

Centre for Policy on Ageing
Information Service

Selected Readings

Disability in Older Age

July 2018

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2018

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)

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

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)

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

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)

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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)

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

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)

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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)

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

Ageing 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)

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

Ageing 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, 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 (UNCPRD) 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)

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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 : <https://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 Grujters.: 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

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/ldseqact/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)

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From : www.emeraldgroupublishing.com/qaqa.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 disability 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 disability. 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)

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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)

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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 : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download:

http://www.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.

Ageing 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://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.pdfCare & 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 Hooyma, 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 Shiau-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 Cathy 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)

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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

2010

21st century welfare: response of the Royal National Institute of Blind People to the Department for Work and Pensions consultation paper; by Geoff Fimister, Royal National Institute of Blind People - RNIB; Department for Work and Pensions - DWP. London: Royal National Institute of Blind People, 14 September 2010, 16 pp (Consultation response).

The RNIB very much welcomes the opportunity to contribute to the debate started by the Department for Work and Pensions (DWP) consultation paper, '21st century welfare' (Cm 7913), which proposes a major re-shaping of means-tested benefits and tax credits. The RNIB comments on the main substance of the paper and on the twelve questions asked, concluding that it hopes that the Government will "build on the positive aspects of these proposals and meanwhile resist the temptation to find further savings at the expense of the wellbeing of disabled people and others vulnerable to low incomes". Disabled people, not least those with sight loss, tend to have lower incomes than does the general population. They are therefore disproportionately likely to qualify for means-tested assistance with essential living costs, including housing, as well as the extra costs of disability. (RH)

From : Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124. E-mail: gfimister@rnib.org.uk

Age related macular degeneration; by Usha Chakravarthy, Jennifer Evans, Philip J Rosenfeld.

British Medical Journal, vol 340, no 7745, 6 March 2010, pp 526-530.

Age related macular degeneration affects older people and accounts for about half of all vision impairment or blind registrations in the developed world. This review examines the pathogenesis of age related macular degeneration and recent advances in its management. (RH)

ISSN: 09598138

From : www.bmj.com/doi/10.1136/bmj.c981

All Wales Visual Impairment Database (AWVID); by Barbara Ryan, Tom Margrain, Angela Reidy (et al), Thomas Pocklington Trust; School of Optometry and Vision Sciences, Cardiff University; Epivision. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 28).

Until now, routine information has not been employed to report on the use of services or the social circumstances or the characteristics of people with untreatable sight loss. Thomas Pocklington Trust commissioned a study to look at those using the community-based Welsh Low Vision Service (WLVS). This publication summarises findings from research conducted by Barbara Ryan and Tom Margrain of the School of Optometry and Vision Sciences, Cardiff University, and Angela Reidy and Darwin Minassian of Epivision. Information was analysed on 5817 adults; about 90 were over pensionable age; and about 85% had visual acuity worse than 6/12. These findings note that following assessment, about a quarter of those assessed in the WLVS were referred to one or more other services. The findings question the value of current registration criteria, which appear to have little relevance in determining the need for provision of statutory rehabilitation services for people with sight loss. (RH)

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

Assisted living technologies for older and disabled people in 2030: A final report to Ofcom; by David Lewin, Stephen Adshhead, Britta Glennon (et al), Plum Consulting; Loughborough University; Aegis. London: Electronic format, March 2010, 76 pp.

A study commissioned by Ofcom examined the long-term requirements of key sectors for communication services in the United Kingdom. In a context where people are living longer with single or multiple long-term conditions, the report estimates that the number of people with moderate to severe disabilities will increase from 1.8 million in 2007 to 2.6 million by 2025. At the same time, public spending is becoming more restricted. The authors believe these factors will create a 'latent demand' for Assisted Living Services (ALSs) that enable people

to live independently in their own homes for longer. The authors propose five main types of ALSs for the future: a) digital participation (providing service users with entertainment, education and social interaction); b) wellness (encouraging service users to maintain their health); c) teleworking (enabling service users to work from home and still contribute to society and the economy); d) telehealth (remotely managing service users' long-term conditions); and e) telecare (remotely managing vulnerable service users' welfare). The authors of the report consider a range of potential advances in telehealth and telecare in the UK in the next 20 years - for example, online cognitive behavioural therapy (in two years) or real-time video calling with carers (in three years, depending on location). The main drivers for this vision include Moore's law leading to equipment becoming cheaper, and increased speed and memory and universal broadband access. The implications are lower costs of equipping a home for telehealth or telecare, and a wider range of products available. However, the rate of improvement could be impeded by limited interoperability and by medical regulation processes. Based on the research and information about the drivers for change, the authors developed four scenarios for take-up of ALSs by 2030. Finally, the authors consider the technology and standards requirements, as well as the best approaches to engage older people and disabled people in using ALSs, in order to ensure that the full-scale complementary provision scenario is realised. (KJ)

From : Plum Consulting, Covent Garden, London.<http://www.plumconsulting.co.uk>

Balancing independence and safety: the challenge of supporting older people with dementia and sight loss; by Vanessa Lawrence, Joanna Murray.

Age and Ageing, vol 39, no 4, July 2010, pp 476-480.

Dementia and visual impairment are common in older adults, and both conditions create a high risk of disability. Care professionals lack evidence on how best to support older adults with both conditions. This study investigated attitudes towards working with older adults with concurrent sight loss and dementia, the challenges involved and suggestions for service development. A qualitative study was conducted comprising 18 in-depth interviews and two focus groups with care professionals within mental health and low vision services. Care professionals were alert to the high levels of risk among patients with joint sight loss and dementia. In-depth interviews revealed that insufficient time and expertise can lead to an overcautious approach that prioritises the reduction of risk rather than the promotion of independence. Focus groups highlighted the role that joint working can play in supporting older adults' valued roles and activities. Barriers to joint working were identified alongside strategies to assist the process. It is essential that care professionals and service providers acknowledge and respond to the complex needs of this population. Joint working was considered key to assessing risks and targeting interventions. The research workshop presented here provides a useful format for improving practice across inter-professional boundaries. (KJ)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>[doi:10.1093/ageing/afq054](https://doi.org/10.1093/ageing/afq054)

Bevacizumab for neovascular age related macular degeneration (ABC Trial): multicentre randomised double masked study; by Adnan Tufail, Praveen J Patel, Catherine Egan (et al).

British Medical Journal, vol 340, no 7761, 26 June 2010, p 1398.

Are intravitreal bevacizumab injections better than standard care at improving vision in patients with neovascular age related macular degeneration (AMD)? This summary of a paper published on bmj.com reports on 131 patients age 50+ (mean age 81) randomised to two intervention groups: 65 eyes of 65 patients to bevacizumab 1.25mg intravitreally and 66 eyes of 66 patients to standard care (pegaptanib sodium, venterporfin, or sham). This study provides the first level 1 evidence supporting use of intravitreal bevacizumab every 6 weeks, resulting in a reduction in hospital visits by a third over conventional monthly dosing while maintaining improvement in vision. (RH)

ISSN: 09598138

From : www.bmj.comBMJ2010;340:c2459

Can the higher risk of disability onset among older people who live alone be alleviated by strong social relations?: a longitudinal study of non-disabled men and women; by Rikke Lund, Charlotte Juul Nilsson, Kirsten Avlund.

Age and Ageing, vol 39, no 3, May 2010, pp 319-325.

This study investigated if the increased risk of disability onset among older people who live alone could possibly be moderated by either high social participation or by being satisfied with the social relations. Logistic regression models were tested using two waves in a study population of 2,697 non-disabled older men and women from the Danish Longitudinal Study on Preventive Home Visits. Living alone and low social participation were significant risk factors for later male disability onset. Not being satisfied with the social relations was significantly associated with onset of disability for both genders. Among men who lived alone, low social participation was a significant predictor of disability onset [odds ratio, OR = 2.30 (1.00-5.29)]; for

cohabiting men, social participation was not associated with disability onset, [adjusted OR = 0.91 (0.49-1.71)]. Similar results were present concerning satisfaction with social relations among men. There was no significant interaction for women. The study suggests that men who live alone can possibly alleviate their risk of disability onset by being socially active, and by having access to satisfactory social relations. Women do not seem to benefit as much from cohabitation as men, although women who live alone and who are not satisfied with their social relations also constitute a significant risk category. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afq020

Capacity to Communicate: Sense's three-year project training independent mental capacity advocates in communication skills; by Angela Lee-Foster.

The Journal of Adult Protection, vol 12, no 1, February 2010, pp 32-42.

Sense, the leading national charity that supports and campaigns for children and adults who are deaf-blind, set up the Capacity to Communicate Project in response to the new role of independent mental capacity advocates created by the Mental Capacity Act 2005 (HM Government, 2005). The project provided training and information, harnessing best practice around communication and advocacy for people who lack capacity and who have little or no formal communication, in particular those with a dual sensory loss. As part of the training, advocates were asked to submit a written assignment. These case studies, including some adult protection cases, have given us valuable information about the nature and process of independent mental capacity advocacy and what can be done to improve this relatively new statutory role, in particular developing better understanding, skills and processes around communication in order to represent and protect vulnerable adults. (KJ)

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From : Website: <http://pierprofessional.metapress.com/content/121398/doi:10.5042/jap.2010.0092>

Communicating in a healthcare setting with people who have hearing loss; by Anna Middleton, Alagaratnam Niruban, Gill Girling (et al).

British Medical Journal, vol 341, no 7775, 2 October 2010, pp 726-729.

Many patients with hearing loss find communication in healthcare settings difficult, and this might sometimes affect their care. This article outlines how staff can best communicate with people with hearing loss. It also provides advice and resources on how to meet the communication needs of deaf patients. An increased awareness on the part of healthcare staff of such needs will contribute to improving the quality of care provided to deaf patients. (RH)

ISSN: 09598138

From : www.bmj.comdoi: 10.1136/bmj.c4672

Design guidance for people with dementia and for people with sight loss; by Chris Goodman, Lynn Watson, Thomas Pocklington Trust; Habinteg. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 35).

Habinteg carried out a review focusing on design guidance literature relating to homes and living environments for people with dementia and for people with sight loss. This report summarises the results of the review. The aim was to: assess the degree of convergence between the two sets of guidance; identify areas where they might conflict; and highlight gaps in the scope or context of the guidance. The full project report, 'A comparative review of design guidance for people with dementia and for people with sight loss' is available from Thomas Pocklington Trust. (RH)

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

The effects of childlessness on the care and psychological well-being of older adults with disabilities; by Echo Chang, Kathleen H Wilber, Merrill Silverstein.: Taylor & Francis, August 2010, pp 712-719.

Aging & Mental Health, vol 14, no 6, August 2010, pp 712-719.

Adult children are a primary focus of family and caregiver research. In contrast, relatively little is known about childless elders with a disability, including their care needs and the state of their overall well-being compared to elderly parents. We addressed this gap by examining the relationship between childlessness and the care and well-being of adults aged 75 and older with a disability. Parents and childless persons aged 75+ were compared using data from the 1998 to 2004 waves of the US Health and Retirement Study (HRS). The authors used logistic regression to examine the relationship between childlessness and care provision (personal care and assistive device use) and ordinal regression to examine the relationships of parental status, personal care, and use of assistive devices with well-being. The analysis was based on 2048 observations from 1456 community-dwelling respondents who had difficulty walking across a room or getting into or out of bed. Compared to parents, childless elders with a disability generally do not receive less care or have worse psychological well-

being. However, being unmarried reduces the likelihood of having personal care and is associated with depressive affect. Use of assistive devices is associated with less depressive affect. Childless older adults are similar to parents on measures of psychological well-being and care provision. This finding has important implications, as it is projected that 30% of baby boomers who will need assistance will lack care from spouses or adult children. Further exploration of compensatory resources is suggested. (KJ/RH)

ISSN: 13607863

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

Encounters in close care relations from the perspective of personal assistants working with persons with severe disability; by Gerd Ahlström, Barbro Wadensten.

Health and Social Care in the Community, vol 18, no 2, March 2010, pp 180-188.

In Sweden, adults with major and sustainable disabilities can be granted publicly financed support in the form of personal assistance after assessment and decision-making in accordance with government rules. The purpose of the present study was to explore more deeply the encounters in close care relations between personal assistants and disabled people of working age, as well as the prerequisites for and obstacles to the success of such encounters, this from the perspective of the personal assistants. Thirty-two personal assistants (age 22-55) who worked for 32 people with serious neurological diseases living at home were interviewed. The transcribed unstructured interviews were qualitatively analysed using latent content analysis. The analyses resulted in five main themes: Perceptive awareness, Entering into the other's role, Mutuality, Handling the relationship, and Personal difficulties facing the assistant. These themes illustrated that a prerequisite for the encounter's being meaningful is that the assistant should be able to observe and understand the unique needs of the disabled person. The assistant must furthermore be able to put herself/himself into the other person's position. It is also important that the personal chemistry between the assistant and the disabled person should be good. Being able to share feelings and interests with the functionally impaired person provides the assistant with positive emotional confirmation of a good relationship. A distressing dilemma the assistant faces is that of distinguishing between the working relationship and the personal friendship. In this borderline area are found experiences, feelings and events that the assistant may view as negative or even unacceptable. This study contributes to the understanding of the complexity underlying the daily community care of disabled people with an extensive need for care and assistance. (KJ/RH)

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From : [http://www.blackwellpublishing.com/hscDOI: 10.1111/j.1365-2524.2009.00887.x](http://www.blackwellpublishing.com/hscDOI:10.1111/j.1365-2524.2009.00887.x)

Ethical and practical concerns of surveillance technologies in residential care for people with dementia or intellectual disabilities: an overview of the literature; by Alistair R Niemeijer, Brenda J M Frederiks, Ingrid I Riphagen (et al).

International Psychogeriatrics, vol 22, no 7, November 2010, pp 1129-1142.

Technology has emerged as a potential solution to alleviate some of the pressures on an already overburdened care system, thereby meeting the growing needs of an expanding population of seriously cognitively impaired people. However, questions arise as to what extent technologies are already being used in residential care and how ethically and practically acceptable this use would be. A systematic literature review was conducted to explore what is known on the moral and practical acceptability of surveillance technologies in residential care for people with dementia or intellectual disabilities, and to set forth the state of the debate. 79 papers met the inclusion criteria. The findings show that application and use of surveillance technologies in residential care for vulnerable people generates considerable ethical debate. This ethical debate centres not so much around the effects of technology, but rather around the moral acceptability of those effects, especially when a conflict arises between the interests of the institution and the interests of the resident. However, the majority of articles lack in depth analysis. Furthermore, there are notable cultural differences between the European literature and American literature whereby in Britain there seems to be more ethical debate than in America. Overall however, there is little attention for the resident perspective. No ethical consensus has yet been reached, underlining the need for clear(er) policies. More research is thus recommended to determine ethical and practical viability of surveillance technologies whereby research should be specifically focused on the resident perspective. (KJ/RH)

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Forty years on from the Disability Act: special report; by Mithran Samuel (ed).

Community Care, issue 1818, 13 May 2010, pp 22-26.

The Chronically Sick and Disabled Persons Act 1970 was a landmark piece of legislation: for the first time, Parliament recognised the concept of rights for disabled people. As part of this 5-page special, the architect of the Act, Alf Morris, describes to Vern Pitt how he overcame opposition to reform. In the view of another contributor, Ed Mitchell, the legislation was not drafted tightly enough. While discrimination persists,

subsequent legislation such as the Community Care (Direct Payments) Act 1996 has contributed to progress. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Good housing design - lighting: a practical guide to improving lighting in existing homes; by Malcolm Fisk, Peter Raynham, Thomas Pocklington Trust; Wilberforce Trust. London: Thomas Pocklington Trust, 2010, 27 pp (Good practice guide, 5).

This good practice guide explains how to improve lighting to meet the needs of people with sight loss. It builds on a previous publication, 'Housing for people with sight loss' (Good practice guide, 4), and is based on research commissioned by Pocklington and the Housing Corporation led by Professor Julienne Hanson (Bartlett School of Graduate Studies, University College London) and Geoff Cook (University of Reading). It shows that simple improvements to lighting in kitchens, bedrooms and living areas, as well as on staircases and in halls and entrance areas can improve the independence and well-being of those with failing sight. Appendices include checklists and information on the performance of different types of lamps and light fittings. The content and style of this publication has been informed by housing, support, rehabilitation, occupational therapy, lighting and research professionals, as well as the views of people with sight loss. (RH)

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

Hearing loss impacts on the use of community and informal supports; by Julie Schneider, Bamini Gopinath, Michael J Karpa (et al).

Age and Ageing, vol 39, no 4, July 2010, pp 458-464.

The aim of this Australian study is to estimate the cross-sectional and longitudinal impact of hearing loss on use of community support services and reliance on non-spouse family/friends among older people. Blue Mountains Hearing Study participants (n = 2,956) were assessed for hearing impairment by audiologists in sound-treated booths. Participants were classified as hearing impaired if PTA0.5-4 kHz >25 dB HL. Use of services and non-spouse family/friend support was assessed cross-sectionally. Incident use was assessed among survivors at the 5-year follow-up (n = 1,457). A significant cross-sectional association between hearing loss and use of community support services was observed after adjusting for age, sex, living status, self-rated poor health, self-reported hospital admissions, disability in walking and best-corrected visual impairment. Participants with hearing loss who never used a hearing aid were twice as likely to use formal supports as participants without hearing loss. Hearing loss increased the incident need for non-spouse family/friend support or community services. After adjusting for confounding factors, hearing impairment negatively impacted on the independence of older persons by increasing reliance on community or family support. (KJ/RH)

ISSN: 00020729

From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afq051

Hearing, sound and the acoustic environment for people with dementia; by Maria McManus, Clifford McClenaghan, Dementia Services Development Centre - DSDC, University of Stirling. Stirling: Dementia Services Development Centre, University of Stirling, 2010, 43 pp (Dementia design series).

The quality of the acoustic environment is a vital component of good dementia-friendly design. People need to be able to hear well in order to make sense of it, and in order to function at the highest level possible. It is essential that adaptations which simplify and clarify the acoustic environment, and which reduce discomfort and auditory "clutter" are up in place. Good acoustics can actively contribute to ensuring that people with dementia can communicate and remain included within the community within which they live, whether a care home, supported housing scheme or hospital care. This book considers these issues, and is one of a series published by the Dementia Services Development Centre (DSDC) to assist providers, architects, commissioners and managers to improve the design of buildings which are used by people with dementia. (RH)

From : Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling FK9 4LA.<http://www.dementia.stir.ac.uk>

Home adaptations for disabled people; by Care & Repair England. [Nottingham]: Care & Repair England, 2010, 4 pp.

Home adaptations can increase independence, help to prevent falls, reduce length of stay in hospital, and delay care home admission. However, many older and disabled people are waiting years for the adaptations that could improve their lives and make the job of a carer more manageable. Care & Repair England has produced this pamphlet in partnership with members of the DFG Consortium, to draw attention to the consequences of a lack of help with home adaptations and to the action national government and local authorities should take. (RH)

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

The impact of disability living allowance and attendance allowance: findings from exploratory qualitative research; by Anne Corden, Roy Sainsbury, Annie Irvine (et al), Social Policy Research Unit - SPRU, University of York; Department for Work and Pensions - DWP. London: Department for Work and Pensions, July 2010, 154 pp (Department for Work and Pensions Research Report, no 649).

SPRU undertook qualitative research for the government to understand more about the impact that Disability Living Allowance (DLA) and Attendance Allowance (AA) have on people's lives, as relatively little was known about this. This report investigates the use of these benefits and the impact they have on people's lives. Findings can contribute to the development of questions that might be used in further surveys about the benefits. Discussion groups were undertaken with 24 professionals and advisers in touch with people who claim or may be entitled to claim DLA or AA. Face-to-face qualitative interviews with 15 adult DLA recipients, 15 AA recipients and 15 parents of child recipients were also carried out to explore how they use the benefits. This was followed by a desk-based review of relevant survey instruments. Findings showed a wide range of ways in which DLA and AA are currently enabling elderly and disabled people to afford to pay for services and items they need. This happens by enabling people to find their own solutions, both in the market place, and in accessing services from voluntary organisations, which are often not cost-free for users. A further research aim was to inform the possible development of quantitative research instruments for measuring the difference made by DLA and AA and recommendations were made for this. (KJ/RH)

From : Download report from: <http://php.york.ac.uk/inst/spru/pubs/1747/>Contact: Paul Noakes, Commercial Support and Knowledge Management Team, 3rd Floor, Caxton House, Tothill Street, London SW1H 9NA.

Inequalities in disability-free life expectancy by area deprivation: England, 2001-04 and 2005-08; by Michael P Smith, Olugbenga Olatunde, Chris White.

Health Statistics Quarterly, no 48, Winter 2010, pp 36-57.

Life expectancy (LE) and disability-free life expectancy (DFLE) for males and females at birth and at age 65 were estimated using a combination of survey, mortality and population data. Survey data provided an estimate of the prevalence of limiting long-standing illness or disability (LLSI) used in the DFLE metric. The prevalence of LLSI among males and females rose incrementally with increasing levels of deprivation in both periods. Males and females at birth and at age 65 in the less deprived areas could expect longer, healthier lives than their counterparts in more deprived areas in both 2001-04 and 2005-08. This analysis suggests that the inequality in DFLE between deprived and affluent area clusters has increased during the first decade of the 21st century. (JL) ISSN: 14651645

From : <http://www.statistics.gov.uk/hsq/>

Inequalities in disability-free life expectancy by social class and area type: England, 2001-03; by Chris White, Grace Edgar.

Health Statistics Quarterly, no 45, Spring 2010, pp 57-80.

Disability-free life expectancy (DFLE) is an important indicator which combines longevity with functional health status. This article examines inequalities in DFLE by socio-economic position in England, and between Local Authorities (LAs) in the deprived 'Spearhead group' and other LAs. Census and vital event data available from the ONS Longitudinal Study were used to calculate estimates of DFLE based on limiting long-term illness or disability status for each Registrar General's Social Class (RGSC) in 2001-03, in England as a whole and within the 'Spearhead group' and non-Spearhead LAs. A predominantly linear relationship was present, with DFLE increasing with rising social class, and the differences observed between people assigned to the professional and unskilled manual social classes were statistically significant and substantial, showing clear social inequality in amount of life, functional health status during those years lived, absolute number, and relative proportion of life spent free from limiting long-term illness or disability. (KJ/RH)

ISSN: 14651645

From : <http://www.statistics.gov.uk>

Life expectancy and disability-free life expectancy estimates for Middle Super Output Areas; England, 1999-2003; by Olugbenga Olatunde, Chris White, Michael P Smith.

Health Statistics Quarterly, no 47, Autumn 2010, pp 33-65.

There is increasing demand for health indicators at small area level to support healthcare monitoring and planning. This study compares disability-free life expectancy (DFLE) in England at the Middle Layer Super Output Area (MSOAs) level. An advantage of these areas for statistical purposes is their relative homogeneity in population size, with an average population of 7,200 people and range of 5,001 to 15,326 people. This article reports DFLE for MSOAs in England based on 2001 Census data. DFLE was generally higher among MSOAs

in southern Government Office Regions (GOR) than in the north. About 30 years separated the MSOAs with the highest and lowest DFLEs. There was a clear deprivation gradient in DFLE, with significantly lower estimates in more disadvantaged areas. These findings, for the first time, illustrate the degree of health inequality present at MSOA level and provide useful information to healthcare planners to assist in more efficient targeting of resource allocation. (KJ)

ISSN: 14651645

From : <http://www.statistics.gov.uk/hsq/>

Managers' and staff experiences of adult protection allegations in mental health and learning disability residential services: a qualitative study; by Paul Rees, Jill Manthorpe.

British Journal of Social Work, vol 40, no 2, March 2010, pp 513-529.

Adult protection policy slowly developed in England and Wales during the 1990s. In the same decade, specialist residential services expanded for people with mental health problems and with learning disabilities, some of which were secure or semi-secure in status. Many referrals to adult protection systems emanate from this sector, but few result in conclusive outcomes. This article reports on and considers adult protection workings in these settings. Data from interviews with 13 residential unit managers and 10 care workers, who were suspended following an allegation but later exonerated, are presented. Perceptions of the development of adult protection practice, policy and legislation were that these have generally led to positive outcomes. However, these data reveal other outcomes including service disruption, stress for residents, staff and managers. Service managers commented particularly on how the application of policy and practice enhances but also upsets the services they provide. Multi-agency collaboration, transparency of practice, training, reflective practice, and effective supervision of frontline staff, appeared to assist managers and care workers in negotiating the positive and negative experiences of the implementation of adult protection systems. (KJ/RH)

ISSN: 00453102

From : <http://bjsw.oxfordjournals.org/doi:10.1093/bjsw/bcn146>

Mind the step: an estimation of housing need among wheelchair users in England: a summary; by Glen Joseph, Alex Perry, Lynn Watson (et al).

Housing, Care and Support, vol 13, no 2, May 2010, pp 20-25.

Wheelchair users face particular design and accessibility barriers, both in and around the home and in the wider environment. The majority of homes in England (84%) do not allow someone using a wheelchair to get to and through the front door without difficulty, and only 0.5% of homes are reported to be 'accessible and adaptable'. Habinteg Housing Association and London South Bank University have undertaken secondary research that presents national and regional estimates of housing need among wheelchair users in England and shows how these figures can be used to produce similar estimates at local authority level. There are three solutions to under-provision, which should be strategically interlinked: development of new wheelchair standard homes (of all sizes) for both owner-occupiers and tenants; support for home adaptations across tenures; and more efficient allocation, within social housing, of existing accessible and adaptable homes. This article refers to some of the key issues, results, conclusions and recommendations of the main research report. (KJ/RH)

ISSN: 14608790

From : Website: <http://www.pierprofessional.com/doi:10.5042/hcs.2010.0480>

Monitoring inequalities in health expectancies in England: small area analyses from the Census 2001 and General Household Survey 2001-05; by Michael P Smith, Olugbenga Olatunde, Chris White.

Health Statistics Quarterly, no 46, Summer 2010, pp 51-68.

This study explores the potential of the General Household Survey (GHS) to provide an inter-censal measure of Health Expectancies (HEs) in small areas grouped by area deprivation. The 2001 Census and GHS 2001-05 both show a decline in health status and HEs with increasing area deprivation. Consistency between them shows the latter is suitable in providing an inter-censal measure of HEs. Findings serve as a useful measure for the targeting of interventions to reduce health inequalities. (KJ)

ISSN: 14651645

From : <http://www.statistics.gov.uk/hsq/>

'My mum's story': a deaf daughter discusses her deaf mother's experience of dementia; by Jacqueline Parker, Alys Young, Katherine Rogers.

Dementia: the international journal of social research and practice, vol 9, no 1, February 2010, pp 5-20.

The following paper concerns culturally Deaf people, who are Sign Language users, and who develop dementia. A first person narrative account from a Deaf daughter of her Deaf mother's dementia ('My Mum's Story') is the main focus of the paper. It is preceded by a Foreword designed to equip the reader with the background to Sign Language and Deaf culture, in order better to contextualise the significance of dementia and its effects for this

community. Both pieces, from different perspectives, focus on: the problematic nature of recognizing dementia amongst Deaf people; the paucity of appropriate diagnostic, care and support services; the different considerations for Deaf people approaching dementia as patient or carer; the challenges to service providers and researchers. The first person account was originally produced in BSL (British Sign Language) and translated for written publication purposes. (KJ/RH)

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From : <http://dem.sagepub.com> DOI: 10.1177/1471301209353987

The needs of frail older people with sight loss; by Mima Cattam, Gianfranco Giuntoli, Thomas Pocklington Trust. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 34).

The specific needs and aspirations of frail older people with sight loss were explored and detailed in a short report published as an Occasional paper from Thomas Pocklington Trust. These research findings summarise the results, focusing on living in supported accommodation and service provision. (RH)

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

Older people with high support needs: how can we empower them to enjoy a better life; by Imogen Blood, Joseph Rowntree Foundation - JRF.: Joseph Rowntree Foundation, October 2010, 16 pp (Ref: 2543).

Round-up: Reviewing the evidence, 2543, October 2010, 16 pp (Ref: 2543).

In 2009, the Joseph Rowntree Foundation (JRF) launched A Better Life, a new research programme focusing on how we can improve the quality of life of older people with high support needs. This Round-up draws out the key messages from 11 reviews commissioned for the programme's first phase, along with other relevant research recently commissioned by JRF. Older people with high support needs live in a range of settings including care homes or nursing homes, sheltered housing, and in their own or relatives' homes. Many live in substandard private sector housing, and an increasing number live alone. Among the challenges posed by these settings and considered in the research are: affordability; navigating the system; dementia and mental capacity; social isolation; recruiting and retaining a skilled workforce; involving and supporting carers; and end-of-life care. Improving quality of life could involve simple changes to how services are run; and examples of innovative models of care in respect of personalisation and assistive technology are suggested. The full report, 'Equality and diversity and older people with high support needs' by Imogen Blood and Sally-Marie Bamford, considers what we know about the needs and situations of older people with high support needs from different equality groups, and the barriers they commonly face in service provision. (RH)

ISSN: 09583084

From : <http://www.jrf.org.uk/publications/better-life-high-support-needs> Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Contact: abetterlife@jrf.org.uk; for the latest information: www.jrf.org.uk/better-life

The opinions of people with sight loss on visual impairment research: study three; by Paul Duckett, Rebekah Pratt, Rosemary Porteous (et al), Thomas Pocklington Trust; Manchester Metropolitan University; University of Edinburgh.: Thomas Pocklington Trust, 2010, 11 pp (Research findings, no 29).

In 1999 and 2000, Thomas Pocklington Trust commissioned a research team at the University of Edinburgh and Manchester Metropolitan University to explore the opinions of people with sight loss on visual impairment. These research findings outline results of a third, more recent study, which asked whether those opinions still had currency. The study was grounded in "disability studies", an approach which addresses social exclusion and promotes the civil and human rights of disabled people. The study was based in Edinburgh and interviewed 30 people (including 6 aged 40-69, and 18 aged 70-98) with sight loss about their opinions on visual impairment research. Participants identified five priority topics: access to the built environment, transport and information; attitudes of those who do and do not have sight loss; daily life and methods of coping; support; and affordability and access to technological aids. They also identified four processes that should be attended to when carrying out research: aims, methods, dissemination, and involvement. (RH)

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

The personal burden of decreased vision-targeted health-related quality of life in nursing home residents; by Amanda F Elliott, Laura E Dreer, Gerald McGwin Jr (et al).

Journal of Aging and Health, vol 22, no 4, June 2010, pp 504-521.

The instrument, Nursing Home Vision-Targeted Health-Related Quality of Life Questionnaire (NHVQoL), was developed by the Department of Ophthalmology in the School of Medicine, University of Alabama. This study presents their both subscales of the Nursing Home Vision-Targeted Health-Related Quality of Life Questionnaire (NHVQoL) and examines their relationship to the original NHVQoL subscales and objective

measures of visual function. Method involved 395 nursing home residents who completed the bother subscales. Associations between bother subscales and original subscales and objectively measured vision were evaluated. Mean bother scores ranged from 1.97 to 2.30, reflecting an average rating of "a little" bother. For 20 NHVQoL items, more than 50% of participants reported "a lot" of bother. All NHVQoL original subscale scores were moderately correlated with bother subscales ($p < .0001$). Bother subscales and visual acuity were not highly correlated. Nursing home residents are bothered by reductions in vision-targeted health-related quality of life. The NHVQoL bother subscales may probe the personal burden of visual problems in this population that is not captured by the original subscales or objectively measuring visual function. (KJ)

ISSN: 08982643

From : <http://jah.sagepub.com/doi:10.1177/0898264310361368>

The Peter Townsend reader: edited by the Policy Press; by Alan Walker, David Gordon, Ruth Levitas (eds)(et al). Bristol: The Policy Press, 2010, 696 pp.

Peter Townsend, who died in June 2009, had a long career researching an exceptional range of topics within the social sciences and campaigning against social inequalities. This reader brings together for the first time a collection of his most distinctive work, allowing readers to review changes and continuities over the past six decades, and to reflect on social issues that have returned to the fore today. Seven editors edit eight themed sections: Sociology and social policy; From welfare state to international welfare; Poverty; Inequality and social exclusion; Health inequalities and health policy; Older people; Disability; and Social justice and human rights. A particular feature of the volume is in tracing the links between empirical evidence and both social theory and social policy, and how those disciplines intersect. This reader will provide a teaching and learning resource for students in different disciplines of the social sciences, and will also provide an insight into the development of one social scientist's entire intellectual approach. It is hoped it will be a fitting memorial to Peter Townsend's life and work. (KJ/RH)

Price: £24.99 (pbk); (hdbk £70)

From : The Policy Press, University of Bristol, Fourth Floor, Beacon House, Queen's Road, Bristol BS8 1QU.<http://www.policypress.co.uk>

A pilot study of lighting and low vision in older people; by Bruce Evans, Hannah Sawyerr, Zahra Jessa (et al), Thomas Pocklington Trust; Institute of Optometry. London: Thomas Pocklington Trust, 2010, 6 pp (Research findings, no 31).

Visual impairment is common in older people and major causes include cataract and age-related macular degeneration (AMD). Previous research suggests that people with AMD benefit from increased light levels but this may not be the case with cataract, which causes light scatter inside the eye. This publication summarises findings from research commissioned and funded by Thomas Pocklington Trust and carried out at the Institute of Optometry. The research investigated the influence of lighting on performance of activities of daily living in 24 older people with low vision caused by cataract and/or macular degeneration. The research found that subjects tended to perform better under brighter conditions, but the average results masked large individual variations. It was demonstrated that lighting had a big effect on most participants' performance in at least one task, but the optimal lighting level varied uniquely from one subject to another. The report concludes that the best approach to providing optimal lighting for older people with low vision might be to assess their preference and performance individually at different lighting levels. (RH)

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

Practical approaches to improving the lives of disabled and older people through building stronger communities; by Catherine Wilton, Martin Routledge, Personalisation Programme, Department of Health - DH. London: Department of Health, 16 November 2010, 33 pp (Gateway ref: 14847).

Social care transformation is not limited to personal budgets or even to public services targeted at people eligible for state support. It is also about how people help themselves and each other as individuals, in groups and communities and how they make best use of the resources available for all citizens in their area. Alongside 'A vision for adult social care: capable communities and active citizens' and the renewed partnership agreement between government and the social care sector, 'Think local, act personal', this briefing and its appendix sets out why building strong and resilient communities is a key component of social care transformation. It outlines approaches currently being developed by councils with their public sector and community partners, particularly those who have been part of the Building Community Capacity to Put People First project. It puts the project's work in the context of the personalisation agenda and shares some of the learning to date. More is available at the project website (www.puttingpeoplefirst.org.uk/BCC) hosted by the Social Care Institute for Excellence (SCIE). (RH)

From :

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121668.pdf Contact: Abigail Merrett, Social Care Policy Division, Room 116, 133-155 Waterloo Road, London SE1 8UG.

Prevalence and correlates of frailty among community-dwelling older men and women: findings from the Hertfordshire Cohort Study; by Holly Syddall, Helen C Roberts, Maria Evandrou (et al).

Age and Ageing, vol 39, no 2, March 2010, pp 197-203.

Frailty, a multi-dimensional geriatric syndrome, confers a high risk for falls, disability, hospitalisation and mortality. The prevalence and correlates of frailty in the UK are unknown. Frailty, defined by Fried, was examined among community-dwelling young-old (64-74 years) men (n = 320) and women (n = 318) who participated in the Hertfordshire Cohort Study. The prevalence of frailty was 8.5% among women and 4.1% among men (P = 0.02). Among men, older age (P = 0.009), younger age of leaving education (P = 0.05), not owning or mortgaging one's home (odds ratio [OR] for frailty 3.45 [95% confidence interval [CI] 1.01-11.81], P = 0.05, in comparison with owner/mortgage occupiers) and reduced car availability (OR for frailty 3.57 per unit decrease in number of cars available [95% CI 1.32, 10.0], P = 0.01) were associated with increased odds of frailty. Among women, not owning/mortgaging one's home (P = 0.02) was associated with frailty. With the exception of car availability among men (P = 0.03), all associations were non-significant (P > 0.05) after adjustment for co-morbidity. Frailty is not uncommon, even among community-dwelling young-old men and women in the UK. There are social inequalities in frailty which appear to be mediated by co-morbidity. (KJ/RH)

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From : <http://www.ageing.oxfordjournals.org><http://www.bgs.org.uk>doi:10.1093/ageing/afp204

"Quality of life and independence" - why Attendance Allowance is so important to blind and partially sighted people: a briefing based on research undertaken jointly by RNIB and Visionary; by Geoff Fimister, Royal National Institute of Blind People - RNIB; Visionary (formerly: National Association of Local Societies for Visually Impaired People - NALSVI). London: RNIB and Visionary, August 2010, 42 pp.

Attendance Allowance (AA) and similar benefits can make all the difference to whether or not a blind or partially sighted older person can get along in the community with a reasonable quality of life. This briefing is based on responses from 116 blind and partially sighted AA claimants aged 65+ about what they spend their benefit on and how they would be affected if they did not have it. The briefing highlights the vital role that AA plays in allowing older blind and partially sighted people to live independent and fulfilling lives. It brings together for the first time detailed accounts of how this extra costs benefit is used by people with sight loss to support life in the community. AA has been described as the "original personal budget", so that its importance cannot be overstated in the light of possible changes in the social security system. The report details the methodology of the research; characteristics of claimants in the survey; how AA (and DLAC 65+ - Disability Living Allowance care component) were spent; support (if any) from social services; the policy debate; and other research on the topic. (RH)

From : Geoff Fimister, Campaigns Officer (Independent Living), RNIB. Tel 020 7391 2124 E-mail: gfimister@rnib.org.uk

Service use and cost of mental disorder in older adults with intellectual disability; by Andre Strydom, Renee Romeo, Natalia Perez-Achiaga (et al).

British Journal of Psychiatry, vol 196, no 2, February 2010, pp 133-138.

The cost of caring for people with intellectual disability currently makes up a large proportion of healthcare spending in western Europe, and may rise in line with the increasing numbers of people with intellectual disability now living to old age. The aim of this study was to report service use and costs of older people with intellectual disability and explore the influence of sociodemographic and illness-related determinants. The authors collected data on receipt and costs of accommodation, health and personal care, physical as well as mental illness, dementia, sensory impairment and disability in a representative sample of 212 adults with intellectual disability aged 60 years and older. The average weekly cost per older person was £790 (£41,080 per year). Accommodation accounted for 74%. Overall costs were highest for those living in congregate settings. Gender, intellectual disability severity, hearing impairment, physical disorder and mental illness had significant independent relationships with costs. Mental illness was associated with an additional weekly cost of £202. Older adults with intellectual disability comprise about 0.15-0.25% of the population of England but consume up to 5% of the total personal care budget. Interventions that meet needs and might prove to be cost-effective should be sought. (KJ/RH)

ISSN: 00071250

From : <http://bjp.rcpsych.org/doi/10.1192/bjp.bp.108.060939>

Services for people with multiple disabilities: [Special report: Personalisation]; by Melanie Henwood.
Community Care, issue 1819, 20 May 2010, pp 22-23.

There are 16,000 adults with profound intellectual and multiple disabilities in England. This article reviews research conducted by Jim Mansell at the Tizard Centre, University of Kent, 'Raising our sights: services for adult with profound intellectual and multiple disabilities'. His report makes 33 detailed recommendations to the government on what needs to happen for progress to be made with the Valuing People policy agenda. Melanie Henwood confirms that there is still a long way to go before the needs of this group of adults are fully met, although self-directed support points the way forward. (RH)

ISSN: 03075508

From : www.communitycare.co.uk

Snapshot of flexible funding outcomes in four countries; by Carmel Laragy.

Health and Social Care in the Community, vol 18, no 2, March 2010, pp 129-138.

This article reviews social participation outcomes identified in discrete studies of flexible funding programmes across four countries. The outcomes of an Australian flexible funding support programme were studied in 2007; a study tour of independent living programmes was conducted in England and Scotland during 2005; Swedish co-operatives and government administrators providing personal assistance to live independently were visited in 2006; and Australian independent living support groups operating for over 20 years were visited in 2008. Fifty-six interviews were conducted with people with a disability, families, support services, government administrators and researchers. A structured interview schedule was used in the 2007 Australian study and a semi-structured format was used in all other studies. Notes from the interviews were reviewed for themes related to social participation and their contributing factors. Ecological systems theory was used to identify what factors from the micro to the macro system level facilitated or hindered social participation. The key finding is that flexible funding did result in a range of social participation activities in each setting studied. The studies also indicate that social participation increases when people have access to information and support services; can choose their individual workers and move to a new agency if need be; and have adequate resources to meet their needs. The cultural and political context plays a large part in determining these factors. The implications of this study are that adequate resources are needed and the complex systems impacting on flexible funding need to be understood to achieve the intended outcomes. (KJ/RH)

ISSN: 09660410

From : <http://www.blackwellpublishing.com/hscDOI/10.1111/j.1365-2524.2009.00880.x>

Social inclusion, social circumstances and the quality of life of visually impaired older people; by James Nazroo, Anna Zimdars, Thomas Pocklington Trust; School of Social Sciences, University of Manchester. London: Thomas Pocklington Trust, 2010, 7 pp (Research findings, no 32).

This publication summarises findings from research in respect of well-being for older people with visual impairment. It uses data from the English Longitudinal Study of Ageing (ELSA), which covers those aged 50+ living in private households. It examines whether the self-reported measures of visual impairment in ELSA are accurate. It analyses the relationship between visual impairment and factors such as health, economic position, and housing circumstances to obtain information about the relationship between visual impairment and well-being. A Thomas Pocklington Trust occasional paper (same title) provides more information. (RH)

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

Social inequality in onset of mobility disability among older Danes: the mediation effect of social relations; by Charlotte Juul Nilsson, Kirsten Avlund (et al).

Journal of Aging and Health, vol 22, no 4, June 2010, pp 522-541.

This article investigates social inequality in onset of mobility disability and in measures of social relations and whether social relations mediated the effect of socioeconomic status on mobility. A total of 2,825 non-disabled older men and women, enrolled in the Danish Intervention Study on Preventive Home Visits, constituted the study population. Data were obtained by mailed questionnaires in 1998-1999 and 2001-2002 and by merging analyses to registers at Statistics Denmark. There was a social gradient in onset of mobility disability, with odds ratio of 1.11 (1.07-1.15) per step down the deciles of financial assets and in cohabitation status, social participation, and network diversity. Social relations did not mediate the effect of financial assets on onset of mobility disability. The negative effects of low financial assets and poor social relations on mobility appear to be independent. More longitudinal studies on possible mediators of the social gradient in mobility among older people are needed. (KJ)

ISSN: 08982643

From : <http://jah.sagepub.com/doi:10.1177/0898264309359684>

Trends in disability prevalence over 10 years in older people living in Gloucestershire; by Ian P Donald, Chris Foy, Carol Jagger.

Age and Ageing, vol 39, no 3, May 2010, pp 337-341.

Life expectancy in the UK appears to be growing faster than healthy life expectancy, which may imply that there are increasing years of disability. There are few sequential studies examining changes in disability amongst older people within a defined locality. The population aged 75 and over of 10 general practices in Gloucestershire was surveyed using a validated postal questionnaire for disability called the Elderly At Risk Rating Scale. Surveys were carried out in 1998 and 2008. Age-adjusted disability prevalences were measured. Care home residents were under-represented in the 1998 survey, and missing data was supplied from a countywide census of care home residents in 2000. Response rates of 81 and 74% were achieved. Reductions in disability prevalence were found for mobility, vision and self-care, but there was no significant change in a measure of self-rated health. Higher rates of independence were found in both genders and across the age range in 2008. The improvements suggested that the latter sample was equivalent to subjects being 3.8 years 'younger' than 10 years before and entering dependency on care 2.1 years later. The prevalence of disability affecting activities of daily living appears to have reduced over 10 years in older people in Gloucestershire. If generally applied, these results provide some optimism for current trends in ageing in England. (KJ/RH)

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Using assistive technology and telecare to provide people with learning disabilities with improved opportunities to achieve greater independence; by Jon Wilkie.

Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 50-53.

Although standard telecare services have quickly become very successful in many areas, their extension to other groups, including people with learning disabilities, has been delayed by issues such as ethics, and a need for a wider range of technologies. A series of pilot studies have demonstrated over £400,000 of savings in a year, and have enabled improved processes for assessment and prescription to be developed. Four case studies are described and their successful outcomes establish a way forward for Cheshire East Council Community Services to roll out improved provision to support many more service users in the future. (KJ)

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