Changing Horizons in the 21st Century

Changing Horizons in the 21st Century:

Perspectives on Ageing

Edited by

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With gratitude to our parents

James and Frances Phelan

and

Jerome and Margaret O'Shea

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PREFACE

'we thread the needles eyes – and all we do all must do together'
—W.B. Yeats

By 2050, the global population of older people is projected to more than double in size. Some countries are ageing more quickly than others. The World Health Organization (WHO) (2017) *Global Strategy on Ageing and Health and Global Strategy and Action Plan on Ageing and Health* advocates for major reform to health care systems to enable healthy ageing across the life course. How we value and support older people in the years ahead will determine the health and wellbeing of this fastest growing demographic worldwide. We need to recognise the important role older people have played and continue to play in our lives and society today. Central to this will be data production and analysis, public health initiatives, policy and multi-sector collaborations. This frames the backdrop against which this book was conceived, namely, to provide an update, account and insight into some of the work being done around the world that will enable and empower our societies become age-attuned, age-accommodating and age-friendly. In tandem with this, we must ensure that societies continue to demonstrate dignity, respect and compassion for older people.

Public health initiatives have contributed to delaying the onset of many diseases and actively treating others. This success has allowed life expectancy to increase. A baby born in 1900 could have been expected to live until they were 50, while a baby born today has a 50% chance of reaching the age of 100. Ageing is not an abstract concept; in today's world we will all spend a longer time living and a shorter time dying. Growing up and growing old are important life transitions, and are not always experienced in an unproblematic way. Some of these concepts were addressed by Galen, writing over 2000 years ago, where he identified the importance of a healthy youth as a basis for robust old age–even then he noted the benefits of exercise and a healthy diet as a road to optimising the 'healthspan' (Burnstein and Finch, 2018).

Our modern world is evolving into a forward thinking and progressive society. However, we must also work towards becoming a just society. We must ensure that the online digital and i-cloud dominated tech-world is accessible and not simply the prevail of younger people. In many countries,

there are dramatic transformations in everyday life. For example, banking and insurance transactions now require computer literacy while access to health and social care supports occurs only by conquering multiple complex medical and legal forms. Consequently, the practicalities and rapid change of day-to-day living may not be easy to negotiate. We must become better advocates for the requirements of all people as ageing occurs. We must learn to make our 'modern world' easier to live in and more considerate. So, in the forthcoming 'e Tech' dominated world we live in, we must be inclusive and responsive, promoting an intergenerational approach to enhancing health for all members of society. In particular, we must not over complicate access to social and health care supports, and we must simplify the processes that access care.

Every country has challenges that are unique to them, but in some, there are common experiences. We need to learn from and share these experiences with each other, so we do not have to 'reinvent the wheel'. Among the challenges are the capacity of health and social care to support older people at home in the community and also, to facilitate their return home quickly and efficiently from the hospital and rehabilitation after illness, injury or surgery. This is a growing challenge both organisationally and financially that needs to be addressed around the world. As a society, deciding how we value, support and honour older people will be the legacy we leave when those in the future look back on our early twenty-first century work. What legacy will they see? We hope this book can contribute to making that legacy a positive one, by adding to your knowledge, in addition to providing you with the additional information that aids you in your advocacy and the work that you do.

Diarmuid O'Shea and Amanda Phelan

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This book began with a meeting to discuss how we could bring together foundational knowledge on ageing in the twenty-first century. While there are many contemporary aspects of ageing, we chose particular topics which could provide context, lived experience, health care directions and emerging horizons. The book would not be possible without the generous contributions of experts in the area of gerontology; for this we are truly grateful.

Ageing is one of the huge successes of the twenty-first century and we celebrate this. We also recognise the multiple people who enhance the daily lives of older people. These are the true 'unsung' and often unseen heroes. They are comprised of family, friends, neighbours and communities. Their contributions must never be underestimated or overlooked. In addition, we recognise the dedication of professionals and representative organisations who work with and advocate for older people. Without such commitment, older people's quality of life would be more challenging and impoverished.

Finally, we recognise that without our own family and friends, this book would have been a more difficult journey. Thanks to Gary Murphy, Amy Lee, Aoife Murphy, Jack Murphy and Mary O'Shea for all their support and encouragement.

ABBREVIATIONS

2015 Act	Assisted Decision-Making Capacity Act, 2015
AAI	Active Ageing Index
ABAM-MF	L'Action Bénévole dans la lute contre la Maltraitance Matérielle et Financiére envers les aînés (Volunteering to Counter Material or Financial Mistreatment of Older Adults)
AChIs	Acetylcholinesterase Inhibitors
AD	Alzheimer's Dementia
ADAS-cog	Alzheimer's Disease Assessment Scale-cognitive subscale
ADC	AIDS dementia complex
ADL	Activities of Daily Living
AHD	Advanced Healthcare Directive
AMU	Acute Medical Unit
ANP	Advanced Nurse Practitioner
AP	Atlantic Philanthropies
BGS	British Geriatrics Society
BNI	Befriending Network Ireland
BP	Blood Pressure
BPSD	Behavioural and Psychological Symptoms of Dementia
cANP	candidate Advanced Nurse Practitioner
CAPI	Computerised Data Collection in the Home
CAS	Complex Adaptive System
CEU	Continuing Education Units
CGA	Comprehensive Geriatric Assessment
CHO	Community Healthcare Organisations
CPD	Continuous Professional development
CRT	Cognitive Rehabilitation therapy
CSO	Central Statistics Office
CSPD	Clinical and Strategy Programmes Division
CST	Cognitive Stimulation Therapy
DH	Day Hospital
DLB	Dementia of the Lewy body type
DOH	Department of Health
ECHR	European Convention on Human Rights

ED	Emergency Department
eFI	electronic Frailty Index
e-HR	electronic-Health Record
ELSA	English Longitudinal Study on Ageing
EOL	End of Life
EPA	Enduring Power of Attorney
ESRI	Economic and Social Research Institute
EU	European Union
FDA	Food and Drug Authority
FTD	Fronto-temporal Dementia
GP	General Practitioner
GRACE	Guided Care programme and the geriatric resource for assessment of elders
GREAT	Goal-oriented cognitive Rehabilitation in EArly sTage dementia
HaPAI	Healthy and Positive Ageing Initiative
HEI	Higher Education Institute
HRS	Health and Retirement Studies
HSE	Health Service Executive
IADL	Instrumental Activities of Daily Living
ICOPE	Integrated Care for Older People
ICPOP	Integrated Care Programme for Older People
ICPSR	Inter-University Consortium for Political and Social Research
ICT	Integrated Care Team
ICTs	Information and Communication Technologies
IHF	Irish Heart Foundation
IHI	Institute for Health Improvement
IMD	Index of Multiple Deprivation
ISDs	Integrated Service Developments
ISSDA	Irish Social Science Data Archive
LGBT	Lesbian, Gay, Bisexual, Transgender
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
MDT	Multi-Disciplinary Team
MIPAA	Madrid International Plan of Action on Ageing
MMSE	Mini-Mental State Examination
MOA	Mistreatment of Older Adults
NCPOP	National Clinical Programme for Older People
NGO	Non-Government Organisation
NHS	National Health Service
NICE	National Institute of Clinical Excellence

NMDA	N-methyl-D-aspartate receptor antagonist
NPO	Non-Profit Organisations
ONMSD	Office of the Nursing Midwifery Services Director
PACE	Program of All-inclusive Care of the Elderly
PCT	Primary Community Care Team
PHI	Private Healthcare Insurance
PI	Principal Investigator
PRISMA	Program of Research to Integrate the Services for the Maintenance of Autonomy
QID	Quality Improvement Division
RABQ	Réseau de l'action bénévole du Québec
RANSAM	Random Sample
RCPI	Royal College of Physicians of Ireland
RCT	Randomised Control Trials
SCQ	Self-Completion Questionnaire
SEP	Socioeconomic Position
SGS	Specialist Geriatric Services
SGT	Specialist Geriatric Team
SGW	Specialist Geriatric Ward
SHA	Shared Housing Arrangements
SHARE	Study of Health, Ageing and Retirement in Europe
SIPA	Integrated Care System for Older Adults
TILDA	The Irish Longitudinal Study on Ageing
UCLA	University of California, Los Angeles
UDHR	Universal Declaration on Human Rights
UK	United Kingdom
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
US	United States
USA	United States of America
VaD	Vascular Dementia
WHO	World Health Organization
WMTY	What Matters To You

SECTION 1:

CONTEXT OF AGEING

CHAPTER ONE

SETTING THE CONTEXT

AMANDA PHELAN AND DIARMUID O'SHEA

Within the twenty-first century, we are witnessing an unprecedented demographic change in the ageing of the human race. Population composition is based on three variables: migration, fertility and mortality (United Nations, 2017). Changes in these variables have led to significant shifts in demographics, particularly related to ageing. The average life expectancy in the world has more than doubled since the 1900s (Roser, 2018). For example, in 1960 life expectancy was just 53 years, however by 2016, it had risen to 72 years (World Bank, 2018). Furthermore, this demographic trend is anticipated to continue, with the United Nations (UN) (2017) projecting a rise of those over 60 years from 962 million in 2017 to 3.1 billion in 2100 which also reflects a rising proportion of people over 60 years in the general population.

The concept of old age is a social construction, with many understandings linking this to the chronological age of 65 years and frequently to the age of retirement. This 'marker' can be traced to the influence of Otto von Bismarck who, fearful of the rising popularity of socialism in Prussia, introduced a rudimentary form of old age pension for those over 65 years. Other 'markers' are also used. For example, the World Health Organization (WHO) and the UN use 60 years as the gateway to old age. WHO (2002), however, recognises that using chronological representation is not always an accurate method of the ageing process. Moreover, as life expectancy increases, so too has the need to diversify understandings of old age. In 1974, a seminal publication by Neugarten argued for recognition that health status, economic status and other characteristics vary within old age and, using aggregate data on older populations in the United States, pointed to two sub categories: the young old (55 years to 74 years) and the old-old (75 years and over). Binstock (2002) contends that this has been erroneously translated into age categories, with adjusted young old (65-74 years) and older old as 75 years and over. This resonates with the concept of the third age (associated with

the work of Neugarten) and fourth age, which is associated with the work of Laslett (1994). The age of 80-85 years is viewed as the general transition period from third to fourth age (Kydd et al., 2018). The third age is associated with active and successful ageing, autonomy and being able to pursue interests, while fourth age is associated with dependency and decline. In essence, this reflects a bio-medical understanding of ageing and concurs with Nature's (a highly influential academic journal) definition as stated below:

> 'Ageing is the process during which structural and functional changes accumulate in an organism as a result of the passage of time. The changes manifest as a decline from the organism's peak fertility and physiological functions until death.' (Nature 2019: webpage)

There continues to be much discussion as to what constitutes 'health' since the 1948 definition by the World Health Organization of 'physical, mental, and social wellbeing, and not merely the absence of disease and infirmity' (WHO, 1958). While clinical teams access and plan the care of individuals, public health focuses on populations or subgroups of the population and their health and wellbeing. While there are multiple aspects of ageing, age is a risk factor for declining health. A recent publication on integrated care for older people emphasises a comprehensive management of health decline, the management of geriatric syndrome and supporting caregivers (WHO, 2017a). However, ageing is much more than mere bodily decline. It can encompass stages of life change, such as those proposed by Erikson (1964), who identified seven developmental stages from birth to old age. Being 65 years and older was seen as a stage of maturity enabling the virtue of wisdom but also as a time of potential psychosocial crisis-ego versus despair. Ageing is also about celebrating age and its diversity and is also associated, in more recent times, with fostering successful ageing typified by avoiding disease and disability, high cognitive and physical function, and engagement with life (Rowe and Khan, 1997). Within all these diverse interpretations of ageing, this book offers a macro-overview of contemporary ageing in the twenty-first century. The book chapters each identify carefully selected and important aspects within context, the ageing experience, health and environment (physical and social).

Chapter two, by Turner and Kenny, looks at the contribution that longitudinal studies can make to collecting and documenting critical data on populations that can inform policy, health, wellbeing and planning. The *WHO Global Strategy on Ageing and Health* (2017b) speaks to fostering

the functional ability of older people. We must align our health systems to the needs of the older populations that they will increasingly serve. You can only achieve these objectives if there is current relevant data and data that is nationally specific. The *WHO Global Strategy and Action Plan on Ageing* emphasises this. Census data and longitudinal studies afford some approaches that enable the collection and usefulness of such relevant data. One such study, The Irish Longitudinal Study on Ageing (TILDA), discussed in detail in chapter two, collects information on all aspects of health, economic and social circumstances from a cohort of Irish people aged 50+ years once every two years. The chapter outlines the values and methods of exploring the causes and consequences of biological ageing within the context of complex environmental influences. While outlining the challenges around the design and sustaining longitudinal studies of this nature, the chapter clearly emphasises the importance of collecting data in large samples in different countries, enabling national comparisons and, as an important follow on, how these data can inform policy and practice. The chapter also highlights the contribution that older people make in society today. It explores how health, social, economic and environmental domains contribute to age-related heterogeneity and highlights the value of engaging in healthy behaviours across the life course. Finally, Turner and Kenny remind us that Health and Retirement Studies (HRS) will play a very important role in building on our understanding of population-level strategies that will enable healthy ageing.

Chapter three examines the issue of intergenerational relations and their importance in an ageing society. Lowenstein and colleagues point to the application of generational intelligence to explore positive and negative aspects of communications and relationships between older and younger adults. The chapter commences with a consideration of intergenerational relations within families. Families operate in particular ways as systems, which interact with formal services such as health where ageing can be experienced positively or negatively. In an era of modernity, family structures have changed leading to a more complex experience and an altered system of family support, which demands a concurrent focus on attuning public policy and the state's role. The authors advocate the use of generational intelligence to guide actions and provide steps to identify, recognise and move towards inter-generational accommodation and positive 'othering', within and between thinking and enabling present and lifetime centredness.

Chapter four presents an important consideration for ageing populations, that of decision-making capacity. Statistics demonstrate that as individuals

age, the risk of cognitive challenges increases (van der Flier and Scheltens, 2005). In this context, it is important that the will, preference, values and beliefs of the older person are protected. Rickard-Clarke charts Ireland's legislative transformation to support older people's enjoyment of autonomy and human rights under various human rights instruments such as the European Convention on Human Rights (Council of Europe, 1950) and the United Nations Rights for Persons with Disabilities (2006). The chapter examines the implications of the previous legislation, the Lunacy Regulation Act (1871), pointing out its archaic and limiting impacts on people whose capacity is in question. Similar to legislative advances in other countries, the new Assisted Decision-Making Capacity Act, enacted in Ireland in 2015, marks a watershed in the protection of autonomy of individuals. The new legislation moves from a paternalistic, medical model based on a status approach to capacity to a rights-based approach which is underpinned by a functional approach to capacity. The chapter examines the guiding principles for the application of the act, the various intervention options if capacity is at issue or likely to be at issue as well as charting the protective legal instruments that can be put in place in advance of capacity challenges (Enduring Power of Attorney and Advance Healthcare Directives). Rickard Clarke concludes with the sage acknowledgement that such legislative transformations need a shift in culture from paternalism to defending each individual's right to self-determinism, regardless of age or decision-making capacity.

From Mary O'Rourke, in chapter five, we hear the voice of an older person regarding their expectations and experiences of life, health and social care. Her voice is central to articulating a 'new' vision for policymakers. Older people often report feeling invisible and unheard in society particularly in relation to health care services. Knowing what matters most to the person/patient enables us to set the compass of care in the right direction. More work needs to be done to reduce the stigma of age and the sense of invisibility that older people feel. This very personal account from O'Rourke captures why this voice is so important. Her account teaches and reminds us that age is a construct that should not represent years but love of life. We see the thoughts of one older person on ageing through personal and reflective accounts of journeying through life. In this way, we can appreciate the person and not the age, the rich and diverse life history and the need to see beyond the patient, the disability or the physical presentation. Only then can we facilitate human flourishing for everyone. She observes, 'My heart and mind remain that of a young woman.' A doyenne of the Irish political world at a time when female political representatives were few and far between, O'Rourke reflects on

the remarkable contributions she has made and continues to make in her own personal life in shaping society and politics in Ireland today. She does this with an extremely personal and honest reflection on her life's journey to date, talking openly about love, loss and loneliness. Her perspective on ageing is a tour de force. The chapter emphasises the importance of interests, education and good self-care. Echoing, Lowenstein and colleagues' chapter, readers are advised on the greater acceptance of 'the mingling of ages' and of not needing to 'constantly rush, rush, rush'. Within O'Rourke's reflections, we can see how dealing with infirmities and frailties are individually experienced and her personal experience of the death of loved ones. In interpreting and representing the concept of 'What matters to you', we gain an insight and understanding of older people actively living in our societies today, which is the focus of this book. It reminds and inspires us all in the efforts we are making to improve care and support structures for good ageing experiences. Moreover, it highlights why we must continue to work towards a just society and explore ways of making our societies more age accommodating, age attuned and age friendly.

In chapter six, Moynihan and Loughran pick up on one of the themes of chapter five, that of loneliness. Loneliness is poorly understood and its impacts on quality of life and health are under-recognised by policymakers and the general public as a whole. Loneliness can affect anyone, of any age group, but its impacts and contributing factors may be most challenging for older people. The cycle of loneliness and the influence on health and quality of life in older age is made even more challenging by the lack of support and infrastructure in place. There is significant variation across the world in how loneliness is being tackled as a societal issue. The chapter begins to address some of the challenges and brings a focus on why tackling the issue of loneliness is so important. Moynihan and Loughran reiterate the need for a greater focus on research, policy and initiatives to combat loneliness and the positive impacts this will have on physical and mental health.

Browne (chapter seven) examines the concept of advocacy and its application to support older people, with particular reference to safeguarding. Similar to points made by Rickard Clarke, advocacy is underpinned by a human rights approach and is an integral resource to enable a good quality of life. The chapter begins by elucidating why advocacy may be needed for older people and how advocacy can be defined. Browne contends that advocacy's objective is to empower older people to have the information needed to make an informed decision based on their rights, acknowledging the right to take a risky decision or to be

mistaken. Recognising the implicit and explicit potential for bias in advocacy in families and professionals, it is argued that independent advocacy is the desired standard and an advocate's role is within the framework of supported decision-making. For people who have decision-making capacity challenges, such as those with dementia, non-instructed advocacy takes cognisance of the individual's will preference, values and beliefs through accumulating knowledge of the person, their lives, choices and so forth. Browne concludes by arguing for the need for a new rights-based narrative to be imbued into our culture and an understanding of the context of each older person's life situation.

In chapter eight, Shelley and O'Shea discuss the need for a more holistic approach to health services, incorporating public policies, environments and communities which 'make the healthy choice the easier choice' for individuals, as well as reorienting health services towards prevention. Many health systems are designed to diagnose, care for and cure those with acute conditions and have not adapted to the longer-term systems and programmes required to prevent, manage and minimise the consequences of chronic conditions, multi-morbidity, frailty and functional decline. Allied to this, there is a belief that care in the community is less costly than care in the acute care setting. While those requiring acute hospital services should be cared for in an appropriate setting and only for as long as such care is required, high quality care in the community is unlikely to be deliverable at the low cost which is frequently implied in public discourse. Policy responses (informed by studies including longitudinal studies) are essential to manage the macroeconomic impact of the demographic transition. Shelley and O'Shea argue that these policies must include health promotion and disease prevention to reduce the population burden of non-communicable diseases and supports to maintain independence and community living.

In chapter nine, Phelan examines the concept of person-centred care. Similar to the focus of Rickard Clarke, O'Rourke and Browne, person-centred care is about creating therapeutic, helpful partnerships with people. The turn to person-centred care within healthcare is a relatively recent phenomenon and can be observed in many different countries. Person-centred care is underpinned by the recognition of the limitations of a paternalistic, bio-medical focused care system which creates hierarchies of power and is based on objective facts, while minimising the subjectivity of individual experience. In contrast, person-centred care views individuals as self-determined with leading roles in areas of decision-making, care planning and implementation, continuity in care and in transitions of care. The philosophical underpinnings, definitions, models of care and

outcomes of person-centred care are presented and the evolution of systems to integrated healthcare which enables a scaffolding of coordinated care around the older person are examined. In using a person-centred approach, there is potential that the care experience is transformed from the ordinary to the extraordinary.

In chapter ten, Timmons and colleagues review the topic of dementia, one of the major challenges we will need to meet in the years ahead. Globally, dementia affects approximately 46 million people and, unsurprisingly, it has been identified by the WHO as a public health priority. Dementia impacts the lives of those who are affected, their families and friends. The current focus in health and social care is on supporting people to live well with dementia in their communities while we search to build on promising advances in potential pharmacological and non-pharmacological treatments. The chapter aims to provide a broad overview of dementia from diagnosis, treatment, respite and palliative care over the course of this chronic long-term condition. Separate from the personal cost to health and wellbeing, dementia exerts significant pressures on health, economic and social care systems. The economic burden of dementia currently ranks higher than stroke, heart disease and cancer combined, but healthcare funding allocations for dementia are significantly lower than each of these groups. Historically, there has been under-diagnosis of dementia, linked to stigma, poor awareness and indeed therapeutic nihilism. Improving awareness, while at the same time progressing with a diagnosis at a pace the person is comfortable with, is an important balancing act. In conjunction with this, how the diagnosis is disclosed–delivering the diagnosis while at the same time understanding the emotional impact of the disclosure on the person and their family–are all crucial concerns as all these factors will impact on how a person and their family engage with services. The chapter also discusses pharmacological and non-pharmacological methods of managing the cognitive and non-cognitive symptoms of dementia, often termed behavioural and psychological symptoms of dementia (BPSD) or more recently, responsive behaviours.

Health and social care design that seeks to strengthen continuity of care, reduces fragmentation and improves the overall experience and outcome for the older person is a core support to the aims of WHO. An ‘Integrated Care’ agenda needs broad base policies that underpin health and wellbeing in older populations and reflect changing needs, not just in health and social care, but in the broader multi-sectoral agenda. This, along with the fundamental components of integrated care and key elements of clinical care pathways that enable and support integration,

such as a single transferrable record, home-based care, technology and case management, are highlighted from an Irish perspective by Kennelly and Harnett in chapter eleven. Designing services for people who have only one health challenge and are fully independent does not make sense in the context of an ageing population. Put simply, we should be designing flexible services for people who may have many complex morbidities and who may not be independent. In the discourse around healthcare, we all too often use ageist and inappropriate language. Examples such as 'bed blocker' and 'delayed discharge' are commonly used and imply a negative impression of older people. Such language distracts and sends out the wrong message entirely. It facilitates the shifting of focus and positions the older person using the health service as the 'problem' or as 'using the service inappropriately', rather than acknowledging where progress needs to be made. The construct of integrated care is shaped by a combination of perspectives held by users of various services, service managers, policymakers, academics, care professionals and carers. Consequently, there is great complexity associated with articulating what integrated care should deliver, who should benefit and what exactly those benefits are. However, systems of care which reflect a person-centred approach to integration are fundamentally key to service uptake and success. Kennelly and Harnett advocate that changes that support integrated care must cross the spectrum from local change practice right through to international health and social care practice.

Chapter twelve, by Lang and Hoey continues this theme. Healthcare systems need to adapt to meet the needs associated with the demographic changes that are occurring around the world. WHO has identified and promoted interdisciplinary collaboration as a strategy to strengthen and optimise health care systems and improve patient outcomes. This chapter describes the approaches taken by the National Clinical Programme for Older People (NCPOP) in Ireland to enhance the Irish Health services' capacity to improve wellbeing and healthcare for older people in Ireland. It must be emphasised that no single agency working on its own can achieve this. Transformation requires societal will and governmental policy support along with all voluntary and statutory agencies working together to do this. Getting to that cohesive think, plan and act stage is surprisingly difficult. How a society treats its most vulnerable, and among those vulnerable are frail older people, is a very good barometer of how we value what matters most in our society. In years to come, when we review our progress in improving health, wellbeing, social policy and care, we should be able to witness the impact of enhancing support for ageing.

Chapter twelve also focuses on how continuing education and professional development have important parts to play in improving care by implementing the most up-to-date evidence base while concurrently enhancing knowledge and skills. Within this context, the National Frailty Education Programme was developed. This innovative education programme has the capacity to be a key lever for change and support the introduction of new ways of working to improve health care outcomes for older people. Most health care for older people is provided in their community but acute deterioration in health will require referral to hospital. Communities and hospitals need to be resourced and prepared to meet this growing need. The chapter focuses on the role played by the National Clinical Programme for Older People in Ireland in addressing this challenge and meeting the growing need.

A major societal concern globally is that of safeguarding older people. Phelan, in chapter thirteen, discusses the topic of elder abuse. International studies have demonstrated that older people are abused in various ways: physical abuse, psychological abuse, financial abuse, sexual abuse and neglect. In more recent literature and scholarship of elder abuse, a rights based, public health approach has underpinned legislation, policy and practice responses within preventative and intervention programmes. The consequences of older people being abused are many and can impact physical and psychological health as well as mortality rates and premature admission to nursing homes. The chapter considers issues related to the maltreatment of older people, in the context of definition, theory, risk factors and interventions. The chapter concludes by pointing to the need for inter-agency and inter-disciplinary responses, which are flexible enough to respond to the complexities of the individual older person's experience of abuse. In addition, it is argued that further research, which involves older people in the co-design and generation of findings, has the potential to deepen understandings and offer enhanced interventions which acknowledge issues of diversity such as differences in the experiences of abuse due to geography, gender, culture, environment, sexuality and decision-making capacity.

Continuing on the theme of elder abuse, in chapter fourteen, Beaulieu and colleagues examine the management of field volunteers engaged in non-profit organisations (NPOs) dedicated to counter mistreatment of older adults (MOA). The discussion is drawn from a Canadian research study investigating the actions of NPOs engaged in countering the material and financial mistreatment of older adults. The chapter describes a multiple-case study which was conducted within five Canadian NPOs dedicated to addressing the mistreatment of older adults. Beaulieu et al.

investigate the perspective of salaried personnel and field volunteers on the management of volunteers at four stages: recruitment, orientation, support and supervision, as well as appreciation. Findings have potential relevance beyond the focus of maltreatment to fostering social capital within NPOs to areas of enhancing the volunteering experience and quality of service.

In chapter fifteen, Doron argues that there is a gap in current conceptualisation of age theory which is bridged through ageivism. Ageivism, which holds similar fundamental tenets as feminism and socialism, is defined as a call to action to emancipate older people from the oppression of ageism. This is achieved by the argument that ageism in society needs to be actively addressed; age, as a social construction, requires a transformation which includes attending to the ideological aspects of political identity, social justice and a rights based approach. Doron acknowledges that ageivism is conceptually in its infancy, but points to the potential influence of 'grey power' which has received scant attention to date. Doron concludes the chapter by acknowledging the potential of ageivism in contributing to a robust ideological basis for the integration of the science of ageing and the movement of older people.

Chapters sixteen and seventeen discuss environmental design and ageing. In chapter sixteen, van Hoof and colleagues examine how innovative environmental design in the home can provide tailored ageing in place spaces. Using the example of a Dutch social housing association, the authors describe the generation of new communities around the building structure itself rather than simply providing occupational therapeutic environments. The chapter points to the approach of individual self-management and community responsibility for care at home (termed communalisation). van Hoof and colleagues use philosophical explanations from both Martin Buber and Paul Ricoeur to support the development of these communities which focus on how environmental design can support caregiving and the ideals of mutuality in a tangible way. In particular, it is argued that social housing associations such as *Habion* have rejuvenated buildings with a specific focus on older people's needs (applying Mazlow's (1943) hierarchy of need), transcending mere physical accommodation to creating buildings that provide autonomy, a meaningful life with a sense of belonging and safety even when there is evolving health decline. Consequently, the aim is to promote 'home' through the application of place attachment theory. Thus, existing buildings are retrofitted, redesigned and co-designed with the potential of adaptation for declining health status to enable ageing in place, yet promote intergenerational living. Furthermore, each project is unique and is inductively and

inclusively constructed around the bespoke needs of that particular community. As an example, the application of this model is illustrated in one case study example.

Chapter seventeen, also by van Hoof and colleagues, details how the macro-community environment can enhance the quality of life for older people. As population demographics change, the authors argue that accommodation within living spaces needs to facilitate ageing in place, in other words, to foster active ageing within integrated and inclusive communities, to be dynamic and adapt to the evolving needs as well as incorporating participation in planning from older people themselves. An important supporting element in advancing urban ageing spaces is robust public policy. In addition, the current and potential further use of technology is discussed with a focus on the development of smart homes to support independent living and assist in managing households and health monitoring. Using the Netherlands and Poland as case studies, the chapter details how ageing environments have been underpinned by the foci identified in the domains of age friendly cities (WHO, 2002). The chapter concludes by arguing the need for the development of public-private partnerships in the re-imagination of urban spaces to meet evolving needs and create sustainable, adaptive living environments which are age friendly.

Ylänne, in chapter eighteen, examines how the media portrays older people. There are a number of defined categories and representations of ageing that are used in the media. The chapter examines how older people are specifically positioned in newspapers, magazines, advertising and film. Ylänne points to the varying implicit stereotypes in different media types. Positive positioning is evident in film, advertising and magazines, while newspaper discourses tend to present old age in a negative stereotypical form. While these differences are apparent through the research studies, it is important to recognise their influence on public perceptions of ageing. In conclusion, we are cautioned to be critical of such representation, which is heavily dependent on issues of editorial decision, advertising focus or romanticised embellishment.

In conclusion, as demonstrated in chapters two to eighteen, scholarship on older people has greatly diversified in the twenty-first century. It is important that multiple insights are generated to understand the concept, context and the experience of ageing. In this way, we can ensure older age is a period of human flourishing, where rights are automatically recognised and defended and health and social care, environment, intergenerational relationships and supportive systems are continually