how, once introduced into the home, the dosette box has demanded an even higher level of regular, vital care from older partners, thus entrenching the physical and emotional demands of dispensing care. (OFFPRINT.) (RH)

ISSN: 01419889

From : <https://doi.org/10.1111/1467-9566.13455>

MENTAL CAPACITY

(See 266/84)

MENTAL HEALTH

(See Also 266/74, 266/96, 266/118, 266/137)

266/98 Effect of second wave of COVID-19 pandemic on anxiety level of senior citizens: a case study; by Ajay Kumar Behera.: Emerald.

Working with Older People, vol 26, no 4, 2022, pp 342-354.

The effect on distress of Indian senior citizens' anxiety levels in quarantine during the second wave of the COVID-19 pandemic is explored. This is a descriptive study, in which data were collected using the online survey method, a sociodemographic form, a semi-structured data form for second wave COVID-19, the anxiety-level scale and the distress scale. Data were collected during the period when a curfew was imposed for senior citizen. Data were analysed using a structural equation model, according to which, anxiety was determined as a predictor of distress. Anxiety affects distress in senior citizens. Anxiety levels were higher in those aged 60-69, female, single, and had inadequate knowledge about the pandemic; had not encountered a similar pandemic before; and considered that family bonding was affected negatively, so they became lonely and reported becoming bored, exhausted and distressed during the pandemic, which increased their distress levels. One of the policy implications of this study is that governments should provide behavioural support to citizens during a pandemic. For example, short-term home-based psychological interventions should be developed to reduce the negative effects of the second wave of COVID-19 on mental health. The anxiety levels increased distress levels for those senior citizens who considered their information about the second wave of COVID-19 insufficient; had hyper-emotionality; longed for their families; and felt tense, overwhelmed and lonely during the pandemic. In addition, factors such as constraints of flexibilities, prevention of socialization and decreased physical movements also affect distress in senior citizens. (RH)

ISSN: 13663666

From : <https://doi.org/10.1108/WWOP-05-2021-0024>

266/99 Fears and freedoms: a qualitative analysis of older adults' basic psychological needs for autonomy, competence, relatedness and beneficence; by Kelli Dendle, Laurie Buys, Desley Vine, Tracy Washington.: Wiley.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 229-236.

Self-determination theory posits three universal psychological needs: autonomy, competence and relatedness. Beneficence has recently been proposed as an important behaviour for improved wellbeing and happiness. This study sought to qualitatively examine older adults' experiences of basic psychological needs satisfaction and frustration. Three separate and simultaneous national online focus groups were undertaken over four consecutive days. A sample of 103 older Australians explored home and community life. Themes were identified using reflexive thematic analysis. Results showed that older adults are challenged in satisfying their psychological needs, especially when and after they retire and as mobility decreases. Beneficence emerged as important for wellbeing, congruent with evidence that the latter influences well-being beyond basic psychological need fulfilment. Satisfactions and frustration may manifest differently for older adults than for other groups. Thus their experiences may not adequately be captured by self-report measures. Novel themes of 'fears and freedoms' were identified in the study. Fear pertained to the loss of autonomy and the freedom to spend time as one wishes. (JL)

ISSN: 14406381

From : <https://doi.org/10.1111/ajag.13009>

266/100 The impact of cognitive impairment on disaster preparedness: a cross-sectional study of older adults over the age of 75 requiring special care in Japan; by Yuka Hattori, Mayoko Hiramatsu, Tokiko Isowa (et al).: Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 5, July-August 2022, pp 562-579.

Disaster preparedness is the most important measure that can be taken to reduce damage. However, disaster preparedness is predicted to be difficult for older adults with cognitive impairment. The authors investigated the effects on disaster preparedness of cognitive impairment in people requiring special care who are 75 or older. This survey was conducted in three towns with large ageing populations on the Pacific coast of western Japan, where a huge disaster is predicted in the near future caused by the occurrence of a Nankai mega-earthquake. The survey included subject characteristics such as

demographic indicators, physical function, cognitive function impairments, community involvement and disaster preparedness. Cross-sectional data from 711 subjects were divided into two groups, a cognitive impairment group and an unimpaired group. Next, to show the effects of subject characteristics in each group on disaster preparedness, a binomial logistic regression analysis was performed. Then, the effects on disaster preparedness were compared between the two groups. This study showed that people requiring special care who are 75 or older, and have the characteristics of "living alone", "requiring care", and "needing mobility assistance" in addition to cognitive impairment, have increased difficulty making disaster preparedness. Therefore, government officials and community supporters need to recognize that these people should be supported on a priority basis, and to provide continuing support for disaster preparedness. (RH)

ISSN: 01634372 From : <https://doi.org/10.1080/01634372.2021.2004568>

- 266/101 Managing the retention or divestment of material possessions in the transition to retirement: implications for sustainable consumption and for later-life wellbeing; by Susan Venn, Kate Burningham.: Cambridge University Press.

Ageing and Society, vol 42, no 9, September 2022, pp 2082-2102.

It has been argued that life-course transitions are transformative moments for individuals when lifestyles, habits and behaviours are potentially open to contemplation and change. Within sustainability research such 'moments of change' are regarded as offering potential to encourage less environmentally damaging consumption patterns. Research on consumption indicates that orientations to material goods and their affective significance are complex. Whilst sociological work understands attachment to things as integral to maintaining kinship relations, this is hard to reconcile with long-standing moral concerns about materialism, with psychological research which indicates a negative relationship between the acquisition of material objects and well-being, or with the environmental implications of acquiring and divesting 'stuff'. Yet there has been little engagement with how older people orient to their material possessions and divestment, the implications of this for later-life wellbeing and for environmental sustainability. In this paper, the authors draw these different strands of work together to understand how retirees relate to their material possessions and their divestment.

They draw on interviews with 20 individuals from South London and Scotland who were interviewed three times, to explore how the transition to retirement highlights the complexity of participants' attachment to things. While some items had profound relational significance, others were experienced as troublesome. Decisions on what to divest were shaped by pragmatic considerations and levels of attachment, whilst modes of divestment were aligned with values of thrift. (RH)

ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20001993>

- 266/102 Markers of cognitive reserve and dementia incidence in the English Longitudinal Study of Ageing; by Pamela Almeida-Meza, Andrew Steptoe, Dorina Cadar. British Journal of Psychiatry, vol 218, 2021, pp 243-251.

In the current climate of an ageing population, it is imperative to identify preventive measures for dementia. The authors implemented a multifaceted index of cognitive reserve markers, and investigated dementia incidence over 15 years of follow-up in a representative sample of the English population. Data were for 12,280 participants aged 50+ from the English Longitudinal Study of Ageing (ELSA), free from dementia at their baseline assessments during wave 1 (2002/2003), wave 3 (2006/2007) or wave 4 (2008/2009), and followed up until wave 8 (2016/2017). The Cognitive Reserve Index was constructed as a composite measure of education, occupation and leisure activities, using a standardised questionnaire. Cox proportional hazards regression models were used to estimate the hazard ratios of dementia in relation to cognitive reserve levels (low, medium and high) and its components (education, occupation and leisure activities). During the follow-up period, 602 participants aged 56-99 years developed dementia. Higher levels of cognitive reserve (hazard ratio 0.65, 95% CI 0.48-0.89, $P = 0.008$) were associated with a lower risk of dementia. An individual analysis of its components showed that higher levels of education (hazard ratio 0.56, 95% CI 0.36-0.88, $P = 0.012$), occupation (hazard ratio 0.72, 95% CI 0.56-0.91, $P = 0.008$) and leisure activities (hazard ratio 0.74, 95% CI 0.56-0.99, $P = 0.047$) were predictive of a reduced dementia risk, with the first two components particularly protective in younger participants ((85 years).

This study showed a reduced risk of dementia for individuals with a higher level of cognitive reserve, represented by higher education, complex occupations and multifaceted level of leisure activities. (OFFPRINT) (RH)

ISSN: 00071250 From : <https://doi.org/10.1192/bjp.2020.54>

- 266/103 Mental health status and factors related on mental health status of the older adults living alone; by Sarinrut Juntapim, Ampornpun Theranut.: Emerald.

Working with Older People, vol 26, no 4, 2022, pp 387-396.

In this descriptive correlational study, older adults living alone from the urban area of the Northeast of Thailand were recruited randomly from within a stratified sampling frame and received a questionnaire. Data were collected on ways of coping, social support, family relationship, and Thai Mental Health Indicator-15 (TMHI-15). Data were analysed using descriptive statistics, Spearman's rank correlation coefficient, and Chi-square test. Mental health status related to personal factors at $p < 0.05$ including

gender, education level, income, health status, coping strategies, social support and family relationship. This study provides further empirical support for older adults who live alone, especially females who have low income and have a disease. Consequently, policy on social support in older adults should be directed to developing a range of divergent intervention strategies. (RH)

ISSN: 13663666

From : <https://doi.org/10.1108/WWOP-08-2021-0045>

MIGRATION

266/104 Ageing well in a foreign land: group memberships protect older immigrants' wellbeing through enabling social support and integration; by Catherine Haslam, Sharon Dane, Ben C P Lam, Jolanda Jetten, Shuang Liu, Cindy Gallois, Tran Le Nghi Tran.: Cambridge University Press.

Ageing and Society, vol 42, no 7, July 2022, pp 1710-1732.

Despite the numerous challenges of ageing in a foreign land, many older immigrants are fairly resilient and report experiencing good well-being. The key question that this paper addresses is how this is achieved. Drawing on frameworks from cross-cultural and social identity literatures, the present study proposes and tests a model of serial multiple mediation that identifies possible mechanisms supporting the well-being of older immigrants who have resided in the host country for some time. In this model, it is predicted that new group memberships acquired post-migration enable access to social support that in turn provides the basis for perceived integration, which enhances well-being. This model was tested in a survey study with 102 older people, whose mean age was 80.3 years and who had migrated to Australia from Asian, European, and Central and South American countries on average 36 years previously. The survey assessed cultural identity, social group memberships acquired post-migration, perceived social support, perceived integration and well-being. Results supported the hypothesised model, indicating that joining new heritage culture and wider groups in Australia post-migration provided a platform for social support and integration, which enhanced life satisfaction and reduced loneliness. The implications of these findings for theory and adapting successfully to both migration and ageing are discussed. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20001695>

NEIGHBOURHOODS AND COMMUNITIES

(See Also 266/28)

266/105 Age-friendly cities and communities: research to strengthen policy and practice; by Emily A Greenfield, Tine Buffel.: Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 2, 2022, pp 161-174.

Since the early 2000s, a global age-friendly movement has emerged with aspirations to make environments and systems within localities more supportive of long and healthy lives. Despite growth in the social movement over the past decade, research on how to work toward community change, especially in systematic and comprehensive ways across diverse geopolitical and sociocultural contexts, has been relatively slower in developing. This special issue of the Journal of Aging & Social Policy aims to accelerate this area. It features articles that advance knowledge on processes and contexts toward enhancing the age-friendliness of cities and communities. In this introductory essay, the authors provide background on the age-friendly cities and communities movement - including its accomplishments alongside key challenges. They then discuss the importance of research at the intersection of policy and practice to strengthen the movement into the 21st century. Next, they introduce the articles in this special issue, organised under four themes: implementation and sustainability processes; partnerships and multi-sectoral collaboration; theory-based programme design; and policy and practice diffusion. A final article provides an overview of the career contributions of Dr Frank Caro, an age-friendly champion and gerontologist to whom this special issue is dedicated. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2022.2049573>

266/106 Age-friendly communities during the time of COVID-19: a model for rapid community response; by Holly Dabelko-Schoeny, Katie White, Marisa Sheldon (et al.): Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 2, 2022, pp 275-292.

With the COVID-19 epidemic disproportionately affecting older adults, cities across the United States (U.S.) and the world scrambled to meet the needs of their older residents. Members of the World Health Organization (WHO) Global Network of Age-Friendly Cities and Communities rely on cross-system community collaborations and resident voices to create age-friendly social, built and service environments. These key elements of age-Friendly communities (AFCs) place them in a unique position to quickly identify older residents' needs, launch short-term targeted interventions, and support integration of new programmes into existing systems for post-crisis sustainability. This essay discusses how one age-friendly community applied key tenets of the US Centers for Disease Control's rapid response team model to meet older residents' immediate, short-term needs for social connection, food,

personal protective equipment (PPE), emergency preparedness and technology utilisation. The sustainability of rapid response interventions was supported through the relationships and structures created by the AFC. Attention is drawn to three key points. First, guidelines to contain disease outbreaks are helpful when responding to outcomes of outbreaks. Second, age-friendly communities core values align with the tenants of disaster response. Third, age-friendly communities are well positioned to respond to the consequences of COVID-19. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2022.2049576>

266/107 Aging all over the place: a multidisciplinary framework that considers place and life trajectories of older adults within their communities; by Melanie Levasseur, Daniel Naud, Nancy Presse, Nathalie Delli-Colli, Patrick Boissy, Benoît Cossette, Yves Couturier, Julien Cadieux Genesse.: Emerald. *Quality in Ageing and Older Adults*, vol 23, no 3, 2022, pp 150-162.

This conceptual paper aims to describe ageing all over the place (AAOP), a federative framework for action, research and policy that considers older adults' diverse experiences of place and life trajectories, along with person-centred care. Based at the Université de Sherbrooke, Québec, Canada, the authors developed the AAOP framework through group discussions, followed by an appraisal of ageing models and validation during workshops with experts, including older adults. Every residential setting and location where older adults go should be considered a "place", flexible and adaptable enough so that ageing in place becomes ageing all over the place. Health-care professionals, policymakers and researchers are encouraged to collaborate around four axes: biopsychosocial health and empowerment; welcoming, caring, mobilised and supportive community; spatio-temporal life and care trajectories; and out-of-home care and services. When consulted, a Seniors Committee showed appreciation for flexible person-centred care, recognition of life transitions and care trajectories, and meaningfulness of the name. Population ageing and the pandemic call for intersectoral actions and for stakeholders beyond health care to act as community leaders. AAOP provides opportunities to connect environmental determinants of health and person-centred care. Building on the introduction of an ecological experience of ageing, AAOP broadens the concept of care as well as the political and research agenda by greater integration of community and clinical actions. AAOP also endeavours to avoid patronising older adults and to engage society in strengthening circles of benevolence surrounding older adults, regardless of their residential setting. AAOP's applicability is evidenced by existing projects that share its approach. (RH)

ISSN: 14717794

From : <https://doi.org/10.1108/QAOA-07-2021-0057>

266/108 The city centre as an age-friendly shopping environment: a consumer perspective; by Anna-Maija Kohijoki, Katri Koistinen.: Cambridge University Press.

Ageing and Society, vol 42, no 12, December 2022, pp 2735-2756.

Urban population ageing has significant implications for city centres catering for an increasing number of older consumers. To guide world cities on taking action in response to population ageing, the World Health Organization (WHO) has addressed the universal features of the age-friendly city. Taking place in Turku, Finland, this study applies the WHO guideline to the context of shopping. With an emphasis on older consumers, the perceptions of the city centre as a physical and social shopping environment are studied. Using a qualitative content analysis, older consumers' perceptions (focus-group participants aged 64-94) are analysed, based on the age-friendly city features. The perceptions are compared with those of younger consumers (qualitative-survey respondents aged 21-41). The study confirms the significance of older city shoppers, and suggests their needs and wants should be taken into account in urban development projects. The older consumers differ from younger consumers in their city-shopping behaviour and perceptions in many respects. The age groups highlighted the same themes, but mainly with dissimilar content. This indicates that measures to develop a city centre which is friendlier to older consumers also benefit their younger counterparts, but for different reasons. It is necessary to understand this disparity to create a city-centre shopping environment that is friendly for different ages. The study offers new perspectives on responding to the challenges that consumer ageing poses to Western cities. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X21000295>

266/109 Emergent challenges and opportunities to sustaining age-friendly initiatives: qualitative findings from a Canadian age-friendly funding program; by Elizabeth Russell, Mark W Skinner, Ken Fowler.: Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 2, 2022, pp 198-217.

Age-friendly initiatives often are motivated by a single funding injection from national or sub-national governments, frequently challenging human and financial resources at the community level. To address this problem, this paper examines the challenges and opportunities to sustaining age-friendly programmes in the context of a Canadian age-friendly funding project. Based on a qualitative thematic content analysis of interview data with 35 age-friendly committee members drawn from 11 communities, results show that age-friendly sustainability may be conceptualized as an implementation gap between early development stages and long-term viability. Consistent over-dependence on volunteers and on

committees' limited capacity may create burnout, limiting sustainability and the extent to which communities can truly become "age-friendly". To close this implementation gap, while still remaining true to the grass-roots intention of the global age-friendly agenda, sustainable initiatives should include community champions, multi-disciplinary and cross-sector collaborations, and systemic municipal involvement. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2019.1636595>

- 266/110 Facilitators and barriers to becoming age-friendly: a review; by Verena Menec, Cara Brown.: Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 2, 2022, pp 175-197.

This interpretive review examined the empirical evidence of the factors that facilitate or hinder the implementation of age-friendly community and city (AFCC) initiatives. Thirteen studies were included in the review. Findings show three themes, the first of which, enablers, consists of the sub-themes of multilevel leadership and a common vision, effective governance and management, and diverse partnerships. The other two are process-related factors (e.g. linking to other strategies), and contextual factors (e.g. rural/urban). Moreover, several underlying influencers intersect with these themes, such as how age-friendliness is conceptualised. This review shows that there is a need for more process evaluations. The AFCC movement would also benefit from drawing on other relevant work, such as literature in the areas of coalitions, public administration and political studies. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2018.1528116>

- 266/111 Involving socially excluded groups in age-friendly programs: the role of a spatial lens and co-production approaches; by Sophie Yarker, Tine Buffel.: Taylor and Francis.

Journal of Aging and Social Policy, vol 34, no 2, 2022, pp 254-274.

Despite the identification of social inclusion as a key objective of age-friendly policies, projects and programmes, there is limited research evidence as to either the extent to which this has been achieved or how it might be realised. Gaps remain in our understanding of how age-friendly programmes or projects might involve different groups of older people and the possible barriers that might be encountered. This paper seeks to address this gap by drawing on evidence from the Ambition for Ageing programme in Greater Manchester, UK, which implemented a range of projects designed to tackle social isolation in later life. The paper argues that due to its co-production approach and spatial lens, Ambition for Ageing was able to involve sections of the older population that otherwise might have remained excluded. In providing further insights relevant to age-friendly programmes, the paper also considers some of the barriers experienced by the Ambition for Ageing programme, and builds a case that taking a spatial justice perspective to age-friendly work may help identify and overcome obstacles to achieving social inclusion. (RH)

ISSN: 08959420

From : <https://doi.org/10.1080/08959420.2022.2049571>

- 266/112 Mixed methods evaluation on village neighborhood social cohesiveness and quality of life; by Su-I Hou, Esteban Santis, Anna V Eskamani, Kristen Holmes.: Emerald.

Quality in Ageing and Older Adults, vol 23, no 3, 2022, pp 71-84.

The "Village" model has become an emerging, community-based social initiative to help older adults age in place. This study aims to examine neighbourhood social cohesion (NSC), or social connectedness and quality of life, from the perspective of village members. A mixed-method evaluation was used to examine two Florida villages, a master-planned village (FV1) and a diverse neighbourhood village (FV2). Both are full members of the National Village to Village Network. The quantitative and qualitative data provided complementary and deeper understanding. Quantitative findings showed that FV1 members scored higher at NSC, and qualitative findings further confirmed that village programme social activities were critical to building connections, especially for those who have lost loved ones and were single. When interpreting the findings, the predominantly white racial makeup and affluence of village participants should be taken into account. Findings point to the importance of NSC as older adults age, and suggest that programmes should prioritise activities that strengthen social connectivity. (RH)

ISSN: 14717794

From : <https://doi.org/10.1108/QAOA-05-2021-0044>

OLDER MEN

- 266/113 'You've got no support': the experiences of older male caregivers when their partner enters residential care; by Jamie Fowler, Barbara Blundell, Clare Morrisby, Antonia Hendrick.: Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 5, July-August 2022, pp 529-544.

This qualitative phenomenological study explored the experiences and needs of older male caregivers after their partner entered full-time residential aged care within the previous 36 months. Semi-structured interviews were conducted with eight male caregivers aged 75+ in Perth, Western Australia; results were

thematically analysed and checked for accuracy. The study found that this transition was a time of significant turmoil for caregivers. Feelings of grief, loss, guilt and regret were experienced, intertwined with feelings of relief and reassurance that their partner would be well cared for within the care facility. Following the transition, caregivers also began thinking about building a new life. Helpful supports identified were friends and family, carer support groups, counselling services and community support organisations. Participants described a need for further emotional support, assistance in understanding their partner's prognosis, and information about the expenses involved in entering residential care. It was suggested there is also a role for professional advisors or peer mentors to support male caregivers through this transition. Tailoring programmes and services with consideration of older male caregivers' needs and experiences will ensure that policies and programmes are more supportive and responsive. (RH)

ISSN: 01634372

From : <https://doi.org/10.1080/01634372.2021.1983685>

PARTICIPATION

266/114 An international qualitative feasibility study to explore the process of using social innovation (co-production) strategies with older people: the SAIL project; by Holly Louise Crossen-White, Ann Hemingway, Adele Ladkin (et al): Emerald.

Quality in Ageing and Older Adults, vol 23, no 3, 2022, pp 129-149.

This paper aims to present the feasibility study findings from a four-year project funded by the European Union Commission (the SAIL project, Staying Active and Independent for Longer). The funding stream was Interreg 2Seas, which offers opportunities for coastal areas on both sides of the English Channel to work together on complex practical issues. The project focused on enabling older people to stay active and independent for longer using social innovation (co-production) approaches. The paper presents barriers and facilitators (using logic models) to the social innovation process with older people, which has wider relevance in terms of social innovation and its application. Ten pilot projects were developed. Each of the pilots worked with an academic partner to undertake a feasibility study that included 10 pilots across the four countries involved: France, Belgium, the Netherlands and England. For the 10 pilot projects generated, there were obviously important cultural and geographical differences in terms of engagement and practical implementation of social innovation. Some of these pilot projects are very important for the successful implementation of social innovation in a particular setting, and indeed may be a strength or a barrier in terms of engaging with local people and agencies. This project has enabled greater understanding of how social innovation can be applied, and has highlighted contextual issues that can undermine or enable attempts to adopt the approach. The development of logic models is a useful approach when the topic under study is complex and likely to produce a diverse set of process outcomes. (RH)

ISSN: 14717794

From : <https://doi.org/10.1108/QAOA-02-2022-0012>

PENSIONS AND BENEFITS

266/115 An analysis of the Dutch-style pension plans proposed by UK policy-makers; by Iqbal Owadally, Rahil Ram, Luca Regis.: Cambridge University Press.

Journal of Social Policy, vol 51, no 2, April 2022, pp 325-345.

Collective Defined Contribution (CDC) pension schemes are a variant of collective pension plans that are present in many countries and especially common in the Netherlands. CDC schemes are based on the pooled management of the retirement savings of all members, thereby incorporating inter-generational risk-sharing features. Employers are not subject to investment and longevity risks, as these are transferred to plan members collectively. In this paper, the authors discuss policy related to the proposed introduction of CDC schemes to the UK. By means of a simulation-based study, they compare the performance of CDC schemes vis-à-vis typical Defined Contribution schemes under different investment strategies. They find that CDC schemes may provide retirees with a higher income replacement rate on average, together with less uncertainty. (RH)

ISSN: 00472794

From : <https://doi.org/10.1017/S0047279421000155>

266/116 Can't save or won't save: financial resilience and discretionary retirement saving among British adults in their thirties and forties; by Ellie Suh.: Cambridge University Press.

Ageing and Society, vol 42, no 12, December 2022, pp 2940-2967.

This study examines retirement saving activity outside the state and workplace pension saving schemes among British adults aged 30-49, on the premise that individuals are increasingly encouraged to save for their retirement in the new pension policy structure in Britain. The issue of under-saving among the younger adults has been studied with the focus on internal characteristics, such as undesirable attitudinal or behavioural tendencies ('won't save'), or on external factors, such as income ('can't save'). Building on these discussions, this study tests the role of internal characteristics, and further examines the interplay between internal and external factors. The decision-making process for retirement saving is

mapped, based on the Model of Financial Planning with minor modifications. The analysis utilises the fourth wave of the Wealth and Assets Survey (2012/2014), and is conducted in the structural equation modelling framework. Results show that younger adults' discretionary retirement saving is an outcome of a complex interplay between internal and external factors. Financial resilience, which indicates current financial behaviours and well-being, is found to be the strongest predictor for identifying a discretionary retirement saver, but it is closely connected to individuals' income and home-ownership. The findings also suggest that social and economic arrangements are important to consider. This is because social ageing and individuals' projection on their lifestages may be more informative than age per se for understanding younger adults' retirement saving behaviour. These findings have important implications for the policies that aim to increase retirement saving participation. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X21000337>

266/117 Great expectations: are people's retirement income expectations adequate and achievable?; by Phoenix Insights. London: The Phoenix Group, September 2022, 41 pp.

Based on analysis conducted by a team at Frontier Economics, using Phoenix Insights' Longer Lives Index data from around 16,500 people across the UK, this report explores and presents evidence regarding the adequacy and achievability of people's retirement income expectations. The report finds causes for concern different reasons, about the majority of savers in defined contribution (DC) pension schemes, as identified by five groups: the 'financially struggling', the 'downgraders', the 'undersavers', the 'unsure', and the 'happily on track'. The report recommends that future policies must take into account that, for many, there seems to be a mismatch between their expectations and likely reality by: engaging people much more effectively in their future finances; making working for longer more feasible, attractive and rewarding; encouraging saving for those who can afford to through more flexible provision; creating a safety net of support for those unable to work longer or save more; and recognising that financial preparedness is about more than just savings and pensions. The report acknowledges advice from the Pensions Policy Institute (PPI), the Pensions and Lifetime Savings Association (PLSA), the Institute for Fiscal Studies (IFS), the Department for Work and Pensions (DWP), Independent Age, the Money and Pensions Service (MPS), and Phoenix Group. (RH)

<https://www.the phoenixgroup.com/views-insights/phoenix-insights/publications/great-expectations>

266/118 Investigating the impact on mental wellbeing of an increase in pensions: a longitudinal analysis by area-level deprivation in England, 1998-2002; by Viviana Albani, Heather Brown, Esperanza Vera-Toscano, Andrew Kingston, Terje Andreas Eikemo, Clare Bambra.: Elsevier.

Social Science and Medicine, vol 311, no 115316, October 2022, 10 pp.

In 1997, approximately two million people aged 60 years or over were living in poverty in the UK. In 1999, the UK Government raised real pension incomes of low-income pensioners by around a third through the introduction of the Minimum Income Guarantee (MIG). This study explores the implications of this change for pensioners' mental well-being with a focus on differences by area level deprivation in England. The study also explores mental well-being outcomes of 205 men (750 person-year observations) and 367 women (1,336 person-year observations) of state pension age (SPA) from scores on the General Health Questionnaire (GHQ) from the British Household Panel Survey (BHPS) using a panel difference-in-difference estimation procedure. The study compares the mental well-being of pensioners receiving MIG to that of low-income pensioners not claiming MIG, from 1998 to 2002. To investigate differences by area deprivation, the study uses quintiles of the distributions of the 2000 and 2019 local-authority-level English Index of Multiple Deprivation. Models controlled for age, marital status and year. Between 1998 and 2002, 136 (38%) of low-income women and 57 (28%) of low-income men in the sample were claiming MIG at any one time. Income increased by 31% for men and 22% for women. There was no change in mental well-being for women, but an improvement was found for men overall and for men living in the most deprived areas, in the latter case with a decrease of the GHQ-12 score of 2.43 points (95% CI: -5.49, 0.02). This estimate was similar across all measures of deprivation, and across both years of IMD. This study provides tentative evidence that the increase in pension income in England for low-income pensioners contributed to a reduction of inequalities in mental well-being for men. This needs to be considered in terms of future state pension policies. (OFFPRINT) (RH)

ISSN: 02779536

From : <https://doi.org/10.1016/j.socscimed.2022.115316>

266/119 Statecraft and incremental change: explaining the success of pension reforms in the United Kingdom; by Thomais Massala, Nick Pearce.: Sage.

British Journal of Politics and International Relations, vol 24, no 4, 2022, pp 649-667.

How were comprehensive pension reforms in the UK successfully developed, enacted and implemented from 2002 to 2015, despite changes in government composition and the financial crisis? Why were they not subject to policy conflict, electoral competition and policy reversal? Drawing on actor-centred historical institutionalism and thirty interviews with key actors, this article demonstrate the critical role played by a limited number of politicians and policy entrepreneurs and their ideas and agency. Institutional continuity with the Beveridgean policy legacies of the pension system and the United Kingdom's 'growth regime' enabled a coalition space to open up for policy agreement between the

government and Opposition parties, and for partisan electoral competition over the reforms to be 'bracketed'. The incremental and interlocking nature of the reform package reduced interest group opposition and enabled a centralisation of decision-making power. A long-term timeframe for reform cemented the formation of an elite coalition and buttressed political control. Cross-party support for the reform package, coupled with judicious phasing of the implementation of auto-enrolment and fiscal reforms, enabled it to withstand the impact of the financial crisis and the austerity that followed it, and to minimise opposition among the critical electoral constituency of older voters. The dominance of the reform process by political actors and policy entrepreneurs in the UK nonetheless came at a price, as institutional continuity and incrementalism foreclosed alternative reforms. The authors demonstrate the importance of political statecraft and policy entrepreneurship in the UK pensions' reform process, but within boundaries set by its institutional context. (OFFPRINT.) (RH)

From : <https://journals.sagepub.com/doi/pdf/10.1177/13691481211044655>

PETS

(See 266/62)

PHYSICAL ACTIVITY

266/120 An intervention to increase physical activity in care home residents: results of a cluster-randomised, controlled feasibility trial (the REACH trial); by Anne Forster, Jennifer Airlie, Alison Ellwood (et al).: Oxford University Press.

Age and Ageing, vol 50, no 6, November 2021, pp 2063-2078.

Care home (CH) residents are mainly inactive, leading to increased dependency and low mood. Strategies to improve activity are required. Researchers conducted a cluster randomised controlled feasibility trial with embedded process and health economic evaluations. Twelve residential CHs in Yorkshire were randomised to the MoveMore intervention plus usual care (UC) (n = 5) or UC only (n 7). Participants were permanent residents aged 65+. MoveMore is a whole home intervention involving all CH staff, designed to encourage and support increase in movement of residents. Feasibility objectives relating to recruitment, intervention delivery, data collection and follow-up and safety concerns informed the feasibility of progression to a definitive trial. Data collection at baseline, 3, 6 and 9 months included: participants' physical function and mobility, perceived health, mood, quality of life, cognitive impairment questionnaires; accelerometry; safety data; intervention implementation. 300 residents were screened; 153 were registered (62 MoveMore; 91 UC). Average cluster sizes were: MoveMore: 12.4 CHs; UC: 13.0 CHs (and there were no CH/resident withdrawals). Forty (26.1%) participants were unavailable for follow-up: 28 died (12 MoveMore; 16 UC); 12 moved from the CH. Staff informant and/or proxy data collection for participants was >80%; data collection from participants was 75%; at 9 months, 65.6% of residents provided valid accelerometer data; two CHs fully, two partially, and one failed to implement the intervention. There were no safety concerns. The study concludes that CHs and residents was feasible. Intervention implementation and data collection methods need refinement before a definitive trial. There were no safety concerns. (RH)

ISSN: 14682834

From : <https://academic.oup.com/ageing/article/50/6/2063/6326056>

266/121 Measuring the outcomes for aged care residents' participation in physical activity interventions: a systematic review of randomised controlled trials; by Steven Wootten, Nicola Wiseman, Neil Harris.: Wiley.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 165-187.

Lack of physical activity presents substantial health risks to older adults living in residential aged care facilities. The objective of this review was to examine the suitability of physical activity outcome measurement instruments among cognitively sound residents. Search terms were used to explore health, nursing and social science databases to identify applicable English-language research from January 2000 to July 2020. 16 papers met the inclusion criteria. Findings showed that a diverse range of outcome measurement instruments have been used to evaluate physical activity intervention effectiveness. Most were found not to be validated for use specifically with residential aged care populations. A range of Outcome Measurement Instruments (OMI) appear to effectively measure physical activity intervention outcomes among residential aged care older adults. These results highlight the need for greater rigour in study design and selection of valid and population-appropriate instruments for use with this population. (JL)

ISSN: 14406381

From : <https://doi.org/10.1111/ajag.13026>

POVERTY

- 266/122 Poverty and sources of income support among older people with disabilities and out of work: comparison of Canada and the United Kingdom; by Wen-Hao Chen, Lee Bentley, Margaret Whitehead (et al).: Cambridge University Press.
Journal of Social Policy, vol 51, no 4, October 2022, pp 792-812.
The debate about extending working lives in response to population ageing often overlooks the lack of employment opportunity for older adults with disabilities. Without work, their living standards depend heavily on government transfers. This study contributes to the literature on health inequalities by analysing the sources of income and poverty outcomes for people aged 50 to 64 in Canada and the UK, two liberal democratic countries with contrasting disability benefit contexts. This choice of countries offers the opportunity to assess whether the design of benefit systems has led the most disadvantaged groups to fare differently between countries. Overall, disabled older people without work faced a markedly higher risk of poverty in Canada than in the UK. Public transfers played a much greater role in the UK, accounting for two-thirds of household income among low-educated groups, compared with one-third in Canada. The average benefit amount received was similar in both countries, but the coverage of disabled people was much lower in Canada than in the UK, leading to a high poverty risk among disabled people out of work. The authors' findings highlight the importance of income support systems in preventing the widening of the poverty-disability gap at older ages. (RH)
ISSN: 00472794 From : <https://doi.org/10.1017/S0047279421000209>

PROBLEM BEHAVIOUR

- 266/123 Contribution of stressful life events to gambling activity in older age; by Roser Granero, Susana Jimenez-Murcia, Fernando Fernandez-Aranda (et al).: Cambridge University Press.
Ageing and Society, vol 42, no 7, July 2022, pp 1513-1537.
Older subjects are susceptible to developing gambling problems, and researchers have attempted to assess the mechanisms underlying the gambling profile in later life. This Spanish study aimed to identify the main stressful life events (SLE) across the lifespan which have discriminative capacity for detecting the presence of gambling disorder (GD) in older adults. Data from two independent samples of individuals aged 50+ were analysed: N = 47 patients seeking treatment at a Pathological Gambling Outpatient Unit, and N = 361 participants recruited from the general population. Sexual problems (p = 0.001), exposure to domestic violent behaviour (p = 0.001), severe financial problems (p = 0.002), alcohol or drug-related problems (p = 0.004) and extramarital sex (p = 0.001) were related to a higher risk of GD, while getting married (p = 0.005), moving to a new home (p = 0.003) and moving to a new city (p = 0.006) decreased the likelihood of disordered gambling. The accumulated number of SLEs was not a predictor of the presence of GD (p = 0.732), but patients who met clinical criteria for GD reported higher concurrence of SLE in time than control individuals (p = 0.001). Empirical research highlights the need to include older age groups in evidence-based policies for gambling prevention, because these individuals are at high risk of onset and/or progression of behavioural addiction-related problems such as GD. The results of this study may be useful for developing reliable screening or diagnostic tools and for planning effective early intervention programmes aimed at reducing the harm relating to the onset and evolution of problem gambling in older adults. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20001592>
- 266/124 Gambling activity in the old-age general population; by Amparo del Pino-Gutiérrez, Roser Granero, Fernando Fernández-Aranda, Teresa Mena-Moreno, Gemma Mestre-Bach, Mónica Gómez-Peña, Laura Moragas, Neus Aymami, Isabelle Giroux, Marie Grall-Bronnec, Anne Sauvaget, Ester Codina, Cristina Vintró-Alcaraz, María Lozano-Madrid, Zaida Agüera, Jéssica Sánchez-González, Gemma Casalé, Isabel Baenas, Isabel Sánchez, Hibaí López-González, José M Menchón, Susana Jiménez-Murcia.
Ageing and Society, vol 42, no 12, December 2022, pp 2757-2783.
Old age constitutes a vulnerable stage for developing gambling-related problems. This Spanish study of 361 participants aged 50-90 and representative of the general population aimed to identify patterns of gambling habits, and to assess socio-demographic and clinical variables related to the severity of such gambling behaviours. A broad assessment included socio-demographic variables, gambling profile and psychopathological state. The percentage of participants who reported an absence of gambling activities was 35.5 per cent, while 46.0 per cent reported only non-strategic gambling, 2.2 per cent only strategic gambling and 16.3 per cent both non-strategic plus strategic gambling. Gambling form with highest prevalence was lotteries (60.4%), followed by pools (13.9%) and bingo (11.9%). The prevalence of gambling disorder was 1.4 per cent, and 8.0 per cent of participants were at a problematic gambling level. Onset of gambling activities was younger for men, and male participants also reached a higher mean for the bets per gambling episode and the number of total gambling activities. Risk factors for gambling severity in the sample were not being born in Spain and a higher number of cumulative lifetime life events, and gambling severity was associated with a higher prevalence of tobacco and alcohol abuse and with worse psychopathological state. Results are particularly useful for the development of reliable screening tools and for the design of effective prevention programmes. (RH)
ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X21000258>

RELIGION AND SPIRITUALITY

(See Also 266/29)

- 266/125 Connection, inclusion, support, and transition: the contextual significance of aging within faith communities; by Lauren Bouchard, Lydia Manning, Chana Pertou, Molly Flanagan.: Taylor and Francis. *Journal of Religion, Spirituality and Aging*, vol 34, no 3, 2022, pp 226-244. Older adults play a vital role as elders in faith-based communities, yet little is known about their needs, perceptions, support and belonging within these communities. This qualitative study used structured interviews to explore older adults' lived experiences within Christian and Jewish faith communities. Participants reported vital aspects of ageing within their faith communities, including Significance of Age, Experiences of Support, Connection and Belonging, Understanding of Isolation/Exclusion, and Invitations for Transition. Key themes are discussed in detail, along with potential future directions to better support older adults within religious and spiritual communities. Implications for education and practice are considered. (JL)
ISSN: 15528030
From : <https://doi.org/10.1080/15528030.2021.1938341>
- 266/126 Never more than I can handle?: A longitudinal consideration of racial differences in trust-based prayer expectancies of god and satisfaction in later life; by Laura Upenieks.: Taylor and Francis. *Journal of Religion, Spirituality and Aging*, vol 34, no 4, 2022, pp 299-322. While trust in God is a fundamental component of religious life it has received little attention in the literature. The current study considered trust-based prayer expectancies and how these may influence life satisfaction in a longitudinal study of Christian older adults from the United States. It was found that older adults with increasing trust in God over time as well as those with stable high levels of trust in God reported higher life satisfaction. The relationship between increasing trust in God and higher life satisfaction was stronger for Black older adults. Implications of these findings are discussed. (JL)
ISSN: 15528030
From : <https://doi.org/10.1080/15528030.2021.1958974>
- 266/127 A spiritual-based intervention in enhancing factors of well-being among older adults in home-based care; by Mais Al-Nasa'h.: Taylor and Francis. *Journal of Religion, Spirituality and Aging*, vol 34, no 1, 2022, pp 39-60. This study from Jordan purposed to evaluate the effectiveness of group intervention (spiritual based) in decreasing depression and perceived stressors besides enhancing spiritual well-being and life satisfaction among a sample of older adults who reside in a home-based care setting. This study utilized the Geriatric Depression Scale (GDS-15), Perceived Stress Scale, Spiritual Well-being Scale, and Satisfaction with Life Scale to measure the dependent variables. Thirty participants volunteered to participate in this study through a convenience sample. The researcher randomly assigned the participants into two equal groups. The result revealed that participants in the experimental group for the spiritual intervention significantly scored higher in the posttest on the Spiritual Well-being Scale and Satisfaction with Life Scale. However, their scores significantly decreased in GDS-15 and PSS when compared with the control group. (JL)
ISSN: 15528030
From : <https://doi.org/10.1080/15528030.2020.1818160>

RESEARCH

(See Also 266/25)

- 266/128 Advocating the rights of people with dementia to contribute to research: considerations for researchers and ethics committees; by Claire M C O'Connor, Jacki Liddle, Maria O'Reilly (et al).: Wiley. *Australasian Journal on Ageing*, vol 41, no 2, June 2022, pp 309-313. Research involving people with dementia is vital to appropriately inform policy and practice decisions affecting this population. Dementia care researchers frequently advocate to Human Research Ethics Committees for the right of people with dementia to choose whether to participate in research. This brief report provides some considerations for researchers and ethics committees in which a descriptive summary of principles that argue for inclusion of people with dementia in research studies is given. Specifically excluding people living with dementia from research because of perceived cognitive impairment is inappropriate in the light of human rights principles and the right to contribute to evidence-based care. There is a difference between capacity to provide informed consent and ability to provide perspectives that are valid for each individual. Providing the opportunity for a person with dementia to participate in research and offering support to do this is a matter of human rights. (JL)
ISSN: 14406381
From : <https://doi.org/10.1111/ajag.13023>

- 266/129 Optimizing older adult co-researchers' involvement in PAR: proposed evaluation tool; by Emilie Raymond, Christophe Tremblay, Jean-Guy Lebel.: Emerald.
Quality in Ageing and Older Adults, vol 23, no 3, 2022, pp 99-113.
Participatory action research (PAR) studies with older adults have been increasing over the past ten years. Scientific evidence provides key principles for PAR projects to achieve meaningful participation by older people; however, respecting the ideals of PAR is not always straightforward. This paper reports on a practical evaluation tool intended to guide and support older people's participation in PAR projects. It presents a case study that evaluated non-academic researchers' involvement in a PAR project, using an evaluation tool derived from a literature review of PAR undertaken with this population (A M Corrado et al, 2020). The study goals were first to assess the assets and limits of the older co-researchers' participation within the PAR project, and second to provide a revised version of the evaluation tool to support future PAR with older people. First, the authors designed an evaluation tool for non-academic participation in PAR studies by older people that covers three main themes: older people positioned as prominent research partners; symmetrical power relations between academic and non-academic researchers; and commitment regarding inclusiveness and long-term collaboration. Second, the authors performed an evaluation using this tool within the Active Aging with Dignity (AAD) PAR Project. Third, the authors used the results of this experiment to suggest improvements for an enhanced version of the evaluation tool aiming at supporting fuller involvement of older non-academic researchers in PAR studies. To the authors' knowledge, this evaluative tool is a methodological innovation in gerontology.
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RESIDENTIAL AND NURSING HOME CARE

(See Also 266/23, 266/24, 266/25, 266/26, 266/27, 266/81, 266/113, 266/120)

- 266/130 "Please don't let academia forget about us": an exploration of nursing home social work experiences during COVID-19; by Vivian J Miller, Keith Anderson, Noelle L Fie3ds, Nancy Kusmaul.: Taylor and Francis.
Journal of Gerontological Social Work, vol 65, no 4, May-June 2022, pp 450-464.
Nursing home social workers are on the frontline during COVID-19 responding to individual resident needs, the needs of staff, and larger health needs of the nursing home. However, it is unclear whether nursing home social workers feel adequately trained and prepared in responding to disasters, such as COVID-19. To explore this, the authors used a cross-sectional survey of nursing home social workers distributed via social media focusing on 1) previous training on disaster preparedness, 2) any content social workers wish had been a part of their education, and 3) suggestions for educators or academics to serve social workers on the frontline. Data in this study are based on a sample of 63 nursing home social workers. Demographic data were analysed using SPSS and qualitative data were analysed using the RaDar (rigorous and accelerated data reduction) technique. Findings reveal that most social workers had little to no training in disaster preparedness, and shared areas of future education initiatives. Participants also shared the need for bridging the research to practice gap through open access articles and support from academics. Findings from the present study reveal areas social work programs can expand gerontology-focused course offerings. Additionally, developments promoting practitioner support from academics is worth consideration. (RH)
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From : <https://doi.org/10.1080/01634372.2021.1978027>

- 266/131 'We go for a homely feel.... not the clinical dementia side': care home managers' experiences of supporting residents with dementia to orientate and navigate care environments; by Michelle Heward, Amanda Adams, Ben Hicks, Ian Weiner.: Cambridge University Press.
Ageing and Society, vol 42, no 7, July 2022, pp 1659-1685.
Living with dementia can adversely affect people's spatial (orientation and navigation) and reality (time, date and place) orientation, which can detrimentally impact on their sense of social inclusion and well-being. This is an important challenge to address within United Kingdom (UK) care homes where around 70 per cent of the residents are living with dementia or severe memory problems. Care home managers have some autonomy in decision-making that affects residents' daily functioning and are key in enacting the orientation and navigation agenda within a care home environment. Yet a paucity of literature explores their understanding and experiences of this issue. To fill this knowledge gap, this exploratory study examined managers' current practice of supporting residents with dementia in minimising disorientation and in their knowledge of dementia-friendly design principles, guidelines and audit tools. Semi-structured telephone interviews were conducted with 12 UK care home managers. Questions about generally targeting residents' orientation and navigation abilities were followed by specific questions to draw out strategies used to support residents.
Thematic analysis identified three higher-order themes: aligning strategies with needs, intuitive learning, and managing within the wider business context. The findings demonstrated that managers perceive dementia as having an impact on a person's spatial and reality orientation. Consequently, the strategies they chose to adopt were tailored towards alleviating both challenges.

However, although managers were aware of some design principles, they frequently relied on intuitive learning and past experiences to inform their choice of interventions, reporting a lack of knowledge and/or time to seek out orientation-specific training and guidance, resulting in a low uptake of guidelines and audit tools in practice. This gap between theory and practice highlights a need for accessible guidelines that integrate strategies with neuropsychological theory, and appropriate training to improve orientation and navigation in care home environments. Managers, staff, business owners, architects and designers all play a key role in implementing orientation guidelines into practice and ensuring dementia-friendly care home environments for residents. (RH)

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From : <https://doi.org/10.1017/S0144686X20001701>

266/132 Are we allowed to visit now?: Concerns and issues surrounding vaccination and infection risks in UK care homes during COVID-19; by Clarissa Giebel, Kerry Hanna, Jacqueline Cannon (et al).: Oxford University Press.

Age and Ageing, vol 51, 1, afab229, January 2022, pp 1-11.

Vaccination uptake in the UK and increased care home testing are likely to affect care home visits. With scant scientific evidence to date, the aim of this longitudinal qualitative study was to explore the impact of both (vaccination and testing) on the conduct and experiences of care home visits. Family carers of care home residents with dementia and care home staff from across the UK took part in baseline (October/November 2020) and follow-up interviews (March 2021). Public advisers were involved in all elements of the research. Data were analysed using thematic analysis. Across 62 baseline and follow-up interviews with family carers (n = 26; 11) and care home staff (n = 16; 9), five core themes were developed: delayed and inconsistent offers of face-to-face visits; procedures and facilitation of visits; variable uptake of the COVID-19 vaccine; misinformation, education and free choice; frustration and anger among family carers. The variable uptake in staff, compared to family carers, was a key factor seemingly influencing visiting being permitted, with a lack of clear guidance leading care homes to implement infection control measures and visiting rights differently. Five recommendations are made that would be paper to enable improved care home visitation in the ongoing, and in future, pandemics. Visits need to be enabled and any changes to visiting rights must be used as a last resort, reviewed regularly in consultation with residents and carers, and restored as soon as possible as a top priority, whilst more education needs to be provided surrounding vaccination for care home staff. (RH)

ISSN: 14682834

From : <https://academic.oup.com/ageing/article/51/1/afab229/6424573>

266/133 Consumer directed care and resident quality of life: how leadership and organizational factors impact on success; by Marita McCabe, Denny Meyer, David Mellor (et al).: Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 6, August-September 2022, pp 678-689.

The Australian Royal Commission into Aged Care Quality and Safety (Commonwealth of Australia, 2021) and the COVID-19 pandemic have highlighted shortcomings in Australia's nursing home system. Previous studies have demonstrated inconsistency in the effectiveness of staff training courses in consumer directed care (CDC) as a means of enhancing the residents' quality of life (QoL), and this study investigated why this might be the case. The authors analysed disaggregated cluster-by-cluster resident QoL outcomes after nursing home staff completed a CDC training course. In total, 33 nursing homes (11 clusters) participated in the study. As with previous studies, the outcomes across nursing homes were inconsistent - QoL improved at some sites, but at many it remained stable or declined. Analysis of facilitator notes from the most and least successful clusters indicated that a lack of organisational support, for both the training and subsequent practice of CDC, was potentially the key barrier to effective implementation of training and so improvement in resident QoL. These findings demonstrate that all levels of aged care organisations - on the floor staff, managers and senior staff - need to fully support a CDC model of care to optimise outcomes for residents. Staff require training in CDC as well as long-term culture change within the nursing home so that training can be translated into practice. (RH)

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From : <https://doi.org/10.1080/01634372.2021.2025185>

266/134 Nursing home residents' relocation to another facility: an exploratory study of family caregiver experiences; by Emma D Quach, Megan B McCullough, Chris Gillespie, Christine W Hartmann.: Taylor and Francis.

Journal of Gerontological Social Work, vol 65, no 7, October 2022, pp 735-748.

Over time, family caregivers for older adults may face care transitions for their loved ones. The move from home to residential care facility is a much-studied transition. Yet we know little of family caregiver experiences when a loved one moves from one facility to another. The authors interviewed family caregivers of nursing home residents in a southern US state, and inquired about caregiver experiences with previous facilities and factors that prompted moving to another one. This analysis identified three themes: 1) A precursor of moving to another facility was caregivers' assessment of a poor fit between their family member and the facility; 2) Executing a move was demanding for the caregiver in instrumental and emotional ways; 3) Once in the new facility, caregivers adapted their caregiving to the capacity of the new facility and fostered resident-facility fit (not interfering with good care and

supplementing facility care). Findings suggest that family caregivers continually assess and respond to emerging problems with a resident fitting in at a facility, which sometimes escalate and necessitate a move to another facility. Nursing home social workers are well-positioned to help families address emerging care problems, so these do not escalate. Doing so can promote care continuity, which benefits both the resident and the family caregiver. (RH)

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From : <https://doi.org/10.1080/01634372.2022.2028209>

266/135 Situating Eden - culture change in residential aged care: a scoping review; by Frances Anne Larkey.: Wiley.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 188-199.

This review explored knowledge of the Eden Alternative as a wellbeing model for aged care and the current research of relationship-centred care in a residential setting to identify gaps in the literature. The search commenced in July 2017 and was updated in January 2020. Eight electronic databases were systematically searched for peer-reviewed studies published in English between 2000 and 2020. The search revealed 13 papers for final inclusion. Study results showed that the Eden model has the potential to reduce loneliness, helplessness and boredom in older people. Implementation requires committed leadership and the inclusion of residents, families and staff in decision-making. There remain gaps in the empirical evidence of the benefit of the Eden model. The challenge is for researchers to provide rigorous study design that can evidence wellbeing outcomes for residents with complex needs. (JL)

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From : <https://doi.org/10.1111/ajag.13028>

266/136 A statewide survey of Massachusetts rest homes and their residents; by Mary E Bronski, Suzi Lawton.: Taylor and Francis.

Journal of Aging and Environment, vol 36, no 2, April-June 2022, pp 194-203.

Rest homes, one of the oldest models of long-term care, were originally designed to provide housing for older people lacking family support. To better understand the types of residents currently served by Massachusetts rest homes, a statewide Web-based survey was conducted. The purpose of the survey was to provide a comprehensive description of the characteristics and demographics of rest home residents. This single-state study demonstrates that the rest home industry is supporting an ageing population with many complex care needs. Data from this survey will be used to help determine appropriate funding and regulatory oversight that sustain the industry. (RH)

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From : <https://doi.org/10.1080/26892618.2021.1887043>

RETIREMENT

(See Also 266/34, 266/101, 266/117)

266/137 Cognitive decline among European retirees: impact of early retirement, nation-related and personal characteristics; by Sara Carmel, Aviad Tur-Sinai.: Cambridge University Press.

Ageing and Society, vol 42, no 10, October 2022, pp 2343-2369.

This study aimed to enhance understanding of memory decline (MD) in old age by evaluating the longitudinal effects of personal and national contributing factors. It used data collected by the Survey of Health, Ageing and Retirement in Europe (SHARE) from 12 European countries and Israel. The sample included 11,930 retirees aged 50+, interviewed at baseline and four years later. MD was evaluated by the change in the number of recalled words from first to second interview. Except for gender, all of this study's explanatory variables had a significant unique effect on MD over the four years: age, education, type of occupation, European geographical region, early retirement, time elapsed since retirement, reason for retirement, active lifestyle, re-employment, health and/or functional status, depressive symptoms, and decline in physical and mental health. Findings indicate that MD can be postponed by national policies such as those which prolong years of education and participation in the workforce, and by social interventions directed at promoting active lifestyles in late life, especially in Mediterranean and Eastern European nations. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X21000064>

266/138 Occupational social class differences in the impact of COVID-19 related employment disruptions on retirement planning amongst older workers in England; by Tatiana Rowson, Vanessa Beck, Martin Hyde, Elizabeth Evans.: Emerald.

Quality in Ageing and Older Adults, vol 23, no 4, 2022, pp 174-184.

This paper aims to examine the impact of COVID-19 related employment disruption on individuals' retirement planning and whether these experiences differ by occupational social class. To explore these issues, this study linked data from those who were employed in Wave 9 of the English Longitudinal Study of Ageing (ELSA) main study with Wave 1 of the ELSA COVID-19 study (N = 1,797). Multinomial regression analyses were conducted to explore whether the interaction between

employment disruption and occupational social class was associated with planning to retire earlier or later than previously planned.

Age-friendly communities during the time of COVID-19. However, there were no statistically significant interactions between occupational social class and employment disruptions on whether respondents planned to retire earlier or later. This paper's original contribution is in showing that the pandemic has had an impact on retirement decisions. Given the known negative effects of both involuntary early labour market exit, the findings suggest that the COVID-19 related employment disruptions are likely to exacerbate social inequalities in health, well-being in later life and, consequently, can help anticipate where there will be need for additional support in later life. (RH)

ISSN: 14717794

From : <https://doi.org/10.1108/QAOA-02-2022-0013>

266/139 Older workers imagining retirement: the collapse of agency, or freedom at last?; by Anne Skevik Grodem, Ragni Hege Kitterod.: Cambridge University Press.

Ageing and Society, vol 42, no 10, October 2022, pp 2304-2322.

Images of what retirement is and ought to be are changing. Older workers are being encouraged to work for longer; at the same time, older adults increasingly voice expectations of a 'third age' of active engagement and new life prospects. In this article, the authors draw on the literature on older workers' work patterns and retirement transitions (noting push, pull, stay, stuck and jump factors), and on scholarship on the changing social meaning of old age, most importantly the notions of a 'third' and 'fourth' age. The analysis is based on qualitative interviews with 28 employees aged 55-66 in the private sector in Norway. Based on the interviews, three ideal-typical approaches to the work-retirement transition are proposed: 'the logic of deadline', 'the logic of negotiation' and 'the logic of averting retirement'. The ideal-types are defined by the degree to which informants assume agency in the workplace, their orientation towards work versus retirement and the degree to which they expect to exercise agency in retirement. The authors emphasise how retirement decisions are informed by notions of the meaning of ageing, while also embedded in relationships with employers and partners. (RH)

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From : <https://doi.org/10.1017/S0144686X20002044>

RETIREMENT COMMUNITIES

266/140 Prevalence of frailty and mobility disability in older people living in retirement villages; by Janet Cobden, Marcos de Noronha, Michael Kingsley.: Wiley.

Australasian Journal on Ageing, vol 41, no 2, June 2022, pp 222-228.

The purpose of this study was to determine the prevalence rates of frail, prefrail, robust and mobility disabled older adults living in retirement villages within regional Victoria, Australia. This cross-sectional, observational study invited residents of retirement villages to complete the self-report questionnaires Fried Frailty Phenotype and Frail Non-Disabled screening tool to classify respondents as frail, prefrail, robust and/or mobility disabled. From 212 respondents, prevalence rates of frail and prefrail status were 34% and 35%, respectively. A fifth (20%) of residents were mobility disabled. The prevalence of residents classified as frail or prefrail (i.e. not robust) was higher in women (74%) than in men (58%). Classification as not robust increased with increasing age. This study is the first to estimate prevalence rates of frailty and mobility disability in retirement village residents in regional Australia. Findings from this study have the potential to inform the development of facilities and programmes to support people living in this setting. (JL)

ISSN: 14406381 From : <https://doi.org/10.1111/ajag.13005>

266/141 Social capital in retirement villages: a literature review; by Nicole Schwitter.: Cambridge University Press.

Ageing and Society, vol 42, no 7, July 2022, pp 1560-1588.

Retirement villages are a model of extra-care housing, offering purpose-designed housing that incorporates both care services and a range of non-care-related facilities and activities. These generate opportunities for formal and informal social activity, and promote community engagement, solidarity between residents, and active and independent ageing. Providers suggest that retirement villages are able to foster an environment rich in social capital. This study's purpose is to review and summarise key findings on the topic of social capital in retirement villages in the gerontological literature. Social capital is defined as both an individual attribute of single actors and a feature of communities as a whole. A clear conceptualisation of social capital is used to organise the reviewed studies along different dimensions: on an individual level, social networks, trustworthiness and obligations are differentiated, while the collective level distinguishes between system control, system trust and system morality. Thirty-four studies are reviewed. While retirement villages are generally described as friendly places with widespread helping behaviour where new friends are made, research has also highlighted the difficulty of socially integrating the frail and very old. While, in particular, social networks and system morality have received much attention, there is a clear need for future research into the other domains of social capital. (RH)

ISSN: 0144686X From : <https://doi.org/10.1017/S0144686X20001610>

SOCIAL CARE

- 266/142 Long-term funding of adult social care: second report of session 2022-23: report, together with formal minutes relating to the report; by Levelling Up, Housing and Communities Committee, House of Commons. London: House of Commons, 4 August 2022, 89 pp (HC 19 session 2022/23). In his first speech as Prime Minister, Boris Johnson promised to "fix the crisis in social care once and for all". Since then, the Covid-19 pandemic has ravaged the adult social care sector, The Levelling Up, Housing and Communities Committee's report examines the sector's short-term and long-term demands for funding and the impact of the Government's proposals such as in the White paper, 'People at the heart of care'. The report also considers housing and planning; the workforce; unpaid carers; and health, care and housing integration. The message heard throughout this inquiry is that the sector has insufficient funding now or in the longer term. Moreover, Covid-19 has exacerbated the underlying challenges of rising demand, unmet need and difficulties in recruiting and retaining staff. The report finds that the Government currently has nothing more than a vision, with no roadmap, timetable, milestones or measures of success for adult social care. The Government should come forward with 10-year plans for how it will achieve its vision outlined in the People at the Heart of Care White Paper, and for the adult social care workforce. The Government should provide a multi-year funding settlement to give local authorities what they need for their sustainability and ability to help shape sustainable local care markets. (RH)
From : <https://committees.parliament.uk/publications/23319/documents/170008/default/>

- 266/143 Rising above the flood: a systematic review of gerontological social work in disaster preparedness and response; by Susanny J Beltran, Paula Luigi, Nancy Kusmaul, Milo Leon.: Taylor and Francis. *Journal of Gerontological Social Work*, vol 65, no 5, July-August 2022, pp 545-561. Physical and/or cognitive limitations associated with the ageing process place older adults at disproportionate risk of negative consequences during disasters. Guided by the profession's commitment to supporting vulnerable populations, gerontological social workers have long been on the frontline in supporting older adults during disasters. Yet, disaster social work practice remains an undeveloped and under-researched area. The authors ask, 'What is the current role of gerontological social workers in disaster preparedness with older adults in the United States, and potential areas for improvement?' This paper systematically reviews the literature discussing social work and disaster preparedness and response with older adults in the US, to identify needs and inform future directions. Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed to conduct a systematic search across relevant databases for peer-reviewed publications between 1 January 2009 and 12 June 2020. Eleven articles met inclusion criteria. This body of literature is small and covers two broad areas: charging the social work profession to engage in this work; and describing current efforts and unique challenges of older adults during disasters. Only three empirical studies were identified. Future educational efforts should formalise training to prepare social workers for this practice area. Research should detail the roles of social workers in disaster preparedness and/or response, and factors that predict involvement.
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From : <https://doi.org/10.1080/01634372.2021.1986764>

SOCIAL POLICY AND THEORY

(See 266/78, 266/79)

TELEHEALTH AND TELE CARE

(See 266/14, 266/15)

TRANSPORT

- 266/144 Linking people and activities through community mobility: an international comparison of the mobility patterns of older drivers and non-drivers; by Carolyn Unsworth, Anne Dickerson, Isabelle Gélinas (et al.): Cambridge University Press. *Ageing and Society*, vol 42, no 8, August 2022, pp 1938-1963. Community mobility using private and public transportation is important for maintaining health, social participation and living well in later life. This international cross-sectional cohort study (N = 246) reported on the health and driving status of older adults from seven countries (Australia, Canada, United Kingdom (UK), Ireland, South Africa, Switzerland and the United States of America). The study compared the mobility patterns of drivers and non-drivers in terms of city and rural areas, weather, as well as their respective differences in the number of out-of-home places accessed and quality of life. Older adults participated in a semi-structured interview and completed four standardised instruments. First, the EQ-5D-5L, a patient-reported outcome measure of health-related quality of life comprising five dimensions. Second, the modified PULSES health profile: PULSES stands for physical condition (P),

upper limb function (U), lower limb function (L), sensory components (S), excretory functions (E) and support factors (S). Third, the modified Transportation Questionnaire; and lastly, the Transport - Participation in Activities and Places Outside the Home (T-ACT-OUT). Results suggest that inclement weather and place of residence negatively impacted out-of-home activities, but did not increase use of public transport. Drivers accessed more out-of-home activities than non-drivers, suggesting higher community participation among this group. Quality of life was generally high among all participants, but slightly higher for drivers. Findings indicate that a complex myriad of factors can influence community mobility in older adults. Further investigations are needed to understand patterns of transport in later life, particularly with regard to those factors that promote and maintain transport mobility, and relationships between transport mobility, community participation and quality of life. (RH)

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TRAUMA, CONFLICT AND WAR

(See 266/100, 266/143)

WELLBEING

(See 266/80, 266/101)

