

Centre for Policy on Ageing
Information Service

Selected Readings

Disability in Older Age

February 2023

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2022

Cost-effectiveness of hearing-screening in older adults: a scoping review; by Amber K Hsu, Sarah M Bassett, Linda C O'Dwyer (et al.): Sage, February 2022, pp 186-204.

Research on Aging, vol 44, no 2, February 2022, pp 186-204.

Age is the most common predictor of hearing loss; however, many older adults are not screened. Hearing screening could improve healthcare access, participation and outcomes. Establishing whether hearing screening in older adults is cost-effective could improve its availability and utilisation. The authors searched nine databases in January 2020. Studies with populations aged 50+ that provided data on the cost-effectiveness of hearing screening were included in the review. Five studies met the inclusion criteria; and all found hearing screening programs to be cost-effective compared to no hearing screening, regardless of screening method (i.e., instrument or strategy). The maximum number of repeated screenings, coupled with younger ages, were found the most cost-effective. This review suggests that hearing screening in older adults is cost-effective; however, the evidence is limited. There is pressing need for research focused on economic impacts of hearing healthcare in older people to inform research, policy and practice. (RH)

ISSN: 01640275

From : <https://doi.org/10.1177%2F01640275211008583>

Health of aging families: comparing compound and noncompound caregivers; by Fei Wang, Christina N Marsack-Topolewski , Rosanne DiZarro-Miller, Preethy S Samuel.: Taylor and Francis, April 2022, pp 290-304. Journal of Gerontological Social Work, vol 65, no 3, April 2022, pp 290-304.

Providing care to a family member with disabilities takes a toll on the health of the caregiver and the family. Among ageing caregivers, compound caregiving (i.e., caring for two or more family members) has become an increasingly common scenario. However few research studies have focused on compound caregivers. Extant literature describes individual-level outcomes, with sparse knowledge on family-level outcomes. The family quality of life framework was used in this study to examine differences in the individual and family health of aging compound and non-compound caregivers. Web-based cross-sectional data collected from 112 ageing caregivers (age 50 and older) were analysed using chi-square and independent sample t-tests to examine differences between caregivers. Compound caregivers had poorer perceptions of personal health than non-compound caregivers. In terms of family health, although all caregivers shared similar perceptions on the importance, opportunities, initiative, and stability, compound caregivers had lower attainment and satisfaction than non-compound caregivers. Multivariate regression analyses indicated that compound caregiving was associated with poorer family health. Personal health was positively associated with family health. Study findings have practice implications for identifying caregivers' multiple responsibilities. It is necessary to develop individual and family level programs focused on health promotion and caregiver training. (JL)

ISSN: 01634372

From : <https://www.tandfonline.com>

Independent living with mobility restrictions: older people's perceptions of their out-of-home mobility; by Henna Luoma-Halkola, Liisa Haikio.: Cambridge University Press, February 2022, pp 249-270.

Ageing and Society, vol 42, no 2, February 2022, pp 249-270.

The authors studied older people's perceptions of how they organise their out-of-home mobility and independent living when they face mobility restrictions, based on seven focus groups with older people (N = 28) from a suburb in Finland. They provide an everyday life view of how the ability to move outside the home evolves through interdependencies between older people and their neighbourhoods, social relations and societal arrangements. Their findings show that supportive socio-material surroundings can provide older people with new ways to move outside their home, despite mobility restrictions and new ways to organise their daily life with decreased mobility. In contrast, restrictive socio-material surroundings can lead to situations in which older people forgo certain out-of-home journeys and activities. The findings contribute to an understanding that organising one's daily life and out-of-home mobility is an act of interdependence. Policies promoting independent living in old age should recognise these fundamental interdependencies, and support versatile ways of living rather than overemphasise activity and self-reliance. Based on older people's everyday life perspectives, both sides of the coin need to be considered: how to enable the out-of-home mobility of older people facing mobility restrictions, and how to support them in managing and enjoying daily life with decreased mobility. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X20000823>

Living the everyday of dementia friendliness: navigating care in public spaces; by Katie Brittain, Cathrine Degnen.

Sociology of Health and Illness, vol 44, no 2, February 2022, pp 416-431.

Dementia friendly communities are a priority for international policymaking aimed at tackling the social exclusion of people living with dementia. However, what constitutes a dementia friendly community is not well defined nor understood. In this article, the authors explore what constitutes the enactment of care in a dementia friendly community, focusing on commercial, leisure public places. The authors use qualitative interviews with carers in North East England to examine how elements of social and material environments shape meaningful everyday practices of care outside the home. Drawing from the literature on materialities of care, they examine three everyday activities: eating out, going to the cinema and shopping. Maintaining such activities in public is part of keeping on with normal family life, but these can also expose individuals to stigmatising judgements by outsiders. Despite this, a complex array of material things, people, places and immaterial qualities such as ambience can come together to make care possible. The authors suggest there is a need to promote a less rigid, more flexible ethos in these public places. Through a recognition of the relational materialities of care, public spaces could do more to become places where people living with dementia can continue to feel connected and included. (OFFPRINT) (RH)

ISSN: 14679566

From : <http://www.wileyonlinelibrary.com/journal.shil>

Mothers' functional limitations and relationship quality with adult children: exploring the moderating roles of race and gender; by Catherine Stepiak, J Jill Suitor, Megan Gilligan.: Sage, May-June 2022, pp 414-425.

Research on Aging, vol 44, nos 5-6, May-June 2022, pp 414-425.

Theory and research on intergenerational relations emphasize the salient role that mothers and their adult children play in one another's lives. However, little is known about how mothers' health may shape mother-child relationship quality in later-life. The authors used data from the us Within Family Differences Study (WEDS) to explore how mothers' functional limitations affect multiple dimensions of mother-child relationship quality, as reported by mothers and their offspring, with particular emphasis on whether race, child's gender, or generational position moderated these associations. Although mothers' reports of relationship quality were not predicted by their functional limitations, adult children reported higher ambivalence when they perceived their mothers had limitations. Further, adult children in White families reported higher ambivalence when mothers had limitations than did those in Black families. This study highlights the importance of considering the roles of structural factors in shaping the conditions under which health limitations affect mother-child ties. (RH)

ISSN: 01640275

From : <https://www.journals.sagepub.com/home/roa>

Perceived stress predicts subsequent self-reported problems with vision and hearing: longitudinal findings from the German Ageing Survey; by Markus Wettstein, Hans-Werner Wahl, Vera Heyl.: Sage, March-April 2022, pp 286-300.

Research on Aging, vol 44, nos 3-4, March-April 2022, pp 286-300.

Although stress is a risk factor for various diseases in later life, its role for sensory abilities in the second half of life has rarely been empirically addressed. The authors examined if perceived stress at baseline predicts self-reported difficulties with vision and hearing 3 years later. They also explored whether chronological age is a moderator of associations between stress and sensory difficulties. Their sample was derived from the German Ageing Survey and consisted of 5,085 individuals aged 40-95 years (M = 64.01 years, SD = 10.84 years). Controlling for baseline self-reported sensory functioning, socio-demographic indicators, self-rated health and chronic diseases, greater perceived stress at baseline predicted greater self-reported difficulties with vision and hearing 3 years later. The effect of stress did not vary by age. The findings suggest that, from middle adulthood to advanced old age, stress is a risk factor for increases in self-perceived problems with vision and hearing. (RH)

ISSN: 01640275

From : <https://doi.org/10.1177%2F01640275211027304>

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, October 2022, pp 792-812.

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>

Prevalence of frailty and mobility disability in older people living in retirement villages; by Janet Cobden, Marcos de Noronha, Michael Kingsley.: Wiley, June 2022, pp 222-228.

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://www.wileyonlinelibrary.com/journal/ajag>

Psychological and social factors associated with coexisting frailty and cognitive impairment: a systematic review; by Alison Ellwood, Catherine Quinn, Gail Mountain.: Sage, May-June 2022, pp 448-464.

Research on Aging, vol 44, nos 5-6, May-June 2022, pp 448-464.

Those living with coexisting frailty and cognitive impairment are at risk of poorer health outcomes. Research often focuses on identifying biological factors. This review sought to identify the association psychological and social factors have with coexisting physical and cognitive decline. Six databases were systematically searched in July 2020. Studies included individuals aged 60 years or older identified as being both frail and cognitively impaired. A narrative synthesis examined patterns within the data. Nine studies were included, most employed a cross-sectional design. Depression was investigated by all nine studies, those with coexistent frailty and cognitive impairment had higher levels of depressive symptoms than peers. Findings were mixed on social factors, although broadly indicate lower education, living alone and lower material wealth were more frequent in those living with coexistent decline. Further research is needed to explore potentially modifiable psychological and social factors which could lead to the development of supportive interventions. (RH)

ISSN: 01640275

From : <https://doi.org/10.1177/01640275211045603>

(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>

2021

Caring callers: the impact of the telephone reassurance program on homebound older adults during COVID-19; by Kathy Lee, Noelle Fields, Jessica Cassidy (et al.): Taylor and Francis, October-December 2021, pp 247-261. Home Health Care Services Quarterly, vol 40, no 4, October-December 2021, pp 247-261.

During the COVID-19 pandemic, older people experienced great levels of social isolation and feelings of loneliness. This article's authors developed a telephone reassurance project, Caring Callers (based in Dallas, Texas), to provide a weekly phone call to socially isolated older people. Dyads were created which comprised of a Senior Companion volunteer and a housebound older person. The authors used a mixed methods approach to examine the project's impact on housebound older people. The participants were satisfied with the project and showed a significant increase in overall health. They discussed the project's social and emotional benefits and other benefits that they gained from community resources. Due to the vulnerability of the participants, this telephone-based intervention seemed feasible without technological barriers. It is critical that ageing service providers recognise the resourcefulness and reliability of older volunteers, and encourage them to continue to support socially isolated older people during an unprecedented event affecting people's isolation. (RH)

ISSN: 01621424

From : <http://www.tandfonline.com>

The direct cost of disability of community-dwelling older persons in Belgium; by Sophie Ces, Anne-Sophie Lambert, Johanna de Almeida Mello (et al.): Cambridge University Press, October 2021, pp 2214-2241.

Ageing and Society, vol 41, no 10, October 2021, pp 2214-2241.

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

ISSN: 0144686X

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

Facilitators and barriers to autonomy: a systematic literature review for older adults with physical impairments, living in residential care facilities; by Jolande van Loon, Katrien Luijkx, Meriam Janssen, Ietje de Rooij, Bienke Janssen.: Cambridge University Press, May 2021, pp 1021-1050.

Ageing and Society, vol 41, no 5, May 2021, pp 1021-1050.

Autonomy is important in every stage of life. However, little is known about how autonomy is enhanced for older adults living in residential care facilities (RCFs). This leads to the research question: which facilitators and barriers to autonomy of older adults with physical impairments due to ageing and chronic health conditions living in RCFs are known? The results will be organised according to the framework of person-centred practice, because this is related to autonomy enhancement. To answer the research question, a systematic literature search and review was performed in the electronic databases CINAHL, PsycINFO, PubMed, Social Services Abstracts and Sociological Abstracts. Inclusion and exclusion criteria were derived from the research question. Selected articles were analysed and assessed on quality using the Mixed Methods Appraisal Tool. Facilitators and barriers for autonomy were found and arranged in four themes: characteristics of residents, prerequisites of professional care-givers, care processes between resident and care-giver, and environment of care. The established facilitators and barriers are relational and dynamic. For a better understanding of the facilitators and barriers to autonomy for older adults with physical impairments living in RCFs, a description is based on the 35 included articles. Autonomy is a capacity to influence the environment and make decisions irrespective of having executional autonomy, to live the kind of life someone desires to live in the face of diminishing social, physical and/or cognitive resources and dependency, and it develops in relationships. The results provide an actual overview and lead to a better understanding of barriers and facilitators for the autonomy of older adults with physical impairments in RCFs. For both residents and care-givers, results offer possibilities to sustain and reinforce autonomy. Scientifically, the study creates new knowledge on factors that influence autonomy, which can be used to enhance autonomy.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X19001557>

The impact of long-term care policy on the percentage of older adults with disabilities cared for by family members in China: a system dynamics simulation; by Rong Peng, Bei Wu.: Sage, March-April 2021, pp 147-155.

Research on Aging, vol 43, nos 3-4, March-April 2021, pp 147-155.

This study examined the impact of current and future long-term care (LTC) policies on the family caregiving burden in China. System dynamics (SD) methodology was used to construct an LTC delivery system model that simulates the demand of LTC, living options, and LTC service use for disabled older adults. The model was based on three policy variables including the proportion of payment from LTC insurance, the growth rate of beds in LTC institutions, and the time to adjusting the capacity of community-based care. Results showed that the percentage of older adults with disabilities cared for by family members was projected to increase from 92.6% in 2015 to 97.8% in 2035, assuming no policy changes; under the mixed policy scenario, this percentage would reduce significantly to 63.8% in 2035. These findings illustrate that changes in LTC policy and delivery system have a significant impact on family care.

ISSN: 01640275

From : <https://doi.org/10.1177%2F0164027520923567>

Is informal care sufficient to meet the long-term care needs of older people with disabilities in China?: Evidence from the China Health and Retirement Longitudinal Survey; by Wei Yang, Si Ying Tan.: Cambridge University Press, May 2021, pp 980-999.

Ageing and Society, vol 41, no 5, May 2021, pp 980-999.

Rapid demographic shifts and socio-economic changes are fuelling concerns over the inadequate supply of informal care - the most common source of care-giving for older people in China. Unmet long-term care needs, which are believed to cause numerous adverse effects on health, continue to increase. Drawing data from the 2015 wave of the China Health and Retirement Longitudinal Survey, this study explores the relationship between informal care provision and unmet long-term care needs among older people in China. The authors first examine the availability of informal care among older people with disabilities. They then analyse whether a higher intensity of informal care leads to lower unmet needs. The findings suggest that the majority of older people with disabilities receive a low intensity of care, i.e. less than 80 hours per month. Besides, a higher intensity of informal care received could significantly lower the probabilities of unmet needs for the disabled older adults who have mainly instrumental activities of daily living limitations. The study points out that informal care cannot address the needs of those who are struggling with multi-dimensional difficulties in their daily living. The findings highlight a pressing need for the government to buttress the formal care provision and delivery systems to support both informal care-givers and disabled older people in China.

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X1900148X>

Why is telerehabilitation necessary?: A pre-post COVID-19 comparative study of ICF activity and participation.; by Nicola Marotta , Andrea Demeco , Lucrezia Moggio , Antonio Ammendolia.: Emerald, 2021, pp 117-121.

Journal of Enabling Technologies, vol 15, no 2, 2021, pp 117-121.

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

ISSN: 23986263

From : <https://doi.org/10.1108/JET-11-2020-0047>

2020

How might the cultural significance of storytelling in Deaf communities influence the development of a life-story work intervention for Deaf people with dementia?: A conceptual thematic review; by Alys Young, Emma Ferguson-Coleman, John Keady.: Cambridge University Press, February 2020, pp 262-281.

Ageing and Society, vol 40, no 2, February 2020, pp 262-281.

Although life-story work is an established form of support for people with dementia and their carers, culturally deaf people who are sign language users have been excluded from this practice. There is no evidence base for the cultural coherence of this approach with deaf people who use sign language, nor any prior investigation of the linguistic and cultural adaptation that might be required for life-story work to be effective for sign language users with dementia. Given the lack of empirical work, this conceptual thematic literature review approaches the topic by first investigating the significance of storytelling practices amongst deaf communities across the lifespan. The findings are then used to draw out key implications for the development of life-story work with culturally deaf people who experience dementia and their formal and informal carers (whether deaf or hearing). The reviewed work is presented in three themes: (a) the cultural positioning of self and others; (b) learning to be deaf; and (c) resistance narratives and narratives of resistance. The article concludes that life-story work has the potential to build on lifelong storying practices by Deaf people, the functions of which have included the (re)forming of cultural identity, the combating of ontological insecurity, knowledge transmission, the resistance of false identity attribution, and the celebration of language and culture. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Larger Chinese text spacing and size: effects on older users' experience; by Guanhua Hou, Hua Dong, Weining Ning, Lianghao Hai.: Cambridge University Press, February 2020, pp 389-411.

Ageing and Society, vol 40, no 2, February 2020, pp 389-411.

With declining vision ability, character spacing and size on smartphones designed for the general population are not accessible for older adults. This study explores how larger Chinese character spacing and size affect older adults' user experience (UX). An orthogonal experiment was conducted. The optimal range of font size (FS), word spacing (WS) and line spacing (LS) were proposed, utilising subjective evaluations to investigate the correlation of eye movement data with participants perceived UX. The results showed that improvement in different aspects of UX varied when FS, WS and LS increased. Overall, participants preferred larger FS, WS and LS; however, the larger FS, WS and LS values are more likely to cause errors and slower reading speed. These results suggest that the distinct combination of size and spacing depends on the motivation, needs and situation of older people when reading on a smartphone. These findings will help designers to provide better design for the older people. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

The mediating roles of functional limitations and social support on the relationship between vision impairment and depressive symptoms in older adults; by Xiuquan Gong, Zhao Ni, Bei Wu.: Cambridge University Press, March 2020, pp 465-479.

Ageing and Society, vol 40, no 3, March 2020, pp 465-479.

Vision impairment is prevalent and it is strongly associated with depressive symptoms in older adults. Using data from a probability-based sample of 1,093 adults aged 60 and older in Shanghai, China, the authors investigated the mediating roles of functional limitations and social support on this association. Structural equation models were used to examine the structural relationships among sets of variables simultaneously, including vision impairment, activities of daily living (ADLs), instrumental ADLs (IADLs), friends support, family support, relatives support and depressive symptoms. The bootstrapping method and the program PRODCLIN were used to test the indirect effects of these variables. The study found that vision impairment was directly associated with a higher level of depressive symptoms, and the association was partially mediated by functional limitations (IADLs) and social support (friends support). The study demonstrates that improving social support from friends and enhancing social participation for visually impaired older adults can reduce depressive symptoms. More importantly, this study contributes to the knowledge of mediating mechanisms between vision impairment and depressive symptoms. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

A meta-analysis of the association between caregiver burden and the dependent's illness; by Ana-María Rodríguez-González, Eva Rodríguez-Míguez.: Taylor and Francis, March-April 2020, pp 220-235.

Journal of Women and Aging, vol 32, no 2, March-April 2020, pp 220-235.

The term 'caregiver burden' is frequently used to refer to the physical and psychological problems that a family member may experience from caring for a dependent or impaired older relative. In this study the authors conducted a meta-analysis to see whether Zarit Burden Interview (ZBI) scores differed by dependent's pathology. Results from 125 studies showed that caregivers of family members with a physical disability had an estimated mean ZBI score that was significantly lower than for caregivers of persons with dementia or cognitive impairment, mental illness or Alzheimer's disease. Analysis of Alzheimer's revealed differences among cases of mildly, moderately or severely afflicted dependents. (JL)

ISSN: 08952841

From : <http://www.tandfonline.com>

Mobility and participation among ageing powered wheelchair users: using a lifecourse approach; by Delphine Labbe, W Ben Mortenson, Paula W Rushton (et al).: Cambridge University Press, March 2020, pp 626-642.

Ageing and Society, vol 40, no 3, March 2020, pp 626-642.

About 65 million people use wheelchairs worldwide. Powered wheelchairs offer independent mobility for those who find it difficult to propel a manual wheelchair. Previous studies have described powered wheelchairs as a mixed blessing for their users in terms of usability, accessibility, safety, cost and stigma; however, few studies have explored their impact on mobility and participation over time. As part of a larger longitudinal study, the authors used a combined retrospective and prospective life-course perspective to explore older people's experiences of using powered wheelchairs. Based on the interpretive description approach, 19 participants took part in a series of semi-structured interviews over a two-year period about their mobility, social participation and ageing process. The participants were powered wheelchair users, at least 50 years of age, recruited in Vancouver, Montreal and Quebec City (Canada). The study identified three themes that highlighted how the powered wheelchair experience was integrated into the users' life continuum. 'It's my legs' emphasised how powered wheelchairs are a form of mobility that not only enables users to take part in activities, but also impacts their identities, past and present. 'Wheels of change' explored the dynamic nature of powered wheelchair use and changes related to ageing. 'Getting around' illustrated how users' mobility was affected by the interaction with their physical and social environments. Developing public policies to advance social and environmental changes could help countries to ensure equity of access and social inclusion of those are ageing with disabilities. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Perceptions of ageing and future aspirations by people with intellectual disability: a grounded theory study using photo-elicitation; by Henrietta Trip, Lisa Whitehead, Marie Crowe.: Cambridge University Press, May 2020, pp 966-983.

Ageing and Society, vol 40, no 5, May 2020, pp 966-983.

Internationally, one per cent of the general population are living with an intellectual disability and life expectancy is increasing in line with global trends. The majority of people with an intellectual disability live with family. This represents a growing and largely 'hidden' population who have, or will have, additional needs as they and their family age. There is limited research about what is important for people with intellectual disability when thinking about getting older. This article reports on a study which explored the concept of ageing and future aspirations with 19 people living with an intellectual disability, aged 37-58 years of age (mean 48 years) and living with someone they identify as family. Using Charmaz's constructivist grounded theory approach and photo-elicitation, constant comparative analysis generated four themes: reciprocating relationships, emerging (in)dependence, configuring ageing and entertaining possibilities. As part of the interview process, photo-elicitation facilitated the expression of associations and perspectives about ageing and conceptualising the future for participants. The findings demonstrate the engagement of people with intellectual disabilities in research and provided unique insights into both their experiences and perspectives on ageing in the context of family. The need for greater flexibility in service planning and delivery are identified, alongside ensuring the meaningful inclusion of people with intellectual disability in decision-making about their own lives as they age.

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Prevalence of dementia in people with intellectual disabilities: cross-sectional study; by Shintaro Takenoshita, Seishi Terada, Ryoza Kuwano, Tomokazu Inoue, Atsushi Cyoju, Shigeru Suemitsu, Norihito Yamada.: Wiley, April 2020, pp 414-422.

International Journal of Geriatric Psychiatry, vol 35, no 4, April 2020, pp 414-422.

This study aims to evaluate the prevalence of dementia in adults of all ages and the prevalence of mild cognitive impairment (MCI) in people with intellectual disability (ID) without Down syndrome (DS). Furthermore, it tries to clarify the differences depending on the various diagnostic criteria. The survey included 493 adults with ID at 28 facilities in Japan. The caregivers answered a questionnaire, and physicians directly examined the participants who were suspected of cognitive decline. Dementia and MCI were diagnosed according to ICD-10, DC-LD, and DSM-5 criteria. The prevalence of dementia was 0.8% for the 45 to 54 years old group, 3.5% for the 55 to 64 years old group, and 13.9% for the 65 to 74 years old group in people with ID without DS. The prevalence of MCI was 3.1% for patients 45 to 54, 3.5% for patients 55 to 64, and 2.8% for patients 65 to 74 with ID without DS. DSM-5 was the most inclusive in diagnosing dementia and MCI in people with ID. Conclusions: People with ID without DS may develop dementia and MCI at an earlier age and higher rate than the general population. Among the diagnostic criteria, DSM-5 was the most useful for diagnosing their cognitive impairment.

ISSN: 08856230

From : <https://doi.org/10.1002/gps.5258>

Socioeconomic inequalities in disability-free life expectancy in older people from England and the United States: A cross-national population-based Study; by Paola Zaninotto, George David Batty, Sari Stenholm, Ichiro Kawachi, Martin Hyde, Marcel Goldberg, Hugo Westerlund, Jussi Vahtera, Jenny Head.

Journals of Gerontology: Series A, vol 75, no 5, May 2020, pp 906-913.

This study examined socioeconomic inequalities in disability-free life expectancy in older men and women from England and the United States and explored whether people in England can expect to live longer and healthier lives than those in the United States. It used harmonized data from the Gateway to Global Aging Data on 14,803 individuals aged 50+ from the U.S. Health and Retirement Study (HRS) and 10,754 from the English Longitudinal Study of Ageing (ELSA). Disability was measured in terms of impaired activities and instrumental activities of daily living. The study used discrete-time multistate life table models to estimate total life expectancy and life expectancy free of disability. Results: Socioeconomic inequalities in disability-free life expectancy were of a similar magnitude (in absolute terms) in England and the United States. The socioeconomic disadvantage in disability-free life expectancy was largest for wealth, in both countries: people in the poorest group could expect to live seven to nine fewer years without disability than those in the richest group at the age of 50. Conclusions: Inequalities in healthy life expectancy exist in both countries and are of similar magnitude. In both countries, efforts in reducing health inequalities should target people from disadvantaged socioeconomic groups.

From : <https://doi.org/10.1093/gerona/glz266>

Transnational family care 'on hold'? Intergenerational relationships and obligations in the context of immobility regimes: Introduction to the special issue; by Rosa Brandhorst, Loretta Baldassar, Raelene Wilding.: Taylor and Francis, 2020, pp 261-280.

Journal of Intergenerational Relationships, vol 18, no 3, 2020, pp 261-280.

It is now well established in the transnational family literature that despite geographic separation, members of transnational families maintain a feeling of collective welfare and unity, of "familyhood". This special issue of Journal of Intergenerational Relationships explores how intergenerational care is affected by immobility and physical distance, including how life transitions become delayed and how family members are left waiting as a result of restrictions on mobility. At the same time, the papers show that transnational family care is rarely 'put on hold' completely, but instead continues to be provided despite closed borders - though perhaps not in the expected or idealised forms. The contributions reveal how members of transnational families manage to provide care despite structural restrictions and how intergenerational care obligations are transformed or reconfigured. Time is revealed to be a crucial factor in intergenerational care circulation in general, and is an additional drain for transnational carers contending with immobility of those in their care. Articles highlight four central themes: the impact of inequality and differential access to mobility; the key role of temporality in understanding intergenerational care; the role of absence and silences as coping strategies in response to limits on mobility; and the role of technology as a mitigating or enhancing factor in immobility regimes. (RH)

ISSN: 15350770

From : <https://www.tandfonline.com>

2019

Adaptation to loss of visual function: implications for rehabilitation on subtle nuances of communication; by Patrick Emeka Okonji, Catherine Bailey, Monique Uhussier, Mima Cattan.: Taylor and Francis, July-September 2019, pp 169-185.

Activities, Adaptation and Aging, vol 43, no 3, July-September 2019, pp 169-185.

Lack of access to visual cues can cause challenges and sometimes makes social interaction difficult for many visually impaired persons in face-to-face situations. Therefore, loss of vision demands adjustments, not only for the individual's adaptation with sight loss for independent living, but also for communication. In recognizing that older adults with vision impairment face challenges when communicating with others due to inability to perceive visual cues, this study examines the challenges and opportunities presented to them when using a computer to communicate with others. The study employed a case study approach. Semi-structured interviews were conducted with 20 visually impaired older adults aged 60-87 years in Newcastle upon Tyne. Findings suggest that the lack of visual cues in text-based computer-mediated communications (CMCs) supported their daily social communication. The paper discussed how, within online communication, people with vision impairment compensate for sight loss through CMC. Implications of findings for broader issues that may steer the use of information communication technologies (ICTs) among visually impaired older people are discussed. In highlighting the need for more attentive rehabilitation than the need for circumventing face-to-face interaction, this paper adds new understanding to the field of CMC. (RH)

ISSN: 01924788

From : <http://www.tandfonline.com>

Age-friendly communities for older persons with intellectual disabilities; by Caley Miskimmin, Shain Shooshtari, Verena Menec (et al): Emerald, 2019, pp 206-218.

Quality in Ageing and Older Adults, vol 20, no 4, 2019, pp 206-218.

The life expectancy for people with intellectual disabilities (ID) has increased significantly, resulting in an increasing number of ageing people with ID. To promote healthy and active ageing of people with ID, discussions on new initiatives to design age-friendly communities have begun at local and international levels. This qualitative research study aims to identify features of an age-friendly community, and facilitators and barriers from the perspectives of older adults with mild ID and their caregivers living in Winnipeg, Canada. Seven older people with mild ID were interviewed; 15 caregivers participated in focus group discussions. All participants were asked questions about features of community living and their experiences in eight broad topic areas (transport, housing, social participation, respect and social inclusion, opportunities for community involvement, communication and information, community support and healthcare services, and outdoor spaces and buildings). The results indicate that many of the current features of the city of Winnipeg do not adequately address the needs of ageing persons with ID; specifically, participants revealed that issues related to accessibility, social participation, social disrespect and inclusion, and lack of resources were important barriers to independence. The findings will increase awareness of the needs of older people with ID and inform programme planning, service delivery, coordination of community-based services and policies to support healthy and active ageing for this vulnerable population. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaoa>

Ageing carers and intellectual disability: a scoping review; by Aoife Mahon, Elizabeth Tilley, Gurch Randhawa (et al): Emerald, 2019, pp 162-178.

Quality in Ageing and Older Adults, vol 20, no 4, 2019, pp 162-178.

Individuals with intellectual disability (or disabilities) are living longer, contributing to an overall increase in the average age of caregivers. This paper reviews the literature on the physical, social and psychological needs of ageing carers of individuals with intellectual disability(ies) in the UK. A scoping review framework was used to identify literature from eleven databases, the grey literature and the references lists of relevant studies. Only primary research studies that discussed the needs of non-professional carers aged 65+ years old of individuals with intellectual disability (or disabilities) in the UK were included. No date restrictions were applied. Thematic analysis was used to narratively synthesise findings. Six studies were included. Five key themes were identified: Living with fear, lack of information, rebuilding trust, proactive professional involvement, and being ignored. The studies find that housing and support information is not communicated well to carers. Professionals require more training on carer needs and trust must be rebuilt between carers and professionals. Proactive approaches would help identify carer needs, reduce marginalisation, help carers feel heard and reduce the risk of care crisis. Greater recognition of mutual caring relationships is needed. This review highlighted the needs of older caregivers for individuals with intellectual disability (or disabilities) as well as the need for more high-quality

research in this field. The information presented in this review may be considered by primary care providers and funding bodies when planning future support for this growing population of carers. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaoa>

Ageing, limb-loss and military veterans: a systematic review of the literature; by Nick Caddick, Helen Cullen, Amanda Clarke (et al.): Cambridge University Press, August 2019, pp 1582-1610.

Ageing and Society, vol 39, no 8, August 2019, pp 1582-1610.

The impact of losing a limb in military service extends well beyond initial recovery and rehabilitation, with long-term consequences and challenges requiring health-care commitments across the life-course. This paper presents a systematic review of the current state of knowledge regarding the long-term impact of ageing and limb loss on military veterans. Key databases were systematically searched, including ASSIA, CINAHL, Cochrane Library, Medline, Web of Science, PsycArticles/PsychInfo, ProQuest Psychology and ProQuest Sociology Journals, and SPORTSDiscus. Empirical studies which focused on the long-term impact of limb loss and/or health-care requirements in veterans were included. The search process found 30 relevant papers, which focused broadly on four themes: (a) long-term health outcomes, prosthetics use and quality of life; (b) long-term psycho-social adaptation and coping with limb loss; (c) disability and identity; and (d) estimating the long-term costs of care and prosthetic provision. Findings present a compelling case for ensuring the long-term care needs and costs of rehabilitation for older limbless veterans are met. A dearth of information on the lived experience of limb loss and the needs of veterans' families calls for further research to address these important issues. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

The availability of carers for older disabled people in Spain: demographic insights and policy implications; by Celia Fernandez-Carro, Rosa Gomez-Redondo, Noelia Camara-Izquierdo.: Policy Press, August 2019, pp 323-337.

International Journal of Care and Caring, vol 3, no 3, August 2019, pp 323-337.

The growth of the older population with care needs, together with the decrease of the population traditionally providing such care, are the most frequently cited consequences of demographic change affecting long-term care policies. This study examines changes in the availability of carers in Spain (1998-2018). It uses data from the Survey of Disabilities, Independence and Dependency Situations (DIDS-08) conducted by the Instituto Nacional de Estadística (INE) in 2008. Data from two other sources are used to calculate ratios: the Human Mortality Database (HMD) for 1998 to 2014; and INE projections for 2015-2018. Results point to a decrease in potential carers in terms of intergenerational care, but also to an increase in potential carers among older people of the same generation. (RH)

ISSN: 23978821

From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>

Care-giving dynamics and futures planning among ageing parents of adult offspring with intellectual disabilities; by Ruth Walker, Claire Hutchinson.: Cambridge University Press, July 2019, pp 1512-1527.

Ageing and Society, vol 39, no 7, July 2019, pp 1512-1527.

The number of older parents ageing in tandem with their adult children with intellectual disability (ID) is increasing. This unique situation calls for greater research that investigates how older parents experience this extended care-giving role, including the extent to which they are engaging in futures planning. Participants were recruited via disability service providers in South Australia. Using the theoretical perspective of hermeneutic phenomenology to understand lived experiences, semi-structured in-depth interviews were carried out with 17 older parents (mean age 70 years). Six offspring were living in the family home while the remainder were in supported accommodation. Main themes to emerge from the data were: (a) perpetual parenting, (b) costs and rewards and (c) planning to plan. Parents were providing care across a range of areas, regardless of whether their offspring lived at home or in supported accommodation. While aware of the need to plan for the future, most did not have a firm plan in place. Parents are providing a high level of support to their adult children with ID, regardless of whether they live in supported accommodation or the family home. While some have started to think about future care arrangements, most appear unclear over what the future holds. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Emerging age asymmetries in the research relationship: challenges of exploring transition to the fourth age; by Tatiana Sedlakova, Adela Souralova.: Cambridge University Press, February 2019, pp 409-433.

Ageing and Society, vol 39, no 2, February 2019, pp 409-433.

This article opens the discussion on age asymmetries within the research relationship between researchers who are young and able-bodied and research participants who are much older and have acquired impairments in later life. Based on the knowledge of age relations, the authors present how they conceptualise power imbalances based on age. They see these asymmetries as co-existing with other forms of power imbalances between researchers and participants. They argue that these asymmetries are not the results of the limitations of the older adults, but rather the consequences of different constellations of possibilities for researchers and participants. Moreover, they assert that taking these asymmetries into account is a necessary step when conducting research with people with acquired impairment in later life. As researchers, reflecting on age asymmetries helped them to avoid othering their research participants and prevented them from marginalising their life experiences. They draw on their research to reflect on the network of cognitive, physical and social asymmetries that emerged in their research relationships, and identify the main challenges they faced. In the presence of some of these age asymmetries, they approach the research relationship through the roles which they played vis-à-vis the participants. The authors consider reflecting and addressing these asymmetries to be a necessary step in creating and maintaining a research relationship based on equality. Only a reflexive and transparent approach to these power imbalances can ensure that data collection and analysis do not contribute to their reproduction. This article presents some general insights on research practices, and contributes to the debate on power imbalances in qualitative research. The article also contributes to gerontology and provides new insights about the lives of those individuals with acquired impairment in later life, a topic that has so far received inadequate research attention. This article draws on the authors' qualitative research experiences during the research project, 'Fourth Age: the Identity of Disability during the Period of Active Ageing', supported by the Czech Science Foundation. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

An examination of organisational policies for healthcare and lifestyle decision-making among Australian aged care providers; by Craig Sinclair, Sue Field, Meredith Blake, Helen Radoslovich.: Wiley, September 2019, pp 90-97.

Australasian Journal on Ageing, vol 38, Supplement 2, September 2019, pp 90-97.

The present study aimed to examine policies of aged care organisations relating to healthcare and lifestyle decision making. Seven aged care organisations submitted policy documents. Policies were analysed using the Australian Law Reform Commission (ALRC) 'Decision-Making Principles' as a framework. Nine senior staff with policy development roles participated in follow-up interviews. The structure and content of policy documents varied significantly between organisations. Most acknowledged the need to support the rights of care recipients in decision making, however the nature of this support was often unclear. Interview themes included factors relating to 'organisational contexts', 'policy development and implementation' and 'ethical challenges'. An overarching theme among high performing organisations was 'proactive response aimed at pre-empting decision-making dilemmas'. The authors provide recommendations for policy development, including a self-assessment audit tool. Aged care provider organisations may need to review policies in the areas of healthcare and lifestyle decision making to meet current best practice principles. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Experiences of grandparenting disabled children in the UK: a qualitative study of intergenerational relationships; by Suzanne Moffatt, Madeleine Tse Laurence, Lindsay Pennington.: Taylor and Francis, 2019, pp 58-73.

Journal of Intergenerational Relationships, vol 17, no 1, 2019, pp 58-73.

Contemporary patterns of family, work and welfare make the experience of grandparenting complex and diverse. This UK-based qualitative study aims to explore grandparenting in the context of childhood disability. Nine grandparents (aged 59-79 years) with disabled and non-disabled grandchildren took part in semi-structured interviews. Grandparents provided extensive instrumental and emotional care and support and sought a balance between involvement versus interfering. Grandparents actively drew on life experiences to engage with services to maximise support. Contemplating the future, grandparents had concerns for adult children as well as grandchildren. Developing policies to support grandparents of disabled grandchildren are urgently required. (RH)

ISSN: 15350770

From : <http://www.tandfonline.com>

Facilitation of positive social interaction through visual art in dementia: a case study using video-analysis; by Justine Schneider, Spencer Hazel, Christian Morgner, Tom Dening.: Cambridge University Press, August 2019, pp 1731-1751.

Ageing and Society, vol 39, no 8, August 2019, pp 1731-1751.

The aims of this exploratory study were: to investigate the process of visual art appreciation in a person with dementia, in real time; and to test the feasibility of using video analysis as a method to explore this process by and with a person who has minimal verbal expression. Gallery personnel guided a woman with severe dementia around an exhibition. Audio-visual recordings of the interactions were analysed. Patterns were identified and interpreted in the light of conversation analysis theory and research. Evidence was found of turn-taking vocalisations on the part of the research participant. Her participation in a dialogical process was facilitated by the skilled and empathic gallery personnel in ways that the analysis makes clear. This paper argues that this supports the inference that successful communicative acts took place, contrary to expectations in the light of the participant's level of disability. This study demonstrates how a woman with minimal speech due to dementia was enabled to engage with visual art through the facilitation of an expert guide who was attuned to her needs. This is a novel example of a person-centred approach, because it takes place outside the context of caring, which is the typical setting for examining person-centred ways of relating to individuals with dementia. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Health and social care practitioners' understanding of the problems of people with dementia-related visual processing impairment; by Anne McIntyre, Emma Harding, Keir X X Yong (et al.): Wiley, July 2019, pp 982-990.

Health and Social Care in the Community, vol 27, no 4, July 2019, pp 982-990.

It has been highlighted that health and social care staff need a greater awareness of the needs and problems of those people with young onset dementia in the UK. Symptoms of Alzheimer's disease are relatively well known (memory loss, disorientation, language difficulties and behavioural problems). However, there is less awareness of dementia-related visual processing impairments in Alzheimer's disease, dementia with Lewy Bodies, or rarer dementia syndromes such as posterior cortical atrophy (PCA), leading to delayed assessment, diagnosis and management. This qualitative study explored health and social care practitioners' opinions of the needs of people with dementia-related visual processing impairment (such as individuals with PCA), and identified any training that these practitioners might need. Social workers, occupational therapists, care home staff, rehabilitation workers (visual impairment), optometrists and admiral nurses participated in focus groups or one-to-one semi-structured interviews. All participants were shown video clips of people with dementia-related visual impairment to facilitate discussion. Sixty-one participants took part in focus groups or interviews between November 2014 and December 2015. Participants' experiences and understanding of dementia were explored and thematic analysis of the data identified two major themes. Theme 1 explores participants' understanding of dementia-related visual impairments. Theme 2 recounts how participants address and support people with dementia-related visual impairment and their families. Participants discussed, reflected and critically analysed the video clips during data collection. Most considered new perspectives of their own clients' difficulties; and those participants working with people with rarer dementias consolidated their experiences. However, some participants seemed hesitant to accept the existence of visual processing impairment arising due to dementia, rationalising novel information to existing understanding of memory loss or behavioural problems. This study highlights that health and social care practitioners want more training and better understanding of less well-recognised symptoms of dementia and rarer syndromes (including PCA) to ensure appropriate, evidence-based assessment and intervention. (RH)

ISSN: 09660410

From : <http://www.wileyonlinelibrary.com/journal/hsc>

Health and volunteering in Europe: a longitudinal study; by Roberta Papa, Giorgio Cutuli, Andrea Principi, Stefani Scherer.: Sage, August 2019, pp 670-696.

Research on Aging, vol 41, no 7, August 2019, pp 670-696.

This article examines the relationship between health and volunteering in advanced age in a cross-national comparison. The authors used longitudinal data from five waves of the Survey of Health, Ageing and Retirement in Europe (SHARE) covering 13 European countries from 2004 to 2015; and they employed dynamic random-effects probit models to study the consequences of declining health on voluntary work. Their results confirm that worsening health conditions (i.e., mobility limitations and depression) reduce the likelihood of volunteering, whereas chronic diseases do not. Most interestingly, they found important differences across countries. For example, worsening health reduces voluntary work participation, especially in contexts characterised by high rates of volunteering. The findings have implications for policy makers and voluntary organisations that aim to encourage participation. Individual characteristics and contextual aspects must be

taken into account, and people with health problems might need specific support through policies, recruitment and retention, even in contexts of overall high levels of volunteering. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

Housing for older and disabled people: guidance; by Ministry of Housing, Communities and Local Government - MHCLG. London: Ministry of Housing, Communities and Local Government, 26 June 2019, (Reference ID, 63).

Offering older people a better choice of accommodation to suit their changing needs can help them live independently for longer, feel more connected to their communities, and help reduce costs to the social care and health systems. As part of the Planning practice guidance series <https://www.gov.uk/government/collections/planning-practice-guidance> (Ministry of Housing, Communities and Local Government - MHCLG), this guidance is to help councils in preparing planning policies on housing for older and disabled people. It covers: identifying the housing requirements of older and disabled people; accessible and adaptable housing; specialist housing for older people; and inclusive design. It includes weblinks to a range of sources including statistics, a report from a select committee, and other guidance. (RH)

From : <https://www.gov.uk/guidance/housing-for-older-and-disabled-people>

Intellectual disability and dementia: perspectives on environmental influences; by Alisa Jordan Sheth.: Emerald, November 2019, pp 179-189.

Quality in Ageing and Older Adults, vol 20, no 4, November 2019, pp 179-189.

This study aims to improve understandings of environmental influences on participation in routine and familiar activities for people with intellectual disabilities and dementia from first-person and caregiver perspectives. Participants from a large American city were four adults with intellectual disabilities and dementia who participated in 2 nominal group technique sessions, while 12 family and staff caregivers participated in 5 standard focus groups. Transcripts were analysed using thematic analysis centring the findings from nominal group technique sessions and an ecological systems lens. Those with intellectual disabilities and dementia identified six important themes: activity access, caregiver assistance, social interactions, responsibilities, privacy, and health and wellness. Older people with intellectual disabilities and dementia identified six important issues: activity access, caregiver assistance, social interactions, responsibilities, privacy, and health and wellness. Their perspectives focused primarily at an immediate environment level, while caregiver input added additional understandings from broader ecological systems levels. This study provides a starting point in establishing a framework for creating supports and addressing barriers to participation for adults with intellectual disability and dementia, based on direct input from potential service users and their caregivers. People with intellectual disabilities and dementia provide valuable insights into their experiences through engagement in accessible research. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaoa>

Key determinants to using telehealth technology to serve medically ill and depressed homebound older adults; by Eunhae Kim, Zvi D Gellis, Christine Bradway, Bonnie Kenaley.: Taylor and Francis, May-June 2019, pp 451-474.

Journal of Gerontological Social Work, vol 62, no 4, May-June 2019, pp 451-474.

Despite increasing evidence for the effectiveness of telehealth technology in screening and treating chronic diseases and comorbid depression among older adults they have been slow to be adopted by home health care (HHC) agencies. This study aims to identify factors that determine telehealth technology adoption. 20 directors from the National Association for Homecare and Hospice member agencies completed a 45 minute telephone interview. Questions were asked regarding their perceptions of telehealth, the key determinants of telehealth adoption and use and recommendations they would give on telehealth adoption. Most participants perceived telehealth as effective for managing symptoms and reducing cost. Meanwhile some participants had a mixed feeling toward telehealth for depression care as they did not recognise their agency as equipped with the necessary resources and trained staff. Moreover significant determinants of telehealth adoption included agency-related characteristics, the patient-home environment, reimbursement and cost-related factors as well as staff telehealth perception. Findings imply that there is a need for financial support both at the state and the federal levels to encourage telehealth adoption among HHC agencies. Future studies should consider exploring strategies used by successful programmes to overcome barriers. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Lighting effects on older adults' visual and nonvisual performance: a systematic review; by Xiaojie Lu, Nam-Kyu Park, Sherry Ahrentzen.: Taylor and Francis, July-September 2019, pp 298-324.

Journal of Housing for the Elderly, vol 33, no 3, July-September 2019, pp 298-324.

Lighting plays an important role in daily life. It helps people perform daily activities independently and safely, and also benefits their health. This study assesses the research evidence of lighting's impacts on older adults in four domains: (a) performance of activities of daily living (ADLs) and instrumental activities of daily living (IADLs); (b) circadian rhythm; (c) fall prevention and postural stability; and (d) sleep quality. A comprehensive review of lighting studies on older adults' visual and non-visual performance was conducted using a modified PRISMA systematic review process. For the first domain, some older adults had difficulty in using the toilet, preparing meals and doing laundry under lower illumination. For the second domain, brighter and bluish lighting improved older adults' circadian rhythm. For the third domain, low-intensity LED lighting affixed to door frames can help older adults maintain postural stability and prevent falling when moving around during the night. Finally, some studies concluded that receiving outdoor daylight during exercise was beneficial to older adults' sleep quality. This study provides several methodological, theoretical and collaborative suggestions for developing a more conclusive evidence base for lighting standards and strategies for older adults. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

Playthings of the brain: phantom visions in Charles Bonnet Syndrome; by Joe Strong.: Taylor and Frances, July 2019, pp 586-596.

Journal of Gerontological Social Work, vol 62, no 5, July 2019, pp 586-596.

Charles Bonnet Syndrome (CBS) is a condition of the visually impaired, in which hallucinations - or, more appropriately, visions - of geometric patterns, people and objects appear within the visual field. Most people with CBS are older adults, a function of increased likelihood of visual deterioration in later life, but the condition can occur at any age. Diagnostic criteria vary among professions, but generally includes awareness that the visions are not real, the absence of other accompanying sensory hallucinations, and the absence of dementia or other neurological condition. The mechanism by which the phenomenon occurs is not well understood, although some speculation exists that it is akin to phantom limb syndrome. Although there has recently been increasing awareness about the condition, many in the fields of medicine, optometry and social work have not heard of it. As front-line providers for clients, it is important that social workers be well informed about the condition, and to alleviate anxiety that clients may have about expressing their experiences with the condition. This article provides an overview of CBS, from its history to diagnostic criteria. (RH)

ISSN: 01634372

From : <http://www.tandfonline.com>

Special issue: Self-direction in long-term services and supports; by Kevin Mahoney (ed).: Taylor and Francis, February-March 2019, pp 123-252 (whole issue).

Journal of Gerontological Social Work, vol 62, no 2, February-March 2019, pp 123-252 (whole issue).

Special issue of the journal featuring an introduction followed by six articles which between them focus on the self-direction approach to services, particularly in the context of disability and/or chronic illness, whereby carers select their own workers and decide how their budgets are spent. Topics include: veteran-directed home and community-based services; family caregivers and self-directed chronic care; self-directed dementia care; unmet needs in self-directed Home Community Based Services (HCBS); the tasks and characteristics of supportive support brokers; and participant-directed long term services and supports (LTSS) in the context of gerontological social work (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

To sit or not to sit?: A systematic review and meta-analysis of seated exercise for older adults; by Bernadette P Sexton, Nicholas F Taylor.: Wiley, March 2019, pp 15-27.

Australasian Journal on Ageing, vol 38, no 1, March 2019, pp 15-27.

The objective of this study was to determine the effect of seated exercise on impairment, activity and participation levels of older adults living with a health condition or disability. A systematic search of health databases combined concepts of seated exercise and controlled trials. Selected trials were appraised for quality and results synthesised by calculating standardised mean differences (SMD) and conducting meta-analyses where appropriate. 14 randomised controlled trials were found to meet the inclusion criteria. Compared to usual care or social activities, seated exercise had a large positive effect on cognition with smaller effects on strength, spinal flexion, activity, depression and quality of life. There was no effect on balance or mobility. There were no positive effects when seated exercise was compared to weight-bearing and functional exercise. Seated exercise

has a positive effect on cognition and is also of some benefit for older adults who are unable to exercise in upright positions. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

An uncertain practice: social work support for disabled people and carers moving across local authority boundaries in England; by Caroline White, Dave Marsland, Jill Manthorpe.: Policy Press, August 2019, pp 375-391.

International Journal of Care and Caring, vol 3, no 3, August 2019, pp 375-391.

This article reports on a study of social work practice with care recipients choosing to relocate between English local administrative units. Data were collected from interviews with 20 social work practitioners from three areas (a London Borough, a rural authority, and a metropolitan borough); views were sought through the use of vignettes. Participants reported that supporting relocation: requires time and planning; is conceptualised as a key transition for those moving; and exposes practitioners (and care recipients) to local variations and the potential for risk, and therefore uncertainty. New legal rights for care recipients may decrease the problems, but local variations will remain. (RH)

ISSN: 23978821

From : <http://www.policy.bristoluniversitypress.co.uk/journals/international-journal-of-care-and-caring>

Unmet long-term care needs and depression: the double disadvantage of community-dwelling older people in rural China; by Bo Hu, Jing Wang.: Wiley, January 2019, pp 126-138.

Health and Social Care in the Community, vol 27, no 1, January 2019, pp 126-138.

This study looked at the relationship between unmet long-term care needs and depression among community-dwelling older people in China. The data came from a nationally representative sample of 1,324 disabled older people from the China Health and Retirement Longitudinal Survey (CHARLS) collected between 2013 and 2014. Regression analyses were conducted to examine factors associated with unmet needs and their impact on depression. It was found that disabled older people living in rural communities had a higher level of unmet needs than their urban counterparts. Unmet needs caused more severe depression among rural older people but they did not have a significant impact among urban older people. Depression was also affected by people's health conditions in rural China and by household income in urban China. It is argued that older people living in rural communities face a double disadvantage. The first disadvantage relating to unmet needs reinforces the second one relating to mental health. These findings highlight the urgent need for more investment by the Chinese government in formal social care services and support for carers in rural areas. (JL)

ISSN: 09660410

From : <http://www.wileyonlinelibrary.com/journal/hsc>

2018

Availability of Medicaid home- and community-based services for older Americans and people with physical disabilities; by Marissa R Meucci, Noelle K Kurth, Theresa I Shireman, Jean P Hall.: Taylor and Francis, January-March 2018, pp 41-59.

Home Health Care Services Quarterly, vol 37, no 1, January-March 2018, pp 41-59.

This study aimed to provide an overview of Medicaid home- and community-based services (HCBS) for older adults and individuals with physical disabilities by describing eligibility criteria, availability and types of services. All 50 state Medicaid programmes across the USA were found to provide supplementary HCBS in addition to mandatory services, although the amount, type and eligibility for HCBS varied widely between states. Variation in service provision and eligibility rules has led to a patchwork of services from state to state, with the same person eligible for services in one state but not another. (JL)

ISSN: 01621424

From : <http://www.tandfonline.com>

Can a unified service delivery philosophy be identified in aging and disability organizations?: Exploring competing service delivery models through the voices of the workforce in these organizations; by Bronwyn Keefe.: Taylor and Francis, January-February 2018, pp 48-71.

Journal of Aging and Social Policy, vol 30, no 1, January-February 2018, pp 48-71.

Services for older adults and younger people with disabilities are increasingly merging, as reflected in the creation of Aging and Disability Resource Centers (ADRCs) in the United States. Using ADRCs to coordinate services is challenging, primarily because these fields have different service delivery philosophies. Independent Living Centers, which serve people with disabilities, have a philosophy that emphasises consumer control and peer mentoring. However, the service delivery philosophy for older people's services is based on a case

management or medical model in which the role of consumers directing their services is less pronounced. In 2003, Massachusetts was one of the first 12 states funded to develop an ADRC. This study uses institutional logics theory and a qualitative research design to explore whether a unified service delivery philosophy for ADRCs was emerging. Based on focus groups and questionnaires with staff from ADRCs in Massachusetts, the findings reveal that competing service delivery models continue to operate in the ageing and disability fields. (RH)

ISSN: 08959420

From : <http://www.tandfonline.com>

Developing best practice guidelines for designing living environments for people with dementia and sight loss; by Alison Bowes, Alison Dawson, Corinne Greasley-Adams, Louise McCabe.: Cambridge University Press, May 2018, pp 900-925.

Ageing and Society, vol 38, no 5, May 2018, pp 900-925.

The paper considers a process of developing evidence-based design guidelines to be used in environments where people with dementia and sight loss are living. The research involved a systematically conducted literature review and a series of consultations with people affected by dementia and/or sight loss who lived or worked in care homes or in domestic settings. Findings from the literature and the consultations were used in an iterative process to develop the guidelines. The process is outlined, providing examples from the guidelines about lighting, colour and contrast. In discussing the research findings and the development process, the authors consider implications of the work, including the weakness of the evidence base, the challenges of improving this, and the need for innovative approaches to understanding the complexities of design for people with dementia and sight loss. The authors highlight the emphasis in the literature on independence for people with sight loss and the focus on control for people with dementia. They argue that this falls short of a genuinely person-centred approach, which recognises the active participation of people with dementia and sight loss. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16001409>

Elder abuse and its medical outcomes in older Chinese people with cognitive and physical impairments; by Boye Fang, Elsie Yan, Ko Ling Chan, Partick Ip.: Wiley, August 2018, pp 1038-1047.

International Journal of Geriatric Psychiatry, vol 33, no 8, August 2018, pp 1038-1047.

The purpose of this Chinese study was to investigate the association between elder abuse by family caregivers and medical outcomes among older adults with cognitive and physical impairments. Using cross-sectional design, 1002 older patients aged 55 years or above and their family caregivers were recruited from three grade A hospitals in Guangdong Province. The major independent variable was caregiver-reported elder abuse, while outcome variables included cardiovascular disease, cerebrovascular disease, chronic obstructive pulmonary disease, peptic ulcer, digestive disorder, chronic hepatic disease, chronic renal disease, metabolic disease, acute inflammation, joint disease, tumour and general injury. The prevalence of these medical conditions among patients who were abused and those who were not were compared using descriptive analyses and chi-square tests, and logistic regression was used to establish the relevant independent associations. A total of 429 (42.8%) older individuals were found to have experienced physical or psychological abuse over the previous 12 months. After adjusting for potential confounders, abused older persons were more susceptible to any one of the aforementioned ailments. Elder abuse is associated with various major medical morbidities. Interdisciplinary cooperation is necessary to identify and reduce the adverse physiological consequences in victims. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

Financial inclusion: perceptions of visually impaired older Nigerians; by Patrick Emeka Okonji, Darlington Chukwunalu Ogezzy.: Emerald, 2018, pp 10-21.

Journal of Enabling Technologies, vol 12, no 1, 2018, pp 10-21.

This paper explores areas of challenge for visually impaired older people in managing personal finances, and critically appraises current structures available in financial institutions for equal access to financial services. The paper intends to create understanding of the drawbacks to financial inclusion from the perspectives and experiences of older people with vision impairment in Nigeria, as well as highlighting areas where support is/are needed to tackle digital exclusion. The study employed a qualitative approach, interviewing 30 visually impaired older adults, aged 60+. Participants were drawn from a voluntary organisation for people living with vision impairment in Southwest Nigeria. Interview data were transcribed verbatim and analysed thematically using qualitative data analysis software - NVivo (version 11). Results provide clear insight on the nature of the challenges faced by visually impaired older people, particularly with managing finances on computer-enabled platforms. The findings also revealed fears and hopes of this group about the rapid evolution of technologies for

managing finances. The study critically explored an understudied population, showing peculiar challenges; it made a case for inclusive designs that are useful for digital inclusion of this population. (RH)

ISSN: 23986263

From : <http://www.emeraldinsight.com/loi/jet>

Financial well-being of older Australians with multiple health conditions; by Jeromey B Temple, Ruth Williams.: Wiley, June 2018, pp 127-134.

Australasian Journal on Ageing, vol 37, no 2, June 2018, pp 127-134.

Given recent rises in out-of-pocket health expenses this study examined the financial wellbeing of older Australians with multiple health conditions and disabilities. The 2014 General Social Survey was used to measure: (i) their current financial position; (ii) their propensity to experience financial difficulties; and (iii) types of behaviours older people with multiple health conditions engage in to improve financial resilience. Compared to older Australians with no health conditions, respondents with multiple health conditions had lower incomes and assets and a higher propensity to hold consumer debt once controls were included. They were at a higher risk of cash flow difficulties, dissaving to meet day-to-day living expenses and exclusion from financial providers. However the majority of people with multiple health conditions engaged in financially resilient behaviours. Many older Australians with multiple health conditions were in a financially precarious situation with implications for the ability to afford ongoing increases in out-of-pocket health care costs. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

The importance of a room with a view for older people with limited mobility; by Charles Musselwhite.: Emerald, 2018, pp 273-285.

Quality in Ageing and Older Adults, vol 19, no 4, 2018, pp 273-285.

This paper examines how older people who are almost entirely housebound use a view from their window to make sense of the world, and stay connected to the outside space that they cannot physically inhabit. Semi-structured interviews with 42 individuals in South West England and South Wales were carried out who were living at home, were relatively immobile and had an interesting view outside they liked from one or more of their windows. The findings suggest that immobile older people enjoy watching a motion-full, changing, world going on outside of their own mobility, and interact and create meaning and sense, relating themselves to the outside world. Findings suggest that those working in health and social care must realise the importance of older people observing the outdoors and create situations where that is enabled and maintained through improving vantage points and potentially using technology. This study builds and updates work by Rowles (1981) showing that preference for views from the window involves the immediate surveillance zone but also further afield. The view can be rural or urban but should include a human element from which older people can interact through storytelling. The view often contains different flows, between mundane and mystery and intrigue, and between expected and random. (RH)

ISSN: 14717794

From : <http://www.emeraldinsight.com/loi/qaoo>

'It's not just the word care, it's the meaning of the word... (they) actually care': caregivers' perceptions of home-based primary care in Toronto, Ontario; by Tracy Smith-Carrier, Thuy-Nga Pham, Sabrina Akhtars (et al.): Cambridge University Press, October 2018, pp 2019-2040.

Ageing and Society, vol 38, no 10, October 2018, pp 2019-2040.

The frail and homebound older adult populations currently experience difficulties accessing primary care in GP surgeries. Given this fundamental problem of access to care, and the questionable care quality that arises when navigating a labyrinthine health-care system, these populations have typically been subject to inadequate primary care. To meet their needs better, a growing research stresses the importance of providing comprehensive home-based primary care (HBPC), delivered by an inter-professional team of healthcare providers. Family care-givers typically provide the majority of care within the home, yet their perceptions of HBPC remain under-researched. The purpose of this study was to explore unpaid care-givers' perceptions of and experiences with HBPC programmes in Toronto, Canada. The authors conducted qualitative inductive content analysis, using analytic procedures informed by grounded theory, to discover a number of themes regarding unpaid care-givers' understandings of HBPC. Findings suggest that, compared to the standard office-based care model, HBPC may better support unpaid care-givers, providing them assistance with system navigation, and offering them the peace of mind that they are not alone, but have someone to call should the need arise. The implications of this research suggest that HBPC could be a model to help mitigate the discontinuities in care that patients with comorbid chronic conditions and their attendant unpaid care-givers experience when accessing fragmented health, home and social care systems. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

A longitudinal analysis of the association between living arrangements and health among older adults in China; by Zi Zhou, Fanzhen Mao, Jiaping Ma (et al.): Sage, January 2018, pp 72-97.

Research on Aging, vol 40, no 1, January 2018, pp 72-97.

This article used the nationally representative Chinese Longitudinal Healthy Longevity Survey (CLHLS) to explore the associations between living arrangements and health among older adults. Living arrangements were stratified into six categories. Health was measured by self-rated health, activities of daily living (ADL) disability, and cognitive impairment. Random effects ordered probit regressions were applied. The results indicate that co-residence had a positive effect on self-rated health compared with living alone. After introducing psychological well-being, the health differences observed in living with a spouse and living with both spouse and children were not significant. Participants with a living arrangement other than living alone were more likely to have a higher rate of cognitive impairment and ADL disability than those living alone. Living arrangements were associated with older adults' health. Psychological well-being was a key factor in this association, which may result from living with a spouse, and could contribute to the self-rated health of older adults. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

Measuring nutrition-related unmet needs in recently hospital-discharged homebound older adults; by Anna Vaudin, Hee-Jung Song, Mira Mehta, Nadine Sahyoun.: Taylor and Francis, January-December 2018, pp 30-48.

Journal of Nutrition in Gerontology and Geriatrics, vol 37, no 1, January-December 2018, pp 30-48.

Functional limitations in housebound older people may cause difficulties with obtaining and preparing adequate healthy food. Services exist to help with these difficulties; however, not all individuals who could benefit receive them. This secondary analysis of observational data was obtained via questionnaires from housebound older people recently discharged from hospital (n=566) in Maryland (MD). It aimed to identify the prevalence and correlates of unmet need for such services, and to examine the disagreement between self-reported need for a service and functional limitation that could be addressed by that service. One-fifth of respondents reported unmet need for vision services and oral health services, and one-tenth reported unmet need for transport services and physical therapy. There was a significant association between reported need and functional limitation ($p < 0.001$) for all services, except for mental health and grocery delivery. However, for each service, there were participants who under-reported need, compared with functional ability indicators. More research is required to determine the best methods for measuring these needs, to ensure that nutritional vulnerability is detected and addressed in those returning home from hospital. (RH)

ISSN: 21551197

From : <http://www.tandfonline.com>

Nursing home residents: age-friendly communities; by Penelope Ann Shaw.: Taylor and Francis, January 2018, pp 11-15.

Journal of Gerontological Social Work, vol 61, no 1, January 2018, pp 11-15.

Commentary written by a 74-year-old disabled nursing home resident and receiving total care. The author lives in Braintree, Massachusetts, a suburban town near Boston which he describes as a welcoming, age-friendly community, despite having elements of ageism. The author argues that despite stereotypes about nursing home residents, they are a diverse population and many (including himself) have active, social lives in the community. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Perspectives on family caregiving of people aging with intellectual disability affected by dementia: commentary from the International Summit on Intellectual Disability and Dementia; by Nancy Jokinen, Tiziano Gomeiro, Karen Watchman (et al.): Taylor and Francis, May-June 2018, pp 411-431.

Journal of Gerontological Social Work, vol 61, no 4, May-June 2018, pp 411-431.

This article, an output of the 2016 International Summit on Intellectual Disability and Dementia, examined familial caregiving situations within the context of a support-staging model for adults with intellectual disability (ID) affected by dementia. Seven narratives offered context to this support-staging model to interpret situations experienced by caregivers. The multidimensional model had two fundamental aspects: identifying the role and nature of caregiving as either primary (direct) or secondary (supportive); and defining how caregiving was influenced by stage of dementia. It is proposed that staging can affect caregiving via different expressions: (1) the 'diagnostic phase', (2) the 'explorative phase', (3) the 'adaptive phase', and (4) the 'closure phase'. The

international narratives illustrated direct and indirect caregiving with commonality being extent of caregiver involvement and attention to the needs of an adult with ID. The study concludes that the model is the first to empirically formalise the variability of caregiving within families of people with ID that is distinct from other caregiving groups, and that many of these caregivers have idiosyncratic needs. A support-staging model that recognises the changing roles and demands of carers of people with ID and dementia can be useful in constructing research, defining family-based support services and setting public policy. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Pilot study to measure wheelchair users' space requirements in the bathroom; by Ernesto Morales, Stephanie Gamache, Francois Routhier (et al.): Emerald, 2018, pp 129-140.

Journal of Enabling Technologies, vol 12, no 3, 2018, pp 129-140.

A methodology to measure the circulation area required by a manual or powered wheelchair within a toilet stall is described. The authors present the range of possible results that can be collected when used in an experimental bathroom set-up. A bathroom environment containing a toilet, grab bars and two transparent acrylic panels suspended on rails to simulate walls was built. Three set-ups were experimented: 1,500 mm from the walls, 1,500 mm diagonally from the toilet and 1,700 mm from the walls. For each of the participants, markers were placed on the back and on the rear of the wheelchair, and one on the toes of the participants. The Vicon optical motion capture system was used to register the markers' position in the 3D space. The methodology proved to be relatively easy to install, efficient, and easy to interpret in terms of results. It provides specific points from which it is possible to measure the trajectories of markers and calculate the polygonal projection of the area covered by each participant. The results showed that manual and powered wheelchair users required, respectively, 100 and 300 mm more than the minimum 1,500 mm wall-to-wall area to complete a rotation in front of the toilet. These results showed that the 1,500 mm gyration area proposed in the Canadian Code of Construction is not sufficient for manual and powered wheelchair users to circulate easily in toilet stalls. The methodology can provide evidence to support the improvement of construction norms in terms of accessible circulation areas. (RH)

ISSN: 23986263

From : <http://www.emeraldinsight.com/loi/jet>

Prevalence and trends in morbidity and disability among older Mexican Americans in the Southwestern United States, 1993-2013; by Marc A Garcia, Adriana M Reyes.: Sage, April 2018, pp 311-339.

Research on Aging, vol 40, no 4, April 2018, pp 311-339.

This study examines the prevalence of morbidity and disability among older Mexican Americans using 5-year age groups. Twenty-year panel data from the Hispanic Established Populations for the Epidemiological Study of the Elderly (H-EPESE) are used to make detailed comparisons by nativity and gender. Results show that prevalence rates for most chronic conditions for both males and females do not vary by nativity. For disabilities, nativity is a significant predictor of increased instrumental activity of daily living (IADL) disability for foreign-born females, and reduced activity of daily living disability for US-born males. Additionally, results show significant interactions between nativity and age cohorts, with the gap increasing with age for males and decreasing with age for females. These results have important implications for health services and health policy. Given the rapid ageing of the Mexican American population, the prevention and treatment of medical conditions, particularly among the foreign-born, should be a major public health priority to reduce dependence from disabilities. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

Receipt of informal care in the Chinese older population; by Bo Hu, Sai Ma.: Cambridge University Press, April 2018, pp 766-793.

Ageing and Society, vol 38, no 4, April 2018, pp 766-793.

This paper examines the factors affecting the receipt of informal care among older people in China. It uses the second wave data of the China Health and Retirement Longitudinal Survey, which collected ageing and health-related information on a nationally representative sample of 8,906 older people aged 60 and over in 2013. Apart from the factors that have been examined in the contexts of developed countries, the paper further investigates two factors specific to Chinese society: rural-urban residence, and regular financial assistance from children. Based on binary and multinomial logit regression analyses, the research findings are threefold: the determinants of receiving informal care differ remarkably according to the sources of care; disability and living arrangements are the most important determinants; rural-urban residence plays a vital role in the Chinese context, but regular financial assistance from children makes little difference. It is estimated that 53 million older people are receiving informal care each year, a figure equivalent to the entire population of England. With continuous

population ageing, Chinese society will face huge pressure to meet the demand for social care among older people in the future. The Chinese government needs to build a well-rounded welfare system that tackles this challenge from multiple dimensions. The formal care services should aim to complement informal care in the short run, and reduce inequality in social care in the long run. (RH)

ISSN: 0144686X

From : <https://doi.org/10.1017/S0144686X16001318>

The relationship between vision impairment and well-being among centenarians: findings from the Georgia Centenarian Study; by Aya Toyoshima, Peter Martin, Shinichi Sato, Leonard W Poon.: Wiley, February 2018, pp 414-422.

International Journal of Geriatric Psychiatry, vol 33, no 2, February 2018, pp 414-422.

This study used the data set of the Georgia Centenarian Study including 106 centenarians (18 men and 88 women). It used scores of the Snellen chart for objective vision and self-reports for subjective vision. Social support, depression and loneliness were also assessed. Approximately 75% of the centenarians showed some level of objective visual impairment, and 56% of them reported that they had visual impairment. Objective vision impairment was significantly related to depression. Multiple regression analysis revealed that both variables of visual function were significantly associated with depression, but not loneliness. In the model including depression, a significant interaction was obtained for social support and objective vision. Centenarians reported lower level of depression when they had social support. However centenarians who had low level of visual function tended to report higher depression even if they had social support. These results indicate that vision function was related to centenarians' well-being, especially depression. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

The silent impact of hearing loss: using longitudinal data to explore the effects on depression and social activity restriction among older people; by Claudia Campos Andrade, Cicero Roberto Pereira, Pedro Alcantara da Silva.: Cambridge University Press, December 2018, pp 2468-2489.

Ageing and Society, vol 38, no 12, December 2018, pp 2468-2489.

Hearing loss is frequent in old age and has been associated with fewer social activities and depression. However, hearing problems have also been associated with other comorbidities, which prevent more definitive conclusions about their effect on older people's well-being. Moreover, little attention has been paid to the psychological processes through which this relationship occurs. This study aims to investigate the effect of hearing loss on older adults' well-being from a longitudinal perspective. The authors used data from three points in time to investigate the mutual relationship between hearing loss, depression and social activities. Based on longitudinal data from the Survey of Health, Ageing and Retirement in Europe (SHARE) for ten European countries, the authors conducted the test of competing auto-regressive cross-lagged theoretical models. Results show that hearing loss reduces social activity, which is mediated by depression. The adequacy of this model (versus a model proposing that social activity restriction mediates the relationship between hearing loss and depression) was supported in each of the countries in the sample. Findings showing that hearing loss can contribute to depression and, subsequently, to restriction in social activities have implications for early detection and clinical interventions on hearing loss. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Systematic review of the physical home environment and the relationship to psychological well-being among community-dwelling older adults; by Shannon M Trecartin, Sherry M Cummings.: Taylor and Francis, July 2018, pp 567-582.

Journal of Gerontological Social Work, vol 61, no 5, July 2018, pp 567-582.

Older adults with functional impairments are at risk of being excluded from participation in day-to-day life. This exclusion can have detrimental effects on psychological wellbeing. The physical home environment is a potential force for both enhancing and limiting participation for this population. This systematic review of literature examined relationships between the physical home environment, functional impairment and psychological wellbeing among older adults living in community settings. The Ecological Model of Aging served as the guiding framework for this review. Results suggested that knowledge of the relationships between these constructs is still in the early stages. While associational relationships are established, the nature of these relationships is clouded by the inconsistency of measurement across studies as well as design challenges. Objective and subjective features of the physical home environment are linked to psychological wellbeing throughout the literature. A growing body of evidence demonstrates that personal competence serves as a moderator of those relationships. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Understanding socioenvironmental contributors to racial and ethnic disparities in disability among older Americans; by Allison B Brenner, Philippa J Clarke.: Sage, February 2018, pp 103-130.

Research on Aging, vol 40, no 2, February 2018, pp 103-130.

Our understanding of the mechanisms through which racial or ethnic disparities in disability in older adults develop and are maintained is limited. The authors examined the role of physical impairment, socioeconomic factors and health for racial/ethnic disparities in activities of daily living (ADL), and the modifying role of the indoor home environment. Using data for 5,640 participants from the United States National Health and Aging Trends Study (NHATS), negative binomial regression models were specified separately for men and women. Blacks and Hispanics reported more ADL difficulty than Whites. Living in homes with clutter was associated with higher rates of ADL difficulty, but it was not related to racial/ethnic disparities. Racial/ethnic differences were explained by physical impairment for men, but not for women. Socioeconomic factors and health accounted for remaining disparities for Black, but not for Hispanic women. Attention to individual and environmental factors is necessary to fully understand and address race/ethnic disparities in disability in older Americans. (RH)

ISSN: 01640275

From : <http://www.journals.sagepub.com/home/roa>

The vision of bedfast nursing home residents of their quality of life and the contribution of technological innovations in and around the bed; by I Martens, H Verbeek, J Aarts (et al.): Emerald, 2018, pp 35-44.

Journal of Enabling Technologies, vol 12, no 2, 2018, pp 35-44.

More than 8 per cent of the Dutch nursing home population is bedfast (i.e. bedridden), and this number is slowly increasing. The quality of life (QoL) of this population is lower than that of residents who are still mobile. Little research has been conducted on how to improve the QoL of this bedfast population, particularly through making technological adjustments to the bed and its direct surroundings. This paper aims to gain insight into bedfast residents' QoL and how to improve this through technology. A mixed-method multi-case study with thematic analysis was conducted in two nursing homes with seven participants, based on semi-structured interviews and the Short Form-12 questionnaire. The major causes of the low QoL experienced were the limited opportunities for engaging in social contacts with others, and coping with their dependency on other people and having limited control. Participants suggested improvements of QoL through the application of modern communication technologies to engage in social contacts, and to control the bed itself and environment around the bed. The results may help improve bed design and the direct environment, to improve bedfast nursing home residents' QoL. Bedfast nursing home residents' QoL has not been studied before in relation to the bed itself and technological solutions that may help improve QoL and level of control. (RH)

ISSN: 23986263

From : <http://www.emeraldinsight.com/loi/jet>

Visual and hearing impairments are associated with cognitive decline in older people; by Asri Maharani, Piers Dawes, James Nazroo (et al.): Oxford University Press, July 2018, pp 575-581.

Age and Ageing, vol 47, no 4, July 2018, pp 575-581.

Hearing and vision sensory impairments among older people may contribute to the risk of cognitive decline and pathological impairments including dementia. This study aimed to determine whether single and dual sensory impairment (hearing and/or vision) are independently associated with cognitive decline among older adults and to describe cognitive trajectories according to their impairment pattern. The research used data from totals of 13,123, 11,417 and 21,265 respondents aged over 50 at baseline from the Health and Retirement Study (HRS), the English Longitudinal Study of Ageing (ELSA) and the Survey of Health, Ageing and Retirement in Europe (SHARE), respectively. The study performed growth curve analysis to identify cognitive trajectories and a joint model was used to deal with attrition problems in longitudinal ageing surveys. Respondents with a single sensory impairment had lower episodic memory score than those without sensory impairment in all three surveys. The analysis further showed that older adults with dual sensory impairment remembered fewer words compared with those with no sensory impairment. The stronger associations between sensory impairment and lower episodic memory levels were found in the joint model which accounted for attrition. Hearing and/or vision impairments are a marker for the risk of cognitive decline that could inform preventative interventions to maximise cognitive health and longevity. Further studies are needed to investigate how sensory markers could inform strategies to improve cognitive ageing. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

What happens when I'm gone?: by Colin Anderson, Sarah White, Kate Fitch.: Sense, Spring 2018, pp 20-29.
Talking Sense, vol 63, no 1, Spring 2018, pp 20-29.

Sense's When I'm Gone campaign focuses on fears and concerns of many families about the future care of a disabled loved one when they are no longer around. Such predicament has been exacerbated by tightened social care budgets. This article describes the many barriers that families face, and the impact this has on their lives. It offers examples of families who have been able to find a long-term solution, asks what we can learn from their experiences, and lists tips and tactics for coping with this situation. (RH)

ISSN: 13674604

From : <http://www.sense.org.uk>

2017

Ageing with a unique impairment: a systematically conducted review of older deafblind people's experiences; by Peter Simcock.: Cambridge University Press, September 2017, pp 1703-1742.

Ageing and Society, vol 37, no 8, September 2017, pp 1703-1742.

Little is known about the experiences of people ageing with impairments; social gerontology has largely focused on those ageing into disability, rather than those ageing with disability. This paper synthesises existing knowledge to determine what is known about the experiences of those ageing with deafblindness. A comprehensive literature search was undertaken between April 2013 and May 2014. The review method was informed by systematic review principles. A total of 24 references were identified for inclusion. No studies examining deafblind people's experience of ageing and old age specifically were found, suggesting that those ageing with deafblindness are an under-studied sub-group within the deafblind population. However, deafblind people describe ageing experiences in studies exploring their lives generally, and in personal accounts of living with the impairment. Practitioner-authored material also explores the topic. Similarities in experience were identified between those ageing with deafblindness and those ageing with other impairments: ongoing change and consequent need for adaptation; a particular relationship between ageing and impairment; a sense that whilst one can learn adaptive strategies having lived with impairment for many years, it does not necessarily get easier; and a particular relationship with care and support services. These experiences illustrate the unique nature of ageing with impairment, and challenge gerontologists to engage in further research and theorising in the field of disability in later life. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

Aging with disability: advancement of a cross-disciplinary research network; by Caitlin E Coyle, Jan E Mutchler.: Sage, July 2017, pp 683-692.

Research on Aging, vol 39, no 6, July 2017, pp 683-692.

Introduction to and commentary on a special issue of this journal on ageing with disability. People born with or acquiring disabilities at an early age are reaching ages that were never thought possible in previous generations. People with physical, developmental or learning disabilities are reaching old age at higher rates than ever before. Accordingly, policymakers and practice professionals are not only beginning to recognise this emergent group of older adults as having diverse disability experiences and support needs, but they are also recognising a lack of evidence upon which to develop policy and programmes to develop the needs of this growing group. (JL)

ISSN: 01640275

From : <http://journals.sagepub.com/roa>

Aging with disability for midlife and older adults; by Lois M Verbrugge, Kenzie Latham, Philippa J Clarke.: Sage, July 2017, pp 741-777.

Research on Aging, vol 39, no 6, July 2017, pp 741-777.

The aim of this study analysis was to bring 'ageing with disability' into middle and older ages. The authors studied U.S. adults aged 51+ and aged 65+ with persistent disability (physical, household management, personal care; physical limitations, instrumental activities of daily living [IADLs], activities of daily living [ADLs]), using Health and Retirement Study data. Two complementary approaches were used to identify persons with persistent disability, one based directly on observed data and the other on latent classes. Both approaches showed that persistent disability was more common for persons aged 65+ than aged 51+ and more common for physical limitations than IADLs and ADLs. People with persistent disability had social and health disadvantages compared to people with other longitudinal experiences. The analysis integrates two research avenues, ageing with disability and disability trajectories. It gives empirical heft to government efforts to make ageing with disability an age-free (all ages) rather than age-targeted (children and youths) perspective. (JL)

ISSN: 01640275

From : <http://journals.sagepub.com/roa>

Changing the balance of social care for older people: simulating scenarios under demographic ageing in New Zealand; by Roy Lay-Yee ... (et al.): Wiley, May 2017, pp 962-974.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 962-974.

The demographic ageing of New Zealand society, as elsewhere in the developed world, has dramatically increased the proportion of older people (aged 65 years and over) in the population. This has major policy implications for the future organisation of social care. The objective of this study was to test the effects on social care use, firstly of putative changes in the overall disability profile of older people, and secondly of alterations to the balance of their care, i.e. whether it was community-based or residential. In order to undertake these experiments, a microsimulation model of the later life course was developed using individual-level data from two official national survey series on health and disability, respectively, to generate a synthetic version which replicated original data and parameter settings. A baseline projection under current settings from 2001 to 2021 showed moderate increases in disability and associated social care use. Artificially decreasing disability levels, below the baseline projection, only moderately reduced the use of community care (both informal and formal). Scenarios implemented by rebalancing towards informal care use moderately reduced formal care use. However, only moderate compensatory increases in community-based care were required to markedly decrease the transition to residential care. The disability impact of demographic ageing may not have a major negative effect on system resources in developed countries like New Zealand. As well as healthy ageing, changing the balance of social care may alleviate the impact of increasing demand due to an expanding population of older people. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Collateral damage: Australian carers' services caught between aged care and disability care reforms; by Ara Cresswell.: Policy Press, June 2017, pp 275-279.

International Journal of Care and Caring, vol 1, no 2, June 2017, pp 275-279.

In Australia, there are some 900,000 primary carers, one third of whom provide more than 40 hours of care a week; 60% have been caring for more than five years. One third also live with some form of disability themselves. 72% of primary carers (and 63% of all carers) rely on a welfare benefit as their main source of income. In 2015, weekly median income was AU\$520, which was 42% lower than that of non-carers. Until recently, the national, state and regionally funded Home and Community Care (HACC) programme provided basic support services for those eligible. Now, all aged care funding has been transferred to the national government. Coupled with this, has been the introduction of the National Disability Insurance Service (NDIS), the effect of which has reduced access to carer services. This article lists the disability requirements of NDIS, the aim of which was to empower those aged under 65 with disabilities; however, its rules are such that carers are not participants. The 2015/16 Federal Budget announced an initiative to provide Integrated Carer Support Plans, which could provide funding, but it is unclear whether this will materialise. (RH)

ISSN: 23978821

From : <http://policypressco/journals/international-journal-of-care-and-caring>

Dementia and learning disabilities: bridging the gap; by Emma Killick.: Hawker Publications, May/June 2017, pp 20-21.

Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 20-21.

People with learning disabilities can be at particular risk of developing dementia, but special challenges can arise in trying to support them. The author describes a project to create a range of learning and multi-media resources to help improve practice and care for people with learning disabilities living with dementia. The Department of Health (DH) Innovation, Excellence and Strategic Development Fund has awarded a grant to the learning disability charity MacIntyre for this 3-year Dementia Project. (RH)

ISSN: 13518372

From : www.careinfo.org

Dementia and sight loss: a challenging combination; by Paul Ursell, Gemma Jolly.: Hawker Publications, September/October 2017, pp 26-27.

Journal of Dementia Care, vol 25, no 5, September/October 2017, pp 26-27.

Sight loss affects tens of thousands of people with dementia, but with the right understanding, education and awareness, they can be supported to live well. The authors show how one influential committee, Dementia and Sight Loss Interest Committee (DaSLIC) is making a difference. The Committee was formed in 2008 by RNIB, the Alzheimer's Society and Thomas Pocklington Trust as part of VISION 2020 UK. (RH)

ISSN: 13518372

From : <http://www.careinfo.org.uk>

Dementia, disability and rights: the new agenda; by Jan Killeen.: Hawker Publications, November-December 2017, pp 30-32.

Journal of Dementia Care, vol 25, no 6, November-December 2017, pp 30-32.

A United Nations inquiry has been assessing UK compliance with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) has found that UK governments are failing to honour the rights of people with dementia. This article considers progress under the various government strategies, and what the problems are in light of the UN's conclusions. (RH)

ISSN: 13518372

From : <http://www.careinfo.org>

Demonstrating the sensory changes of dementia; by Mark Banham, Luis Soares.: Hawker Publications, May/June 2017, pp 26-29.

Journal of Dementia Care, vol 25, no 3, May/June 2017, pp 26-29.

Dementia can result in sensory impairment, the effects of which are not always understood by care staff. The authors have developed a workshop based on experiential learning which has resulted in changes in practice. They outline ways in which hearing, sight, taste, smell and touch can be impaired, and describe exercises that have been developed to counter such problems. In the case of taste and smell, for which no such experiential exercise could be offered, participants at the workshop were asked for their observations of changes of taste and smell for the people in their care. (RH)

ISSN: 13518372

From : www.careinfo.org

Design and development of a robotic self-transfer device for wheelchair users; by R Hari Krishnan, S Pugazhenthii.: Emerald, 2017, pp 59-72.

Journal of Enabling Technologies, vol 11, no 2, 2017, pp 59-72.

Wheelchair users face great difficulty in transferring themselves from one surface to another, for example from wheelchair to a toilet commode. In such cases a caregiver's assistance may be required, but it affects one's dignity. The purpose of this paper was to develop a robotic self-transfer device aimed at offering privacy and independence to people with lower limb disabilities in performing daily activities. The device, attached to a powered wheelchair, was useful in transferring a user from a wheelchair to a toilet commode or any other surface following simple and natural transfer procedure without the need of any caregiver. The user could achieve transfer by operating joysticks. The device employed two linear actuators and a motor to accomplish the transfer. Trials were carried out to test the performance of the device by involving potential beneficiaries. The device could successfully transfer the participants from a wheelchair to a chair with less effort in less than a minute. The results of the trials showed that the participants felt comfortable in using the device. It was also found that the device was superior to other existing transfer systems in terms of comfort and operation. The existing self-transfer systems are alternative solutions that serve the purpose of mobility coupled with self-transfer. Instead of developing an alternative mobility solution, this paper proposes a novel design of a self-transfer device that can be used as an attachment to a wheelchair. (JL)

ISSN: 23986263

From : www.emeraldinsight.com/loi/jet

Disability in prison activities of daily living and likelihood of depression and suicidal ideation in older prisoners; by Lisa C Barry, Dorothy B Wakefield, Robert L Trestman, Yeates Conwell.: Wiley, October 2017, pp 1141-1149.

International Journal of Geriatric Psychiatry, vol 32, no 10, October 2017, pp 1141-1149.

The objective of this study was to determine whether disability in activities of daily living specific to prison, or prison activities of daily living (PADLs), is associated with depression and severity of suicidal ideation (SI) in older prisoners, a rapidly growing population at high risk of suicide. This was a cross-sectional design using data from a study of 167 prisoners aged 50 years or more. Depression was operationalised as a score of 15 or above on the 9-item Physician Health Questionnaire (PHQ-9). SI severity was assessed using the Geriatric Suicide Ideation Scale (GSIS). Participants were considered to have PADL disability if they reported any of the following as 'very difficult' or 'cannot do': dropping to the floor for alarms, climbing on/off the top bunk, hearing orders, walking while wearing handcuffs, standing in line for medications and walking to chow. Associations were examined with bivariate tests and with multivariable logistic and linear regression models, and the interaction term gender * PADL disability was tested. PADL disability was associated with depression and SI severity. There was no main effect of gender on either depression or SI, yet the association between

PADL disability and depression was considerably stronger in male than in female older prisoners. Identifying older prisoners who have difficulty performing PADLs may help distinguish prisoners who may also be likely to be depressed or experience more severe SI. Furthermore the association between PADL disability and depression may be particularly salient in older male prisoners. Longitudinal studies are needed as causal inferences are limited by the cross-sectional design. (JL)

ISSN: 08856230

From : <http://www.orangejournal.org>

Disability trends among older adults in ten European countries over 2004-2013, using various indicators and Survey of Health, Ageing and Retirement in Europe (SHARE) data; by Georgia Verropoulou, Cleon Tsimbos.: Cambridge University Press, November 2017, pp 2152-2182.

Ageing and Society, vol 37, no 10, November 2017, pp 2152-2182.

In the context of the prospective increase in the numbers of older adults in Europe and of conflicting findings regarding recent disability trends, the present study uses cross-sectional data from four waves of the Survey of Health, Ageing and Retirement in Europe (SHARE), covering the period 2004-2013. The aim is to assess of trends in disability by sex and broad age group (50-64, and 65 and over) for the ten countries participating in all waves, based on four different measures: limitations in activities of daily living (ADLs); limitations in instrumental ADLs; mobility difficulties; and the Global Activity Limitation Indicator. The analysis uses logistic regression models adjusted for age, and subsequently also for chronic conditions. The findings indicate improvements both in mild to moderate activity restrictions and in functional limitations for several countries, especially among men and women aged 65 and over. Regarding severe disability (ADLs), there is mostly a lack of any significant trend and only a few declines. In several instances, the observed trends are linked to changes in chronic conditions. Significant improvements net of chronic conditions are found mainly in Sweden, but also in the Netherlands, Austria, Germany, Italy and France. Overall, the estimated trends often differentiate by country, age group and sex, while they depend on the specificities of the measures used in the analysis. (RH)

ISSN: 0144686X

From : <http://doi.org/10.1017/S0144686X16000842>

Disabled and elderly citizens' perceptions and experiences of voluntarism as an alternative to publically financed care in the Netherlands; by Ellen Grootegoed, Evelien Tonkens.: Wiley Blackwell, January 2017, pp 234-242.

Health and Social Care in the Community, vol 25, no 1, January 2017, pp 234-242.

Many European welfare states are replacing comprehensive welfare schemes with selective and conditional entitlements. Such changes affect the recognition of vulnerable citizens' needs, which are increasingly framed as private responsibilities to be met by the voluntary sector. Repeated interviews with 30 clients affected by cutbacks to publicly financed (day)care in the Netherlands show that although disabled and elderly citizens are often hesitant to open their doors to volunteers, they do experiment with voluntarism to reduce their social isolation, both by receiving voluntary care and by engaging in volunteer work themselves. However, the turn to voluntarism does not always prompt recognition of the needs of vulnerable citizens. This study signals how disappointing and sometimes demeaning experiences with volunteers can increase feelings of misrecognition. The authors conclude that the virtues of voluntarism may be overstated by policy makers, and that the bases of recognition should be reconsidered as welfare states implement reform. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/spol

Dying well with an intellectual disability and dementia; by Kathryn Service, Karen Watchman.: Hawker Publications, July/August 2017, pp 28-31.

Journal of Dementia Care, vol 25, no 4, July/August 2017, pp 28-31.

As more people with learning disabilities live into old age, the prevalence of dementia in this group is increasing. The authors and colleagues examine the challenges to dementia practice presented by intellectual disability. (RH)

ISSN: 13518372

From : www.careinfo.org

Exploring experiences of Personal Support Worker education in Ontario, Canada; by Christine Kelly.: Wiley, July 2017, pp 1430-1438.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1430-1438.

There is growing attention to the training and education of Personal Support Workers, or PSWs, who work in community, home and long-term care settings supporting older people and people with disabilities. In Ontario, Canada, amid a volatile policy landscape, the provincial government launched an effort to standardise PSW education. Using qualitative methods, this study considered the question: What are the central educational issues

reflected by students, working PSWs and key informants, and are they addressed by the PSW programme and training standards? Phase one was a public domain analysis completed between January and March 2014 and updated for major developments after that period. Phase two, completed between August 2014 and March 2015, included 15 key informant interviews and focus group discussions and mini-phone interviews with 35 working PSWs and current PSW students. According to the participants, the central educational issues are: casualisation of labour that is not conveyed in educational recruitment efforts, disconnect between theory and working conditions, overemphasis on long-term care as a career path, and variability of PSW education options. While the standards should help to address the final issue, they do not address the other key issues raised, which have to do with the structural organisation of work. Thus there is a disconnect between the experiences of students, PSWs and key informants and the policy decisions surrounding this sector. This is particularly significant as education is often touted as a panacea for issues in long-term and community care. In fact the curriculum of some of the PSW programmes, especially those in public college settings, is robust. Yet the underlying issues will remain barring a structural overhaul of the organisation of long-term and community care sectors founded on a social revaluing of older people and the gendered work of care. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Extending the promise of the Older Americans Act to persons aging with long-term disability; by Michelle Putnam.: Sage, July 2017, pp 799-820.

Research on Aging, vol 39, no 6, July 2017, pp 799-820.

This article discusses the need for Older Americans Act (OAA) programmes to evaluate and develop where needed the capacity to serve people ageing with long-term disabilities such as intellectual and/or developmental disabilities and physical disabilities including polio, spinal cord injury and multiple sclerosis. The rationale for this work is universal access to OAA programmes for all adults over 60, regardless of disability type, age of onset or severity, acknowledging that other needs-based criteria often need to be met to receive services. Recommendations for increasing OAA and ageing network capacity include addressing long-standing divisions between the fields of ageing and disability, a comprehensive review of all Administration for Community Living programmes and policies, engaging in programme adaptation to build capacity, advancing knowledge and skills of the professional workforce, and creating new knowledge to support delivery of evidence-based interventions to all older adults including those with lifelong, early and midlife onset of disability. (JL)

ISSN: 01640275

From : <http://journals.sagepub.com/roa>

The factors associated with care-related quality of life of adults with intellectual disabilities in England: implications for policy and practice; by Stacey Rand, Juliette Malley.: Wiley, September 2017, pp 1607-1619.

Health and Social Care in the Community, vol 25, no 5, September 2017, pp 1607-1619.

Over the last three decades, quality of life (QoL) has been advocated as an indicator of social care outcomes for adults with intellectual disabilities. In England, the Adult Social Care Survey (ASCS) is conducted annually by local authorities to contribute to the evidence base of the care-related QoL of people receiving publicly funded adult social care. This study explores relationships between QoL and non-care-related factors to identify relationships that could inform social care policy and practice. Cross-sectional data collected from 13,642 adults who participated in the 2011 and 2012 ASCS were analysed using regression to explore the factors associated with QoL measured using the Adult Social Care Outcomes Toolkit (ASCOT). Self-rated health, rating of the suitability of home design and anxiety and/or depression were all found to be significantly associated with ASCOT. Other individual and survey completion factors were also found to have weak significant relationships with ASCOT. The models also indicate that there was an increase in overall ASCOT-QoL and in five of the eight ASCOT domains (Personal comfort and cleanliness, Safety, Social participation, Occupation and Dignity) between 2011 and 2012. These findings demonstrate the potential value of QoL data for informing policy for people with intellectual disabilities by identifying key factors associated with QoL, the characteristics of those at risk of lower QoL, and QoL domains that could be targeted for improvement over time. Future research should establish causal relationships and explore the risk adjustment of scores to account for variation outside of the control of social care support. (RH)

ISSN: 09660410

From : <http://wileyonlinelibrary.com/journal/hsc>

Family care-giving and living arrangements of functionally impaired elders in rural China; by Rob J Gruijters.: Cambridge University Press, March 2017, pp 633-655.

Ageing and Society, vol 37, no 3, March 2017, pp 633-655.

China has seen a rapid decline of the traditional multi-generational household and an increase in rural-to-urban migration, raising concerns about a possible breakdown of the informal support system. Against this

background, the paper looks at family care-giving (or absence thereof) to parents in three different living arrangements: with any child or child-in-law (co-resident); independent with at least one child living in the same community (networked); and without any children in either the household or the community (isolated). It also compares the care-giving arrangements of single older people to those living with a spouse. The sample is derived from the comprehensive China Health and Retirement Longitudinal Study (CHARLS), and contains data on 887 functionally impaired individuals aged 60 and over. The findings suggest that married parents are mostly cared for by their spouse, even if they co-reside with adult children. Proximity to children is particularly important for older people living on their own, who are more likely to lack a care-giver when living independently. There appears to be a hierarchy in family care responsibilities, where children step in as care-givers only when the spouse is no longer able to fulfil this role. While these findings imply a significant deviation from traditional practices and norms of 'filial piety', they can be interpreted as a rational adaptation to the changed economic circumstances in rural China. (RH)

ISSN: 0144686X

From : cambridge.org/aso

Health and health-care utilization of the older population of Ireland: comparing the intellectual disability population and the general population; by Mary McCarron, Eimear Cleary, Philip McCallion.: Sage, July 2017, pp 693-718.

Research on Aging, vol 39, no 6, July 2017, pp 693-718.

Similarities and differences in the ageing of people with an intellectual disability (ID) compared to the general population are largely unresearched. The present study aimed to report data comparing the health and health care utilisation of the general ageing population in Ireland with those who were ageing with an ID. Data for comparisons were drawn from the 2010 Irish Longitudinal Study on Ageing (TILDA) and the Intellectual Disability Supplement (IDS)-TILDA Wave 1 data sets. TILDA participants were community dwelling only while IDS-TILDA participants were drawn from community and institutional settings. TILDA consisted of a sample of 8,178 individuals aged 50 years and older who were representative of the Irish population. The IDS-TILDA consisted of a random sample of 753 persons aged 40 and older. Using age 50 as the initial criterion, 478 persons with ID were matched with TILDA participants on age, sex and geographic location to create the sample for this comparison. Both studies gathered self-reported data on physical and mental health, behavioural health, functional limitations and health care utilisation. Rates of chronic disease appeared higher overall for people with ID as compared to the general population. There were also age-related differences in the prevalence of diabetes and cancer and different rates of engagement between the two groups in relevant behavioural health activities such as smoking. There were higher utilisation levels among IDS-TILDA participants for allied health and general practitioner visits. Different disease trajectories found among IDS-TILDA participants raise concerns. The longitudinal comparison of data for people with ID and for the general population offer a better opportunity for the unique experiences of people with ID to be included in data that inform health planning. (JL)

ISSN: 01640275

From : <http://journals.sagepub.com/roa>

How's your health at home: frail homebound patients reported health experience and outcomes; by Margaret J McGregor, Jay Slater, John Sloan ... (et al.): Cambridge University Press, September 2017, pp 273-285.

Canadian Journal on Aging, vol 36, no 3, September 2017, pp 273-285.

The present study used a web-based mixed methods survey known as HowsYourHealth _ Frail to explore the health of frail older adults aged 80 years and above enrolled in a home-based primary care programme in Vancouver, Canada. 60% of eligible respondents participated, representing over one quarter of all individuals receiving the service. Despite high levels of co-morbidity and functional dependence, 50% rated their health as good, very good or excellent. Adjusted odds ratios for positive self-rated health were 7.50, 95% CI [1.09, 51.81] and 4.85, 95% CI [1.02, 22.95] for absence of bothersome symptoms and being able to talk to family or friends respectively. Narrative responses to questions about end of life and living with illness were also described. Results suggest that greater focus on symptom management, and supporting social contact, may improve the health of frail older people. (JL)

ISSN: 07149808

From : <http://cambridge.org/cjg>

The impact of personalisation on people from Chinese backgrounds: qualitative accounts of social care experience; by Fiona Irvine ... (et al.): Wiley, May 2017, pp 878-887.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 878-887.

The purpose of this study was to provide an opportunity to hear the voices of people from Chinese backgrounds and their experiences of personalisation, with a particular focus on personal budgets. The study used individual semi-structured interviews and focus groups to collect data from physically disabled people from Chinese

backgrounds who lived in England, were aged between 18 and 70, and received social care. Data were analysed using an iterative and thematic approach, with early analysis informing the subsequent analytical rounds. The findings revealed that personalisation has the potential to transform the lives of people from Chinese backgrounds, especially when tailored support is available for people to understand and access personal budgets and put them to creative use. However the impact of personalisation is barely evident because few eligible individuals access personal budgets or participate in co-production. This is related to a lack of encouragement for service users to become genuine partners in understanding, designing, commissioning and accessing a diverse range of social care services to meet their cultural and social care needs. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Intergenerational transfers and informal care for disabled elderly persons in China: evidence from CHARLS; by Xiaoting Liu, Bei Lu, Zhixin Feng.: Wiley, July 2017, pp 1364-1374.

Health and Social Care in the Community, vol 25, no 4, July 2017, pp 1364-1374.

Aiming at 'ageing healthier and ageing better', a certain amount of high-quality informal care should be available for older people with a physical disability as formal care is barely accessible in China. The demographic transition and family structural changes have dramatically weakened traditional norms of filial piety and the structure of intergenerational transfers. This article employed nationwide representative data from the first wave (2011) of the Chinese Health and Retirement Longitudinal Study (CHARLS) in order to identify the duration of informal care provision at home for frail older people (1122 in rural areas and 577 in urban areas, total 1699), measured in monthly hours, before estimating the associations between intergenerational transfers and the received time of informal care with Tobit Model analysis. Results showed that financial support from the younger generation was unexpectedly negatively associated with the monthly hours of care, implying a reduction of caring support along with increasing financial transfers towards older parents. The lack of informal care could not be compensated by having more children, co-residing with children, or increasing the parent-to-child/grandchild transfers. Spouses were shown to replace children as the major caregivers. In addition, the community-based long-term care system needs to be promoted to sustain and develop informal care, as the latter will become increasingly important with changing family dynamics. Finally, the received time of informal care, rather than the severity of physical disability measured by difficulty with ADLs or IADLs, was introduced to identify the actual demand for care by older people. The paper argues that it is important to reconceptualise and re-investigate the duration of care provision in the Chinese context in order to develop standards of payment as part of long-term care policies. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Is late-life dependency increasing or not?: A comparison of the Cognitive Function and Ageing Studies (CFAS); by Andrew Kingston, Pia Wohland, Raphael Wittenberg (et al).

The Lancet, 15 August 2017, 9 pp (+ supplementary appendix, 6 pp).

Little is known about how the proportions of dependency states have changed between generational cohorts of older people. In this population-based study, the authors compared two Cognitive Function and Ageing Studies (CFAS I and CFAS II) of older people (aged 65) who were permanently registered with a general practice in three defined geographical areas (Cambridgeshire, Newcastle and Nottingham). These studies were done two decades apart (1991 and 2011). General practices provided lists of individuals to be contacted and were asked to exclude those who had died or might die over the next month. Baseline interviews were done in the community and care homes. Participants were stratified by age, and interviews occurred only after written informed consent was obtained. Information collected included basic sociodemographics, cognitive status, urinary incontinence, and self-reported ability to do activities of daily living. CFAS I was assigned as the 1991 cohort and CFAS II as the 2011 cohort, and both studies provided prevalence estimates of dependency in four states: high dependency (24-hour care), medium dependency (daily care), low dependency (less than daily), and independent. Years in each dependency state were calculated by Sullivan's method. To project future demands for social care, the proportions in each dependency state (by age group and sex) were applied to the 2014 England population projections. Between 1991 and 2011, there were significant increases in years lived from age 65 years with low dependency (1.7 years [95% CI 1.0-2.4] for men and 2.4 years [1.8-3.1] for women) and increases with high dependency (0.9 years [0.2-1.7] for men and 1.3 years [0.5-2.1] for women). The majority of men's extra years of life were spent independent (36.3%) or with low dependency (36.3%), whereas for women the majority were spent with low dependency (58.0%), and only 4.8% were independent. There were substantial reductions in the proportions with medium and high dependency who lived in care homes, although, if these dependency and care home proportions remain constant in the future, further population ageing will require an extra 71,215 care home places by 2025. On average older men now spend 2.4 years and women 3.0 years with substantial care needs, and most will live in the community. These findings have considerable implications for families of older

people who provide the majority of unpaid care, but the findings also provide valuable new information for governments and care providers planning the resources and funding required for the care of their future ageing populations. The authors present these findings on behalf of the Cognitive Function and Ageing Studies collaboration. (RH)

From : [http://dx.doi.org/10.1016/S0140-6736\(17\)31575-1](http://dx.doi.org/10.1016/S0140-6736(17)31575-1)

It 'makes you feel more like a person than a patient': patients' experiences receiving home-based primary care (HBPC) in Ontario, Canada; by Tracy Smith-Carrier, samir K Sinha, Mark Nowaczynski (et al).: Wiley Blackwell, March 2017, pp 723-733.

Health and Social Care in the Community, vol 25, no 2, March 2017, pp 723-733.

The lack of effective systems to appropriately manage the health and social care of frail older adults, especially among those who become homebound, is becoming more apparent. Home-based primary care (HBPC) is increasingly being promoted as a promising model that takes into account the accessibility needs of frail older adults, ensuring that they receive more appropriate primary and community care. There remains a paucity of literature exploring patients' experiences with HBPC programmes. This study explored the experiences of patients accessing HBPC delivered by interprofessional teams, and their perspectives on the facilitators and barriers to this model of care in Ontario, Canada. Using certain grounded theory principles, the authors conducted an inductive qualitative content analysis of in-depth patient interviews (n = 26) undertaken in the winter of 2013 across seven programme sites exploring the lived experiences and perspectives of participants receiving HBPC. Themes emerged in relation to patients' perceptions regarding the preference for and necessity of HBPC, the promotion of better patient care afforded by the model in comparison to office-based care, and the benefits of and barriers to HBPC service provision. Underlying patterns also surfaced relating to patients' feelings and emotions about their quality of life and satisfaction with HBPC services. The authors argue that HBPC is well positioned to serve frail housebound older adults, ensuring that patients receive appropriate primary and community care - which the office-based alternative provides little guarantee - and that they will be cared for. This points to a model that may not only lead to greater patient satisfaction, but also likely contributes to improving the quality of life of a highly vulnerable population. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Meeting the health needs of older people with intellectual disabilities: exploring the experiences of residential social care staff; by Ruth Northway, Daniella Holland-Hart, Robert Jenkins.: Wiley, May 2017, pp 923-931.

Health and Social Care in the Community, vol 25, no 3, May 2017, pp 923-931.

Older people with intellectual disabilities often experience high levels of health needs and multiple morbidities but they may be supported by residential care staff with little or no previous experience of identifying and meeting health needs. Little is known regarding how they undertake this health-related role and this exploratory study seeks to address this gap. A purposive sample of 14 managers of supported living accommodation in Wales were interviewed in 2014 to determine their experiences of supporting tenants in relation to age-related health needs. The semi-structured interviews were transcribed and thematically analysed. Three of the emerging themes are reported in this paper: meeting health needs, the consequences of ageing and relationships. Findings indicate that residential care staff support older people with intellectual disabilities with complex and multiple health needs: they monitor health status, support access to healthcare, provide additional support arising from changing health needs and advocate for tenants in the context of healthcare. However their role is often not understood by healthcare professionals. The importance of staff having a long-term relationship with those they support was identified as being important to identifying any health-related changes. The need to develop effective relationships with healthcare staff was also noted. It is concluded that there is a need for better understanding among health staff of the role of residential social care workers and for further research regarding health-related communication. (JL)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Participation in advanced age: enacting values, an adaptive process; by Paul Sugarhood, Pamela Eakin, Lynn Summerfield-Mann.: Cambridge University Press, September 2017, pp 1654-1680.

Ageing and Society, vol 37, no 8, September 2017, pp 1654-1680.

The concept of participation - introduced through models such as the International Classification of Functioning, Disability and Health (ICF) (World Health Organization, WHO, 2001) - has become increasingly important in health and social care. However, it has not been consistently defined or operationalised, and there is very limited research into participation in the context of advanced age and disability. This article reports a study which explored participation from the perspectives of community-living people aged over 80 years with physical rehabilitation needs. Using a grounded theory methodology, 11 participants aged 81-96 years were recruited

from a London NHS Trust. The main finding was that participation was experienced as the enacting of values. Values provided the motivation for specific ways of participating in life, guided actions and behaviours, and were the means through which participation was interpreted. Commonly enacted values were: connecting with others; maintaining autonomy; affirming abilities; doing the best you can; being useful; maintaining self-identity; and pursuing interests. A process was evident, whereby participation was challenged by deteriorating health and losses, and the participants adapted (or not) to overcome these challenges. To promote participation in advanced age, health and social care policy and practice must consider the values important to older people. Interventions should be congruent with these values and promote strategies through which they can be enacted. (RH)

ISSN: 0144686X

From : <http://www.cambridge.org/aso>

A randomized feasibility pilot trial of hearing treatment for reducing cognitive decline: results from the Aging and Cognitive Health Evaluation in Elders Pilot Study; by Jennifer A Deal, Marilyn S Albert, Michael Arnold (et al).

Alzheimer's and Dementia: Translational Research and Clinical Interventions, Vol 3, No 3, September 2017, pp 410-415.

Although hearing loss (HL) is prevalent and independently related to cognitive decline and dementia, there has never been a randomised trial to test whether HL treatment could reduce cognitive decline in older adults. A 40-person (aged 70-84 years) pilot study in Washington County, MD, was conducted. Participants were randomised 1:1 to a best practices hearing or successful ageing intervention and followed for 6 months (clinicaltrials.gov Identifier: NCT02412254). The Aging and Cognitive Health Evaluation in Elders Pilot (ACHIEVE-P) Study demonstrated feasibility in recruitment, retention and implementation of interventions, with no treatment-related adverse events. A clear efficacy signal of the hearing intervention was observed in perceived hearing handicap (mean of 0.11 to -1.29 standard deviation [SD] units; lower scores better) and memory (mean of -0.10 SD to 0.38 SD). ACHIEVE-P sets the stage for the full-scale ACHIEVE trial (N = 850, recruitment beginning November 2017), the first randomised trial to determine efficacy of a best practices hearing (vs. successful ageing) intervention on reducing cognitive decline in older adults with HL. (OFFPRINT) (RH)

ISSN: 23528737

From : <http://www.sciencedirect.com/science/article/pii/S2352873717300410>

Special issue on aging with disabilities; by Caitlin E Coyle, Jan E Mutchler (eds): Sage, July 2017, pp 683-820 (whole issue).

Research on Aging, vol 39, no 6, July 2017, pp 683-820 (whole issue).

Special issue of this journal featuring an introduction followed by five articles which together look at policy and practice issues around ageing with disabilities. (JL)

ISSN: 01640275

From : <http://journals.sagepub.com/roa>

Types of family caregiving and daily experiences in midlife and late adulthood: the moderating influences of marital status and age; by Jen D Wong, Yetunde Shobo.: Sage, July 2017, pp 719-740.

Research on Aging, vol 39, no 6, July 2017, pp 719-740.

Guided by the life course perspective, this study contributes to the family caregiving, ageing and disability literature by examining the daily experiences of three types of family caregivers in midlife and late adulthood. A sample of 162 caregivers from the National Survey of Midlife in the United States study completed interviews, questionnaires and a Daily Diary Study. Multilevel models showed the patterns of daily time use did not differ by caregiver types. Caregivers of sons/daughters with developmental disabilities (DD) experienced more daily stressors than caregivers of parents with health conditions (HC) and caregivers of spouses with HC. Unmarried caregivers of sons/daughters with DD reported spending more time on daily leisure activities and exhibited greater daily stressor exposure than other family caregivers. Age did not moderate the associations between caregiver types and daily experiences. Findings highlight the important consideration of the caregivers' characteristics to better determine the quality of their daily experiences in midlife and late adulthood. (JL)

ISSN: 01640275

From : <http://journals.sagepub.com/roa>

Understanding pain among older persons: Part 1 - the development of novel pain profiles and their association with disability and quality of life; by Kieran O'Sullivan, Norelee Kennedy, Helen Purtill, Ailish Hannigan.: Oxford University Press, January 2017, pp 46-51.

Age and Ageing, vol 46, no 1, January 2017, pp 46-51.

While a range of variables are related to the impact of pain, most population studies of older people have simply examined the presence or intensity of pain. The objective of this study was to develop novel pain profiles based on a range of pain variables, and compare demographic and health variables across profiles. Baseline data from The Irish Longitudinal study on Ageing (TILDA), a population-representative cohort study involving 8,171 community living people resident in Ireland aged 50 or over, was used. Two-step cluster analysis was performed on those who reported being often troubled by pain using all self-reported pain variables. Nine demographic and health variables were compared across pain profiles and the no-pain profile. Of the cohort, 65% reported not often being troubled by pain. Of those troubled by pain, four profiles emerged ranging from the profile whose pain did not have impact on daily activities (12% of cohort) to the profile with everyone taking medication to control the pain (9% of cohort). All demographic and health variables differed significantly across the profiles, with pain profiles reporting significantly greater disability and poorer quality of life than the no-pain profile. In all, four pain profiles, based on a range of pain variables, as well as a no-pain profile were identifiable in a large sample of older adults. Identifying those (i) with multi-site pain, (ii) who take pain medications and/or (iii) whose pain affects daily activities, clearly identifies those with the highest levels of disability and poorest quality of life. (JL)

ISSN: 00020729

From : <https://academic.oup.com/ageing>

Walk the talk: characterizing mobility in older adults living on low income; by Anna M Chudyk, Joanie Sims-Gould, Maureen C Ashe ... (et al).: Cambridge University Press, June 2017, pp 141-158.

Canadian Journal on Aging, vol 36, no 2, June 2017, pp 141-158.

In this study the authors provided an in-depth description of the mobility (capacity and enacted function, i.e., physical activity and travel behaviour) of community-dwelling older adults of low socioeconomic status. 161 participants with an average age of 74 years completed interviewer-administered questionnaires and objective measures of mobility. Study findings did not generally indicate that older adults of low socioeconomic status had a reduced capacity to be mobile. Participants presented with positive profiles across physical, psychosocial and social environment domains that influenced the capacity to be mobile. They also made a high proportion of trips by foot, although these did not together serve to meet physical activity guidelines for most. Future research should focus on innovative strategies to recruit this difficult-to-access population, to consider the influence of socioeconomic status across the lifespan, and the role of behaviour-driven agency when investigating the association between the person, environment and older adult mobility. (JL)

ISSN: 07149808

From : <http://cambridge.org/cjg>

Where do community-dwelling older adults with disabilities live?: Distribution of disability in the United States of America by household composition and housing type; by Carrie Henning-Smith.: Cambridge University Press, July 2017, pp 1227-1248.

Ageing and Society, vol 37, no 6, July 2017, pp 1227-1248.

There is limited research on the living arrangements of older adults with disabilities, especially research that combines household composition and housing characteristics. This paper addresses that gap with two complementary sets of logistic regression models: first, estimating the odds of disability by household composition and housing type; and second, estimating the odds of disability by living arrangement within gender and age sub-groups. Data come from the 2012 American Community Survey (N = 504,371 respondents aged 65+), which includes six measures of disability: cognitive, ambulatory, independent living, self-care, vision and hearing. Living alone, with children or with others was associated with higher odds of any disability, compared with living with a spouse only. Compared to those living in a single-family home, living in a mobile home or other temporary structure, or large apartment building was associated with higher odds of disability. Having a disability was associated with lower rates of living with a spouse only, alone, in a single-family home, or in a small or mid-sized apartment building and higher rates of all other living arrangements. Sub-group analyses revealed differences in the relationship between living arrangements and disability by gender and age group. This information provides a baseline from which to observe trends in living arrangements and disability for older adults in the United States of America. (RH)

ISSN: 0144686X

From : cambridge.org/aso

2016

Age, hearing, and speech comprehension: special issue; by Jonathan E Peelle (ed.): Taylor and Francis, January-February 2016, pp 1-127.

Experimental Aging Research, vol 42, no 1, January-February 2016, pp 1-127.

Articles in this special issue of Experimental Aging Research were presented at a symposium at Brandeis University, Massachusetts, in honour of Professor Arthur Wingfield. Topics range from basic speech perception to higher levels of complex interaction, reflecting Wingfield's areas of expertise. Subjects covered in the eight articles include: effects of vocal emotion on memory in younger and older adults; how spoken language comprehension is achieved by older listeners in difficult learning situations; issues concerning word recognition in noise for older adults with hearing loss; age differences in language segmentation; effects of age, acoustic challenge and verbal working memory on recall of narrative speech; and social coordination in older adulthood. (RH)

ISSN: 0361073X

From : www.tandfonline.com

Ageing with a learning disability: self-building peer support to combat loneliness and social isolation; by Andrew Power, Ruth Bartlett.: British Society of Gerontology, December 2016, pp 23-27.

Generations Review, vol 26, no 2, December 2016, pp 23-27.

In recent years, around one third of local authorities have closed day services to adults with learning disabilities, resulting in about 1 in 4 of these adults being stuck at home and vulnerable to social isolation. In addition, an outcome of local authority austerity cuts have affected the whole adult social care sector. The co-researchers of this article wanted to find out what is filling this gap for people with learning disabilities' daily lives, and particularly to know whether local peer advocacy has a role to play. Interviews were conducted with 12 participants in two age groups (40-55 and 55+). The study also identified a small range of local peer-support groups around the urban region where the study took place, which enabled people to meet other self-advocates and to feel comfortable being with others. Not only did this form of peer advocacy relieve loneliness and isolation, it also gave participants the opportunity to learn skills enabling them to participate in the community. (RH)

From : <http://www.britishgerontology.org>

Best practice for providing social care and support to people living with concurrent sight loss and dementia: professional perspectives; by Simon Chester Evans, Jennifer Bray.: Emerald, 2016, pp 86-93.

Working with Older People, vol 20, no 2, 2016, pp 86-93.

Some 100,000 people in the UK aged 75 and over have concurrent dementia and sight loss, but current understanding of their experiences, needs and preferences is limited. This paper reports on a research project that explored the provision of social care and support for older people with both conditions. The project was a collaboration between the universities of York, Worcester, Bournemouth and Cambridge, supported by the Thomas Pocklington Trust and the Housing and Dementia Research Consortium. Data were drawn from focus groups held in 2013 involving 47 professionals across the dementia, sight loss and housing sectors across three geographical regions of England. Thematic analysis identified five main barriers to providing high-quality, cost-effective social care and support: time constraints; financial limitations; insufficient professional knowledge; a lack of joint working; and inconsistency of services. The requirements of dementia and sight loss often conflict, which can limit the usefulness of equipment, aids and adaptations. Support and information needs to address individual needs and preferences. However, unless professionals consider dementia and sight loss together, they are unlikely to think about the impact of both conditions and the potential of their own services to provide effective support for individuals and their informal carers. Failing to consider both conditions together can also limit the availability and accessibility of social care and support services. There are growing numbers of people living with concurrent dementia and sight loss, many of whom wish to remain living in their own homes. There is limited awareness of the experiences and needs of this group, and limited provision of appropriate services aids/adaptations. Among measures that should be implemented to support independence and well-being for people living with both conditions and their family carers are: increased awareness, improved assessment, more training, and greater joint working. People living with dementia or sight loss are at high risk of social isolation, increasingly so for those with both conditions. Services that take an inclusive approach to both conditions can provide crucial opportunities for social interaction. Extra care housing has the potential to provide a supportive, community-based environment that can help residents to maintain social contact. (RH)

ISSN: 13663666

From : www.emeraldgroupublishing.com/wwop.htm

Canadian power mobility device users' experiences of ageing with mobility impairments; by Alexandra Korotchenko, Laura Hurd Clarke.: Cambridge University Press, July 2016, pp 1238-1253.

Ageing and Society, vol 36, no 6, July 2016, pp 1238-1253.

The authors investigate how individuals ageing with mobility impairments perceive and experience the practical impacts and cultural connotations of using a power mobility device. The authors draw on interviews with 29 Canadian men and women aged 51-92 (mean age 67), examining the experiences of using a powered wheelchair or scooter. The findings reveal that those participants who had begun to use their power mobility devices later in life were dismayed by and apprehensive about the significance of their diminishing physical abilities in the context of the societal privileging of youthful and able bodies. At the same time, the participants who had used a power mobility device from a young age were fearful of prospective bodily declines, and discussed the significance and consequences of being unable to continue to operate their power mobility devices autonomously in the future. The authors consider the ways in which the participants attempted to manage, mitigate and reframe their experiences of utilising power mobility devices in discriminatory environments. The findings are discussed in relation to on-going theoretical debates pertaining to the concepts of 'biographical disruption' and the third and fourth ages. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Disability and poverty in later life; by Ruth Hancock, Marcello Morciano, Stephen Pudney, Joseph Rowntree Foundation - JRF; University of Essex.: Joseph Rowntree Foundation - JRF, August 2016, 44 pp (Inspiring social change; Ref 3205).

The relationship between disability and poverty among the older population is explored, using data from the Family Resources Survey (FRS) and the English Longitudinal Study of Ageing (ELSA) to examine the effectiveness of public support for older people with disabilities. This report emphasises the additional living costs that disabled people face, and the importance of taking disability costs into account when making poverty assessments in the older population. The authors comment on Britain's current dual system of public support for older disabled people: central government pays disability benefits - mainly Attendance Allowance (AA) and Disability Living Allowance (DLA), and local authorities manage the provision of social care services. The authors consider alternative directions of reform for the system of public support for older people with disabilities. They suggest that major reductions in the burden of deep poverty could be achieved: first, by matching amounts of benefits paid to the costs of disability more closely; and second, by increasing the reach of the system, particularly among the most disabled, thereby increasing take-up of entitlements and/or improving the quality of initial adjudication of claims. The Joseph Rowntree Foundation (JRF) has supported this project as part of its programme of research and innovative development projects. (RH)

From : <https://www.jrf.org.uk/report/disability-and-poverty-later-life>

The Equality Act 2010: the impact on disabled people: report of Session 2015-16; by Select Committee on the Equality Act 2010 and Disability, House of Lords. London: TSO, 24 March 2016, 171 pp (HL Paper 117).

Chaired by Baroness Deech, the Select Committee on the Equality Act 2010 and Disability was appointed by the House of Lords on 11 June 2015 to consider the impact on people with disabilities of the Equality Act 2010, and whether the Act adequately supports the fight against disability discrimination. The report focuses on requirements under the Act, such as making "reasonable adjustments" to enable access to housing, leisure facilities, transport, and in employment. The Committee's recommendations refer to: how disability is overseen in government; the role of the to the Equality and Human Rights Commission (EHRC) and that the Equality Advisory and Support Service be returned to the Commission; communication and language; transport; the Public Sector Equality Duty; and a whole range of discrimination-related matters. Evidence submitted to the Committee is published online (at www.parliament.uk/equality-act-committee). (RH)

From : Download: <http://www.publications.parliament.uk/pa/ld201516/ldselect/ldselect/117/117.pdf>

Factors associated with the amount of public home care received by elderly and intellectually disabled individuals in a large Norwegian municipality; by Oystein Dohl, Helge Garasen, Jorid Kalseth, Jon Magnussen.: Wiley Blackwell, May 2016, pp 297-308.

Health and Social Care in the Community, vol 24, no 3, May 2016, pp 297-308.

This study reports an analysis of factors associated with home care use in a setting in which long-term care services are provided within a publicly financed welfare system. Two groups of home care recipients were considered: older people and intellectually disabled individuals. Routinely collected data on users of public home care in the municipality of Trondheim in October 2012, including 2493 people aged 67 years or older and 270 intellectually disabled people, were used. Multivariate regression analysis was used to analyse the relationship between the time spent in direct contact with recipients by public healthcare personnel and perceived individual determinants of home care use (i.e. physical disability, cognitive impairment, diagnoses,

age and gender, as well as socioeconomic characteristics). Physical disability and cognitive impairment are routinely registered for long-term care users through a standardised instrument that is used in all Norwegian municipalities. Factor analysis was used to aggregate the individual items into composite variables that were included as need variables. Both physical disability and cognitive impairment were strong predictors of the amount of received care for both elderly and intellectually disabled individuals. Furthermore, a negative interaction effect between physical disability and cognitive impairment for older home care users was found. For older individuals, the authors also found significant positive associations between weekly hours of home care and having comorbidity, living alone, living in a service flat and having a safety alarm. The reduction in the amount of care for older individuals living with a cohabitant was substantially greater for males than for females. For intellectually disabled individuals, receiving services involuntarily due to severe behavioural problems was a strong predictor of the amount of care received. The analysis showed that routinely collected data capture important predictors of home care use, and thus facilitate both short-term budgeting and long-term planning of home care services. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

Female disability disadvantage: a global perspective on sex differences in physical function and disability; by Felicia V Wheaton, Eileen M Crimmins.: Cambridge University Press, July 2016, pp 1136-1156.

Ageing and Society, vol 36, no 6, July 2016, pp 1136-1156.

This article aimed to determine whether women always fare worse in terms of physical function and disability across countries that vary widely in terms of their level of development, epidemiological context and level of gender equality. Sex differences in self-reported and objective measures of disability and physical function were compared among older adults aged 55-85 in the United States of America, Taiwan, Korea, Mexico, China, Indonesia and among the Tsimane of Bolivia using population-based studies collected between 2001 and 2011. Data were analysed using logistic and ordinary least-squares regression. Confidence intervals were examined to see whether the effect of being female differed significantly between countries. In all countries, women had consistently worse physical functioning (both self-reported and objectively measured). Women also tended to report more difficulty with activities of daily living (ADL), although differences were not always significant. In general, sex differences across measures were less pronounced in China. In Korea, women had significantly lower grip strength, but sex differences in ADL difficulty were non-significant or even reversed. Education and marital status helped explain sex differences. Overall, there was striking similarity in the magnitude and direction of sex differences across countries despite considerable differences in context, although modest variations in the effect of sex were observed. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Gender, work, and aging; by Cara Tannenbaum ... (et al): Cambridge University Press, September 2016, pp 405-411.

Canadian Journal on Aging, vol 35, no 3, September 2016, pp 405-411.

This article describes the Healthy and Productive Work Strategic Signature initiative, jointly led and funded by the Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council of Canada (SSHRC). The initiative aims to build capacity to study and develop interventions aimed at accommodating the health needs of older workers, caregivers, people with disabilities and workers with mental health challenges. It also aims to apply a sex and gender lens to these issues in order to address gender equality and improve health outcomes for different groups of workers. (JL)

ISSN: 07149808

From : journals.cambridge.org/cjg

Happy living in darkness!: Indoor lighting in relation to activities of daily living, visual and general health in 75-year-olds living at home; by Grethe Eilertsen, Gunnar Horgen, Tor Martin Kvikstad, Helle K Falkenbert.: Taylor and Francis, April-June 2016, pp 199-213.

Journal of Housing for the Elderly, vol 30, no 2, April-June 2016, pp 199-213.

Lighting has been identified as a significant environmental attribute for promoting vision and general health among older people, enabling successful ageing at home, but it has received little attention in the literature. Indoor lighting levels, self-reported vision and general health, and activities of daily life were measured in 114 healthy 75-year-old Norwegians. Despite very low levels of indoor lighting, the subjects were happy and healthy. There is a large discrepancy between self-assessed health and recommended lighting levels, and low awareness of the effect of lighting on age-related vision loss or daily living in the future. Knowledge of how to utilise indoor lighting to ensure healthy and safe ageing for those living in their own homes is needed. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

How can innovative technologies improve the quality of life for people suffering from hearing loss?; by Patrick D'Haese.: European Observatory on Health Systems and Policies, 2016, pp 37-39.

Eurohealth, vol 22, no 2, 2016, pp 37-39.

In Europe, around 20% of women and 30% of men have a degree of hearing loss by age 70. Untreated hearing loss puts pressures on Europe's already struggling health and social care systems, partly because it risks the onset of other diseases. Innovative technologies such as cochlear implant offer a real solution for the individual with a hearing loss too high to benefit from a hearing aid. Action from European policy-makers is called for to help realise awareness of the condition, facilitate access to these technologies where appropriate, and share best practice amongst Member States. (RH)

ISSN: 13561030

From : <http://www.euro.who.int/en/about-us/partners/observatory/publications/eurohealth>

Meeting the needs of visually impaired people living in Lifetime Homes; by Cliona Rooney, Karim Hadjri, Mairin Rooney (et al.): Taylor and Francis, April-June 2016, pp 123-140.

Journal of Housing for the Elderly, vol 30, no 2, April-June 2016, pp 123-140.

The authors explore perceptions on the suitability and effectiveness of Lifetime Homes standards (LTHS) for those with visual impairment in Northern Ireland. LTHS are a series of mandatory United Kingdom public-sector housing design interventions, providing a model for ensuring accessible and adaptable homes throughout an occupant's life span. An ageing demographic with increasing incidence of diabetes has led to rising numbers of older, visually impaired people wanting to remain in their homes for longer. Qualitative semi-structured interviews were conducted with 13 key stakeholders and thematically analysed. Although findings show that employing LTHS offers benefits to visually impaired residents, shortcomings were also identified. Evidence indicates a need for policy makers, health-care professionals and housing associations to modify practices, to better meet the housing needs of visually impaired people. Findings may also be applicable to those with other impairments and disabilities in relation to housing for older residents. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

Mixed care networks of community-dwelling older adults with physical health impairments in the Netherlands; by Marjolein Broese van Groenou, Marianne Jacobs, Ilse Zward-Olde, Dorly J H Deeg.: Wiley Blackwell, January 2016, pp 95-104.

Health and Social Care in the Community, vol 24, no 1, January 2016, pp 95-104.

As part of long-term care reforms, home-care organisations in the Netherlands are required to strengthen the linkage between formal and informal caregivers of home-dwelling older adults. Information on the variety in mixed care networks may help home-care organisations to develop network type-dependent strategies to connect with informal caregivers. This study first explores how structural (size, composition) and functional features (contact and task overlap between formal and informal caregivers) contribute to different types of mixed care networks. Second, it examines to what degree these network types are associated with the care recipients' characteristics. Through home-care organisations in Amsterdam, the Netherlands, the authors selected 74 frail home-dwelling clients who were receiving care in 2011-2012 from both informal and formal caregivers. The care networks of these older adults were identified by listing all persons providing help with five different types of tasks. This resulted in care networks comprising an average of 9.7 caregivers, of whom 67% were formal caregivers. On average, there was contact between caregivers within 34% of the formal-informal dyads, and both caregivers carried out at least one similar type of task in 29% of these dyads. A principal component analysis of size, composition, contact and task overlap showed two distinct network dimensions from which four network types were constructed: a small mixed care network, a small formal network, a large mixed network, and a large formal network. Bivariate analyses showed that the care recipients' activities of daily living level, memory problems, social network, perceived control of care and level of mastery differed significantly between these four types. The results imply that different network types require different actions from formal home-care organisations, such as mobilising the social network in small formal networks, decreasing task differentiation in large formal networks, and assigning co-ordination tasks to specific dyads in large mixed care networks. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals.hsc

Mobility changes during the first years of retirement; by Jessica Berg.: Emerald, 2016, pp 131-140. Quality in Ageing and Older Adults, vol 17, no 2, 2016, pp 131-140.

Mobility is an important aspect of well-being, activity and participation. Retiring from paid work is a transition in later life when people need to adjust to a new daily structure and fill the day with activities other than work. Life-course transitions influence demands for mobility and choice of travel mode as people adapt to new circumstances and learning processes. This paper explores how mobility strategies develop during the first years of retirement. A qualitative analysis was conducted, based on initial interviews with 27 retired people during their first year of retirement and again, about three years later. Important changes during the first years of retirement included illness or a decline in physical health. Mobility had become a means of achieving certain goals after an illness, such as learning to walk, being able to drive, or enjoying the time that was left. While some enjoyed not having commitments, others experienced difficulties in filling the day. The results indicate four dimensions of mobility: means of carrying out activities which are needed and desired; resources for creating activities; a leisure activity in itself; and subordinate to staying at home. (RH)

ISSN: 14717794

From : www.emeraldgroupublishing.com/qaoa.htm

The needs and aspirations of older people with vision impairment: report for the Thomas Pocklington Trust; by Sheila Peace, Jeanne Katz, Caroline Holland, Rebecca Jones, Faculty of Health and Social Care, Open University; Thomas Pocklington Trust. Milton Keynes; London: Open University; Thomas Pocklington Trust, October 2016, 79 pp.

There is a growing body of national and international literature concerning vision impairment (VI) and growing older. This report summarises the views of older people with vision impairment living in a variety of domestic environments across England. They were recruited through contacts in VI voluntary organisations, including those supporting people from Black and Asian minority ethnic groups. The focus is on the everyday experiences of those with more complex vision impairment alongside other health and welfare issues that can be disabling in later life. The report's findings cover housing and living arrangements (including adaptations to accommodation and use of assistive technology); coping with activities of daily living (ADLs) and spending the day at home; getting out and about and a vision-friendly environment; formal and informal support; health and well-being and quality of life. (RH)

From : http://www.pocklington-trust.org.uk/wp-content/uploads/2016/11/Full-Report_Understanding-the-Lives-of-Older-People-with-Vision-Impairment.pdf

Negotiating control: from recognizing a need to making a decision to apply for a housing adaptation; by Lisa Ekstam, Agneta Malmgren Fange, Gunilla Carlsson.: Taylor and Francis, October-December 2016, pp 345-359. Journal of Housing for the Elderly, vol 30, no 4, October-December 2016, pp 345-359.

A housing adaptation (HA) can enable independent living in one's own home, but deciding to change the home environment can be a thought-provoking matter. This Swedish study explored the applicant's perspective and decision-making process when applying for an HA grant. Seventeen people were interviewed about their application for such a grant, and the data were analysed using a constant comparative approach. The findings illustrated how the participants negotiated control in their everyday lives as they went from recognising a need, to then deciding to apply for an HA grant. Before coming to a decision, alternative solutions were considered, and their expectations on the effect of having an HA were explored. This knowledge is useful for professionals and caregivers in helping to support people during the HA decision-making process. (RH)

ISSN: 02763893

From : <http://www.tandfonline.com>

New models of assessment and prescription of smart assisted living technologies for personalised support of older and disabled people; by Kevin Doughty, Gareth Williams.: Emerald, 2016, pp 39-50. Journal of Assistive Technologies, vol 10, no 1, 2016, pp 39-50.

The purpose of this paper was to introduce an end-to-end process to improve the prescription, uptake and utilisation of assisted living technologies in order to improve outcomes for older and disabled people. The approach involved consideration of the ways in which people's support needs were considered and how a more relevant picture could be drawn using their own goals and the issues and obstacles that prevent them achieving improvement. New models of support were introduced in order to improve the suitability of prescriptions for people who lived under different circumstances, sometimes with family carers. It was found that the application of an enhanced assessment approach required professionals and family members to understand more about the range of available technologies and their limitations. In order to avoid rejection of the technology, there would be a need for service providers to extend the range of applications that they offer, and to consider the suitability of the home environment for introducing new systems. (JL)

ISSN: 17549450

From : www.emeraldgroupublishing.com/jat.htm

The role of aging and disability resource centers in serving adults aging with intellectual disabilities and their families: findings from seven states; by Caitlin E Coyle, Michelle Putman, John Kramer, Jan E Mutchler.: Taylor and Francis, January-March 2016, pp 1-14.

Journal of Aging and Social Policy, vol 28, no 1, January-March 2016, pp 1-14.

For the first time, adults with intellectual and developmental disabilities (I/DD) - such as Down syndrome and autism - are living to experience old age. The purpose of this project was to assess the activities of ageing and disability resource centres (ADRCs) as they seek to serve older adults with intellectual disabilities and their family caregivers. Data come from 21 in-depth qualitative interviews with ADRC staff in seven states. Results of this qualitative analysis indicate that ADRCs are not focusing explicitly on adults aging with I/DD and their family caregivers, but meeting the needs of this population is a future goal of ADRCs. Challenges related to accessing and providing information and referral services for adults aging with I/DD were described, and highlight existing unmet needs of this population. Supporting adults who simultaneously require ageing and disability services requires true coordination of ageing and disability service systems. (RH)

ISSN: 08959420

From : <http://tandfonline.com>

Self-reported hearing, vision and quality of life: older people in New Zealand; by Shiran Zhang, Simon Moyes, Chris McLean ... (et al).: Wiley, June 2016, pp 98-105.

Australasian Journal on Ageing, vol 35, no 2, June 2016, pp 98-105.

The aim of this New Zealand study was to establish associations between sensory-related disability and quality of life (QOL). 3,817 people aged 75 years and older, including 173 Maori aged 61 years and older, were surveyed. Measures included: sociodemographic and health factors; World Health Organization quality of life (WHOQOL)-BREF for QOL; and self-rated hearing- and vision-related disability. Hearing disability was reported by 866 (51%) men and 736 (36%) women. A total of 974 (26% of all, 61% of hearing disabled) used hearing aids. A total of 513 (30%) men and 618 (30%) women reported vision disability. Vision and hearing disability were both independently associated with lower QOL, with hearing difficulty affecting physical and social domains more, and the environmental domain least. Vision difficulty impacted the environmental domain most and the social domain least. QOL impact was higher for those with both hearing and visual disability (631, 17%). Overall the study concluded that hearing and vision disability are associated with poorer QOL. (JL)

ISSN: 14406381

From : <http://www.wileyonlinelibrary.com/journal/ajag>

Supporting the pillars of life quality in long-term care; by Tracey McDonald.: Routledge, July-September 2016, pp 167-183.

Journal of Religion, Spirituality and Aging, vol 28, no 3, July-September 2016, pp 167-183.

Issues of life quality and what that means for the population who are ageing and becoming frail in large numbers require new thinking regarding a practical application of quality of life theory to enhance the experience of living in aged care contexts. Quality of life also has importance for care providers wishing to judge the quality of their services. Assumptions that disease and disability dictate life quality undermine the centrality of individual experiences, and assumptions regarding spirituality and religion can confuse approaches to services offered to a cohort of people whose focus is on spiritual well-being. Information gathered on aged care residents' experiences of life quality can focus attention on supporting positive experiences during late age. If the potential for quality of life is strengthened, individual pursuit of higher meaning may be fostered. Appropriate support and care within care services can be enhanced through reliable assessment of factors that sustain quality of life. It is argued that quality of life can exist separately from disease or disability, that spirituality and religion are not synonymous, and that concepts of life quality and spirituality are not causally related and are therefore more reliably assessed as separate phenomena. (JL)

ISSN: 15528030

From : <http://www.tandfonline.com>

Understanding dementia: effective information access from the deaf community's perspective; by Alys Young, Emma Ferguson-Coleman, John Keady.: Wiley Blackwell, January 2016, pp 39-47.

Health and Social Care in the Community, vol 24, no 1, January 2016, pp 39-47.

This study concerns older Deaf sign language users in the UK. Its aim was to explore how to enable effective information access and promote awareness and understanding of dementia from a culturally Deaf perspective. A purposive sample of 26 Deaf people without dementia participated in one of three focus groups facilitated directly in British Sign Language (BSL) without an intermediate interpreter. The sample was differentiated by

age, role in the Deaf community, and diversity of educational attainment and professional experience. A phenomenological approach underpinned the thematic analysis of data. The findings demonstrate: (i) translation into (BSL) is a necessary but not sufficient condition to support understanding. Attention to culturally preferred means of engagement with information is vital; (ii) the content of information is best presented utilising structures and formats which cohere with Deaf people's visual cognitive strengths; and (iii) the importance of cultural values and cultural practices in raising awareness and building understanding of dementia. These include collective rather than individual responsibility for knowledge transfer and the pan-national nature of knowledge transfer among Deaf people(s). The discussion demonstrates how these specific features of effective information access and awareness building have universal implications relevant to public engagement and the promotion of general knowledge consistent with the National Dementia Strategy (England). (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals.hsc

Understanding the lives of older people with vision impairment; by Thomas Pocklington Trust. London: Thomas Pocklington Trust, October 2016, 8 pp (Research findings, 53).

This Research Findings brief presents the key findings of a study aimed at garnering diverse views from some of the oldest old and those from a variety of cultural backgrounds, showing how everyday lives are personally and socially interdependent. It summarises research commissioned by Thomas Pocklington Trust to investigate the needs and aspirations of older people with various eye conditions living in community settings in England. The research was conducted by Sheila Peace, Jeanne Katz, Caroline Holland and Rebecca L Jones from the Open University. A large print version (14 pp) of this report is also available. (RH)

From : <http://www.pocklington-trust.org.uk/project/understanding-lives-older-people-vision-impairment/>

Using sensory stories with individuals with dementia; by Rebecca Leighton, Coralie Oddy, Joanna Grace.: Hawker Publications, July/August 2016, pp 28-31.

Journal of Dementia Care, vol 24, no 4, July/August 2016, pp 28-31.

People with dementia are prone to sensory deprivation, but symptoms like irritability and confusion can be avoided by using multi-sensory life stories. A 'sensory story' is a concise narrative, in which each section of the text is partnered with a relevant sensory experience; each story typically targets a broad range of senses. The authors describe two successful approaches to sensory life story work with people with dementia. (RH)

ISSN: 13518372

From : www.careinfo.org

Wales' safeguarding policy and practice: a critical analysis; by Carys Phillips.: Emerald, 2016, pp 14-27.

Journal of Adult Protection, vol 18, no 1, 2016, pp 14-27.

The safeguarding and protection components of the Social Services and Well-being (Wales) Act 2014 offers the culmination of four years' consultation by the Law Commission and many years of evolving policy and practice with a view to protecting adults from harm. The purpose of this paper was to offer both scrutiny and challenge for Wales's policymakers and practitioners alike. The author argues that Wales has failed to implement previous recommendations in relation to institutional abuse. Currently in Wales, there are individuals employed in safeguarding lead roles who have no social care qualification. This apparent 'loophole' has not to date been highlighted by either of the regulatory bodies within Wales (CSSIW/CCfW). However the Williams Review in April 2014 is set to change the local authority landscape in Wales, and there is scope for developing the function of adult safeguarding. Wales's failure to recognise institutional abuse as a distinct category may have impacted on its ability to respond to abuse in nursing and care as well as hospital settings. This failure is not the only safeguarding anomaly within Wales's arrangements for protecting those who are at risk of abuse. The paper goes on to describe gaps in the NHS and professional accountability. (JL)

ISSN: 14668203

From : www.emeraldgroupublishing.com/jap.htm

"Why would I want to go out?": age-related vision loss and social participation; by Debbie Laliberte Rudman ... (et al.): Cambridge University Press, December 2016, pp 465-478.

Canadian Journal on Aging, vol 35, no 4, December 2016, pp 465-478.

Social participation, a key determinant of healthy ageing, is often negatively impacted by age-related vision loss (ARVL). This grounded theory study aimed to understand social participation as a process negotiated in everyday life by older adults with ARVL. Interviews, audio diaries and life space maps were used to collect data with 21 older adults in two Ontario cities. Inductive data analysis resulted in a transactional model of the process of negotiating social participation in context. This model depicted how environmental features and resources, skills and abilities, and risks and vulnerabilities transacted with values and priorities to affect if and how social participation occurred within the context of daily life. The findings pointed to several ways that research and

services addressing the social participation of older adults with ARVL need to expand, particularly in relation to environmental features and resources, risk and the prioritisation of independence. (JL)

ISSN: 07149808

From : journals.cambridge.org/cjg

2015

Correlates of attitudes toward personal aging in older assisted living residents; by Nan Sook Park, Yuri Jang, Beom S Lee ... (et al).: Taylor and Francis, April 2015, pp 232-252.

Journal of Gerontological Social Work, vol 58, no 3, April 2015, pp 232-252.

This study explored factors contributing to older adults' self-perceptions about their own ageing in assisted living (AL) communities. Data analysis was completed based on interviews with 150 older residents from 17 AL communities in the United States. The study examined the effect of objective factors (health-related variables/negative life events) and subjective factors (satisfaction with facility/social support) on residents' attitudes toward personal ageing and assessed whether health perception mediated the relationship between health-related variables/negative life events and residents' attitudes toward personal ageing. Multiple regression analyses found that functional disability and hearing impairment negatively affected attitudes toward personal ageing among AL residents, and satisfaction with social support positively influenced attitudes. Health perception mediated attitudes toward personal ageing. Findings suggest the importance of social workers helping older AL residents recognise social support as a means of promoting their positive self-regard. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Dementia friendly communities: supported learning and outreach with the deaf community; by Heather Lundy, Alice Johnston, Gwen Nisbet, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, December 2015, pp.

Findings, 3170, December 2015, pp.

There is a strong link between hearing loss and dementia. People with mild hearing loss have nearly twice the chance of going on to develop dementia as people without any hearing loss. Research from the Deaf from Dementia project suggested that awareness of dementia in the deaf community is low, as is the uptake of dementia support. This report focuses on a programme of dementia awareness for deaf people which aimed to break down barriers people in the deaf community face in accessing dementia support. From January 2014 until July 2015, bespoke resources for the deaf community were developed and delivered collaboratively by Alzheimer's Society in Northern Ireland and British Deaf Association. (NH)

ISSN: 09583084

From : <https://www.jrf.org.uk/report/dementia-friendly-communities-supported-learning-and-outreach-deaf-community>

Economic well-being among older-adult households: variation by veteran and disability status; by Janet M Wilmoth, Andrew S London, Colleen M Heflin.: Taylor and Francis, May-June 2015, pp 399-419.

Journal of Gerontological Social Work, vol 58, no 4, May-June 2015, pp 399-419.

This analysis used data from the Survey of Income and Program Participation (SIPP) to examine whether veteran and disability statuses were jointly associated with poverty and material hardship among households that included an older adult. Compared to households that did not include a person with a disability or veteran, disabled nonveteran households were more likely to be in poverty and to experience home hardship, medical hardship and bill paying hardship. Disabled veteran households were not significantly different in terms of poverty but exhibited the highest odds of home hardship, medical hardship, bill paying hardship and food insufficiency. Implications for social work practice are discussed. (JL)

ISSN: 01634372

From : <http://www.tandfonline.com>

Fostering resilience later in life: a narrative approach involving people facing disabling circumstances, carers and members of minority groups; by Goetz Ottmann, Margarite Maragoudaki.: Cambridge University Press, November 2015, pp 2071-2099.

Ageing and Society, vol 35, no 10, November 2015, pp 2071-2099.

Over the last two decades, the concept of resilience has become the focus of a growing body of gerontological research. However, there is a dearth of qualitative research that explores how socio-economic and socio-cultural factors shape older people's resilience. This study addresses this gap and explores the concept of resilience through the lens of 25 Australians from a variety of backgrounds, by investigating the resilience strategies they employed in the face of different challenging life events. A qualitative narrative methodology involving one

focus group and semi-structured interviews were employed. A stratified convenience sample of 34 people aged 60 and over participated in semi-structured interviews between 2009 and 2011. The study describes the meaning participants assigned to the term resilience, and focuses on the range of resilience responses and strategies they employed, bringing to light some key commonalities and differences. The study's findings suggest that access to economic and cultural resources and the nature of the adversity older people face can shape and limit their resilience strategies. The article outlines how the concept of resilience could be incorporated into aged care practice. It argues that resilience-focused interventions that potentially broaden the resilience repertoire of older people should be explored within an aged care context. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Home adaptations, integration and the Care Act; by Care & Repair England. [Nottingham]: Care & Repair England, 2015, 8 pp (Integration briefing, 2).

The Care Act 2014 and associated regulations and statutory guidance provides the context for the assessment of and response to potential care and support needs of adults and carers, including the adaptation of properties. Implementation of parts of the Act began in April 2015. This briefing aims to explain the connections between the Act and the provision of help with home adaptations, particularly Disabled Facilities Grants (DFGs), and to note opportunities for integration, also the role of prevention. The briefing is aimed at those who plan, commission and provide health care, social care and/or housing related provision; Directors of Public Health; Directors of Social Services; Members of Health and Wellbeing Boards; and patient and service user representatives. Complementary to the briefing are some 'cameos' of local good practice in provision of home adaptations (see <https://homeadaptationsconsortium.wordpress.com/good-practice/>). The Briefing and the good practice information are backed by Public Health England and endorsed by the Home Adaptations Consortium. (RH)

From : <https://homeadaptationsconsortium.files.wordpress.com/2013/10/care-act-integration-briefing-2-final.pdf>

How can and should UK society adjust to dementia?; by Carol Thomas, Christine Milligan, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, June 2015, 23 pp (Inspiring social change; Ref: 3132).

Shows that the application of the social model of disability to living with dementia results in some important insights and observations, and throws light on the way that disablism overlaps with ageism in society. The authors draw attention to the necessity of uncovering the theoretical perspectives that help to explain the social barriers that the social model of disability highlights in the lives of people with dementia, which in turn has directed the focus toward useful concepts such as intersectionality and psycho-emotional disablism. They set out approaches to dementia that are at odds with conventional thinking in official and medical circles. This paper is a contribution to the JRF programme Dementia Without Walls. (NH/RH)

From : <https://www.jrf.org.uk/report/how-can-and-should-uk-society-adjust-dementia>

Improving later life: vulnerability and resilience in older people; by Susan Davidson, Phil Rossall (eds), Age UK. London: Age UK, [2015], 86 pp.

Eminent gerontologists present their observations on the key aspects of vulnerability in later life in respect of: social engagement; resources (financial, housing and age-friendly neighbourhoods); health and disability; cognitive and mental health; and cross-cutting themes (including carers and resilience). Among suggestions made is that, in general, we can all adopt a holistic view of all kinds of vulnerability in later life as the main focus, rather concentrating on parts of the problem or parts of the body. Also recommended are: making better use of the research evidence to identify problems earlier and to target resources; concentrating more on combating the effects of neighbourhood deprivation; working towards providing an age-friendly environment; facilitating home adaptations, aids and a better range of housing options; and rooting out ageism among professionals and society in general. (RH)

From : Age UK, Tavistock House, 1-6 Tavistock Square, London WC1H 9NA. Website: www.ageuk.org.uk

Lived experiences of ageing and later life in older people with intellectual disabilities; by Ida Kahlin, Anette Kjellberg, Catharina Nord (et al.): Cambridge University Press, March 2015, pp 602-628.

Ageing and Society, vol 35, no 3, March 2015, pp 602-628.

Intellectual disability (ID) can be understood as an incomplete development of the brain in the prenatal, perinatal or postnatal period before the age of 18. This article aims to explore how older people with ID living in group accommodation describe their lived experience in relation to ageing and later life. The article is based on a study with a phenomenological approach, grounded on the concept of life-world. Individual, qualitative interviews were conducted with 12 people with ID (five men, seven women), between the ages of 48 and 71 (mean=64), who lived in four different group accommodation units in southern Sweden. A descriptive

phenomenological analysis method was used, which disclosed a structure consisting of themes and sub-themes. The findings reveal the informants' lived experience of ageing and later life as a multifaceted phenomenon, expressed through the two themes, 'age as a process of change' and 'existential aspects of ageing', each with three sub-themes. The body is an essential element in their experience of ageing and growing old, and in how this experience is expressed. The study also found social, cultural and historical dimensions of the life-world to be important in the informants' experience of ageing and later life. This supports understanding of the existence of a collective life-world for older people with ID, the unique experiences the informants share because of their disability and its consequences for their lifecourse. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Mobility and out-of-home activities of older people living in suburban environments: 'Because I'm a driver, I don't have a problem'; by Elisabeth Zeitler, Laurie Buys.: Cambridge University Press, April 2015, pp 785-808. Ageing and Society, vol 35, no 4, April 2015, pp 785-808.

Governments are challenged by the need to ensure that ageing populations stay active and engaged as they age. Therefore, it is critical to investigate the role of mobility in older people's engagement in out-of-home activities, and to identify the experiences they have within their communities. This research investigates older people's use of transport and its implications for their out-of-home activities within suburban environments. The qualitative, mixed-method approach employed data collection methods which included a daily travel diary (including a questionnaire), Global Positioning System (GPS) tracking, and semi-structured interviews with older people living in suburban environments in Brisbane, Australia. Results show that older people are mobile throughout the city, and their car provides them with that opportunity to access desired destinations. This ability to drive allows older people to live independently and to assist others who do not drive, particularly where transport alternatives are not as accessible. The ability to transport goods and other people is a significant advantage of the private car over other transport options. People with no access to private transport who live in low-density environments are disadvantaged when it comes to participation within the community. Further research is needed to better understand the relationship between transport and participation within the community environment, to assist policy makers and city and transport planners to develop strategies for age-friendly environments within the community. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Music memories: the importance of live music for elderly people in care; by Marianne Bergesen.: Age UK London, Winter 2015, pp 7-9.

London Age, Winter 2015, pp 7-9.

Music in Hospitals (MiH) is a registered charity and a leading provider of professionally performed live music to people in care, especially older people. Its Fundraising Manager outlines the ways in which MiH fulfils its overall aim of improving the quality of life of sick and disabled people through its live music projects. (RH)

ISSN: 13571109

From : www.ageuk.org/london

Neglecting justice?: Exploring Scottish convictions for ill-treatment and wilful neglect; by Christopher Godwin, Kathryn Mackay.: Emerald, 2015, pp 234-244.

Journal of Adult Protection, vol 17, no 4, 2015, pp 234-244.

The purpose of this paper was to explore the perceived low number of Scottish criminal convictions in cases of ill-treatment or wilful neglect of adults where the victims experienced mental disorder and/or incapacity. Human rights and anti-discrimination legislation were drawn upon to consider whether victims were gaining equality of access to justice through the charging and conviction of those who committed these offences. The paper used the concept of parity of participation to first set out the wider legal framework in which access of justice took place and to try to determine how it may have been working in practice. The paper then explored Scottish guidance, research and case law in relation to ill-treatment or wilful neglect to evaluate the seeming lack of progress towards criminal convictions. Whilst the legal framework, at least on paper, appears to promote equality of access to justice, little is known about how it is working in practice _ in particular whether cultural barriers to participation are being addressed. Evaluation of Scottish statistical data on cases of ill-treatment and wilful neglect revealed a small number of cases progressing to court though there were challenges in constructing a pathway from charges to convictions. There also appeared to be no Scottish legal opinions published in connection with these cases. Overall there appears to be scant information available on the number and nature of Scottish prosecutions for ill-treatment or wilful neglect. (JL)

ISSN: 14668203

From : www.emeraldgroupublishing.com/jap.htm

Parent? Carer? Mid-lifer? Older person?: Similarities and diversities across different experiences of caring and their implications for practice; by Jill Manthorpe, Jo Moriarty, Michelle Cornes.: Emerald, 2015, pp 94-103.

Working with Older People, vol 19, no 2, 2015, pp 94-103.

This paper highlights ways in which support for carers could be improved in the context of the introduction of the Care Act 2014 in England. It considers the experiences of carers caring for an adult child, particularly as they affect the transition from midlife into older age. It explores aspects affecting the vast majority of carers, such as accessing information and services, but focuses on the specific concerns of those caring for a child with a life-long disability or a child who acquires a long-term health problem in adolescence or adulthood. The paper draws on interview data which consisted of 86 face-to-face interviews with purposefully selected participants, most of whom were white British and female, based in four local authorities. At the end of the study in 2014, the authors held a series of five focus groups for practitioners and carers to explore how the emerging findings chimed with their experiences, and to refine the study's messages for practice. The data from interviews are set in the context of policy and practice developments in social care in England. The paper draws attention to the need for practitioners to find ways of involving carers in decision making without compromising the rights to autonomy and choice on the part of the person cared for. Commissioning services and practitioners both need to acknowledge that parent carers need assurances about the long-term viability and quality of the plans that are developed for the person they support. The implications of planning research and conducting research with family carers are explored, and their similarities with practice encounters identified. The paper highlights the necessity of talking about the future with parent carers, making plans for possible and highly likely events, addressing mortality, and being aware of the potential for a deeply held sense of pessimism and unspoken distress among carers. Some participants seemed to feel that practitioners conveyed a sense that they were inadequate or unwilling to discuss these matters; and practitioners who suspect this may apply to them or their team could usefully consider seeking skills development to improve their practice. (RH)

ISSN: 13663666

From : www.emeraldgroupublishing.com/wwop.htm

People dependent of support in daily activities perceives reduced self-determination: a cross-sectional study with community-dwelling older people; by Isabelle Ottenvall Hammar, Synneve Dahlin Ivanoff, Katarina Wilhelmson, Kajsa Eklund.: Emerald, 2015, pp 208-221.

Quality in Ageing and Older Adults, vol 16, no 4, 2015, pp 208-221.

The authors used a cross-sectional study to explore the relationship of self-determination with degree of dependence in daily activities among community-dwelling people aged 80+ with a varied degree of dependence in daily activities. Self-determination in daily life was assessed with the statements from the Impact on Participation and Autonomy - Older persons (IPA-O); the degree of dependence in daily activities was assessed with the activities of daily living (ADL) staircase. Data were analysed using Fisher's exact test, and the relative risk with a 95 per cent confidence interval was used to explore the risk of perceiving reduced self-determination in daily life. Compared to the independent people, the perceived self-determination was significantly lower among those dependent in instrumental activities of daily living (IADLs), and those dependent in personal activities of daily living (P-ADL). Reduced self-determination was most pronounced in people requiring help with P-ADL. The following key features could be applied to strengthen the community-dwelling older people's self-determination: incorporating a dialogue where self-determined questions are raised; adopting a person-centred approach between the people involved; and acknowledging older people's capabilities - what they are able to do and to be, and what they value. This study highlights the need to integrate a self-determined dialogue into healthcare, where the older person and the professional focus on self-determined questions. (RH)

ISSN: 14717794

From : www.emeraldgroupublishing.com/qaoa.htm

Rights of persons with disabilities: report of the Special Rapporteur [to the] General Assembly, Seventieth session: Item 73 (b) of the provisional agenda: Promotion and protection of human rights: human rights questions, including alternative approaches for improving the effective enjoyment of human rights and fundamental freedoms; by Catalina Devandas-Aguilar, Special Rapporteur on the Rights of Persons with Disabilities, General Assembly, United Nations - UN. New York, NY: United Nations, 7 August 2015, 25 pp (A/70/297) (General Assembly, 70th session, item 73(b)).

The report focuses on the right of people with disabilities to social protection. The Special Rapporteur seeks to provide guidance to States on the requirements to establish disability-inclusive social protection systems that promote active citizenship, social inclusion and community participation of people with disabilities, in conformity with the Convention on the Rights of Persons with Disabilities, while acknowledging the existing

difficulties in implementation. Key elements for building disability-inclusive social protection systems include: legal and institutional frameworks; system design; disability benefits; targeting and eligibility; relevance of benefit packages; non-discrimination; accessibility; participation; and resource implications. (RH)
From : http://www.un.org/en/ga/search/view_doc.asp?symbol=A/70/297

A sharper focus on older people; by Sense; University of Chester.: Sense, Spring 2015, pp 32-34.
Talking Sense, vol 60, no 1, Spring 2015, pp 32-34.

New research commissioned by Sense has explored the experiences of older people with failing sight and hearing - and the different ways that they have tried to cope with this. The Late life Acquired Dual Sensory Impairment Project offers many insights and makes timely recommendations for the future. Among recommendations from this qualitative research was the importance of early intervention - that is, receiving help at an early stage. A full summary of this research is also available on the Sense website(see: <https://www.sense.org.uk/content/funded-projects>). (RH)

ISSN: 13674604

From : www.sense.org.uk

Who cares?: Implications of care-giving and -receiving by HIV-infected or -affected older people on functional disability and emotional wellbeing; by M Nyerenda, M Evandrou, P Mutevedzi (et al):. Cambridge University Press, January 2015, pp 169-202.

Ageing and Society, vol 35, no 1, January 2015, pp 169-202.

In developing countries, particularly in Africa, institutional care facilities are lacking. This paper examines how care-giving to adults and/or children and care-receiving is associated with the health and well-being of older people aged 50+ in rural South Africa. Data used are from a cross-sectional survey adapted from the World Health Organization (WHO) Study on Global Ageing and Adult Health (SAGE) conducted in 2009/10 in rural South Africa. Bivariate statistics and multivariate logistical regression were used to assess the relationship between care-giving and/or care-receiving with functional disability, quality of life or emotional well-being, and self-rated health status, adjusted for socio-demographic factors. Of the 422 older people in the survey, 63% were care-givers to at least one young adult or child, 27% were care-givers due to HIV-related reasons in young adults, and 84% of participants were care-recipients mainly from adult children, grandchildren and spouse. In logistic regressions adjusting for sex, age, marital status, education, receipt of grants, household headship, household wealth and HIV status, care-giving was statistically significantly associated with good functional ability as measured by ability to perform activities of daily living (ADLs). This relationship was stronger for older people providing care-giving to adults than to children. In contrast, care-givers were less likely to report good emotional well-being; again the relationship was stronger for care-givers to adults than children. Simultaneous care-giving and -receiving was likewise associated with good functional ability, but with about a 47% lower chance of good emotional well-being. Participants who were HIV-infected were more likely to be in better health, but less likely to be receiving care than those who were HIV-affected. The findings suggest a strong relationship between care-giving and poor emotional well-being via an economic or psychological stressor pathway. Interventions that improve older people's socio-economic circumstances and reduce financial hardship, as well as those that provide social support would go some way towards mitigating this relationship. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

2014

Alone in the crowd: loneliness and diversity; by Campaign to End Loneliness; Calouste Gulbenkian Foundation. London: Campaign to End Loneliness; Calouste Gulbenkian Foundation, 2014, 52 pp.

Anyone can become lonely, but some circumstances and some characteristics seem to leave us particularly vulnerable to loneliness. There are some common transitions - for example relationship breakdown, redundancy, retirement, or decline in health - which can trigger a sudden change in circumstances and a downward spiral into loneliness. This collection of ten essays is written by the leaders of organisations working with groups who are at increased risk of loneliness: alcoholics; carers; people diagnosed with cancer; older lesbians, gays and bisexuals (LGBs); care home residents; minority ethnic groups; people with dementia or mental health problems; and older disabled people such as those with sight problems. The essays aim to help us understand better who experiences loneliness, what particular challenges they may face, and how the loneliness of these individuals could be alleviated. (RH)

From : Calouste Gulbenkian Foundation UK, 50 Hoxton Square, London N1 6PB.

Alternate housing models for older people with disabilities: their clientele, structures and resources in relation to the quality of and satisfaction with care delivery; by Nicole Dubuc, Marie-France Dubois, Louis Demers (et al.): Cambridge University Press, October 2014, pp 1575-1600.

Ageing and Society, vol 34, no 9, October 2014, pp 1575-1600.

This paper reports on the study of a subsidy programme that was established in Quebec for alternate housing models (AHMs), which allows private and community organisations to offer housing services within the framework of a partnership with public health-care services. The research had three objectives. The first was to compare how facility characteristics and services provided by AHMs and nursing homes (NHs) differ. The second was to examine the personal characteristics of residents living in AHMs. The third was to compare residents with similar characteristics within AHMs and NHs in terms of unmet needs, quality of care, satisfaction with care and services, and psycho-social adaptation to the residence. A cross-sectional study was undertaken with individually matched groups to assess whether AHMs meet older people's needs in a way similar to NHs. Overall, residents in both groups had moderate to severe levels of disability; and about 60 per cent had mild to severe cognitive problems. While their general features were heterogeneous, the AHMs were more comfortable and homelike than the NHs. The quality of and satisfaction with care was appropriate in both settings, though AHMs performed better. However, only a quarter of residents in both settings evidenced a good level of psycho-social adaptation to their residence. This partnership approach is a good strategy in providing a useful range of housing types in communities that can respond to the needs of older people with moderate to severe disabilities. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Assessing the distributional impact of reforms to disability benefits for older people in the UK: implications of alternative measures of income and disability costs; by Ruth Hancock, Stephen Pudney.: Cambridge University Press, February 2014, pp 232-257.

Ageing and Society, vol 34, no 2, February 2014, pp 232-257.

The UK Attendance Allowance (AA) and Disability Living Allowance (DLA) are non-means-tested benefits paid to many disabled people aged 65+. They may also increase entitlements to means-tested benefits through the Severe Disability Premium (SDP). The authors investigate proposed reforms involving withdrawal of AA/DLA. The authors demonstrate that despite the present non-means-tested nature of AA/DLA, withdrawal would affect mainly low-income people, whose losses could be mitigated if SDP were retained at its current or a higher level. The authors also show the importance of the method of describing distributional impacts, and that use of inappropriate income definitions in official reports has overstated recipients' capacity to absorb the loss of these benefits. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Biomechanical and sensory constraints of step and stair negotiation in old age; by Costis Maganaris, Vasilios Baltzopoulos, New Dynamics of Ageing Programme - NDA; Department of Sociological Studies, University of Sheffield. Sheffield: New Dynamics of Ageing - NDA, 2014, 8 pp (NDA Findings 31).

Most of older people's falls occur during stair descent. Several functional parameters, including muscle strength, joint mobility and our sense of balance, may be involved, all of which deteriorate with age. This research aimed to understand the role of musculo-skeletal and sensory functions and their deterioration with ageing in stepping performance, and to find ways of improving older people's ability to descend stairs. (RH)

From : NDA Research Programme, Department of Sociological Studies, University of Sheffield, Elmfield, Northumberland Road, Sheffield S10 2TU. www.newdynamics.group.shef.ac.uk

Clinical geropsychology: approaches to older adults with disability; by Joann P Reinhardt.: Taylor and Francis, January-February 2014, pp 76-89.

Clinical Gerontologist, vol 37, no 1, January-February 2014, pp 76-89.

With advancing old age comes increased risk of chronic physical or mental impairment and resulting disability, with many potential paths to adaptation. An understanding of the types of resources older adults may utilise to adapt to disability, and how they move through disablement and adjustment processes, can assist professionals as they work with disabled older adults to achieve optimal outcomes. This article reviews characteristics and disability trends in older adults, research and treatment issues in disability, and both clinical and public policy implications regarding disability. The example of dealing with vision loss due to age-related eye disease is used to exemplify chronic impairment, which can be accompanied by comorbid depression with resulting functional disability, and the types of resources available. Disability is considered in the context of older adults' health, personal factors and external factors representing their life circumstances. (JL)

ISSN: 07317115

From : <http://www.tandfonline.com>

Co-housing and intergenerational exchange: exchange of housing equity for personal care assistance in intentional communities; by Michele Coele.: Emerald, 2014, pp 75-81.

Working with Older People, vol 18, no 2, 2014, pp 75-81.

As a disabled person, the author had found it interesting to actively explore with younger people the impact upon both generations of issues around housing equity. Her paper suggests that it should be possible to devise mechanisms which will enable communities to address the changing assistance needs of disabled and older residents, whilst giving younger resident assistants an equity stake in the housing market. The existence of such mechanisms on a national scale would facilitate mobility between otherwise independent communities, and maximise the choices available to residents requiring different forms of assistance at different stages in their lives. The paper draws upon the author's personal experience of exchanging accommodation with a team of assistants. The author considers how this model could be made more sustainable and replicable. Action research is needed to explore similar models within the context of intentional communities. Two pressing social challenges could have a unified solution. Co-housing provides potential for people to remain within an intergenerational community as they grow older and develop assistance needs, while providing accommodation equity. Today's "baby boomer" generation may contribute to less advantaged future generations, by leaving behind them dedicated housing for assistants in order to make sure that such provision is present within communities in perpetuity. The author has already, and would like to test further, the potential of non-monetary exchange within intentional communities. (RH)

ISSN: 13663666

From : www.emeraldgroupublishing.com/wwop.htm

Commission on Hearing Loss: final report; by Sally Greengross (Chair), International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK - ILC-UK, July 2014, 38 pp.

For too long, hearing loss has been ignored, overlooked and disregarded, despite the millions of people experiencing hearing loss and the devastating consequences that it can have on individuals, their families and society as a whole. This report presents new data to show not only the predicted growth in the number of people with hearing loss, which is set to account for almost 20% of the total population by 2031, but also highlights a £25 billion loss to the UK economy in potential economic output. The terms of reference of the Commission on Hearing Loss were to consider the extent of the challenges posed by age-related hearing loss in the UK and how it can be tackled. The report considers the rising social cost of hearing loss; makes recommendations on an alternative model of delivering hearing services involving earlier detection of hearing loss by national screening; and looks at ways in which society could become more adaptable to hearing loss. This report has been supported by Boots Hearingcare. (RH)

From : International Longevity Centre UK, 36-37 Albert Embankment, London SE1

7TL.ilcuk.org.uk/index.php/publications/publication_details/commission_on_hearing_loss_final_report

Dementia and the deaf community: knowledge and service access; by Emma Ferguson-Coleman, John Keady, Alys Young.: Taylor and Francis, 2014, pp 674-682.

Aging and Mental Health, vol 18, no 6, 2014, pp 674-682.

This study concerns culturally deaf people in the United Kingdom who use British Sign Language (BSL). It explores how deaf people's knowledge about dementia and access to services is mediated by their seemingly minority cultural-linguistic status. Twenty-six members of the deaf community participated in one of three deaf-led focus groups in BSL corresponding with the sample of: deaf people over the age of 60 without dementia; deaf people aged 18-60 working in professional roles unconnected with dementia services; and ordinary members of the deaf community aged 18-60. Data were subjected to a thematic content analysis. Participants' concerns about their poor levels of knowledge and understanding of dementia were augmented by their awareness that, without sustained social contact in BSL, opportunities for earlier recognition of dementia would be lost. Although primary care services were identified as the first port of call for dementia-related concerns, there was widespread mistrust of their effectiveness because of failures in communication and cultural competence. Confirmed diagnosis of dementia was not viewed as a gateway to services and support, because deaf organisations, dementia-related organisations and mainstream adult services were perceived to be ill-equipped to respond to the needs of Deaf people with dementia. Locating problems of late diagnosis within the deaf community's poor awareness and knowledge of dementia fails to recognise the structural barriers deaf people face in timely access to services and accurate recognition of dementia-related changes. (RH)

ISSN: 13646915

From : <http://www.tandfonline.com>

Factors that influence intent to adopt a hearing aid among older people in Italy; by Nicola Cobelli, Liz Gill, Fabio Cassia, Marta Ugolini.: Wiley Blackwell, November 2014, pp 612-622.

Health and Social Care in the Community, vol 22, no 6, November 2014, pp 612-622.

Hearing loss is one of the most prevalent health impairments associated with ageing in developed countries, and it can result in social, emotional and communication dysfunction. Hearing loss in Italy is increasing; yet, despite the availability of free hearing aids and access to qualified community-based health professionals specialising in audiology services, their uptake remains low (about 15%-20%). This paper presents an investigation of the possible reasons why older people in Italy resist adopting a hearing aid. The authors used the literature to identify factors influencing people with hearing loss's decision-making, and drew on the theory of reasoned action to create an explanatory model. They applied a cross-sectional design to test their hypotheses. They developed a questionnaire including 13 items related to adopting a hearing aid. Health professionals identified 400 people aged 60-90 who were candidates for a free hearing aid. Those willing to participate were sent a copy of the questionnaire and telephoned between August and September 2009; a total of 243 responded (response rate 60.8%). Linear regression analysis highlighted that a person's intention to adopt a hearing aid was positively related to attitude towards its adoption, but negatively linked to perceived subjective norms. It was found that trust in the health professional does not moderate the relationship between a person's attitude and the intention to adopt a hearing aid. However, trust does mitigate the relationship between the individual's perceived subjective norms and intentions. These findings underline the importance of the potential role that the healthcare professional could play in reducing the uncertainty created by external social pressures. For this purpose, stronger collaboration between the various health professionals involved in hearing aid provision, from diagnosis to fitting, is recommended. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

Fuller working lives: a framework for action; by Department for Work and Pensions - DWP. London: Department for Work and Pensions, 2014, 27 pp.

Part of the Age Positive initiative, this document explains how working longer can benefit individuals, businesses, society and the economy. It looks at what is known about early labour market exits: the aim is to stop people leaving the labour market involuntarily in their 50s and early 60s. It identifies the main groups affected: carers; disabled people and those with health conditions; and people who are made redundant. It considers how skills, workplace factors, financial security and incentives can help people stay in work longer. (RH)

From : Download available at: <https://www.gov.uk/government/publications/fuller-working-lives-a-framework-for-action>

Good practice in social care for disabled adults and older people with severe and complex needs: evidence from a scoping review; by Kate Gridley, Jenni Brooks, Caroline Glendinning.: Wiley Blackwell, May 2014, pp 234-248.

Health and Social Care in the Community, vol 22, no 3, May 2014, pp 234-248.

The population of those with severe and complex needs is growing. This article reports findings from a scoping review of the literature on good practice in social care for disabled adults and older people with severe and complex needs. Scoping reviews differ from systematic reviews in that they aim to map relevant literature across an area of interest. This review formed part of a larger study, to identify social care service models with characteristics desired by people with severe and complex needs and scope the evidence of effectiveness. Systematic database searches were conducted for literature published between January 1997 and February 2011 on good practice in UK social care services for three groups: young adults with life-limiting conditions; adults who had suffered a brain injury or spinal injury and had severe or complex needs; and older people with dementia and complex needs. 5098 potentially relevant records were identified through electronic searching and 51 by hand. 86 papers were selected for inclusion, from which 29 studies of specific services were identified. However, only four of these evaluated a service model against a comparison group. and only six reported any evidence of costs. 35 papers advocated person-centred support for people with complex needs, but no well-supported evaluation evidence was found in favour of any particular approach to delivering this. The strongest evaluation evidence indicated the effectiveness of a multidisciplinary specialist team for young adults; intensive case management for older people with advanced dementia; a specialist social worker with a budget for domiciliary care working with psycho-geriatric inpatients; and interprofessional training for community mental health professionals. The dearth of robust evaluation evidence identified through this review points to an urgent need for more rigorous evaluation of models of social care for disabled adults and older people with severe and complex needs. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journal/hsc

Hearing loss and dementia: an exploratory study of the views of audiologists; by Nicola Wright, Theodore Stickley, Imran Mulla (et al): Emerald, 2014, pp 220-231.

Quality in Ageing and Older Adults, vol 15 no 4, 2014, pp 220-231.

An online survey was distributed to audiologists working in the UK NHS and private sector via their professional organisations in order to explore their views and experiences of working with older adults with dementia. 312 audiologists took part in the survey, which collected both quantitative and qualitative data. Basic descriptive statistics summarised the quantitative responses. The qualitative data were analysed using conventional thematic approaches. The quantitative data demonstrated that the vast majority of audiologists (96%) had treated someone with dementia. Despite this, 65% of respondents did not feel adequately supported to help this service user population. Four overarching themes were used to explain the qualitative data: integrated and individualised care; formal (including training) vs experiential knowledge; the interaction between dementia and hearing; and using the technology. Given the anticipated increase in rates of dementia within the population and the potential for hearing impairment to exacerbate the symptoms, this study highlights the unique role audiologists have. The need for more training and development for this professional group is also identified. The self-selecting nature of the sample is a limitation which needs to be taken into account when considering the transferability and implications of the findings. (RH)

ISSN: 14717794

From : www.emeraldinsight.com/qaoa.htm

Hoarding severity predicts functional disability in late-life hoarding disorder patients; by Catherine R Ayers, Princeton Ly, Ian Howard ... (et al): Wiley Blackwell, July 2014, pp 741-746.

International Journal of Geriatric Psychiatry, vol 29, no 7, July 2014, pp 741-746.

Late life hoarding is a serious psychiatric condition with significant implications in health and functioning. Geriatric hoarding patients show greater impairment in activities of daily living and have a greater number of medical conditions compared with non-hoarders of the same age. This study examined the relationship between geriatric hoarding severity and functional disability severity. 65 subjects aged 60 or older with hoarding disorder (HD) participated in the current study. Participants were assessed with measures of hoarding severity, psychiatric symptoms and general disability. Hierarchical regression was used to test the unique association of hoarding symptoms with functional disability beyond the effects of demographic factors, anxiety and depression. Study results showed that when controlling for demographics (age and gender) and psychiatric symptoms (anxiety and depression), hoarding severity predicts functional disability severity. Analyses also showed that clinician-administered measures of hoarding are stronger predictors of disability than patient self-report measures. When treating older adults with HD, clinicians must consider symptom impact on daily life. A multidisciplinary team must be utilised to address the wide-ranging consequences of hoarding symptoms. Future work should examine how psychiatric treatment of HD affects functional disability. (JL)

ISSN: 08856230

From : www.orangejournal.org

Impediments to community-based care for people ageing with intellectual disability in rural New South Wales; by Stuart Wark, Rafat Hussain, Helen Edwards.: Wiley Blackwell, November 2014, pp 623-633.

Health and Social Care in the Community, vol 22, no 6, November 2014, pp 623-633.

The emerging phenomenon of ageing with an intellectual disability has become subject to an increasing research focus in recent years. However, there remains little knowledge regarding the specific impediments that community workers face in supporting this cohort. This study aimed to identify the major factors that direct care staff believe have most impact upon individuals ageing with an intellectual disability in the community. A three-round Delphi project was conducted across rural areas of New South Wales in Australia with 31 disability support workers, to gain their perspectives on the main impediments facing a person ageing with intellectual disability. The 2010 study identified that the issue of ageing with an intellectual disability was presenting significant problems for community-based service delivery to this group of people. The panel identified 25 different impediments to the provision of support. A thematic analysis of the items indicated three main themes of 'funding', 'training' and 'access to services'. By identifying these impediments to supporting people ageing with an intellectual disability in the community, both services and government funding bodies have the ability to plan to overcome both current and future problem areas. This identification of impediments may facilitate individuals to receive more appropriate assistance, which in turn may lead to an improved quality of life and maintenance of a community-based placement rather than premature admission to the congregate-care system. This study is particularly timely, given that Australia is in the midst of implementing a National Disability Insurance Scheme, and is an opportunity for all levels of government to agree on the mechanisms to

appropriately assist individuals with an intellectual disability to continue to be supported in the community as they age. (RH)

ISSN: 09660410

From : wileyonlinelibrary.com/journals/hsc

Older people: evidence-based review; by Royal National Institute of Blind People - RNIB. London: RNIB, 2014, 20 pp.

This evidence-based review is one of a series produced by RNIB researchers which brings together key research about blind and partially sighted people of different age groups. This review looks in more detail at the experience of older blind and partially sighted people in the UK. It includes a profile of this group (age 65+), the policies that govern their access to health, social care, and other services, and a commentary on what the evidence tells us. Some of the statistics presented relate to people aged over 85: this is the fastest growing age group in the UK, and the incidence of sight loss significantly increases for people aged over 85. A "Sight loss data tool" (rnib.org.uk/datatool) produced by RNIB provides local and regional facts and figures about blind and partially sighted people and those at risk of sight loss. (RH)

From : Download at:

https://www.rnib.org.uk/sites/default/files/RNIB_Evidence_based_review_older_people.pdf RNIB, 105 Judd Street, London WC1H 9NE.

Social prescription and the role of participatory arts programmes for older people with sensory impairments; by Nicholas Vogelpoel, Kara Jarrold.: Emerald, 2014, pp 39-50.

Journal of Integrated Care, vol 22, no 2, 2014, pp 39-50.

The purpose of this paper was to describe the benefits of a social prescribing service for older people with sensory impairments experiencing social isolation. The paper drew on the findings from a 12-week programme run by Sense, a voluntary sector organisation, and illustrated how integrated services, combining arts-based participation and voluntary sector support, could create positive health and wellbeing outcomes for older people. The research took a mixed-methodological approach, conducting and analysing data from interviews and dynamic observation proformas with facilitators and quantitative psychological wellbeing scores with participants throughout the course of the programme. Observations and case study data were also collected to complement and contextualise the data sets. The research found that participatory arts programmes could help combat social isolation amongst older people with sensory impairments and could offer an important alliance for social care providers who were required to reach more people under increasing financial pressures. The research also highlighted other benefits for health and wellbeing in the group including increased self-confidence, new friendships, increased mental wellbeing and reduced social isolation. The research was based on a sample size of 12 people with sensory impairments and therefore may lack generalisability. However similar outcomes for people engaging in participatory arts through social prescription are documented elsewhere in the literature. The paper includes implications for existing health and social care services and argues that delivering more integrated services that combine health and social care pathways with arts provision have the potential to create social and medical health benefits without being care/support resource heavy. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

Supported housing and neighbourhoods for healthy ageing: findings from the Housing and Independent Living Study (HAIL); by Julie E Byles, Lynette Mackenzie, Sally Redman ... (et al.): Wiley Blackwell, March 2014, pp 29-35.

Australasian Journal on Ageing, vol 33, no 1, March 2014, pp 29-35.

The present study aimed to identify the extent to which homes and neighbourhoods of older community-dwelling people are 'supportive'. A cross-sectional survey, in-home observation and interviews involving 202 participants aged 75-79 years were all carried out. Measures included SF-36 health-related quality of life and Late Life Function and Disability Instrument (LLFDI) scores, and self-reported home usability, access, safety and neighbourhood. Associations between home and neighbourhood characteristics were also assessed. Results showed that older people rated neighbourhood satisfaction highly. Many homes failed objective adaptability and safety ratings, particularly bathrooms (80% did not have a shower grab rail, 77% did not have non-slip floors); 27% of homes scored 8 or more of 25 possible hazards. There were significant correlations between perceptions of housing and neighbourhood and SF-36 and disability scores. The study concludes that many homes and neighbourhoods may not accommodate increased frailty or disability of older people into the future. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

Why is it so important to consider so-called invisible older people in UK healthcare?; by Anthea Tinker, Nesar Gilani, Isabella Luthra (et al.): Emerald, 2014, pp 187-196.

Quality in Ageing and Older Adults, vol 15 no 4, 2014, pp 187-196.

Using information obtained from academic literature, government statistics and other publications from relevant organisations, this paper discusses older people who are in groups that are not readily visible to policy makers and practitioners. The authors investigated one 'invisible' group each; and comparisons and conclusions were then made collaboratively. The six underserved populations covered were older people with physical disabilities, learning disabilities, those from lesbian, gay, bisexual and transgender (LGBT) communities, older prisoners, older people with chronic long-term mental health problems (in particular depression and dementia), and those who are homeless. The issues of health needs, access to health care and provision of services are discussed. Many groups of older people seem to be absent from statistics and from policy making. The paper suggests that there needs to be more research to identify the scale of any problems and how they may be solved. There are practical implications for health and social care professionals, if they do not recognise that there are groups in society about whom little is known. Lack of knowledge and empathy may affect their approach to these groups. (RH)

ISSN: 14717794

From : www.emeraldinsight.com/qaoa.htm

2013

Age-related visual impairments and perceiving linguistic stimuli: the rarity of assessing the visual abilities of older participants in written language research; by Victoria A McGowan, Kevin B Paterson, Timothy R Jordan.: Taylor & Francis, January-February 2013, pp 70-79.

Experimental Aging Research, vol 39, no 1, January-February 2013, pp 70-79.

It is well established that declining visual abilities are widespread amongst older adults (aged 65 years and over) and are known to have profound effects on processing a range of visual stimuli. However, the incidence of assessing the visual abilities of older adults participating in written language research using visually presented linguistic stimuli (text, words, letters) is unknown. The authors examined all 240 articles investigating perception of visually presented linguistic stimuli (text, words, letters) by older participants, published 2000-2010 in the three foremost journals in ageing research: Experimental Aging Research; Journals of Gerontology, Series B; and Psychology and Aging. The majority of articles (68.0%) made no mention at all of participants' visual abilities (59.2%), or relied merely on participants' self-report (8.8%). Other articles (17.9%) reported participants' visual abilities without mentioning any assessment, and only 14.2% reported participants' visual abilities following appropriate assessment. The indications are that appropriate assessments of visual abilities are rarely used in language research investigating perception of visually presented linguistic stimuli by older participants. Much greater use and reporting of these assessments is needed to help reveal the processes underlying perception of written language in older populations. (RH)

ISSN: 0361073X

From : <http://www.tandfonline.com>

The assessment of cognition in visually impaired older adults; by Alison Killen, Michael J Firbank, Daniel Collerton ... (et al.): Oxford University Press, January 2013, pp 98-102.

Age and Ageing, vol 42, no 1, January 2013, pp 98-102.

Visual and cognitive impairments are common in later life, however there are very few cognitive screening tests for the visually impaired. The objective of the present study was to screen for cognitive impairment in the visually impaired. The research used a case-control study including 150 older participants with visual impairment and a control group without visual impairment using vision-independent cognitive tests and cognitive screening tests. The tests consisted of MMSEs (mini mental state examinations) and clock drawing tests (CDTs), the latter being in part vision dependent. Results showed that the scoring of the two groups did not differ in the vision-independent cognitive tests. Visually impaired patients performed poorer than controls in the vision-dependent items of the MMSE and CDT. No group difference was found when vision-independent items were added to MMSE and CDT. The test score gain by the use of vision-independent items correlated with the severity of visual impairment. The authors conclude that visually impaired patients benefit from cognitive tests which do not rely on vision. The more visually impaired the greater the benefit. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

A better life: valuing our later years; by Philly Hare, Ilona Haslewood, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, December 2013, 4 pp (Ref 2950).

Inspiring Social Change, 2950, December 2013, 4 pp (Ref 2950).

The Joseph Rowntree Foundation (JRF) major 5-year programme 'A better life' aimed to explore what quality of life means for older people with high support needs, and to examine what can help us all to improve our final years. The main work of commissioning and publishing projects relating to this goal finished in 2013. This paper summarises the key messages from the 'A better life' programme of work, available from the JRF website (see: www.jrf.org.uk/work/workarea/better-life). It notes key points that will inform subsequent work to disseminate the findings and to reflect on the meaning of the evidence base on issues such as challenging ageist assumptions, recognition of the increasing diversity of older people, and making simple changes to improve older people's lives. It also notes that there have been major changes since the project began, in particular cuts to or loss of services, voluntary sector organisations and local infrastructure - which are detrimental to the well-being of older people and those who support them. (RH)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/work/workarea/better-life

A better life: valuing our later years; by Imogen Blood, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation - JRF, 2013, 88 pp.

The Joseph Rowntree Foundation (JRF) major 5-year programme 'A better life' (2009-2013) aimed to explore what quality of life means for older people with high support needs, and to examine what can help us all to improve our final years. This book was commissioned by JRF to draw out and reflect on the key messages from this body of work. A recurring theme is that ageing is about all of us; it is everyone's business, not just those working in care homes, commissioning health and care services, or developing government policies and programmes. The book quotes the personal experiences of older individuals, and asks why it is that personal identity risks getting overlooked at this stage of life. It considers the messages about what 'choice', 'control' and 'independence' mean to people as they get older. A concluding chapter summarises key messages and draws together the practical ideas for change that were introduced throughout the report, starting with old age being not about 'them': it is about all of us. Older people are individuals, and as a group, they are becoming more diverse. Relationships matter to us, whatever our age: we have a fundamental human need to connect with others meaningfully. Older people with high support needs have many assets, strengths and resources; and whatever our age or support needs, we should all be treated as citizens: the individual and collective voices of older people with high support needs should be heard and given power. (RH)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/work/workarea/better-life

Deafblind UK expands operations in Northern Ireland to further reduce isolation and enhance the lives of deafblind people; by Becky Lamont.: Emerald, 2013, pp 164-169.

Working with Older People, vol 17, no 4, 2013, pp 164-169.

The need for services catering for older deafblind people in Northern Ireland (NI) is highlighted, as is how Deafblind UK is responding, supported by funding from the Big Lottery Fund. This paper provides an overview of deafblindness in NI. Supported by research and case studies, it explains the current situation, highlights the issues of this disability, the unique response required, and how Deafblind UK's Connections NI project is meeting these needs. It confirms older deafblind people as a highly vulnerable group; yet there was a severe lack of services in the region catering for their specific needs. Based on work elsewhere in the UK and initial feedback, Deafblind UK's Connections NI project has been designed to support older deafblind people in the region to give them control over their life choices and retain independence as far as possible. The project was only launched in April 2013. Although results have been achieved by Deafblind UK elsewhere in the country, it could take some time for similar results to be seen in NI, particularly when considering the nature of the work. Deafblind UK will work alongside agencies and in the community to raise awareness of deafblindness, helping to create clearer classification of the disability and associated issues, and deliver more targeted services that reach a higher proportion of older deafblind people in the region. (RH)

ISSN: 13663666

From : www.emeraldinsight.com/wwop.htm

Depression, disability and functional status among community-dwelling older adults in South Africa: evidence from the first South African National Income Dynamics Study; by Andrew Tomita, Jonathan K Burns.: Wiley Blackwell, December 2013, pp 1270-1279.

International Journal of Geriatric Psychiatry, vol 28, no 12, December 2013, pp 1270-1279.

This study examined the relationship between depression and functional status among a community-dwelling population of 65 years and older in South Africa. Data from the first wave of the South African National Income

Dynamics Study were used, this being the first longitudinal panel survey of a nationally representative sample of households. The study focused on the data for resident adults aged 65 years and older. Depression was assessed using the 10-item version of the Center for Epidemiologic Studies Depression Scale. Functional status, pertaining to both difficulty and dependence in activities of daily living (ADL), instrumental activities of daily living (IADL), and physical functioning and mobility (PFM), were assessed using 11 items. Functional challenges were generally higher in the older age group. There was a significant association between depression and functional dependence in ADL, IADL and PFM, but the relationship between depression and functional status, particularly PFM, appeared weaker in older age. These findings demonstrate that the relationship between depression symptoms and function is complex. Functional characteristics between older and younger old populations are diverse, and caution is indicated against overgeneralising the challenges related to depression and function among this target population. (JL)

ISSN: 08856230

From : www.orangejournal.org

Exploring the relationship between national economic indicators and relative fitness and frailty in middle-aged and older Europeans; by Olga Theou, Thomas D Brothers, Michael R Rockwood ... (et al): Oxford University Press, September 2013, pp 614-619.

Age and Ageing, vol 42, no 5, September 2013, pp 614-619.

On an individual level lower income has been associated with disability, morbidity and death. On a population level the relationship of economic indicators with health is unclear. The purpose of this study was to evaluate relative fitness and frailty in relation to national income and healthcare spending, and their relationship with mortality. The study used secondary analysis of data from the Survey of Health, Ageing and Retirement in Europe (SHARE), a longitudinal population-based survey which began in 2004. A total of 36,306 community-dwelling people aged 50 and older (16,467 men and 19,839 women) from the 15 countries which participated in the SHARE comprised the study sample. A frailty index was constructed as the proportion of deficits present in relation to the 70 deficits available in SHARE. The characteristics of the frailty index examined were mean, prevalence of frailty and proportion of the fittest group. Study findings showed that the mean value of the frailty index was lower in higher-income countries than in lower-income countries; the overall mean frailty index was negatively correlated with both gross domestic product and health expenditure. Survival in non-frail participants at 24 months was not associated with national income, whereas survival in frail people was greater in higher-income countries. A country's level of frailty and fitness in adults aged 50 years and over is strongly correlated with national economic indicators. In higher-income countries, not only is the prevalence of frailty lower, but frail people also live longer. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Exploring the relationships between choice and independence: experiences of disabled and older people; by Parvaneh Rabiee.: Oxford University Press, July 2013, pp 872-888.

British Journal of Social Work, vol 43, no 5, July 2013, pp 872-888.

Extending choice and control to the users of publicly-funded services is a cornerstone in the personalisation agenda, which was central to the previous Labour government's policies in England (from 2006) and is supported by the Coalition Government. It is assumed that giving service users greater choice and control will promote their independence. As service users are increasingly given the responsibility to determine their support, social work practitioners need to work differently with service users, in order to provide personalised support in exercising choice. This requires practitioners to have a nuanced understanding of people's concepts of independence, how people make choices about support services, and how those choices can affect their perceived independence in the longer term. This paper reports new findings from a longitudinal qualitative study of choice and control over the life course in England. Semi-structured interviews were carried out with 50 adults and older people experiencing fluctuating support needs and/or a sudden deterioration in health. The paper discusses the relationships between choice and independence as experienced by disabled and older people. The findings show that independence is not a fixed concept, but is relative and multidimensional. There are multiple relationships between the choices people make and the consequences of those choices for people's subjective views of their independence. The paper concludes by highlighting the implications of findings for the role of social work practitioners. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

Functional impairment, illness burden, and depressive symptoms in older adults: does type of social relationship matter?; by Joshua P Hatfield, Jameson K Hirsch, Jeffrey M Lyness.: Wiley-Blackwell, February 2013, pp 190-198.

International Journal of Geriatric Psychiatry, vol 28, no 2, February 2013, pp 190-198.

The nature of interpersonal relationships, whether supportive or critical, may affect the association between health status and mental health outcomes. This study examined the potential moderating effects of social support as a buffer, and family criticism as an exacerbating factor, on the association between illness burden, functional impairment and depressive symptoms. A sample of 735 older adults aged 65 years and above was recruited from internal and family medicine primary care offices. Trained interviewers administered the Hamilton Rating Scale for Depression, Duke Social Support Inventory, and Family Emotional Involvement and Criticism Scale. Physician-rated assessments of health, including the Karnofsky Performance Status Scale and Cumulative Illness Rating Scale, were also completed. Linear multivariable hierarchical regression results indicated that social interaction was a significant buffer, weakening the association between illness burden and depressive symptoms, whereas perceived social support buffered the relationship between functional impairment and depressive symptoms. Family criticism and instrumental social support were not significant moderators. The study concludes that the type of medical dysfunction, whether illness or impairment, may require different therapeutic and supportive approaches. Enhancement of perceived social support, for those who are impaired, and encouragement of social interactions, for those who are ill, may be important intervention targets for treatment of depressive symptoms in older adult primary care patients. (JL)

ISSN: 08856230

From : www.orangejournal.org

Home adaptations for disabled people: detailed guide to related legislation, guidance and good practice; by Home Adaptations Consortium; Care & Repair England. [Nottingham]: Care & Repair England, 2013, 118 pp.

The government's strategy 'Laying the foundations: a housing strategy for England' invited the Home Adaptations Consortium to lead in publishing an industry-led good practice report. This guide was originally commissioned by the Department for Communities and Local Government (DCLG) in 2010 and drafted by The Housing Consultancy Partnership in 2011 as an update to the DCLG's earlier guidance to the Disabled Facilities Grant (DFG). It was subsequently amended by members of the Consortium, whose membership includes Age UK, the Association of Charity Officers, BHTA, Care & Repair England, the College of Occupational Therapists, the Chartered Institute of Environmental Health, the Chartered Institute of Housing, Foundations, Hanover, Habinteg, Mencap, MS Society, the Papworth Trust, RL Glasspool Charity Trust and the Royal British Legion. The guide aims to provide authorities and those with service planning and provision responsibilities with clear and comprehensive information about the legal position concerning home adaptations, specifically Disabled Facilities Grant (DFG), alongside examples and ideas for service delivery. Among other subjects covered is the role of the locally-based home improvement agencies (HIAs), who support disabled and older people to enable independent living. (RH)

From : http://www.careandrepair-england.org.uk/pdf/dfg_good_practice_guide_2013.pdf Care & Repair England, The Renewal Trust Business Centre, 3 Hawksworth Street, Nottingham NG3 2EG. tel: 0115 950 6500 www.careandrepair-england.org.uk

In sight: a review of the visual impairment sector; by Abigail Rotheroe, Sally Bagwell, Iona Joy, New Philanthropy Capital. London: New Philanthropy Capital, November 2013, 75 pp.

The number of people with sight loss is expected to double by 2050 as the population ages and underlying causes such as diabetes and obesity increase. This report, commissioned by the Clothworkers' Foundation, reviews the visual impairment sector and medical research, considers the main issues for older people, and makes recommendations for funding. An accessible version (134 pp), developed according to RNIB's Clear Print design guidelines, is also available (<http://www.thinknpc.org/wp-content/uploads/2013/11/IN-SIGHT-CLEAR-PRINT-REPORT.pdf>). (RH)

From : [http://foundation.clothworkers.co.uk/ClothworkersFoundation/media/Publications/IN-SIGHT-REPORT-FINAL-\(2\).pdf](http://foundation.clothworkers.co.uk/ClothworkersFoundation/media/Publications/IN-SIGHT-REPORT-FINAL-(2).pdf)

Influence of life-style choices on locomotor disability, arthritis and cardiovascular disease in older women: prospective cohort study; by Lois G Kim, Joy Adamson, Shah Ebrahim.: Oxford University Press, November 2013, pp 696-701.

Age and Ageing, vol 42, no 6, November 2013, pp 696-701.

Many chronic conditions have their roots in modifiable health-related behaviours. In this study, 4,286 women aged 60-79 in the British Women's Heart and Health Study were followed up for incident cardiovascular disease (CVD), arthritis and locomotor disability over 7 years. Also considered at baseline were self-reported smoking, alcohol consumption, exercise and fruit intake. Associations between these and each outcome, plus a composite

outcome, were investigated in those without prevalent disease at baseline using logistic regression with multiple imputation. Ex-smokers and current smokers showed increased odds of locomotor disability, CVD and the combined outcome. Less regular exercisers had increased odds of all outcomes, particularly locomotor disability. There was no evidence that alcohol or fruit intake was associated with any outcome. Population attributable fractions (PAFs) suggest in addition to the influence of smoking and alcohol, exercise accounts for 9% of incident locomotor disability, 5% of CVD and 4% of arthritis. All four lifestyle factors combined account for 17% of incident locomotor disability and 9% of incident conditions combined. Never smokers and regular exercisers had substantially reduced odds of 7-year disability onset. Low PAFs suggest changes in health-related behaviours in older women would result in only modest reductions in common chronic conditions. (RH)
ISSN: 00020729

From : www.ageing.oxfordjournals.org

Older people's views on what they need to successfully adjust to life with a hearing aid; by Timothy B Kelly, Debbie Tolson, Tracy Day ... (et al.): Wiley Blackwell, May 2013, pp 293-302.

Health and Social Care in the Community, vol 21, no 3, May 2013, pp 293-302.

This article reports a study exploring what older people believe would enable them to adjust to and gain maximum benefit from wearing a hearing aid. A mixed methods approach was employed during 2006 involving interviews with key stakeholders, a survey across three Scottish health board areas and focus groups. Nine key stakeholders from six national and local organisations were interviewed about the needs of older people being fitted with hearing aids. In total, 240 older people with three different types of hearing impairment were surveyed: long-term users of hearing aids, new hearing aid users, and those on a waiting list from urban and rural areas (response rate = 24%). A series of eight follow-up focus groups with 31 audiology patients was held. Study findings revealed that health professionals appear to neglect appropriate provision of information and overly rely on technological interventions. Of 154 older people already fitted with hearing aids, only 52% of hearing aid users reported receiving enough practical help post fitting and only 41% reported receiving enough support. Approximately 40% reported not feeling confident in the use of their aids or their controls. Older people wanted more information than they received both before and after hearing aid fitting. Information provision and attention to the psychosocial aspects of care are key to enabling older people to adjust and optimise hearing aid benefit. (JL)

ISSN: 09660410

From : www.wileyonlinelibrary.com/journals/hsc

Predictors of mortality in men and women aged 90 and older: a nine-year follow-up study in the Vitality 90+ study; by Kristina Tiainen, Tiina Luukkaala, Antti Hervonen, Marja Jylha.: Oxford University Press, July 2013, pp 468-475.

Age and Ageing, vol 42, no 4, July 2013, pp 468-475.

Information about predictors of mortality among the oldest old is limited. Also possible gender differences are poorly known. The objective of the present study was to examine the predictors of mortality among individuals aged 90 and older, focusing on differences between men and women. The study also analysed gender differences in survival at different levels of mobility and activities in daily living (ADL). This nine-year follow-up study was part of the Vitality 90+ study, a population-based study of people aged 90 and older. All inhabitants aged 90 and older in the area of Tampere, Finland were contacted, irrespective of health or dwelling place. The study population consisted of 171 men and 717 women. Data were collected with a mailed questionnaire asking questions concerning ADL and mobility, self-rated health, chronic conditions and socio-economic factors. The participation rate was 79%. Cox regression enter models were used for the analysis. Older age, male gender, disability in ADL and mobility, poor self-rated health and institutionalisation increased the risk of mortality in the total study group. In age-adjusted Cox regression models, ADL and mobility were stronger predictors in men than in women. Among those who were partly but not totally dependent in ADL or mobility women survived longer than men. These findings show that the same health indicators that are important at younger old age also predict mortality in the oldest old. Disability increases the likelihood of death more in men than women. At a very old age, women survive longer with moderate disability than do men. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Preparing social workers with person-centered and participant-directed services for the changing aging and disability network; by Nancy R Hooyman, Kevin Mahoney, Mark Sciegaj.: Taylor and Francis, October 2013, pp 573-579.

Journal of Gerontological Social Work, vol 56, no 6, October 2013, pp 573-579.

Invited editorial in which the authors discuss the new requirement for social work students to acquire competences in order to implement person-centred (PC) and person-directed (PD) care when working with older adults or adults with disabilities. U.S. background. (JL)

ISSN: 01634372

From : <http://www.tandf.co.uk/journals>

Quality of life among disabled older adults without cognitive impairment and its relation to attendance in day care centres; by Esther Iecovich, Aya Biderman. Cambridge: Cambridge University Press, May 2013, pp 627-643.

Ageing and Society, vol 33, no 4, May 2013, pp 627-643.

Day care centres intend to improve the quality of life of disabled older adults. The aims of this paper are: (a) to examine the extent to which users of day care centres experience higher levels of quality of life compared to their peers who are non-users; and (b) to explore the relationships between the length of use and frequency of weekly attendance at day care centres and quality of life. This is a case-control study with a sample of 817 respondents, of whom 417 were users of day care centres and 400 were non-users, matched by age, gender and family physician. The study was conducted in 12 day care centres in the southern region of Israel. Data collection included face-to-face interviews using a structured questionnaire. Quality of life was found to be significantly related to the use of day care centres, but length and frequency of attendance were insignificant in explaining quality of life among users of day care centres. The study demonstrated that users of day care centres have a higher quality of life, but in a cross-sectional study causality cannot be proved. Therefore, more research using quasi-experimental and longitudinal research designs is necessary, to assess causality between use and attendance at day care centres on users' quality of life. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

Relationships of disability with age among adults aged 50 to 85: evidence from the United States, England and Continental Europe; by Morten Wahrendorf, Jan D Reinhardt, Johannes Siegrist. San Francisco: PLOS, August 2013, 10 pp.

PLOS One, vol 8, no 8, August 2013, 10 pp.

Evidence is examined in respect of the relationships of disability with age from midlife to old age in the US and four European regions (England, Northern and Western Europe, Southern Europe, and Eastern Europe) including their wealth-related differences, using a flexible statistical approach to model the age-functions. The authors used data from three studies on ageing, with nationally representative samples of adults aged 50 to 85 from 15 countries (N=748225): the US-American Health and Retirement Study (HRS), the English Longitudinal Study of Ageing (ELSA), and the Survey of Health, Ageing and Retirement in Europe (SHARE). Outcomes were mobility limitations and limitations in instrumental activities of daily living (IADLs). They applied fractional polynomials of age to determine best fitting functional forms for age on disability in each region, while controlling for socio-demographic characteristics and important risk factors (hypertension, diabetes, obesity, smoking, physical inactivity). Findings showed high levels of disability in the US, with small age-related changes between 50 and 85. Levels of disability were generally lower in Eastern Europe, followed by England and Southern Europe and lowest in Northern and Western Europe. In these latter countries age-related increases of disability, though, were steeper than in the US, especially in Eastern and Southern Europe. For all countries and at all ages, disability levels were higher among adults with low wealth compared to those with high wealth, with largest wealth-related differences among those in early old age in the USA. This paper illustrates considerable variations of disability and its relationship with age. It supports the hypothesis that less developed social policies and more pronounced socioeconomic inequalities are related to higher levels of disability and an earlier onset of disability. (OFFPRINT). (RH)

From : www.plosone.org

The shifting sands of support planning; by Val Williams, Sue Porter, Steve Strong.: Emerald, 2013, pp 139-147. Journal of Integrated Care, vol 21, no 3, 2013, pp 139-147.

The aim of this paper was to present a critical analysis of current issues about support planning within personal budgets (PBs) for disabled and older people. The paper was based on data from a round of professional workshops in five local authorities, which represented the first stage of a research study about support planning. Focus group discussions were held with participants from voluntary sector organisations (VSOs), as well as social services participants, and the paper was based on a thematic analysis of those discussions. While there

was considerable agreement about the desired outcomes for personal budget users and the ingredients of good support planning, some major concerns were voiced about current constraints. Budgetary cuts were felt to impinge negatively on support planning, and conflicts were identified for social services between the facilitation of PB users' choices, and the need to keep budgets limited. Support planning was often being re-colonised by social services, and VSOs felt that their own role was being curtailed. Some suggestions were made about equalising the power relationships between social services, VSOs and PB users themselves. These workshops represent five local authority areas which volunteered to take part in research, building on existing good practices in support for PB users. The obstacles they identified are likely to be very general ones, and need to be addressed by strategic solutions at national and local level. (JL)

ISSN: 14769018

From : www.emeraldinsight.com/jica.htm

Trajectories of social activities from middle age to old age and late-life disability: a 36-year follow-up; by Neda Agahi, Carin Lennartsson, Ingemar Kareholt (et al): Oxford University Press, November 2013, pp 790-793.

Age and Ageing, vol 42, no 6, November 2013, pp 790-793.

Data from the Swedish Level of Living Survey (LNU) and the Swedish Panel Study of the Oldest Old (SWEOLD) were used to examine the association between 34-year trajectories of social activity, from middle age to old age and late-life disability. LNU data from 1968, 1981, 1991 and 2000 were merged with SWEOLD data from 1992, 2002 and 2004, to create a longitudinal data set with five observation periods. Trajectories of social activities covered 1968-2002, and late-life disability was measured in 2004. The sample consisted of 729 individuals aged 33-61 at baseline (1968), who participated in at least four observation periods and who were free from mobility limitations at baseline. Four trajectories of social activity were identified and used as predictors of late-life disability. Reporting low/ medium levels of social activity from mid-life to old age was the most common trajectory group. Those reporting continuously low/medium or decreasing levels of social activity had higher odds ratios for late-life disability (OR = 2.33 and OR = 2.15, respectively) compared with those having continuously high levels of activity, even when adjusting for age, sex and mobility limitations, and excluding those with baseline mobility limitations. Results suggest that the disability risk associated with social activities is related to recent levels of activity, but also that risk may accumulate over time, as indicated by the higher disability risk associated with the continuously low/medium level social activity trajectory. (RH)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

Unhealthy behaviours and disability in older adults: three-city Dijon cohort study; by Fanny Artaud, Aline Dugravot, Severine Sabia (et al).

British Medical Journal, 347, f4240, 2013, pp 1-15.

The Three City Study (3C) is a community-based study of people aged 65+ in Bordeaux, Dijon and Montpellier. This study in Dijon examined the individual and combined associations of unhealthy behaviours (low/intermediate physical activity, consuming fruit and vegetables less than once a day, current smoking/short term ex-smoking, never/former/heavy alcohol drinking), assessed at start of follow-up, with hazard of disability among older French adults and to assess the role of potential mediators, assessed repeatedly, of these associations. Participants were 3982 French community dwellers aged 65+ (2410 (60.5%) women) during 1999-2001, who were disability-free at baseline when health behaviours were assessed. They were assessed five times between 2001 and 2012 for disability (no, light, moderate, severe) combining data from three disability scales (mobility, instrumental activities of daily living, basic activities of daily living). During the 12 year follow-up, 1236 participants (861 (69.7%) women) developed moderate or severe disability. Interval censored survival analyses (adjusted for age, sex, marital status, and education) showed low or intermediate physical activity (hazard ratio 1.72, 95% confidence interval 1.48 to 2.00), consuming fruit and vegetables less than once a day (1.24, 1.10 to 1.41), and current smoking or short term ex-smoking (1.26, 1.05 to 1.50) to be independently associated with an increased hazard of disability, whereas no robust association with alcohol consumption was found. The hazard of disability increased progressively with the number of unhealthy behaviours independently associated with disability ($P < 0.001$); participants with three unhealthy behaviours had a 2.53 (1.86 to 3.43)-fold increased hazard of disability compared with those with none. Reverse causation bias was verified by excluding participants who developed disability in the first four years of follow-up; these analyses on 890 disability events yielded results similar to those in the main analysis. 30.5% of the association between the unhealthy behaviours score and disability was explained by body mass index (BMI), cognitive function, depressive symptoms, trauma, chronic conditions, and cardiovascular disease and its risk factors. The main contributors were chronic conditions and, to a lesser extent, depressive symptoms, trauma, and body mass index. An unhealthy lifestyle is associated with greater hazard of incident disability, and the hazard increases progressively with the number of unhealthy behaviours. Chronic conditions, depressive symptoms, trauma, and body mass index (BMI) partially explained this association. (OFFPRINT) (RH)

ISSN: 17561833

From : <http://www.bmj.com>

'We can also make change': Voices of the Marginalised briefing; by Sightsavers; ADD International; HelpAge International; Alzheimer's Disease International. [Haywards Heath]: Sightsavers, 2013, 11 pp.

This is a briefing based on 'We can also make change', a report from Voices of the Marginalised, a research project in Bangladesh. It draws on the real-life stories of people with disabilities and older people in Bangladesh, as told to researchers. It finds that up to half of all people aged 60 and over live with disabilities. It recommends that policymakers must ratify and implement the United Nations Convention on the Rights of Persons with Disabilities, and support the elaboration of a UN convention on the rights of older people. Age and disability should be treated as cross-cutting themes in all post-2015 development goals. The full and equal participation of older people and people with disabilities in social and cultural life should be promoted. (RH)

From : http://www.sightsavers.org/in_depth/advocacy/20045_Voices_of_the_Marginalised_Briefing.pdf

2012

Care: a critical review of theory, policy and practice; by Kirstein Rummery, Michael Fine.: Wiley Blackwell, June 2012, pp 321-343.

Social Policy and Administration, vol 46, no 3, June 2012, pp 321-343.

The present study critically examines developments in the theory, policy and practice of social care, drawing on interdisciplinary developments in political theory, sociology and social policy. Using feminist and disability rights theories, it explores a critical synthesis of conflicting normative and theoretical positions regarding the giving and receiving of care, and the ethics and justice of care. It examines case studies of current comparative policy developments across a range of different welfare regimes, exploring ideological and normative trends in the design of contemporary policies. It discusses the impact of theory and policy on the practice of care, particularly in the context of long-term care for disabled and older adults. Finally, the authors argue for the development of a citizenship-based approach to care that decouples it from individualistic and paternalistic paradigms that disempower those who both give and receive care. (JL)

ISSN: 01445596

From : wileyonlinelibrary.com/journal/spol

Determinants of disability among the elderly population in a rural south Indian community: the need to study local issues and context; by A S Duba, A P Rajkumar, M Prince (et al).

International Psychogeriatrics, vol 24, no 2, February 2012, pp 333-341.

Disability among older people is a cause of significant burden; but there is dearth of relevant research from low- and middle-income countries. The authors aimed to establish the nature and factors associated with disability among 1000 participants aged over 65 years from a rural community in Kaniyambadi block, Vellore, in south India. Disability status, sociodemographic profile, psychiatric morbidity, cognitive functioning and anthropometrics were assessed using the following structured instruments: WHO Disability Assessment Scale II, Geriatric Mental State, Community Screening Instrument for Dementia, and Neuropsychiatric Inventory (NPI). The authors used appropriate multivariate statistics to study the factors associated with a higher level of disability, and to determine the population attributable fractions for various modifiable risk factors. Advanced age, illiteracy, hunger, poor nutrition, arthritis, hearing impairment, gastro-intestinal and respiratory diseases, dementia and travel costs to primary health facilities increased the risk of disability significantly. Hypertension, diabetes and depression were not associated with disability. Modifiable social determinants and medical diseases together contributed to disability in this population. Locally relevant social determinants combine with prevalent medical diseases to produce the disability burden among elderly. There is a need to focus on local contexts and modifiable risk factors to design locally appropriate public health policies and interventions. (RH)

ISSN: 10416102

From : <http://www.journals.cambridge.org/ipg>

Ecosystem focused therapy in poststroke depression: a preliminary study; by George S Alexopoulos, Victoria M Wilkins, Patricia Marino ... (et al).

International Journal of Geriatric Psychiatry, vol 27, no 10, October 2012, pp 1053-1060.

Poststroke depression (PSD) occurs in the context of abrupt, often catastrophic disability. It finds the patient and their family unprepared and can have a devastating effect. The authors developed the Ecosystem Focused Therapy (EFT), a systematic intervention that targets the ensuing 'psychosocial storm'. It consists of five integrated components: action orientated perspectives on recovery; enhanced treatment adherence; problem solving structures; reengineered family goals; and coordination of care. This paper looked at a preliminary study of the efficacy of EFT in reducing depression and disability in 24 patients with PSD. Patients were randomly

assigned to receive weekly sessions of EFT or Education on Stroke and Depression alongside their treatment for 12 weeks. The results suggest that EFT may be more effective than Education on Stroke and Depression in reducing depressive symptoms and signs, in leading to a higher remission rate, and in lessening disability in PSD. Reduction of disability in the early part of the trial mediated later improvement in depressive symptoms. The authors suggest that beyond its potential direct benefits in PSD, EFT may also provide an appropriate context for the timely administration of pharmacotherapy and of physical, speech and occupational therapy. (JL)
ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Extra care housing for people with sight loss: lighting and design; by Judith Torrington, Alan Lewis, Thomas Pocklington Trust; School of Architecture, University of Sheffield. London: Thomas Pocklington Trust, 2012, 6 pp (Research findings, no 36).

This publication presents findings from research about the design of extra care housing from the perspective of people with sight loss undertaken by Judith Torrington and Alan Lewis the School of Architecture, University of Sheffield. The study asked 44 people living in 11 extra care housing schemes about their experiences of the buildings they lived in, evaluated their homes, and reviewed data from a previous evaluation of 23 extra care housing schemes. The study produced a new tool for evaluating buildings, EVOLVE (Evaluation of Older People's Living Environments), itself the outcome of research funded by the Engineering and Physical Sciences Research Council (EPSRC). The tool comprises electronic checklists that, when completed, create a new profile of how well a building can support residents. The checklists are designed to be used in a walk-through of a housing scheme. The EVOLVE toolkit is available on the Housing LIN website (at <http://www.housinglin.org.uk> and search for EVOLVE). (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Foreign live-in domestic workers as caretakers of older Kuwaiti men and women: socio-demographic and health correlates; by Nasra Shah, Hanan Badr, Makhdoom Shah.

Ageing and Society, vol 32, part 6, August 2012, pp 1008-1029.

This study, from Kuwait, aimed to examine: (a) age and gender differences in care provided by a domestic worker versus a family member in the performance of activities of daily living (ADL); (b) socio-demographic correlates of care during illness; and (c) self-reported physical, functional, and psychological health status in relation to care-giver. A cross-sectional household survey was conducted among 2,487 Kuwaiti nationals aged 50 years or older. Study findings revealed that domestic workers provided care to 28 per cent of men and 58 per cent of women who needed assistance with ADL; and to 14 per cent of men and 51 per cent of women during illness. These respondents ranked poorer on several health indicators and reported higher depressive symptoms than those looked after by a family member. Logistic regression indicated that care by a domestic worker was approximately seven times more likely for women than for men, about 10.8 times more likely for those without co-resident children compared with those who had three or more co-resident children, and 44 per cent less likely for the poorest compared with the richest persons. It appears that reliance on domestic workers in Kuwait is increasing and such reliance will remain necessary in the absence of culturally acceptable alternative institutional arrangements. (JL)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>

Functional disability and psychological well-being in later life: does source of support matter?; by Shiao-Fang Chao.

Ageing & Mental Health, vol 16, no 1-2, January-March 2012, pp 236-244.

This study explored the buffering effects of instrumental and emotional support from different sources against the impact of increasing functional disability on depression and life satisfaction. Random effects modelling was utilised with data from a nationwide longitudinal study in Taiwan. A total of 6722 observations from 2856 older adults over a seven-year period served as subjects of the study. The results suggested that instrumental support from family members and formal organisations as well as emotional support from families, friends and formal organisations was significantly associated with better psychological well-being among older persons in Taiwan. In addition, receiving instrumental support from family members and formal organisations can moderate the linkage between increasing functional disability and depression. The results emphasise the importance of encouraging a partnership between natural helpers and health care professionals. A good integration between formal and informal networks could more effectively meet the needs of frail older adults and their families. This study also calls for more attention to the cultural competence of health care policy and service delivery. (JL)

ISSN: 13607863

From : <http://www.tandfonline.com>

Hearing-impaired adults are at increased risk of experiencing emotional distress and social engagement restrictions five years later; by Bamini Gopinath, Louise Hickson, Julie Schneider ... (et al).

Age and Ageing, vol 41, no 5, September 2012, pp 618-623.

The present study aimed to assess both cross-sectional and temporal links between measured hearing impairment and self-perceived hearing disability, and health outcomes. 811 Blue Mountains Hearing Study participants (Sydney, Australia) aged 55 years or over were examined twice, in 1997-99 and 2002-04. Hearing levels were measured with pure-tone audiometry. The shortened version of the hearing handicap inventory (HHIE-S) was administered. Scores of 8 or below defined hearing disability. Results showed that baseline hearing impairment was strongly associated with seven of the ten HHIE-S questions five years later. Individuals with and without hearing impairment at baseline reported that they felt embarrassed and/or frustrated by their hearing problem, and that it hampered their personal/social life five years later. Hearing-impaired, compared with non-hearing-impaired adults had a significantly higher risk of developing moderate or severe hearing disability. Cross-sectionally (at wave 2), hearing disability increased the odds of depressive symptoms and low self-rated health by 80 and 46%, respectively. The authors conclude that older, hearing-impaired adults were significantly more likely to experience emotional distress and social engagement restrictions (self-perceived hearing disability) directly due to their hearing impairment. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

Help from spouse and from children among older people with functional limitations: comparison of England and Finland; by Jenni Blomgren, Elizabeth Breeze, Seppo Koskinen, Pekka Martikainen.

Ageing and Society, vol 32, part 6, August 2012, pp 905-933.

This study, using nationally representative data from England and Finland, investigated receipt of help from spouse and children among community-dwelling people aged 70 years and above with functional limitations. In both countries, women and those with more functional limitations had higher odds of receiving spousal and filial help. In England, but not in Finland, those receiving formal public help had lower odds of receiving spousal help than those with no formal help. Those with low education received more filial help in England, but no association was found between formal and filial help. In Finland, the effect of education was not significant but those receiving formal help had higher odds of also receiving filial help. The results suggest that in a liberal market-led state, the role of children may be to help their parents living alone and with low financial resources. The authors conclude that in the context of a generous welfare state, children may function more as active agents bridging the gap between their parents and traditional services. (JL)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>

Home modification guidelines as recommended by visually impaired people; by Abbas Riazi, Mei Ying Boon, Catherine Bridge, Stephen J Dain.: Emerald, 2012, pp 270-284.

Journal of Assistive Technologies, vol 6, no 4, 2012, pp 270-284.

The aim of this study was to gather evidence from the perspective of people with visual impairment due to age-related macular degeneration (AMD) about the home modifications they find useful and would recommend to others with similar visual impairment. Based on the belief that people with impairments may not be aware of their own coping strategies until they are asked, the authors took a qualitative approach using semi-structured individual interviews. These were recorded and then transcribed verbatim into text for thematic analysis using Nvivo 8. In total, 31 individuals (mean age 79.1 years) with AMD and no other ocular diseases were recruited in a metropolitan city in Australia. Interviewees had not received any formal home modification assessment from a government provider. Nevertheless 70 per cent of participants said that they has undertaken home modifications themselves or with the assistance of family and friends. They perceived the most important functional modifications as: hand rails, non-slip matting, colour contrasting safety stair nosing, single lever taps, slip resistant flooring, lift chairs and motion sensors that activated pathway lighting. Kitchens, steps and bathrooms were seen as hazardous locations. Most participants had difficulties with reading fine-print material on kitchen appliances, washing machines, microwave ovens and remote controls for electronic devices in the home. (JL)

ISSN: 17549450

From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=jat>

International comparison of long-term care resident dependency across four countries (1998-2009): a descriptive study; by Michal Boyd, Clive Bowman, Joanna B Broad, Martin J Connolly.: Wiley-Blackwell, December 2012, pp 233-240.

Australasian Journal on Ageing, vol 31, no 4, December 2012, pp 233-240.

The present study aimed to describe an international comparison of dependency of long-term care residents. All Auckland aged care residents were surveyed in 1998 and 2008 using the 'Long-Term Care in Auckland' instrument. A large provider of residential aged care, Bupa-UK, performed a similar but separate functional survey in 2003, again in 2006 (including UK Residential Nursing Home Association facilities), and in 2009 which included Bupa facilities in Spain, New Zealand and Australia. The survey questionnaires were reconciled and functional impairment rates compared. Of almost 90,000 residents, prevalence of dependent mobility ranged from 27 to 47%; chronic confusion, 46 to 75%; and double incontinence, 29 to 49%. Continence trends over time were mixed, chronic confusion increased, and challenging behaviour decreased. Overall functional dependency for residents is high and comparable internationally. Available trends over time indicate that increasing resident dependency requiring care for this population is considerable and possibly increasing. (JL)

ISSN: 14406381

From : wileyonlinelibrary.com/journal/ajag

Interventions in community settings that prevent or delay disablement in later life: an overview of the evidence; by Helen Frost, Sally Haw, John Frank.: Emerald, September 2012, pp 212-230.

Quality in Ageing and Older Adults, vol 13, no 3, September 2012, pp 212-230.

The population of older people in the UK is expected to rise rapidly over the next 20 years; therefore, identification of effective interventions that prevent functional decline and disablement is a public health priority. This review summarises the evidence for interventions in community settings that aim to prevent or delay disablement in later life. A search of review-level literature was conducted for September 1999-2009 of Ovid MEDLINE, EMBASE and CINAHL databases. It included interventions that aimed to prevent disablement of community-dwelling older people (50+ years old). It excluded interventions carried out in institutional care and those focused on specific disease. The reviews were screened using the AMSTAR assessment tool. The search identified 62 reviews of complex interventions: preventative home visits (n=9), integrated service delivery or case management and comprehensive geriatric assessment (n=6), falls prevention (n=17), exercise (n=15), nutritional needs (n=3), medication review (n=2), telecare or telehealth (n=5), social integration interventions (n=3) and vision screening (n=2). The review identified many areas of unknown effectiveness, partly due to non-standardised use of outcomes and poor experimental design. The most promising complex interventions include: assessment of risk factors; and direct referral to an easily accessible, comprehensive range of interventions that are tailored to need and include long-term follow-up. There is consistent evidence that exercise can be beneficial, particularly in preventing falls, but overall the evidence-base for other specific interventions is limited. The review was carried out under the auspices of the Scottish Collaboration for Public Health Research and Policy, which is co-funded by the Medical Research Council (MRC) and the Scottish Government Chief Scientist Office (CSO). (RH)

ISSN: 14717794

From : www.emeraldinsight.com/journals

Mapping the future of family care: receipt of informal care by older people with disabilities in England to 2032; by Linda Pickard, Raphael Wittenberg, Adelina Comas-Herrera ... (et al): Cambridge University Press, October 2012, pp 533-545.

Social Policy & Society, vol 11, no 4, October 2012, pp 533-545.

Many long-term care systems in economically developed countries are reliant on informal care. However in the context of population ageing, there are concerns about the future supply of informal care. This article reports on projections of informal care receipt by older people with disabilities from spouses and adult children to 2032 in England. The current projections show that the relative numbers of older people with disabilities who have a child will fall by 2032, and that the extent of informal care in future may be lower than previously estimated. The policy implications for England are discussed. (JL)

ISSN: 14747464

From : <http://journals.cambridge.org/action/displayJournal?jid=SPS>

People with a learning disability and dementia: reducing marginalisation; by Karen Watchman.: Hawker Publications, September/October 2012, pp 34-38.

Journal of Dementia Care, vol 20, no 5, September/October 2012, pp 34-38.

The awareness that people with a learning disability, particularly Down's syndrome, are at risk of dementia at a younger age brings an associated need for clarity over service planning and delivery. In order to record changes and developments in approaches, research literature documents the changing history of people with a learning

disability and, separately, people with dementia. We do not have the same knowledge about the most appropriate ways of supporting individuals who have both a learning disability and a dementia. People will already experience social exclusion due to society's interpretation on their learning disability. This review highlights the need for accurate data and statistics, an individualised approach to sharing information about the diagnosis, general and specialist training, an increased use of adapting methods of communication as dementia progresses, and a consistent staff approach across care settings. (RH)

ISSN: 13518372

From : <http://www.careinfo.org/>

Perspectives on ageing with a learning disability; by Cally Ward, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2012, 12 pp (Perspectives).

This paper explores what people with learning disabilities and their families have to say about getting older, their experiences and feelings, and what is most important to them in later life. It forms part of a series of Perspectives commissioned to support the Joseph Rowntree Foundation (JRF) five-year research programme, A Better Life. The programme investigates what will improve quality of life for some of the most marginalised and least heard people in the UK - people with high support needs. (RH)

From : Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink:

www.jrf.org.uk/better-life

Predicting late-life disability and death by the rate of decline in physical performance measures; by Calvin Hayes Hirsch, Petra Buzkova, John A Robbins ... (et al).

Age and Ageing, vol 41, no 2, March 2012, pp 155-161.

In the present study the authors hypothesised that the rate of decline in physical performance in older adults may increase the risk of disability or death. For 4,182 Cardiovascular Health Study participants, the study assessed the contribution of physical performance in 1998-99, and the rate of performance change between 1992-93 and 1998-99, to the risk of death or disability in 2005-06 in three domains: mobility, upper-extremity function (UEF) and activities of daily living (ADL). The study evaluated performance in finger-tapping, grip strength, stride length, gait speed and chair stands separately and together for each outcome, adjusting for age, gender, race and years of disability in that outcome between 1992-93 and 1998-99. Participants' age averaged 79.4 in 1998-99; of these, 1,901 died over seven years. Compared with the lowest change quintile in stride length, the highest quintile had a 1.32 relative risk (RR) of ADL disability and a 1.27 RR of death. The highest change quintile for grip strength increased the risk of ADL disability by 35% and death by 31%, compared with the lowest quintile. The annual change in stride length and grip strength also predicted disability in mobility and UEF. The authors conclude that physical performance trajectories independently predict death and disability. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

Reforming home care in ageing societies: special issue; by Tine Rostgaard, Virpi Timonen, Caroline Glendinning (eds).

Health and Social Care in the Community, vol 20, no 3, May 2012, pp 225-327 (whole issue).

This special issue features a guest editorial followed by eleven articles which focus on how different European countries are responding to the challenge of home care in the context of an ageing society. Each article analyses national policies and experiences of reforming home care for older and disabled people, and identifies some of the resulting tensions that characterise the country in question. Topics covered are as follows: the struggle between universalism and cost containment in the Netherlands; the impact of introducing a cash-for-care scheme in France; quality reform in Danish home care; payment for home care in Italy; cash-for-care and the impact of migrant care in Austria; home-based care provision within the German welfare mix; Norwegian home care in transition; home care and under-funding in England; Swedish home care in transition; ambiguity in Irish home care policy; and the retargeting of home care services in Finland. (JL)

ISSN: 09660410

From : www.wileyonlinelibrary.com/journals/hsc

The right to take risks; by Alison Faulkner.: Emerald, 2012, pp 287-296.

Journal of Adult Protection, vol 14, no 6, 2012, pp 287-296.

This article summarises a consultation by the Joseph Rowntree Foundation (JRF) that aimed to explore the views of disabled people, mental health service users and other vulnerable adults about risk. The consultation reached nine individuals and one focus group, reaching a total of 17 disabled people and service users. Their views were supplemented by the literature. Findings of the study showed that the landscape of risk and rights is highly complex. Disabled people and service users have quite different concerns about risk to those of the

professionals and the regulatory bodies acting on their behalf. Many people talked of the fear of losing their independence, of asserting their rights and the fear of powerlessness in the face of bureaucracy and (sometimes) uncaring staff. The profile of rights needs to be raised in an accessible and acceptable way - it is necessary to make the language of rights more commonplace. Raising awareness among professionals and policy makers about the risks that service users themselves fear and experience should demonstrate how important it is that the people whose risk is under consideration are involved in the process. The full report from which this paper is adapted is available on the JRF website at www.jrf.org.uk/publications. (JL)

ISSN: 14668203

From : www.emeraldinsight.com/jap.htm

Severity of age-related hearing loss is associated with impaired activities of daily living; by Bamini Gopinath, Julie Schneider, Catherine M McMahon ... (et al).

Age and Ageing, vol 41, no 2, March 2012, pp 195-200.

The study aimed to assess the association between hearing impairment and activity limitations as assessed by the Activities of Daily Living (ADL) scale. 1,952 Blue Mountains Hearing Study participants aged 60 years and above had their hearing levels measured using pure-tone audiometry. A survey instrument with questions on functional status as determined by the Older Americans Resources and Services ADL scale was administered. 164 (10.4%) participants reported ADL difficulty. A higher proportion of hearing impaired than non-impaired adults reported difficulties in performing three out of the seven basic ADL and six out of the seven instrumental ADL tasks. After multivariable adjustment, increased severity of hearing loss was associated with impaired ADL. Subjects with moderate to severe hearing loss had a 2.9-fold increased likelihood of reporting difficulty in ADL, compared with those without. Participants aged under 75 years with hearing loss had a twofold higher odds of impaired ADL compared with those without. Having worn or wearing a hearing aid was also associated with a twofold increased likelihood of impaired ADL. The authors conclude that functional status as measured by a common ADL scale is diminished in older hearing impaired adults. The findings suggest that severely diminished hearing could make the difference between independence and the need for formal support services or placement. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

'There's a hell of a noise': living with a hearing loss in residential care; by Helen Pryce, Rachael Gooberman-Hill.

Age and Ageing, vol 41, no 1, January 2012, pp 40-46.

Research with older people in residential care settings has identified a high prevalence of hearing loss and low uptake of hearing aids. Hearing loss in these settings is associated with reduced social engagement. The present study aimed to explore factors affecting communicating with a hearing loss in residential care. An observational study in two residential care homes was carried out including in-depth interviews with 18 residents. Observations explored communication behaviour in everyday interactions, including mealtimes, structured groups and informal group activities. Interviews were informed by the observations and identified reasons for these behaviours and communication preferences. Study findings showed that hearing loss affected whether residents were able to access social opportunities. Two key themes influenced this: (1) contextual issues compounded communication difficulties and (2) environmental noise restricted the residents' communication choices. Problems were observed at every mealtime and during formal and informal group activities. The use of hearing aids and access to hearing services did not improve social engagement. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

2011

Absent role of the state: analysis of social support to older people with disabilities in Rural China; by Karen R Fisher, Xiaoyuan Shang, Zhengang Li.

Social Policy & Administration, vol 45, no 6, December 2011, pp 633-648.

China is experiencing rapid population ageing and already has 44 million older people with disabilities aged over 59 years. Yet social support for this client group is undeveloped and not well researched. This article contributes by using a disability rights framework (right to life and protection, economic security and social support) to analyse local cases in rural China. It finds that, although the family is still the main provider of economic and care support to rural older people with disabilities, the absence of a state role in welfare provision has negative impacts on the well-being of older and younger generations in rural families. (JL)

ISSN: 01445596

From : <http://www.wiley.com/bw/journal.asp?ref=0144-5596&site=1>

Adult protection and effective action in tackling violence and hostility against disabled people: some tensions and challenges; by Chih Hoong Sin, Annie Hedges, Chloe Cook (et al).

Journal of Adult Protection, vol 13, no 2, 2011, pp 63-74.

This paper aims to discuss the sensible management of risk for disabled people, which can turn into disproportionate steps to attempt to completely eliminate risk, leading to diminished opportunities across life. Instincts to protect are heightened in the context of disabled people as potential victims of targeted violence and hostility. Individual-, organisational- and systemic-level responses can often be orientated towards protection and/or the minimisation of risk rather than towards providing access to justice and effective redress. The paper draws on evidence generated through a literature review, interviews with disabled people and interviews with representatives from a number of key organisations. For many disabled people, incidents can be persistent and ongoing. Common responses by disabled victims include avoidance and/or acceptance strategies. They are also advised by those around them and by agency staff they come in contact with to ignore perpetrators or to avoid putting themselves at risk. Criminal justice agencies may be more concerned about a victim's disability than about taking action to provide access to justice and effective redress. The protectionistic approach underpinning much of policy, legislation and guidance can be at odds with the positive promotion of disability equality. The paper examines the need to move away from a protectionist paradigm to a rights-based paradigm. It calls for a more inclusive approach where disabled people are involved meaningfully in the process of risk management and in other decisions around combating targeted violence and hostility against them. (RH)

ISSN: 14668203

From : www.emeraldinsight.com

Age-related disability and bathroom use; by Maria Burton, Heath Reed, Paul Chamberlain.

Journal of Integrated Care, vol 19, issue 1, February 2011, pp 37-43.

Age-related disability in bathroom use is already a significant problem and is likely to become even greater in the future. Previous research has focused on how older or disabled people can be enabled to cope with the bathroom environment by functional training or introduction of assistive technologies. More recently attention has been drawn to the design of bathroom furniture. This article outlines the work undertaken to establish the views of older people and their carers on bathroom design. The involvement of older people as researchers has given strong direction, support and confidence in identification of issues in need of attention and in product development. 24 home visits were undertaken, and interviews were conducted to elicit views of positives and negatives within the bathroom. Main themes uncovered included concerns about safety in the bathroom, placement and sizing of furniture, and a general lack of space. (JL)

ISSN: 14769018

From : <http://www.pierprofessional.com/jicflyer/index.html>

Assistive technology: a practical guide to assistive technology in the home; by Ros Levenson, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2011, 15 pp (Good practice guide, 6).

This good practice guide uses recent research funded by the Thomas Pocklington Trust to examine how assistive technology may be used to support people with sight loss to manage the home and work surroundings more effectively and to live more independently. Case studies illustrate the ways in which people use assistive technology gadgets and equipment. The content and style of this publication has been informed by the experiences of Pocklington's service users and staff. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

Company initiatives for workers with care responsibilities for disabled children or adults; by Kevin Cullen, Karsten Gareis, European Foundation for the Improvement of Living and Working Conditions (Eurofound). Dublin: European Foundation for the Improvement of Living and Working Conditions, 2011, 85 pp.

With an increasing number of older people needing care, the interactions between employment and caring are becoming more important in Europe. Sustainability of long-term care systems requires an extensive contribution from informal carers, while labour market requirements and contemporary lifestyles encourage increased participation of women in the labour force. This report presents the findings of a 2-phase programme of research on company initiatives which support the needs of workers who have informal care responsibilities, including carers of adults who need care because of disability, illness or old age. Research over the two phases included identifying and describing 50 case studies from companies in 11 countries that have implemented approaches to support working carers among their workforces. The countries covered were Austria, Belgium, Germany, Finland, France, Ireland, the Netherlands, Poland, Portugal, Slovenia and the United Kingdom. Among the key

types of company-level measures to support working carers are: leave-related provisions; hours-reduction possibilities; work flexibility and work adjustment; awareness-raising and skills development among managers and the workforce; occupational health and well-being measures; and care-related supports, such as information, counselling and practical support with the caring role. Key themes and implications for future policy and practice emerging from the cases are discussed. (RH)

From : European Foundation for the Improvement of Living and Working Conditions, Wyattville Road, Loughlinstown, Dublin 18, Ireland.

Continuity and change in older adults' perceptions of out-of-home mobility over ten years: a qualitative-quantitative approach; by Heidrun Mollenkopf, Annette Hieber, Hans-Werner Wahl.

Ageing and Society, vol 31, part 5, July 2011, pp 782-802.

This paper aimed to better understand the long-term stability and change in people's perceptions of out-of-home mobility using data gathered over ten years. Study participants included 85 older people who were interviewed on three occasions in 1995, 2000 and 2005. The average age was 75 in 2005. The interviews concentrated on: the subjective meaning of mobility over time, including perceived changes in mobility and perceived reasons for change; trends in satisfaction with various mobility domains; and a case-oriented exploration of inter-individual variation over time. Findings indicated overall stability in the meaning attached to mobility over the ten year period, while the perceived changes point to losses in the array of mobility experiences and decreasing satisfaction with mobility opportunities, such as out-of-home leisure activities and travelling. In contrast, satisfaction with public transport increased. The findings suggest that, as people move into old age, out-of-home mobility remains of utmost importance. (JL)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>

Correlates of limitations in activities of daily living and mobility among community-dwelling older Singaporeans; by Angelique Chan, Chetna Malhotra, Truls Ostbye.

Ageing and Society, vol 31, part 4, May 2011, pp 663-682.

The study looked at the correlates of limitations in the activities of daily living (ADL) and mobility among older Singaporeans (aged 55 or more years), based on the 'disability frameworks' or pathways proposed by the International Classification of Functioning, Disability and Health. Data from the 2005 National Survey of Senior Citizens in Singapore was used. The weighted prevalence of ADL and mobility limitations was calculated, overall and in subgroups. Logistic regression models were used to assess predictors of ADL and mobility limitations and variation in involvement with family, society, work, use of services and perceived financial adequacy, by ADL and mobility status was studied. The overall weighted prevalence of ADL and mobility limitation was found to be 5 and 8 per cent, respectively. Significant risk factors for ADL and mobility limitation were being older (aged 75 or more years), widowed, having diabetes, joint/bone problems, stroke, cancer and low income. Individuals with ADL and mobility limitations had lower involvement with family, society and work, and perceived financial adequacy, while use of services was higher. The findings underline the importance of improving elderly services for sustained integration of disabled elderly within the community. (JL)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>

Deaf with dementia: towards better recognition and services; by Quality Research in Dementia Research Programme (QRD), Alzheimer's Society.: Hawker Publications, May/June 2011, pp 38-39.

Journal of Dementia Care, vol 19, no 3, May/June 2011, pp 38-39.

A 3-year review by the Alzheimer's Society's Quality Research in Dementia (QRD) Research Programme aims to carry out research that will help recognise dementia in deaf people and build culturally relevant service provision and personal support. The Deaf with Dementia project concerns people who use British Sign language (BSL) in the UK.. This article outlines the project's three distinct but interlinked studies: screening and assessment; early experiences; and attitudes and information. (RH)

ISSN: 13518372

From : www.careinfo.org

Disability-free life expectancy: comparison of sources and small area estimates in England, 2006-08; by Michael P Smith, Olugbenga Olatunde, Chris White.

Health Services Quarterly, no 50, Summer 2011, pp 40-78.

The study aimed to explore the potential of the Annual Population Survey (APS) to provide robust estimates of disability-free life expectancy (DFLE) for men and women by clusters of area deprivation, English regions and local authority districts (LAs) in the period 2006-08. DFLE estimates for the UK were compared using the

prevalence of limiting long-standing illness (LLSI) calculated using data from the APS and from the General Lifestyle Survey (GLF) covering Great Britain and equivalent data from the Continuous Household Survey (CHS) covering Northern Ireland, aggregated over the period 2006-08. The further use of APS data for England enabled the calculation of estimates of DFLE at age 16 and at age 65 for men and women by area deprivation quintiles (each quintile comprising a fifth of areas ranked according to their relative deprivation), English regions and LAs in order to measure inequality in DFLE between these population groupings. The prevalence of LLSI and estimates of DFLE at national level were broadly comparable using APS and GLF/CHS data. Substantial inequality in DFLE was present between clusters of areas defined by relative deprivation and between English regions and LAs. The scale of inequality increased markedly with each finer geographical scale analysed. The authors conclude that the APS is a viable data source to provide LLSI data for use in DFLE estimation across a range of areas and clusters of area deprivation. (JL)

ISSN: 14651645

From : <http://www.tandfonline.com>

The effect of cognitive impairment on the predictive value of multimorbidity for the increase in disability in the oldest old: the Leiden 85-plus Study; by Yvonne M Drewes, Wendy P J den Elzen, Simon P Mooijaart ... (et al). *Age and Ageing*, vol 40, no 3, May 2011, pp 352-357.

The purpose of this Dutch study was to investigate the predictive value of multimorbidity for the development of disability in the general population of very old people and the role of cognitive impairment in this association. The research was part of the Leiden 85-plus Study, an observational prospective cohort study with 5 years of follow-up and running from 1997 to 2004. Disability in activities of daily living (ADL) was measured annually for 5 years with the Groningen Activity Restriction Scale. Multimorbidity was defined as the presence of two or more chronic diseases at age 85 years. Cognitive function was measured at baseline with the mini-mental state examination (MMSE). At baseline participants with multimorbidity had higher ADL disability scores compared with those without. Stratified into four MMSE groups, ADL disability increased over time in all groups, even in participants without multimorbidity. Multimorbidity predicted accelerated increase in ADL disability in participants with MMSE of 28_30 points, but not in participants with lower MMSE scores. Concludes that the predictive value of multimorbidity for the increase in ADL disability varies with cognitive function in very old people. In very old people with good cognitive function, multimorbidity predicts accelerated increase in ADL disability. This relation is absent in very old people with cognitive impairment. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

The effect of productive activities on depressive symptoms among older adults with dual sensory loss; by Michele Capella McDonnell.

Research on Aging, vol 33, no 3, May 2011, pp 234-255.

The purpose of the study was to evaluate the ability of three productive activities (paid employment, volunteer work and informal helping) to mitigate the negative effects of dual sensory loss (DSL) on depressive symptoms among older adults. Multilevel modelling was used to analyse longitudinal data from the nationally representative Health and Retirement Study. The sample consisted of 2,688 persons: 1,380 who developed DSL during the study and 1,308 who did not. Although participation in each of the productive activities was associated with fewer depressive symptoms for older adults with DSL, volunteering was also the only variable that moderated the relationship between DSL and depressive symptoms. Persons with a DSL who volunteered exhibited a larger decrease in depressive symptoms compared to persons without sensory loss who volunteered. A volunteer intervention for older adults with DSL may be a viable option to help reduce depression in this population. (JL)

ISSN: 01640275

From : <http://roa.sagepub.com/>

Environment, Design and Rehabilitation (EDR) series: moving from specialism to mainstream; by Gail Mountain.

Journal of Integrated Care, vol 19, issue 1, February 2011, pp 44-47.

This short editorial concludes a branded series of articles on the outputs of research concerned with improving the quality of life of older and disabled people. The purpose of the series, which began in 2009, was to enable colleagues who are part of the EQUAL (extending quality of life of older people) research community to showcase their research on topics such as inclusive design, creation of outdoor environments that promote the social engagement of older people and assistive technologies. The growing significance of the subject matter addressed throughout the series is illustrated and discussed. (JL)

ISSN: 14769018

From : <http://www.pierprofessional.com/jicflyer/index.html>

Extra costs for urban older people with disabilities in Northern China; by Xiaolin Wang, Liping Xu, Xiaoyuan Shang, Ping Guo.

Social Policy & Society, vol 10, pt 1, January 2011, pp 79-91.

The paper used a living standards method to estimate the extra costs for older people with functional disabilities in urban areas of Northern China, to inform policies about adequate support to older people with disabilities. The research found that the cost for older people who live alone is higher than those who live with other family members, and their living standard is lower. The costs increase with age, especially for the oldest people who live alone. The cost for older women is higher than their male counterparts. The extra costs of support for people with functional disabilities decrease the overall living standard of the household. (JL)

ISSN: 14747464

From : <http://www.journals.cambridge.org/sps>

Hip fracture risk and subsequent mortality among Alzheimer's disease patients in the United Kingdom, 1988-2007; by Nicole L Baker, Michael N Cook, H Michael Arrighi, Roger Bullock.

Age and Ageing, vol 40, no 1, January 2011, pp 49-54.

A retrospective cohort study was carried out to investigate the incidence of hip fractures in older patients in the United Kingdom with and without Alzheimer's Disease (AD). Patients with AD were found to be at greater risk of hip fractures compared to non-AD patients. AD patients who experienced a hip fracture had an increased mortality rate compared to non-AD patients who experienced a hip fracture. Concludes that patients with AD and their carers should be advised on how to prevent hip fractures and more attention should be given to AD patients undergoing rehabilitation following a fracture. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

Home safety checks: helping to maintain older people's independence?; by Sue Cooper, David Clancy, Pauline Jas, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2011, 7 pp (Research discussion paper, no 9).

Home safety is vital for older people who want to live independently. It is estimated that a third of pensioner households live in sub-standard housing. This paper outlines a pilot project conducted by Thomas Pocklington Trust with support from Birmingham City Council to assess the benefits of individual home safety checks for older people with sight loss. It concluded that checks filled a gap in the support available: they were useful, practicable and helped to maintain people's independence. However, the pilot study was too small to evaluate questions regarding the specific needs of those with sight loss. (RH)

From : Thomas Pocklington Trust, Pier House, 90 Strand on the Green, London W4 3NN. www.pocklington-trust.org.uk

How personalised technology can play an important role in supporting people with learning disabilities as they age and face the onset of dementia; by Emma Nichols.

Journal of Assistive Technologies, 5, 3, 2011, pp 158-163.

This study aims to demonstrate how personalised technology can be used to support people with learning disabilities as they age and face the onset of dementia. It describes how the national learning disability charity Hft has been helping such people through its service at Old Quarries, a residential care home based in Gloucestershire. The case studies featured in the article show how individuals have used personalised technology to help them live independently and safely at home. (JL)

ISSN: 17549450

From : <http://www.pierprofessional.com/jatflyer/>

'I like to go out to be energised by different people': an exploratory analysis of mobility and wellbeing in later life; by Friederike Ziegler, Tim Schwanen.

Ageing and Society, vol 31, part 5, July 2011, pp 758-781.

This paper proposes a broader understanding of mobility than movement through physical space, and considers how this affects well-being. It conceptualises mobility as the overcoming of any type of distance between two places, which can be situated in physical, electronic, social, psychological or other kinds of space. Data gathered in focus groups and interviews of 128 older people in County Durham suggests that mobility and well-being influence each other in many different ways. Findings show that mobility of the self - a mental disposition of openness, and a willingness to connect with the world - is a key driver of the relationship between mobility and well-being. While loss of mobility in a physical sense often affects older people's sense of well-being adversely,

this is not necessarily so: other mobilities can at least to some extent compensate for the loss of physical mobility. Well-being is also enhanced through physical mobility because the latter enables independence or subjectively experienced autonomy, as well as social relations with other people. (JL)

ISSN: 0144686X

From : <http://www.journals.cambridge.org/aso>

Limitations in physical functioning among older people as a predictor of subsequent disability in instrumental activities of daily living; by David Seidel, Carol Brayne, Carol Jagger.

Age and Ageing, vol 40, no 4, July 2011, pp 463-469.

Physical functioning describes the underlying abilities that make activities necessary for independent living in the community possible. The present study aimed to test self-reported and objective measures of physical functioning in predicting subsequent disability in cooking, shopping and housework. Men and women aged 65 years or over who reported no disability in cooking, shopping and housework at baseline were included in the analysis. The respondents were asked about physical functioning (climbing, pulling/pushing, stooping/crouching/kneeling, lifting/carrying and reaching/extending) and they had their grip strength and walking speed measured. Participants with limitations in physical functioning at baseline more frequently reported subsequent disability. Walking ability was most strongly associated with disability, whilst climbing, pulling/pushing, lifting/carrying and reaching/extending were comparable. Similar results were obtained with grip strength and walking speed. These results suggest that self-reports on the functional ability of older people to perform everyday tasks can be used to predict subsequent disability onset. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

The Mainstreaming on Ambient Intelligence project; by Jacqueline Damant, Martin Knapp, Maggie Ellis ... (et al).

Journal of Assistive Technologies, 5, 3, 2011, pp 152-153.

Briefly describes and evaluates the Mainstreaming on Ambient Intelligence (MonAMI) project, a Europe-wide project that set out to demonstrate how accessible, useful services for older and/or disabled adults living at home could be delivered in mainstream systems and platforms. These platforms included mainstream devices such as broadband internet and third-generation mobile phones. The project was tested and evaluated in close cooperation with older and disabled users in various locations across Europe. It ran for 57 months and came to completion in May 2011. (JL)

ISSN: 17549450

From : <http://www.pierprofessional.com/jatflyer/>

Making choices about support services: disabled adults' and older people's use of information; by Kate Baxter, Caroline Glendinning.

Health and Social Care in the Community, vol 19, no 3, May 2011, pp 272-279.

This paper explores how disabled adults and older people find and use information to help make choices about services. It presents findings from a qualitative longitudinal study in England. 30 participants had support needs that fluctuated, meaning that additional services might be needed on a temporary basis. Each disabled adult or older person was interviewed three times between 2007 and 2009, using a semi-structured topic guide. They were asked to discuss a recent choice about services, focusing on their use of information. A wide range of choices and sources of information were discussed. These were dominated by health and to some extent by social care. Key findings are that information was valuable not just in weighing up different service options, but as a precondition for such choices, and that disabled adults and older people with the gradual onset of support needs can be disadvantaged by their lack of access to relevant information at this pre-choice stage. Timely access to information was also important, especially for people without the support of emergency or crisis management teams. Healthcare professionals were trusted sources of information but direct payment advisers appeared less so. Ensuring that practitioners are confident in their knowledge of direct payments, and have the communication skills to impart that knowledge, is essential. There may be a role also for specialist information advocates or expert lay-advisers in enabling disabled adults and older people to access and consider information about choices at relevant times. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hssc>

Meals on Wheels: exploring potential for and barriers to integrating depression intervention for homebound older adults; by Namkee G Choi, Michael Goldstein.

Home Health Care Services Quarterly, vol 30, no 4, 2011, pp 214-230.

The organisational potential of Meals on Wheels (MOW) for integrating depression screening, referral and treatment for housebound older people is explored. In a US survey of 104 MOW administrators, MOW's current practice of depression services was examined, and the administrators' perceptions of MOW's organisational potential was measured focusing on external environment, financial resources, staffing and skills, and values and goals. Only 20% of 104 MOWs provide depression screening, and 19 provide in-home counselling for their clients, while 85 provide referral services. About 64% to 72% of MOWs that are not current providers of screening and/or referrals want to provide the services, and 21% of those that are not current providers of in-home counselling want to provide it. (RH)

ISSN: 01621424

From : <http://www.tandfonline.com>

The needs of people with learning disabilities who develop dementia: a literature review; by Penny Llewellyn.

Dementia: the international journal of social research and practice, vol 10, no 2, May 2011, pp 235-247.

People with learning disabilities are living longer and are increasingly developing age related conditions including dementia, thus posing many challenges for services. A literature review was undertaken of articles published between 1996 and 2006 relating to the needs of people with learning disabilities and dementia, their carers and their peers. Results of the search showed that the primary medical need is for timely and accurate diagnosis. There is a multitude of diagnostic tools and advice is available as to which are most suitable for different client groups. The needs of carers are intertwined with those of people with learning disabilities and dementia and meeting their needs for education, training and increased staff numbers, has proved beneficial. Although multiple services will be responsible for the needs of this client group, there is a consensus that learning disability services should be at the heart of service provision. (JL)

ISSN: 14713012

From : <http://dem.sagepub.com/>

Onset of mobility limitations in old age: the combined effect of socioeconomic position and social relations; by Charlotte Juul Nilsson, Kirsten Avlund, Rikke Lund.

Age and Ageing, vol 40, no 5, September 2011, pp 607-614.

The study aimed to examine the combined effect of cohabitation status and social participation, respectively, and socioeconomic position on onset of mobility limitations among older Danes. 2,839 older men and women from the Danish Intervention Study on Preventive Home Visits took part in the study. Among men low financial assets, living alone or having low social participation significantly increased the odds ratios (OR) for onset of mobility limitations. Among women only low financial assets and low social participation significantly increased the ORs for onset of mobility limitations. Analyses with combined exposure variables showed that simultaneous exposure to low financial assets and poor social relations significantly increased the ORs for onset of mobility limitations among both genders, yet the tendencies appeared stronger for males. In particular, men with simultaneous exposure to low financial assets and low social participation had increased odds ratios for onset of mobility limitations compared with the non-exposed. The study suggests that future interventions to increase social participation might alleviate the negative effects on mobility experienced by older people in low socioeconomic position, especially among older males. (JL)

ISSN: 00020729

From : <http://ageing.oxfordjournals.org/http://www.bgs.org.uk/>

Organisation and delivery of home care re-ablement: what makes a difference?; by Parvaneh Rabiee, Caroline Glendinning.

Health and Social Care in the Community, vol 19, no 5, September 2011, pp 495-503.

Re-ablement services aim to help chronically sick or disabled individuals re-learn the skills necessary for independent living at home. This study examined the organisation and effectiveness of re-ablement services in England. Semi-structured interviews were held with senior service managers in five sites with well-established re-ablement services. Contributing factors to the effectiveness of re-ablement services included: service user characteristics and expectations; staff commitment, attitudes and skills; flexibility and prompt intervention; thorough and consistent recording systems; and rapid access to equipment and specialist skills in the team. Factors external to the services which had implications for their effectiveness included: a clear, widely understood vision of the service; access to a wide range of specialist skills; and capacity within long-term home-care services. The authors argue that re-ablement can be empowering for all service users in terms of raising their confidence. However, the move to a more inclusive 'intake' service suggests that outcomes are likely to be considerably lower for service users who have more limited potential to be independent. (JL)

ISSN: 09660410

From : <http://www.ingentaconnect.com/content/bsc/hsc>

Personalisation: perceptions of the role of social work in a world of brokers and budgets; by Janet Leece, David Leece.

British Journal of Social Work, vol 41, no 2, March 2011, pp 204-223.

In order to achieve a truly personalised support system, it has been suggested that a major reform of public services is necessary. This would help recognise service users' abilities to establish their own needs, and how these can best be met. This paper reports on research that investigated the perceptions of 66 disabled people, carers and older people of the role social workers should perform in a personalised world. The study used data from a thread posted on eighteen internet forums. This methodology allowed access to hard to reach groups and encouraged participation by individuals whose contributions may be inhibited by more traditional research methods. Findings indicated that notions of power and autonomy were fundamental in understanding participants' views of social work with concerns raised about the power of social workers and statutory organisations. The authors suggest that these findings have implications for the recommendations made by the Social Work Task Force in 2009 for the reform of social work that argues for social work to have a greater professional status. (JL)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org>

Specific attentional impairments and complex visual hallucinations in eye disease; by G Graham, J Dean, U P Mosimann ... (et al).

International Journal of Geriatric Psychiatry, vol 26, no 3, March 2011, pp 263-267.

The study aimed to test the prediction by the Perception and Attention Deficit (PAD) model of complex visual hallucinations that cognitive impairment, specifically in visual attention, is a key risk factor for complex hallucinations in eye disease. Two studies of older patients with acquired eye disease investigated the relationship between complex visual hallucinations (CVH) and impairments in general cognition and verbal attention (Study 1) and between CVH, selective visual attention and visual object perception (Study 2). The North East Visual Hallucinations Inventory was used to classify CVH. In Study 1 there was no relationship between CVH and performance on cognitive screening or verbal attention tasks. In Study 2, participants with CVH showed poorer performance on a modified Stroop task, a novel imagery-based attentional task and picture but not silhouette naming tasks. Performance on these tasks correctly classified 83% of the participants as hallucinators or non-hallucinators. The results suggest that, consistent with the PAD model, complex visual hallucinations in people with acquired eye disease are associated with visual attention impairment. (JL)

ISSN: 08856230

From : <http://www.interscience.wiley.com/journal/gps>

Technology with disabled and older people: business development, building alliances and impact assessment: a European conference, 28-29 March 2011, London School of Economics; by Personal Social Services Research Unit - PSSRU, London School of Economics. London: Personal Social Services Research Unit, London School of Economics, 2011, unpaginated.

Speaker biographies and abstracts of a European Conference organised by the Personal Social Services Research Unit (PSSRU), London School of Economics, as part of the Mainstreaming on Ambient Intelligence (MonAMI) research project. Funded by the EU 6th Framework Programme - IST (Information Society Technologies), the project aims to demonstrate that accessible, useful services for older and disabled people living at home can be delivered on mainstream systems and platforms. (RH)

From : Conference information. See also:

<http://www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/news/2011/assistivetech.aspx>

World report on disability; by World Health Organization, World Bank.: World Health Organization, 2011, 325 pp.

This first ever World Report on Disability aims to provide evidence to support policies and programmes that can improve the lives of people with disabilities worldwide. The report is published in the wake of the U.N. Convention on the Rights of Persons with Disabilities, which came into force in May 2008. Main topics covered include understanding disability, the global picture, general health care, rehabilitation, assistance and support, enabling environments, education, and work and employment. A concluding chapter looks at the way forward including recommendations. (JL)

From : http://www.who.int/disabilities/world_report/2011/en/index.html