

New Literature on Old Age

EDITOR

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ABUSE

(See 205/81)

ASSESSMENT

- 205/1 Comparison of centre and home-based health assessments: early experience from the Irish Longitudinal Study on Ageing (TILDA); by Patricia M Kearney (et al).
Age and Ageing, vol 40, no 1, January 2011, pp 85-90.
Some cohort studies of ageing and health supplement questionnaire-based surveys with in-home measurements of biological parameters and others have required respondents to attend assessment centres. Centre-based assessments facilitate detailed measurements and novel technologies, but may differentially influence participation. The aim of this paper was to compare the characteristics of participants who attended a centre with those who chose a home assessment and those who did not have a health assessment. Trained field workers administered a computer-assisted personal interview (CAPI) to a random sample of community-dwelling people aged 50 and over in the participants' homes. All questionnaire respondents were invited to attend an assessment centre for a comprehensive physical assessment. Participants who refused or were unable to attend a centre were offered a home assessment. Of the 291 participants who completed the CAPI, 176 had a health assessment: 138 in an assessment centre and 38 in their own home. The centre, home and no visit respondents differed in demographic characteristics, behavioural factors, physical functioning and health. Lower socio-economic status, physical inactivity and current smoking were the most robust predictors of non-participation in the health assessment. Home respondents had the highest levels of physical disability and were much weaker (grip strength) and slower (walking speed) than centre respondents. Concludes that home and centre physical assessments are required to avoid systematically over-representing healthier and wealthier respondents. (JL)
ISSN: 00020729
From : <http://ageing.oxfordjournals.org/>
<http://www.bgs.org.uk/>

ASSISTIVE TECHNOLOGY

(See Also 205/44, 205/45, 205/98)

- 205/2 Electromechanical telecare - overcoming functional needs; by Keith Cameron, Chris Doughty.
Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 29-34.
An ageing population will include increasing numbers of people who have mobility problems, and many who will be unable to perform personal care tasks such as toileting. Support for these groups is likely to be provided by a combination of human carers and electromechanical telecare devices. Many of the technologies that will be needed are already available, and the challenge may be to make them aesthetically appealing to the users. This paper describes some of the current approaches and the likely emergence of robotic devices or personal electronic appliances that will offer people an alternative means of support when they feel that they are unable to perform tasks for themselves. The devices may provide telecare monitoring so that people are only able to accept the electromechanical support when it is actually needed. (KJ)
ISSN: 17549450
From : <http://www.pierprofessional.com>
doi: 10.5042/jat.2010.0488

- 205/3 Explaining the potential contribution of telecare to the support, protection and quality of life of people with differing needs; by Brian Kerr.
Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 35-39.
The telecare development programme in Scotland has just published four practice and training guides designed to promote the effective and ethical use of telecare for people with differing needs. This article summarises the background to this initiative and the content. Several issues

- such as the focus on 'specialist' areas of need, the generic content and the apparent demand for this kind of publication - are discussed. The article concludes with some ideas for further publications, and reflection on the potential for converting these texts into an e-learning resource. (KJ)

ISSN: 17549450

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

doi: 10.5042/jat.2010.0489

205/4

GPS technologies in managing the risks associated with safer walking in people with dementia - a practical perspective; by Barbara Dunk, Brian Longman, Liz Newton.

Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 4-8.

Many people with a cognitive impairment are likely to become lost at some stage of their illness; this can cause great distress to individuals and to their relatives. GPS location equipment has become available recently and has been trialled with a number of families. Although the technology itself is not complicated, it introduces a number of problems including battery management, device selection and returning the individual when they have become lost. A process has been developed to simplify these problems. When it is followed, the outcomes have been positive for all stakeholders. (KJ)

ISSN: 17549450

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

doi: 10.5042/jat.2010.0483

205/5

Tel-e-Cycle : an equipment and services exchange scheme for telecare service providers; by CUHTec Advanced Telecare User Group.

Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 9-12.

The sudden expansion of telecare services in the UK may have resulted in items of equipment either being left unused on the shelves or being discarded after use without being recycled. Obviously, this is an inefficient use of resources. It has been difficult for local authorities and telecare service providers to share such equipment for a number of reasons including warranties and the need to put a value on such items. A new Tel-e-Cycle exchange service is proposed but within a context of using such benefits to stimulate innovation and new products from suppliers of equipment so that investment in research and development is not compromised. This paper describes how such a Tel-e-Cycle scheme might operate. (KJ)

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

doi: 10.5042/jat.2010.0484

205/6

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

doi: 10.5042/jat.2010.0492

ATTITUDES TO AGEING

- 205/7 Community-dwelling older adults' contextual experiencing of humour; by Thecla Damianakis, Elsa Marziali.
Ageing and Society, vol 31, part 1, January 2011, pp 110-124.
The purpose of this exploratory study, from Canada, was to examine ways in which older adults in the community express and experience humour. The analysis of older adults' narratives about their day-to-day lives yielded four types of experienced humour: affiliative, self-enhancing, self-defeating, and authentic. Within an inter-personal context, expressing and appreciating humour contributed to sustaining positive social connections. The use of authentic humour and being able to laugh at oneself and life's uncontrollable circumstances appeared to support a positive sense of self and was adaptive for coping with the inevitable losses that accompany the ageing process, eg. declining health. Suggests that humour expression and appreciation may play an important role in managing the ageing process in ways that are adaptive especially in inter-personal contexts. Health care providers in both community and institutional settings need to be made aware of the benefits for older adults of experiencing humour in different life contexts. (JL)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

- 205/8 The living dead?: the construction of people with Alzheimer's disease as zombies; by Susan M. Behuniac.
Ageing and Society, vol 31, part 1, January 2011, pp 70-92.
Current literature shows how both Alzheimer's disease (AD), and the people that suffer from it, have been stigmatised. Suggests that the stigma surrounding AD is of a specific type - dehumanisation based on disgust and fear. While blame for negative perceptions of people with AD has been placed on the biomedical understanding of dementia, strong negative emotional responses are also reinforced by the social construction of people with Alzheimer's as zombies. Seven specific ways that the zombie metaphor is referenced in both the scholarly and popular literature on Alzheimer's are identified, namely: appearance, loss of self, inability to recognise others, cannibalism, epidemic proportions, cultural terror and disgust, and the idea that death is preferable. This common referencing of zombies is significant as it pervades the social discourse about Alzheimer's with a politics of revulsion and fear that separates and marginalises those with the disease. Concludes that by recognising the power of this zombie label, its negative impact can be addressed through an emphasis of connectedness, commonality, and inter-dependency. (JL)
ISSN: 0144686X From : <http://www.journals.cambridge.org/aso>

BABY BOOMERS

- 205/9 The health of Australian baby boomers; by Nancy Humpel, Kate O'Loughlin, Yvonne Wells (et al): Blackwell Publishing.
Australasian Journal on Ageing, vol 29, no 1, March 2010, pp 8-13.
The large baby boomer cohort is beginning to reach retirement age. This paper reviews recent Australian literature on baby boomers' health and health behaviours. Databases were searched for peer-reviewed literature and the Internet for online studies and reports. The boomers can expect an increased life span compared to those in later life now. Boomers' health behavioural risks include physical inactivity, low vegetable consumption, obesity and rising medical risk due to increasing prevalence of diabetes. Their health will impact on workforce participation and retirement timing. There is substantial scope for health improvement and consequent quality of life as boomers age. However, little is known about health decision-making, inequalities between social groups and health information sources. Future research can yield a better understanding of the health trajectories of baby boomers in order to plan for health and service needs for an ageing Australia. (KJ)
ISSN: 14406381
From : [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1741-6612/issues](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1741-6612/issues)
DOI: 10.1111/j.1741-6612.2010.00412.x

BLACK AND MINORITY ETHNIC GROUPS

(See Also 205/87)

- 205/10 Care implications of an ageing ethnic population; by Jill Manthorpe. Community Care, issue 1842, 4 November 2010, pp 32-33. The aim of this study was to describe the likely changes in the age structure of black and other minority groups in England and Wales. This report uses data on fertility, mortality and migration to make some projections of the number and profile of older people from ethnic minorities. Findings reveal that The ethnic minority population of England and Wales will continue to be younger than the majority white population but by 2051 this difference will be less pronounced. There are already important differences between minority groups, with the Irish and Indian populations having "mature population structures", for example, and these differences may increase. In contrast, the Bangladeshi population looks set to keep its comparatively young population profile. Despite the problems of making predictions, on the basis of this evidence there will be 2.4 million black and ethnic minority people aged 50 and over in 2016 in England and Wales; rising to 3.8 million by 2026 and 7.4 million by 2051. These are not all older people of course; indeed among them are likely to be many carers. But over the same time spans, there will be just over half a million black and minority ethnic people aged 70 and over by 2016, more than 800,000 by 2026 and that figure escalates to 2.8 million by 2051. In conclusion then, although it is difficult to make population predictions, we can use projections to think about the types and amount of support that may be needed by the growing numbers and proportions of BME older people and the contributions that they may make. (KJ)
ISSN: 03075508
From : www.communitycare.co.uk
- 205/11 Ethnic differences in self-harm, rates, characteristics and service provision : three-city cohort study; by J Cooper, E Murphy, R Webb (et al). British Journal of Psychiatry, vol 197, no 3, September 2010, pp 212-217. Studies of self-harm in Black and minority ethnic (BME) groups have been restricted to single geographical areas, with few studies of Black people. The aim of this study was to calculate age- and gender-specific rates of self-harm by ethnic group in three cities and compare characteristics and outcomes. A population-based self-harm cohort presenting to five emergency departments in three English cities during 2001 to 2006. A total of 20574 individuals (16-64 years) presented with self-harm; ethnicity data were available for 75%. Rates of self-harm were highest in young Black females (16-34 years) in all three cities. Risk of self-harm in young South Asian people varied between cities. Black and minority ethnic groups were less likely to receive a psychiatric assessment and to re-present with self-harm. In conclusion, despite the increased risk of self-harm in young Black females fewer receive psychiatric care. These findings have implications for assessment and appropriate management for some BME groups following self-harm. (KJ)
ISSN: 00071250
From : <http://bjp.rcpsych.org>
doi: 10.1192/bjp.bp.109.072637
- 205/12 Social intervention for British Pakistani women with depression: randomised controlled trial; by R Gater, W Waheed, N Husain (et al). British Journal of Psychiatry, vol 197, no 3, September 2010, pp 227-233. British Pakistani women have a high prevalence of depression. There are no reported psychosocial interventions for depression in ethnic minorities in the UK. The aim of this research was to determine the efficacy of a social group intervention compared with antidepressants, and whether the combination of the two is more efficacious than either alone. A total of 123 women with depression participated in the primary care-based cluster randomised controlled trial (ISRCTN19172148). Outcome measures were severity of depression (Hamilton Rating Scale for Depression), social functioning and satisfaction at 3 and 9 months. Greater

improvement in depression in the social intervention group and the combined treatment group compared with those receiving antidepressants alone fell short of significance. There was significantly greater improvement in social functioning in the social intervention and combined treatment groups than in the antidepressant group at both 3 and 9 months.

Pakistani women with depression found the social groups acceptable and their social function and satisfaction improved if they received social treatment compared with the receipt of antidepressants alone. (KJ)

ISSN: 00071250 From : <http://bjp.rcpsych.org>
doi: 10.1192/bjp.bp.109.066845

DEMENTIA

(See Also 205/4, 205/8, 205/22, 205/79, 205/88)

205/13 Coping with dementia and older families of adults with Down syndrome; by Matthew P Janicki, Anna Zendell, Kathleen Dehaven.

Dementia: the international journal of social research and practice, vol 9, no 3, August 2010, pp 391-408.

The authors studied a group of older carers of aging adults with Down syndrome (DS) to ascertain what effects such caregiving may have on them given the presence or possibility of age-associated decline or dementia. The study also examined the comparative levels of care provided, key signs noted when decline was beginning, the subjective burden experienced, and what were the key associated health factors when carers faced a changed level of care. The authors found that this group was made up of long-term, committed carers who have decided early on to look after their relative with DS over their lifetime. When faced with the onset and ongoing progression of dementia, their commitment was still evident as evidenced by adopting physical accommodations and finding ways to continue to provide care at home, while also seeking help from outside sources. Most saw a family or group home environment as the place of choice for their relative with DS when they decided they could no longer offer care. The study did not ascertain any burn-out or significant health related problems associated with their continued caregiving save for their concerns about day-to-day strain and what will happen in the future. (KJ)

ISSN: 14713012 From : <http://dem.sagepub.com>
doi: 10.1177/1471301210375338

205/14 Dementia care in London; by Alice Sachrajda, Institute for Public Policy Research - IPPR.: Institute for Public Policy Research - IPPR, March 2011, 23 pp.

The fact that people are living longer means that providing support for people with dementia will be a major challenge in the years ahead. London faces a unique set of challenges in supporting an ageing population. Poor mental health is more prevalent in the capital compared to the UK national average and there are a range of other factors _ such as deprivation, the needs of diverse ethnic minority groups and social isolation _ that can complicate social provision. This paper explores the challenges dementia poses to policymakers and social providers across London. It identifies areas of unmet need, highlights problems with current provision and draws attention to models of best practice. The paper focuses on findings in four key areas: health and social care services, advocacy and advice services, support for social activities and interaction in the community, and providing services and support for a diverse community. Concludes with policy recommendations. (JL)

From : Website: <http://www.ippr.org/publicationsandreports/publication.asp?id=808>

205/15 Development of a conceptual framework of positive aspects of caregiving in dementia; by H el ene Carbonneau, Chantal Caron, Johanne Desrosiers.

Dementia: the international journal of social research and practice, vol 9, no 3, August 2010, pp 327-354.

Research on family caregivers usually focuses more on stress and burden, especially in the context of looking after a person with dementia. This leads to fewer considerations of positive

aspects of caregiving. Thus enhancing these positive aspects represents an innovative approach to caregivers' support. Furthermore, these aspects need more conceptualization to underpin the development of such an approach. This article proposes a conceptual framework of the positive aspects of caregiving based on an integrative literature review. This conceptual framework provides a comprehensive model that should improve understanding of positive aspects of caregiving. It could also contribute to the development of innovative support programs based on the positive aspects instead of the negative aspects of caregiving. (KJ)

ISSN: 14713012

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

doi: 10.1177/1471301210375316

205/16 The effects of Qigong exercise classes on people with dementia; by Iona Parkinson, Carole Milligan.

Journal of Dementia Care, vol 19, no 1, January/February 2011, pp 33-39.

The purpose of the study, based at the Royal Cornhill Hospital, Aberdeen, was to evaluate the effects of specially adapted Qigong exercises for a small group of people with dementia over a nine week period. Qigong is an ancient Chinese exercise system for health, based on the principles of movement with intent, mindfulness, balance, relaxation and self-awareness. Results of the study showed that the exercises yielded significant benefits for the participants' physical functioning and psychological well-being. (JL)

ISSN: 13518372

205/17 Good days and bad days: The lived experience and perceived impact of treatment with cholinesterase inhibitors for Alzheimer's disease in the United Kingdom; by Deborah Hutchings, Alessandro Vanoli, Ian McKeith (et al).

Dementia: the international journal of social research and practice, vol 9, no 3, August 2010, pp 409-426.

Although heralded as a major breakthrough in the treatment of Alzheimer's disease the experience and impact of using cholinesterase inhibitors (CHEIs) from the perspective of people with Alzheimer's disease has not been widely reported. This qualitative study reports the lived experience of CHEI users and the perceived impact of the treatment. The views and experiences of 12 older people referred for memory problems or receiving treatment and 11 associated family carers were obtained using a combination of semi-structured interviews and focus groups. A key theme that emerged from the qualitative analysis was the belief that any new treatment 'is worth a try'. For some participants the benefits of using CHEIs were 'difficult to say'. Others reported seeing 'a difference', 'getting no worse' or no improvement in their symptoms. The study highlights the importance of listening to the voices of people with dementia and their family carers in the management of pharmaceutical treatments and the need to involve (potential) treatment users in defining quality-of-life outcomes in cost-effectiveness studies. (KJ)

ISSN: 14713012

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

doi: 10.1177/1471301210375339

205/18 Helping dementia patients with a wider family circle; by Natalie Valios.

Community Care, issue 1842, 4 November 2010, pp 26-27.

Shared Lives schemes (formerly known as adult placements) have tended to be pigeonholed as a learning disability service but a growing number are beginning to support people with dementia and they are proving cheaper than alternative forms of help. A scheme that many could learn from is one of the longest running, the Time to Share scheme set up 15 years ago under Falkirk Council's Joint Dementia Initiative, a multi-agency scheme to improve the independence and well-being of people with memory problems. Time to Share provides short breaks for people with dementia in the homes of Shared Lives carers. This article focuses on this scheme and how it operates. (KJ)

ISSN: 03075508 From : www.communitycare.co.uk

- 205/19 Longitudinal analysis of differential effects on agitation of a therapeutic wander garden for dementia patients based on ambulation ability; by Pamela Ford Murphy, Yasuo Miyazaki, Mark B Detweiler (et al).
Dementia: the international journal of social research and practice, vol 9, no 3, August 2010, pp 355-374.
A growth model within the framework of hierarchical linear modelling was used to assess the impact of visiting a wander garden on monthly agitation levels of a group of elderly veterans diagnosed with dementia, with attention to their ambulatory ability. A sample of 34 veterans residing in a locked ward in a dementia unit was observed for a baseline period and for twelve months after a wander garden was opened in their facility. Findings suggest that visiting the wander garden helped lower agitation levels in the dementia patients and that there was a differential effect based on the patient's ability to walk unassisted. (KJ)
ISSN: 14713012
From : <http://dem.sagepub.com>
doi: 10.1177/1471301210375336
- 205/20 Social policy for people with dementia in England: promoting human rights?; by G Boyle.
Health and Social Care in the Community, vol 18, no 5, September 2010, pp 511-519.
This paper discusses whether current UK social policy promotes the human rights of people with dementia living in England. The author focuses on the role of recent legal reforms and key developments in social care policy - notably the Mental Capacity Act 2005 and the 2009 National Dementia Strategy - in facilitating their human rights to liberty and self-determination, particularly a right to choose to live at home. The extent to which the National Dementia Strategy provides access to services and support which provide an alternative to institutional care is critiqued. Whilst recent legislative change has endorsed the rights of people with dementia to liberty and self-determination, it is suggested there is a lack of commitment in government policy more generally to providing access to social care to enable people with dementia to exercise these human rights. (KJ)
ISSN: 09660410
From : <http://www.ingentaconnect.com/content/bsc/hssc>
DOI: 10.1111/j.1365-2524.2010.00928.x
- DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING**
- (See Also 205/94)
- 205/21 Amenable mortality as an indicator of healthcare quality - a literature review; by Sophia Kamarudeen.
Health Statistics Quarterly, no 47, Autumn 2010, pp 66-80.
In 2008 the UK Centre for the Measurement of Government Activity (UKCeMGA) suggested that research should be undertaken into whether amenable mortality- deaths considered avoidable due to medical intervention - could be used as an indicator of healthcare quality. This article reviews the literature on amenable mortality and concludes that there is insufficient evidence on how much of the decline in amenable mortality can be attributed to the healthcare system. Therefore, it is premature to include amenable mortality in UKCeMGA's healthcare output calculations. (KJ)
ISSN: 14651645
From : <http://www.statistics.gov.uk/hsq/>
- 205/22 Hip fracture risk and subsequent mortality among Alzheimer's disease patients in the United Kingdom, 1988-2007; by Nicole L Baker, Michael N Cook, HMichael 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/>

205/23

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 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 MSA 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/>

205/24

Trends in social inequalities in male mortality, 2001-08. Intercensal estimates for England and Wales; by Ann Langford, Brian Johnson.

Health Statistics Quarterly, no 47, Autumn 2010, pp 5-32.

This article contributes to the debate on health inequalities by presenting for the first time, an annual series of mortality rates for men aged 25-64 for the period 2001-08 classified by the National Statistics Socio-economic Classification (NS-SEC). Previously, estimates have been based on socio-economic data from the census, and thus were restricted to 2001-03. The new method uses the Labour Force Survey (LFS) to estimate annual population by NS-SEC, whilst deaths by NS-SEC are extracted from the Death Registers. The results show that there has been a pattern of declining absolute inequalities but rising relative inequalities in men over the period 2001-08. In the future, this series could be used to monitor inequalities. (KJ)

ISSN: 14651645 From : <http://www.statistics.gov.uk/hsq/>

DEPRESSION

(See Also 205/12, 205/104)

205/25

Measuring depression in a multicultural social : conceptual issues and research recommendations; by Giyeon Kim.

Hallym International Journal of Aging, vol 12, no 1, 2010, pp 27-46.

Despite the extensive research on culture and depression in the social and behavioural sciences, little has been critically addressed regarding how to measure depression in a multicultural society. This article aims to provide conceptual issues related to assessing the cross-cultural comparability of depression, as well as recommendations for future depression research. Three conceptual issues were addressed: 1) two approaches for cross-cultural depression research; 2) DSM criteria for depression across cultures; and 3) establishing measurement equivalence in depression research. In addition, implications for different conceptualizations of depression in diverse cultural groups are discussed. Specifically, the author discusses the need for a conceptual model and proposes one for the relationship of culture to depression for future research. (KJ)

ISSN: 15356523 From : <http://baywood.com>

doi: 10.2190/HA.12.1.c

DIET AND NUTRITION

- 205/26 Meals served in Danish nursing homes and to meals-on-wheels clients may not offer nutritionally adequate choices; by Anne Marie Beck, Kirsten S Hansen.: Routledge. *Journal of Nutrition for the Elderly*, vol 29, no 1, 2010, pp 100-109. Underweight is a significant problem among older Danish nursing home residents and home-care clients. The aim of this study was to evaluate the nutritional composition of the meals prepared for older adults in nursing homes and receiving Meals-on-Wheels deliveries, focusing on the menus most commonly served, including the standard menu (most commonly prepared), the energy and protein dense menu, and two types of texture modified menus (chopped and blended). Also, one portion of a homemade energy and protein dense drink was collected and analyzed. For each of the participating kitchens (N = 10), extra portions of different menus were made (3 days in a row). The meal samples (total n = 389) were analyzed for content of energy, protein, fat and carbohydrate. The findings were compared with recommendations regarding the foods to be served in Danish institutions. The nutrient content of the meals-on-wheels and nursing home meals, as well as that of the homemade energy and protein dense drink, varied considerably. The nursing home menus seldom or never fulfilled the recommendations. Our findings support the conclusion that meals served in Danish nursing homes and to meals-on-wheels clients do not consistently offer adequate nutritional intakes. (KJ)
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From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.informaworld.com/smpp/title~content=t792306906~db=all> DOI: 10.1080/01639360903574742
- 205/27 Participatory development of an instrument for the elderly for an autonomous optimization of their nutrition and physical activity profile; by Holger Hassel, Birgid Shulte, Katharina Maria Keimer. *Health Education Journal*, vol 69, no 3, September 2010, pp 353-361. With the help of the 'OPTIM AHL 60plus' counselling aid, it is intended to improve the nutritional and physical activity behaviour, the maintenance and enhancement of the quality of life, and the autonomy of people above 60 years of age. Due to their complexity, currently available didactical counselling aids are not considered suitable for this target group. In order to develop an effective counselling aid for the elderly, the target group is involved in the development process. The intervention study comprises the participatory development of the instrument 'OPTIM AHL 60plus' (through focus groups) and the evaluation of the intervention programme (intervention and control groups). The results of the evaluation will be presented in forthcoming articles. Results found that the counselling aid, in the form of a checklist, records individual nutrition and physical activity behaviour, including feedback on target and performance as well as advice for improvement. In conclusion, when developing age-based counselling aids, particular support in structuring, reminding and simple handling must be taken into account. (KJ)
ISSN: 00178969
From : <http://www.sagepublications.com>
doi: 10.1177/0017896910364887
- 205/28 Undernutrition in hospitalized older adults: patterns and correlates, outcomes and opportunities for intervention with a focus on processes of care; by Juanita Titrud Heersink, Cynthia J Brown, Rose Ann Dimaria-Ghalili (et al.): Routledge. *Journal of Nutrition for the Elderly*, vol 29, no 1, 2010, pp 4-41. Undernutrition in hospitalized older adults is increasingly being recognized as a serious problem with implications for both patient care and outcomes and health service utilization and costs. This article presents an overview of research that has been conducted examining undernutrition in hospitalized older adults. First, findings from observational studies examining patterns and predictors of undernutrition in hospitalized older adults will be described, with a focus on methodological challenges. Second, clinical outcomes and costs associated with undernutrition in hospitalized older adults will be presented, both while in the hospital and subsequent to

discharge. Third, a description of interventions that have already been implemented in hospitalized older adults will be described. Finally, future areas of inquiry and opportunities for evidence-based nutritional interventions targeted at older adults during and following hospitalization will be suggested. The emphasis of the discussion on interventions will focus on processes of care and the hospital environment. (KJ)

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DOI: 10.1080/01639360903574585

DISABILITY

(See Also 205/22, 205/48, 205/93)

205/29 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)

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

205/30 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)

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EMPLOYMENT

(See Also 205/70)

205/31 The macroeconomic impact from extending working lives: a report of research carried out by the National Institute of Economic and Social Research on behalf of the Department for Work and Pensions; by Ray Barrell, Simon Kirby, Ali Orazgani, Department for Work and Pensions - DWP; National Institute of Economic and Social Research - NIESR.: Department for Work and Pensions - DWP, January 2011, 52 pp (DWP Working paper no 95).

The National Institute of Economic and Social Research (NIESR) were commissioned to simulate the macroeconomic effects from extending working lives using NIESR's global econometric model, National Institute Global Econometric Model (NiGEM). The core scenario was a one year increase in working life for the UK population to be phased in over the period 2010-2014. This change was combined with a gradual one year increase in the State Pension age

for men and women. By 2014 the working age population would have increased by 1.75 per cent. A one year extension of working life would increase real Gross Domestic Product (GDP) about six years after its implementation. (JL)

From : Download report: <http://research.dwp.gov.uk/asd/asd5/WP95.pdf>

205/32

Making the most of opportunities for older workers; by Nick Wilson.

Working with Older People, vol 14, issue 3, September 2010, pp 29-39.

Our future economic success will depend on developing and drawing effectively on the talents, experience and skills of older workers. The South East's groundbreaking 40-70 Tomorrow's Workforce Programme has assisted 3,500 older workers and over 500 employers in the region and has influenced a Department for Work and Pensions decision to commission national good practice guidance for their service providers, including a section on 'employer engagement' based on the South East 'business first' model. (KJ)

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DOI: 10.5042/wwop.2010.0454

END-OF-LIFE CARE

205/33

The dying art: [Social worker involvement with end-of-life care]; by Sally Gillen.

Professional Social Work, September 2010, pp 20-21.

This article highlights a report's findings published in 2010, that social workers are not sufficiently engaged in working with people, especially older people, who are near the end of their life; and saw in fact, that end of life care was not their responsibility. This situation should be improved with further training, especially from existing sources, such as that from the hospice movement. The featured report is published by the National End of Life Care Programme, entitled "Supporting People to Live and Die Well" and can be found on their website to download

(www.endoflifecareforadults.nhs.uk/publications).

ISSN: 13523112 From : <http://www.basw.co.uk>

EPIDEMIOLOGY

205/34

Physical versus mental predictors of mortality among the old-old in Israel : the CALAS Study; by Menachem Ben-Ezra, Dov Shmotkin.

Research on Aging, vol 32, no 5, September 2010, pp 595-617.

When risk factors are examined concurrently, they tend to show mixed results in predicting mortality among the old-old. The purpose of this study was to compare a set of physical predictors with a set of mental predictors, all considered as most common and predictive in the literature, to assess their relative dominance in predicting mortality at old-old age. Based on Baltes's incomplete architecture model and the disablement process, the authors postulated that physical predictors of mortality would diminish the impact of mental predictors of mortality. The database used for this study was the multidimensional survey of the Cross-Sectional and Longitudinal Aging Study conducted from 1989 to 1992 with a follow-up of mortality after 10 years. Participants (N = 1,369) were drawn from a national sample of the Jewish Israeli population aged 75 to 94. The mean age of the sample was 83.52 (SD = 5.42). Results of hierarchical Cox regression models showed that besides sociodemographic effects (mainly age, gender, and marital status), physical disability, physician visits, and medication consumption predicted mortality. Mental predictors (cognitive impairment and life evaluation) lost their predictive power when the physical predictors were introduced. Hence, biological and physical risk factors predominated over mental risk factors when examining prediction of mortality among the old-old age population. (KJ)

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doi: 10.1177/0164027510374283

FALLS

- 205/35 Falls among the elderly : key is prevention, not detection; by Audrey Kinsella.
Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 25-28.
Falls at home among the elderly population are frequent and costly occurrences. Timely responses to falls are possible when initiated by the use of Personal Emergency Response Systems (PERS). More work is needed, however, in preventing these falls from occurring. Means to prevent falls include using higher technology such as telehealth systems and lower technology such as home modifications that better ensure safety of elderly residents. Fall prevention programmes that are developed specifically for those living in their own homes need to comprise a combination of both low- and high-tech preventative strategies. (KJ)
ISSN: 17549450
From : <http://www.pierprofessional.com>
doi: 10.5042/jat.2010.0487
- 205/36 The importance of identity in falls prevention; by Wendy Walker, Davina Porock, Stephen Timmons.
Nursing Older People, vol 23, no 2, March 2011, pp 21-26.
The study aimed to explore the meaning of falling for older people who had participated in a falls prevention programme to establish the importance of identity in falls prevention interventions. Data were collected in a 14-week video observation period of two falls prevention group programmes, examination of participant referral records and a series of semi-structured interviews with 11 participants. Study findings revealed that the meaning of falling for older people is closely related to the individual's identity. Participants attended the falls prevention programme because a professional they respected referred them, not because they thought they would gain personal value. Participants used a collective identity, of individuals who fall, to show how they differed from this social construct. In conclusion, the findings indicate the importance of the personal and collective identity on falls prevention. Professionals consulting with older people about falls prevention should offer individual plans that are agreed and valued by the older person. (JL)
ISSN: 14720795
From : <http://www.nursingolderpeople.co.uk>

FAMILY AND INFORMAL CARE

- 205/37 The impact of informal care-giving networks on adult children's care-giver burden; by Natalia Tolkacheva, Marjolein Broese van Groenou, Alice de Boer, Theo van Tilburg.
Ageing and Society, vol 31, part 1, January 2011, pp 34-51.
The global need for care of older parents is growing. This study investigated how the characteristics of Dutch informal care-giving networks affected the adult child's care-giving burden. It used information on 602 informal care-givers from a 2007 study on care-givers who were assisting their older parents. Participants reported on parental and personal characteristics, care activities, experienced burden and characteristics of other informal care-givers. Findings revealed that adult children experienced lower care-giver burden when the informal care-giving network size was larger, when more types of tasks were shared across the network, when care was shared for a longer period, and when the adult child had no disagreements with the other members of the network. The authors concluded that being in an informal care-giving network will be of increasing benefit for adult children involved in long-term care. More care-givers will turn into managers of care, as they increasingly have to organise the sharing of care among informal helpers and mediate disagreements among members of the network. (JL)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

GOVERNMENT AND POLICY

- 205/38 Agenda for later life 2011: public policy and an ageing society; by Andrew Harrap, Age UK.: Age UK, 2011, 80 pp.
The report is Age UK's second annual audit of the way public policy is shaping later life in the UK. The 2010 Comprehensive Spending Review, announcing spending cuts on an unprecedented scale, is likely to hit vulnerable older people badly and this forms a backdrop to the report. Twelve challenges for an ageing population are set out in the report – these are about how individuals, the private and public sectors and the Government will need to change, rather than focusing on the traditional delivery of public services or welfare benefits. Five pillars, all reflected in the report, are set out as Age UK's priorities, namely: money matters, health and well-being, travel and lifestyle, home and care, and work and learning. Other themes discussed include health and income inequality, the digital divide, age discrimination, retirement and pensions, age-friendly neighbourhoods, and global ageing. Each chapter begins with a series of key indicators, setting out the medium-term trend, and a summary of Age UK's agenda for the years ahead. (JL)
From: <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Agenda%20for%20Later%20Life%202011%20-%20policy%20and%20ageing.pdf?dtrk=true>

GRANDPARENTS

(See 205/50)

HEALTH CARE

(See Also 205/49, 205/86, 205/97)

- 205/39 Care and compassion?: report of the Health Service Ombudsman on ten investigations into NHS care of older people; by Parliamentary and Health Service Ombudsman.: TSO, February 2011, 38 pp (HC 778, Session 2010-2011).
Report of ten investigations into complaints made to the Health Service Ombudsman for England about the standard of care provided to older people by the NHS. The complaints were made about eight NHS Trusts across England and two GP practices. Each investigation was conducted independently. Sadly, of the ten patients featured in the report, nine died during the events described or soon afterwards. The report highlights the stark contrast between the principles and values of the NHS and the reality of the care that the patients received. (JL)
Price: £15.50
From : Website: <http://www.ombudsman.org.uk/care-and-compassion>
- 205/40 The effect of patient characteristics upon uptake of the influenza vaccination: a study comparing community-based older adults in two healthcare systems; by Vivienne Lynda Shirley Crawford, Ann O'Hanlon, Hanna McGee.
Age and Ageing, vol 40, no 1, January 2011, pp 35-41.
The study looked at the relationship between patient characteristics (demographic, physical and mental health and health service use) and uptake of the influenza vaccine in a sample of community-dwelling older people in two adjacent but differently structured healthcare systems, in Northern Ireland and the Republic of Ireland. Rates of uptake were 78% in Northern Ireland and 72% in the Irish Republic. Uptake was greater with older age, widowhood, greater functional impairment, more frequent use of family doctor and greater use of health and social services. Rates of uptake in both healthcare systems increased targets. A significant conclusion of the study was that increased exposure to health services may enhance trust in health care leading to higher vaccination uptake. (JL)
ISSN: 00020729
From : <http://ageing.oxfordjournals.org/>
<http://www.bgs.org.uk/>

205/41 Older Australian women's use of dentists: a longitudinal analysis over 6 years; by David W Sibbritt, Julie E Byles, Meredith A Taverner.: Blackwell Publishing.
Australasian Journal on Ageing, vol 29, no 1, March 2010, pp 14-20.
The aim of this study was to identify factors associated with dentist consultation by older Australian women. Participants from the older cohort of the Australian Longitudinal Study on Women's Health which originally involved 12,432 older women. The percentage of women who consulted a dentist in the years 1999, 2002 and 2005 were 35%, 36% and 37%, respectively. Women were more likely to consult with a dentist if they lived in urban areas, were non-smokers, did not have diabetes, had better physical health. Women were less likely to consult with a dentist if they found it difficult to live on their income. In conclusion, access to dentists, cost of consultations and poor health appear to be significant factors influencing visits to a dentist by older Australian women. (KJ)
ISSN: 14406381 From : [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1741-6612/issues](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1741-6612/issues)
DOI: 10.1111/j.1741-6612.2010.00396.x

HIV AND AIDS

205/42 The ageing of HIV : implications for geriatric medicine; by Fiona Kearney, Allan R Moore, Ciaran F Donegan (et al).
Age and Ageing, vol 39, no 5, September 2010, pp 536-541.
The prevalence of human immunodeficiency virus (HIV) in the over 50 age group is increasing as a consequence of younger adults ageing with HIV, in addition to new diagnoses in later life. We conducted searches in MEDLINE for English language studies published between January 1984 and January 2010 using search terms `HIV', `AIDS', `HIV testing' and `HIV complications' and selected articles relevant to adults aged 50 years and over. The prevalence, natural history and complications of HIV infection and treatment in older adults are reviewed. In 2007 the Centers for Disease Control and Prevention in the United States reported that 16.8% of new diagnoses of HIV that year were in individuals aged over 50 years. Older adults are vulnerable to late or missed diagnosis, and poorer treatment outcomes, due to the misconception that they are not at risk. A heightened awareness of HIV as a possible diagnosis in older adults is becoming increasingly important. As the HIV population ages, the emergence of disease and treatment complications such as cardiovascular disease, osteoporosis and dementia are evident. Management of older adults with HIV and multiple co-morbidities presents challenges to infectious diseases physicians and geriatricians alike. Inclusion of older adults in future HIV clinical trials will help design healthcare models to provide for this growing population. (KJ)
ISSN: 00020729 From : <http://www.ageing.oxfordjournals.org>
<http://www.bgs.org.uk> doi: 10.1093/ageing/afq083

HOME CARE

205/43 Agency characteristics and changes in home health quality after home health compare; by Kyoungrae Jung, Dennis Shea, Candy Warner.
Journal of Aging and Health, vol 22, no 4, June 2010, pp 454-476.
This study examines the association between home health agency characteristics and quality improvement in home health care after Home Health Compare (HHC), a public-reporting initiative in the Medicare programme. The authors examined the changes in seven quality measures reported in HHC from 2003 to 2007. They used a linear regression model to examine whether quality changes over time differed by agency characteristics. There were found improvements in quality after HHC in the indicators that measure patients' ability to independently manage daily activities; however, the use of emergent care did not change, and hospitalization rates increased during the study period. Agencies with low quality at baseline, not-for-profit or hospital-based agencies, and agencies with longer Medicare tenure showed greater improvement for some quality measures than their counterparts. There was large variation in the degree of quality improvement after HHC by quality indicators and by agency characteristics. (KJ)
ISSN: 08982643 From : <http://jah.sagepub.com/> doi:10.1177/0898264310362540

205/44 Comparing the features of key-safe access solutions to support community care; by Gareth Williams, Peter King.
Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 13-19.
Key-safes have become a backbone of community care, enabling formal carers to access the homes of people receiving routine homecare services or emergency services such as telecare. People need to have confidence in their security features if they are to wholeheartedly accept the need for keeping a key available in a safe at all times. A project was undertaken to compare the features of a number of popular key-safes on the market in the UK, considering security as the most important factor but also including the subjective opinions of a panel of relevant stakeholders on issues such as aesthetics, value for money and usability. It was found that the newest device on the market, the Supra C500, was significantly more secure than its rivals, and was the only model in our trial to satisfy domestic security standards for front doors. It is proposed that all key-safes should be required to achieve a national standard for resistance to forced entry before they can be considered for use as part of a homecare or telecare package in the UK. (KJ)
ISSN: 17549450 From : <http://www.pierprofessional.com> doi: 10.5042/jat.2010.0485

205/45 How can local authorities with less money support better outcomes for older people?; by Angela Clark, Centre for Policy on Ageing; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF.
Solutions: lessons for policy and practice, 2542, January 2011, 15 pp.
Public spending cuts will have a major impact on social care at a time when the ageing population is growing. This report asks how the life experiences of older people can be enhanced whilst at the same time achieving less demand for more costly health and social care services. Older people want and value 'that bit of help' - i.e. low-level support that promotes health, well-being and quality of life in the communities where people live. The report provides examples of a range of affordable initiatives that are currently being implemented across the UK to support older people. These include: older people's user involvement in services; practical support for older people at home; housing adaptations; promotion of older people's health and well-being; reducing social isolation and exclusion; information and advocacy support; place-based approaches; use of technology to help older people; and co-operative approaches to managing care. (JL)
ISSN: 09583084
From: <http://www.careandrepairsotland.co.uk/docs/authorities-supporting-older-people-summary.pdf>

HOMELESSNESS

205/46 Rural rides: the rituals of wayfaring; by Martin Whiteford.
Housing, Care and Support, vol 13, no 2, May 2010, pp 6-13.
This article looks at the often complex and enduring relationships between wayfarers (itinerant homeless men) and religious and therapeutic communities, with an eye to examining some of the ways in which such 'outsider' organisations embody forms of support and care that in many important respects deviate from traditional night-shelters and mainstream day-centres. It aims to achieve this task in four steps. First, the defining characteristics (endurance, mobility, rurality, work) of wayfaring are described. Then the author considers how vow-based communities enable wayfarers, seeking a rest on their journey's way, to experience (albeit temporarily) feelings of acceptance and expressions of hospitality. Next, is illustrated some of these themes with a discussion that draws on ethnographic research undertaken at Pilsdon Manor, a Christian community in rural West Dorset that offers a refuge to people in crisis, and which has been materially and spiritually sustained by 50 years of close engagement with wayfarers. Lastly, the article points to topics that might be elaborated upon in future research on the culture of wayfaring and alternative homeless service providers. (KJ)
ISSN: 14608790 From : Website: <http://www.pierprofessional.com>
doi: 10.5042/hcs.2010.0474

HOSPITAL SERVICES

(See 205/28, 205/39)

HOUSING

- 205/47 The dwelling-type choices of older Canadians and future housing demand: An investigation using the Aging and Social Support Survey (GSS16); by Thomas Perks, Michael Haan. Canadian Journal on Aging, vol 29, no 3, September 2010, pp 445-464. Using the Canadian 2002 Aging and Social Support Survey (GSS16), multinomial logit regression, and cohort-component projection techniques, this study explored how social support networks, health, and economic characteristics have shaped the residential choices of older Canadians, and predicts how they are likely to do so in the future. It focused on the distribution of 55-to-75-year-olds across three private-dwelling types: general community living, age-restricted housing, and age-restricted housing with nursing care. The analysis shows that social support characteristics are the strongest predictors of dwelling type, meaning that individuals appear to choose their dwellings largely on the basis of their social needs and wants, rather than on their economic or health characteristics. The analysis also indicates an increased age-specific demand for all dwelling types in the future, but with a reduction of over 2 million older Canadians living in dwellings in the general community between 2002 and 2022. (KJ) ISSN: 07149808
From : <http://www.journals.cambridge.org/cjg>
doi: 10.1017/S0714980810000413
- 205/48 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) ISSN: 14608790 From : Website: <http://www.pierprofessional.com>
doi: 10.5042/hcs.2010.0480

INEQUALITY AND HUMAN RIGHTS

(See Also 205/20)

- 205/49 Human rights and healthcare : changing the culture; by J Morris. Age and Ageing, vol 39, no 5, September 2010, pp 525-527. Despite the introduction of the Human Rights Act in 1998, there has been a relative failure to use the Act to improve care for older people. All older adults receiving health or social care should assume that they will be treated with dignity, respect, humanity and compassion. It should not be forgotten that Human Rights belong to everyone, and they cannot be taken away. Unfortunately, so often, admission to a hospital or a move to a care home can lead to the loss of Human Rights, particularly for those suffering from dementia. The media have highlighted their

plight. The medical profession, in particular geriatricians, is in an ideal position to provide leadership to promote a better understanding of their importance and the need to protect an individual's rights both in hospital and in care homes. The Human Rights Act makes it unlawful for any public body to act in a way, which is incompatible with the convention. Public authorities such as the NHS and local authorities have a duty to respect and protect basic human rights. (KJ)

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<http://www.bgs.org.uk> doi: 10.1093/ageing/afq094

INTERGENERATIONAL ISSUES

(See Also 205/101, 205/103)

205/50

Intergenerational relationship characteristics and grandchildren's perceptions of grandparent goal influence; by Ryan Wise.: Routledge.

Journal of Intergenerational Relationships, vol 8, no 1, 2010, pp 54-68.

This study examines grandparent influence on goal preferences of young adult grandchildren as a function of grandparent-grandchild relationship characteristics. The current sample consists of 404 grandchildren between the ages of 18 and 25. The results of multiple regression analyses indicate that the relationship model predicts overall grandparent goal influence. An analysis of the contribution of specific activities indicates that emotional closeness makes a significant positive contribution to the regression model. (KJ)

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INTERNATIONAL AND COMPARATIVE

(See Also 205/9, 205/29, 205/54, 205/58)

205/51

Socioeconomic resources and living arrangements of older adults in Lebanon: who chooses to live alone?; by Rania A. Tohme, Kathryn M. Yount, Sara Yassine, Olla Shideed, Abla Mehio Sibai.

Ageing and Society, vol 31, part 1, January 2011, pp 1-17.

During recent decades, Lebanon has experienced demographic and social changes which, coupled with political instability, have led to waves of youth migration and a higher proportion of older adults living alone. This paper aims to assess the levels of various living arrangements and to examine the correlates of living alone, with a focus on economic resources. Findings reveal that 12 per cent of older adults in Lebanon lived alone (17.3 per cent of women and 6.2 per cent of men). Financially better-off older adults and those who reported being satisfied with their income were, respectively, 4.4 and 1.7 times significantly more likely to live alone than their counterparts. The incomes of Lebanese older adults were mainly provided by their children (74.8%) and a relatively small share derived from pension schemes. Contrary to findings from other Arab countries, variations in living arrangements among Lebanese older adults seem to follow the western model whereby wealthier older individuals are more likely to live alone and to be residentially independent. Further studies are warranted to examine to what extent this trend is the result of past migration of adult children who are now established elsewhere and sending remittances home. (JL)

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LEARNING DIFFICULTIES

(See 205/13)

LEGAL ISSUES

(See 205/60)

LEISURE

- 205/52 Leisure activities and retirement: do structures of inequality change in old age?; by Simone Scherger, James Nazroo, Paul Higgs.
Ageing and Society, vol 31, part 1, January 2011, pp 146-172.
This study highlighted the relationship between old age, retirement and social inequalities, as represented by participation in leisure activities. It considered whether old age, and particularly the transition into retirement, have an effect on participation in three selected activities, namely: having a hobby, being a member of a club, and an index of participation in cultural events. It also looked at whether the social inequalities underlying these activities change with older age and retirement. The empirical investigation used data from the first two waves of the English Longitudinal Study of Ageing (ELSA). Findings suggested that different socio-economic backgrounds of different age groups explained a considerable part of the observed age differences in these activities. Respondents tended to continue their activities regardless of changes in work and age, with two exceptions: (a) retirement was positively related to having a hobby; and (b) those who stopped working because of an illness experienced a significant decline in all three of the examined categories of activity. (JL)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

LONELINESS

(See 205/99)

LONG TERM CARE

- 205/53 Life around; Staff's perceptions of residents' adjustment into long-term care; by Elaine C Wiersma.
Canadian Journal on Aging, vol 29, no 3, September 2010, pp 425-434.
The move to a long-term care facility can be particularly traumatic for new residents. Staff can make this transition easier in a number of ways. However, the staff's perceptions of the transition process and residents' experiences will play a significant part in determining the type of support that is given residents during the transition. The purpose of this research was to examine the staff's perceptions of a person's coming to live in a long-term care environment. Using in-depth interviews with staff from one long-term care facility, three main themes emerged that encompassed descriptions of residents' lives. Essentially, the staff described how residents learned to live a life involving various factors in three main categories: life around losses, life around the institution, and life around the body. (KJ)
ISSN: 07149808 From : <http://www.journals.cambridge.org/cjg>
doi: 10.1017/S0714980810000401

- 205/54 Provision of long-term care in relation to needs - a comparison of Japan and Sweden; by Marten Lagergren, Noriko Kurube, Marti Parker.
Hallym International Journal of Aging, vol 12, no 1, 2010, pp 63-78.
Japan and Sweden share many features when it comes to the systems of care for frail elderly persons. But there are also great differences in, for example, social conditions, cultural traditions, and the role of women and family. Using comparable datasets from the two respective countries, the care systems have been compared on the individual level. In a previous article (Lagergren, Kurube, & Parker, 2009), the recipients of care were compared with regard to level of disability. In this article the cost and provision of care and services is compared given disability and other factors relating to needs. Service patterns of services differ substantially. In Handa, Japan, where many elderly people live with their extended family, there are many more

community services outside the home. In Kungsholmen, Sweden, where many elderly persons live alone, the emphasis is on home help. The costs of care given levels of disability are much higher in Sweden. (KJ)

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doi: 10.2190/HA.12.1.e

LONG TERM CONDITIONS

(See 205/92)

MEDICAL ISSUES

- 205/55 Health beliefs about osteoporosis and osteoporosis screening in older women and men; by Smita Nayak, Mark S Roberts, Chung-Chou H Chang (et al).
Health Education Journal, vol 69, no 3, September 2010, pp 267-276.
Surveys were mailed to 1,830 women and men aged 60 years and older in Western Pennsylvania, USA. The survey assessed socio-demographic characteristics, osteoporosis and general health-related characteristics, and beliefs about osteoporosis severity, susceptibility, screening self-efficacy, and screening response efficacy. Analyses included Wilcoxon rank-sum tests to compare belief dimension scores, and multivariable ordinal logistic regression analyses to evaluate association between osteoporosis beliefs and potential explanatory variables. Surveys were completed by 1,268 individuals (69.3 per cent). Mean age of respondents was 73.3 years, and most were female (58.7 per cent). Individuals demonstrated greatest belief in the severity of osteoporosis and least belief in personal susceptibility. In conclusion, older adults demonstrate several beliefs that may be barriers to osteoporosis screening, including low belief in susceptibility to osteoporosis. These beliefs should be targeted with patient education to improve screening rates. (KJ)
ISSN: 00178969
From : <http://www.sagepublications.com>
doi: 10.1177/0017896910364570
- 205/56 Parkinson's disease and primary care; by Sara Evans, Dorothy Robertson.
GM (Geriatric Medicine), vol 40, no 8, August 2010, pp 427-432.
The publication of the 2006 NICE guidelines for Parkinson's disease may seem to have taken much of the management of patients with Parkinson's disease out of the hands of the GP and put them solely in the care of hospital specialists. However, GP input remains relevant at all stages of the illness. This article aims to highlight where the GP fits into the increasing panel of health professionals caring for patients and their families. (KJ)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>
- 205/57 Performing slow vital capacity in older people with and without cognitive impairment - is it useful?; by S C Allen, C Charlton, W Backen (et al).
Age and Ageing, vol 39, no 5, September 2010, pp 588-591.
Most patients with moderate cognitive impairment are unable to perform forced spirometry. It has been suggested that slow vital capacity (SVC) is easier to perform than forced vital capacity (FVC) because it requires less understanding and co-ordination. A study was conducted to determine whether that assertion is correct. The authors studied 83 inpatients, mean age 83 years (range 67-95, 51 female). They had measurements made of FVC, SVC and the Mini-Mental State Examination (MMSE). The spirometry was conducted using the European Respiratory Society/American Thoracic Society standards. Results found of the 83 subjects, 38 were able to do both FVC and SVC and 32 were unable to do either. The overall concordance was 84%. Twelve were able to do SVC but not FVC (eight due to excessive cough, two due to weakness and two had an MMSE 24 with poor co-ordination). An inability to do neither FVC nor SVC was predicted by an MMSE 24/30 (P 0.0001) with a sensitivity of 88% and

specificity of 67%. In conclusion, SVC is not a usable substitute for FVC for elderly patients with cognitive impairment but is of some utility for those who tend to cough. An MMSE 24/30 is predictive of inability to perform FVC and SVC. (KJ)

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<http://www.bgs.org.uk> doi: 10.1093/ageing/afq084

MEDICATION

205/58

Medicine-taking practices in community-dwelling people aged 75 years or more in New Zealand; by June M Tordoff, Michael L Bagge, Andrew R Gray (et al).

Age and Ageing, vol 39, no 5, September 2010, pp 574-580.

Older people experience more chronic medical conditions than younger people, take more prescription medicines and are more likely to suffer from cognitive or memory problems. Older people are more susceptible to the adverse effects of medicines, which may reduce their quality of life or lead to hospitalisation or death. The objective of this study aims to identify medicine-taking practices amongst community-dwelling people aged 75+ years in New Zealand. This study was carried out in an urban setting in Dunedin (population 120,000), New Zealand. Interviews of a random sample of people from the electoral roll using a structured questionnaire were conducted. Subjects were community-dwelling people aged 75+ years taking one or more prescription medicines. From a random sample of 810 people extracted from the electoral roll intended to recruit 300 participants, 524 people met the study criteria and were invited to participate. People living in a rest home or hospital, not contactable by telephone, or now deceased, were excluded. Responses were analysed, medicines categorised by the Anatomical Therapeutic Chemical classification and adherence classed as high, medium and low using a modified four-item Morisky Medication Adherence Scale. Univariate and multivariate linear and logistic regression was applied to combinations of variables. Results found in total, 316 interviews were undertaken; a 61% response rate. Participants were 75-79 (35%), 80-84 (40%) and >85 years (25%); New Zealand European/European (84%), 'New Zealanders' (14%) or Maori (2%); and 141 (45%) lived alone. Almost half (49%) regularly saw a specialist and a third (34%) had been admitted to hospital in the past 12 months. Participants used a median of seven prescription medicines (range 1-19) and one non-prescription medicine (0-14). The majority (58%) believed medicines are effective and had systems/routines (92%) for remembering to take them. Doses tended to be missed following a change in routine, e.g. holiday. Men were more likely to report 'trouble remembering' than women (odds ratio = 1.86, 95% confidence interval 1.10-3.14; P = 0.020). Seventy-five percent of people had high or medium adherence scores and 25%, low scores. Common problems were reading and understanding labels (9 and 4%, respectively) and leaflets (12%, 6%), and difficulty swallowing solid dose forms (14%). Only 6% had problems paying for their medicines. Around 17% wanted to know more about their medicines, and some people were confused about their medicines following hospital discharge. Overall, community-dwelling people aged 75+ years in this study appeared to manage their medicines well and found them affordable. Nevertheless, there is a need to improve labelling, leaflets and education on medicines, particularly at hospital discharge. (KJ)

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<http://www.bgs.org.uk> doi: 10.1093/ageing/afq069

205/59

Prevalence of medication-related risk factors among retirement village residents: a cross-sectional survey; by Cik Yin Lee, Johnson George, Rohan A Elliott (et al).

Age and Ageing, vol 39, no 5, September 2010, pp 581-587.

To identify medication use issues and risk factors for medication-related problems among retirement village residents and to evaluate the uptake of government-subsidised Home Medicines Review (HMR) services in this population. A cross-sectional, mail survey was undertaken in a retirement villages in Victoria, Australia. Members of the Residents of Retirement Villages of Victoria residing in retirement villages (2,116, aged 54-100 years). A questionnaire was developed incorporating validated scales and items to measure medication risk, medication adherence, co-morbidity, disability, information on medication use, health and the uptake of HMR services. Questionnaires were mailed to participants for self-completion and

returned using reply-paid envelopes. Results found of the 2,116 respondents (70.7% response rate), 2,006 (94.8%; 95% confidence interval (CI) 93.9-95.7%) reported using prescribed medications. Three or more health conditions were present in 993 (46.9%; 95% CI 44.8-49.0%) respondents. Five or more regular medications were used by 988 (46.7%; 95% CI 44.6-48.8%) respondents. Twelve or more tablets/capsules per day were used by 229 (10.8%; 95% CI 9.5-12.1%) respondents. The use of narrow therapeutic index medications was reported by 264 (12.5%; 95% CI 11.1-13.9%) respondents. Changes to medication regimens in the previous 3 months were reported by 356 (16.8%; 95% CI 15.2-18.4%) respondents. One or more medication-related risk factors were seen in 1,374 (64.9%; 95% CI 62.9-66.9%) respondents. Of these at-risk residents, 76 (5.5%; 95% CI 4.5-6.5%) reported receiving an HMR in the previous 12 months, who were older ($P = 0.001$), were using more medicines ($P = 0.001$) and had greater disability ($P = 0.002$). Reasons for the low uptake of medication reviews in retirement village residents despite the high prevalence of medication risk require further investigation. (KJ)

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MENTAL HEALTH

(See Also 205/11, 205/57)

205/60

'As people get to know it more': experiences and expectations of the Mental Capacity Act 2005 amongst local information, advice and advocacy services; by Kritika Samsi, Jill Manthorpe, Phillip Rapaport.

Social Policy & Society, vol 10, pt 1, January 2011, pp 41-54.

Looks at the level of working knowledge of the Mental Capacity Act 2005 (MCA) possessed by people who work within local information, advice and advocacy agencies and who provide services to older people in their communities in England. Presents the five statutory working principles of the MCA and quotes three of its key extracts with regard to lasting powers of attorney, independent mental capacity advocates and advance decisions. The authors then explore the role of Age Concern staff across North London in providing timely information and advice relating to advance decision making, particularly in the light of the newly implemented Act. Study findings suggest that staff had varied knowledge of the MCA and most lacked confidence in providing detailed advice. Calls for additional training and skills development in order to maximise the benefits of MCA, increase expertise and differentiate more clearly between the information, advice and advocacy given by those in different organisational roles. Also visits briefly the topic of legal literacy amongst older adults. (JL)

ISSN: 14747464 From : <http://www.journals.cambridge.org/sps>

205/61

Mental Capacity Act (England and Wales) 2005: The emergent Independent Mental Capacity Advocate (IMCA) Service; by Marcus Redley, Isabel C H Clare, Lydia Luke (et al).

British Journal of Social Work, vol 40, no 6, September 2010, pp 1812-1828.

The Mental Capacity Act (England and Wales) 2005 (MCA) introduced the Independent Mental Capacity Advocate (IMCA) service to ensure that the views of adults who lack capacity to make particular potentially life-changing health and social care decisions are represented to substitute decision-makers. This paper presents quantitative and qualitative data from an evaluation of the pilot IMCA service that preceded the introduction of this new, statutory, form of advocacy. Importantly, our findings suggest that in more than half of the decisions completed during the period of the evaluation (54 per cent of 109 completed cases), clients were able to provide some indication of their wishes, enabling them to participate directly in personal decisions that they were unable to make autonomously. We discuss the implications of our findings both for the development of statutory advocacy in England and Wales and for other models of substitute decision-making. (KJ)

ISSN: 00453102 From : <http://bjsw.oxfordjournals.org>

doi: 10.1093/bjsw/bcp135

205/62 Stop Delirium! - a complex intervention to prevent delirium in care homes: a mixed-methods feasibility study; by Najma Siddiqi (et al).
Age and Ageing, vol 40, no 1, January 2011, pp 90-98.
The study aimed to test the feasibility of 'Stop Delirium!', an intervention to prevent delirium in care homes for older people, and to optimise parameters to inform the design of a future trial evaluation. The intervention was successfully implemented in six care homes over a ten-month period. Preliminary evidence suggested that there were positive improvements in staff attitudes and practice following the intervention. There were also improved outcomes for residents, eg a reduction in the number of falls and prescribed medications. (JL)
ISSN: 00020729
From : <http://ageing.oxfordjournals.org/>
<http://www.bgs.org.uk/>

MIGRATION

205/63 Commentary : 40 years on; by David Black.
GM (Geriatric Medicine), vol 40, no 9, September 2010, pp 461.
Commentary on the previous article "The large scale movement of elderly people to south coast resorts" (Brown). Black opins that Brown was quite correct in much of his analysis about the trends identified and the implications this will have for health and especially hospital services in such areas. However, what was not foreseen was the dramatic fall in the overall number of hospital beds to enable more equitable resource distribution. The author believes that this has been achieved, but inequities remain and need to be addressed. (KJ)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>

205/64 Estimates of internal migration flows for the UK, 2000-2007; by Adam Dennett, Phil Rees.
Population Trends, no 140, Summer 2010, pp 82-105.
This article describes the details of the estimation process and reports on some of the trends that the migration flow time series show. Statistics on migration flows year by year within the UK are produced by the Office for National Statistics, the General Register Office for Scotland and the Northern Ireland Statistics Research Agency for migration within England and Wales, Scotland and Northern Ireland respectively. However, these flow statistics are not integrated across the UK. As there was a need for such integrated flow statistics at a sub-national scale known as NUTS2 for an EU sponsored project, the authors developed a synthetic estimate of migration flows for the calendar years 2000 to 2007 and the mid-year to mid-year intervals 1999-2000 to 2006-07. The estimates were controlled by the migration flows published at NUTS1 scale from the UK wide NHS Central Register to which country specific flows between NUTS2 regions from the various patient registers were fitted. The gaps, flows between regions in different devolved territories, were filled by adjusting comprehensive flow data from the 2001 Census to the published NHSCR flows. (KJ)
ISSN: 03074463
From : <http://www.statistics.gov.uk>

205/65 The large scale movement of elderly people to south coast resorts; by I M Brown.
GM (Geriatric Medicine), vol 40, no 9, September 2010, pp 454-459.
This article is the first of six to be published to mark the 40th anniversary of the journal which started in 1970. It was authored in 1971 by a consultant, Dr Brown, who made insightful predictions about the large scale movement of elderly people to the south coast of England, and Eastbourne in particular and the repercussions this would have on local authority health and social services. Some tables and graphs (b/w) are provided by Dr Brown. Professor Black remarks further on these predictions in his Commentary (p461) in this same issue. (KJ)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>

NEIGHBOURHOODS AND COMMUNITIES

- 205/66 A good place to grow older?: practice guide for overview and scrutiny committees; by Fiona Campbell, Christine Heron, Local Government Improvement and Development; Centre for Public Scrutiny - CfPS.: Local Government Improvement and Development, January 2011, 69 pp.
This guide, which includes many case studies, aims to help Overview and Scrutiny Committees (OSCs) review how local areas are addressing the needs of older people, particularly in the context of an ageing society. Main topics covered include strategy and partnerships; involvement of older people in planning services; achieving cost effective services; diversity and dignity; helping people prepare for later life; health promotion in later life; participation in work and training; and neighbourhood care. (JL)
From : Download report: <http://www.cfps.org.uk/what-we-do/publications/cfps-general/?id=154>

OLDER OFFENDERS

- 205/67 Delivering social care for prisoners - why bother?; by Robin Cowen.
Working with Older People, vol 14, issue 3, September 2010, pp 23-28.
The social care needs of older prisoners is a neglected area. Social care policy and guidance does not exclude them but rarely mentions them explicitly; consequently their needs may be unmet. At the same time, more people are being sentenced and prisoners aged over 60 are the fastest growing group. Equally, older prisoners are rarely subject to the same safeguarding processes that take place in the community. This paper considers both issues and suggests some ways forward. (KJ)
ISSN: 13663666
From : <http://www.pierprofessional.com>
DOI: 10.5042/wwop.2010.0453
- 205/68 Fifty - the new sixty? The health and social care of older prisoners; by John Williams.
Quality in Ageing and Older Adults, vol 11, issue 3, September 2010, pp 16-24.
The fastest growing sector of the prison population is older people. Although the numbers are still relatively small (just under 2,500 in 2007), it would seem that the 'sameness' principle within prisons renders older prisoners invisible. The health of older prisoners is a matter of concern - research indicates that you age 10 years faster in prison (Uzoaba, 1998) which can compound the problems that may be associated with ageing. The provision of health and social care do not match those for older people outside of the prison system. This article considers the legal issues surrounding the treatment of older prisoners. It recognises that restrictions on liberty are a component of the prison system; however, it questions whether the consequences of 'sameness' infringe the legal rights of older prisoners. It recommends a statutory presumption of equivalence of care, which can only be rebutted expressly or by necessary implication. (KJ)
ISSN: 14717794
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doi: 10.5042/qiaoa.2010.0525

OLDER WOMEN

(See Also 205/12, 205/100)

- 205/69 Creating the self: exploring the life journey of late-midlife women; by Carol M Wiggs.
Journal of Women & Aging, vol 22, no 3, 2010, pp 218-233.
Studies on ageing reflect the losses inherent in the ageing process. How the ageing process is viewed, either as a loss or as a natural process of living, may affect the adaptation by late-midlife women to life changes. Self-transcendence is a means of broadening one's perspective of the inner being. Self-transcendence is defined as the capacity to reach out beyond oneself and discover or make meaning of experience through broadened perspectives and behaviour. This article explores the meaning of life transitions, the role of life-course development,

self-transcendence, and creativity in the evolution of the inner being as women age. (KJ)
ISSN: 08952841
From : Taylor & Francis Group, 325 Chestnut Street, Philadelphia, PA 19106, USA.
<http://www.tandf.co.uk/journals/titles/08952841.asp>
DOI: 10.1080/08952841.2010.495574

205/70

Family ties: women's work and family histories and their association with incomes in later life in the UK; by Tom Sefton, Maria Evandrou, Jane Falkingham.
Journal of Social Policy, vol 40, part 1, January 2011, pp 41-69.
This article examines the relationship between the family and work histories of older women and their personal incomes in later life, using retrospective data from the British Household Panel Survey. The association between women's family histories and their incomes later in life are found to be relatively weak, explaining only a small proportion of the overall variation in older women's incomes. Divorce, early widowhood and re-marriage are not associated with any significant differences in older women's incomes, while motherhood is only associated with a small reduction in incomes later in life. While there are significant differences in the work histories of older women with different family histories, this translates into relatively small differences in their personal incomes. This is because: (a) the types of employment career pursued by most women are not associated with significantly higher retirement incomes; and (b) public transfers dampen work history-related differentials, especially for widows. This could be seen as a positive finding in that the 'pension penalty' associated with life-course events such as motherhood and divorce is not as severe as often anticipated. On the other hand the pension returns for working longer are relatively low, particularly for women with few qualifications. Suggests that women retiring over the next two decades are unlikely to benefit significantly from the additional years they have spent in employment, because most of this increase has been in part-time employment. (JL)
ISSN: 00472794
From : <http://journals.cambridge.org/action/displayJournal?jid=JSP>

PALLIATIVE CARE

205/71

Palliative care beyond cancer; by Tony Delamothe, Mike Knapton, Eve Richardson (et al).
British Medical Journal, vol 341, no 7774, 25 September 2010, pp 645-662 (Spotlight).
A series of six brief reviews especially commissioned for the inaugural BMJ Spotlight series. It focuses on palliative care for non-cancer conditions and the role that it should play in modern medical care of the hospital patient or care home resident. It highlights the work being undertaken by the Dying Matters coalition; the current document published this year, of the UK's General Medical Council, "Treatment and Care towards the End of Life" and initiatives that will raise the awareness of death and dying well in our modern society. (KJ)
ISSN: 09598138
From : www.bmj.com/podcasts

205/72

The palliative care needs of acute stroke patients : a prospective study of hospital admissions; by Christopher R Burton, Sheila Payne, Julia Addington-Hall (et al).
Age and Ageing, vol 39, no 5, September 2010, pp 554-558.
Despite a mortality rate of approximately 30% in acute stroke, little is known about the palliative care needs of this group of patients. Prospective study of 191 acute stroke patients admitted to hospital in England. Biographical, medical and stroke-related data were collected. Participants completed the Sheffield Profile for Assessment and Referral to Care (SPARC), a screening tool for referral to specialist palliative care. Findings: over 50% reported moderate to significant fatigue-related problems. Approximately 50% reported symptom-related problems (e.g. pain) or psychological distress (e.g. anxiety). Approximately 25% had concerns about death or dying, and 66% had concerns about dependence and disability. Over 50% were worried about the impact of stroke on family members. There were significant main effects of dependence (Barthel Index) ($F_{1,123} = 12.640$ $P = 0.001$) and age ($F_{4,123} = 3.022$ $P = 0.020$), and a significant three-factor interaction between dependence, age and co-morbidities ($F_{9,123} = 2.199$ $P = 0.026$) in

predicting total SPARC scores. Acute stroke patients have a high prevalence of palliative care needs. Acute stroke services should use the SPARC for needs assessment. Priority for assessment should be given to patients with a score of 15/20 on the Barthel Index, a tool already used in most stroke services. (KJ)

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<http://www.bgs.org.uk> doi: 10.1093/ageing/afq077

205/73

A protocol for determining differences in consistency and depth of palliative care service provision across community sites; by N Schuurman, V A Crooks, O Amram.

Health and Social Care in the Community, vol 18, no 5, September 2010, pp 537-548.

Numerous accounts document the difficulty in obtaining accurate data regarding the extent and composition of palliative care services. Compounding the problem is the lack of standardisation regarding categorisation and reporting across jurisdictions. In this study, we gathered both quantitative and spatial - or geographical - data to develop a composite picture that captures the extent, composition and depth of palliative care in the Canadian province of British Columbia (BC). The province is intensely urban in the southwest and is rural or remote in most of the remainder. For this study, we conducted a detailed telephone survey of all palliative care home care teams and facilities hosting designated beds in BC. We used geographic information systems to geocode locations of all hospice and hospital facilities. In-home care data was obtained individually from each of five BC regional health authorities. In addition, we purchased accurate road travel time data to determine service areas around palliative facilities and to determine populations outside of a 1-hour travel time to a facility. With this data, we were able to calculate three critical metrics: (i) the population served within 1 hour of palliative care facilities - and more critically those not served; (ii) a matrix that determines access to in-home palliative care measured by both diversity of professionals as well as population served per palliative team member; and (iii) a ranking of palliative care services across the province based on physical accessibility as well as the extent of in-home care. In combination, these metrics provide the basis for identifying areas of vulnerability with respect to not meeting potential palliative care need. In addition, the ranking provides a basis for rural/urban comparisons. Finally, the protocol introduced can be used in other areas and provides a means of comparing palliative care service provision amongst multiple jurisdictions. (KJ)

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DOI: 10.1111/j.1365-2524.2010.00933.x

PENSIONS AND BENEFITS

205/74

A sustainable State Pension: when the State Pension age will increase to 66; presented to Parliament by the Secretary of State for Work and Pensions; by Department for Work and Pensions - DWP. London: Department for Work and Pensions - DWP, 3 November 2010, 8 pp (Cm 7956).

This document is an executive summary of the full report of the same title.

Price: £19.75

From : Download : <http://www.dwp.gov.uk/docs/cp-nov10-spa-66-review-summ.pdf>
or order from TSO, PO Box 29, Norwich, NR3 1GN.

PERSONAL FINANCE

205/75

Managing older people's money: assisted and substitute decision making in residential aged-care; by Cheryl Tilse, Jill Wilson, Linda Rosenman, David Morrison, Anne-Louise McCawley. Ageing and Society, vol 31, part 1, January 2011, pp 93-109.

The study, from Queensland, Australia, looked at factors that facilitate and constrain care home residents' involvement in decision making about their personal finances. Case studies of four aged-care facilities explored how staff interpreted the legislative and policy requirements for assisted and substitute decision making, and the factors that facilitated and constrained residents'

inclusion in decisions about their finances. The observed practices reveal considerable variation in the ways that current legislation is understood and implemented, and there are limited resources for this area of practice. Policies and practices within care homes prioritise managing risk and protecting older people's assets rather than empowering and including older people in making decisions about their finances. (JL)

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PERSONALISATION

205/76

Can personalisation be a reality for older people?; by Colin Slasberg.

Working with Older People, vol 14, issue 3, September 2010, pp 15-22.

While the future funding of social care currently has perhaps the highest public profile in the need to reform social care, not far behind is the agenda to transform social care from its prevailing rigid and service-centred culture to one that is personalised. The core driver used by the government to achieve personalisation is to give people 'choice and control' through the provision of personal budgets. This is the allocation of sums of money 'up front' to allow people to choose and commission their own support systems. The new coalition government has signalled its wish to not only endorse this approach, but to accelerate its implementation. However, there is growing evidence that while this will work very well for people and those around them with the will, the skills and the time to make a success of it, for most it will not result in real change. This is especially the case for older people. This article explores this issue, but carries the message that personalisation can and should be made a reality for all service users and all older people. However, it will require a commitment to a transformational change programme within councils that goes beyond simply achieving well against the former government's performance indicator of numbers with personal budgets. (KJ)

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DOI: 10.5042/wwop.2010.0452

205/77

Developing new understandings of independence and autonomy in the personalised relationship; by Janet Leece, Sheila Peace.

British Journal of Social Work, vol 40, no 6, September 2010, pp 1847-1865.

The personalisation of adult social care has the potential to create support that is individualised, and it is the reality of this support relationship that forms the basis of this article. To date, there have been few studies that focus on the association between care users and their workers. Here, we consider research from a Ph.D. study that allows for comparison between two sets of relationships: between disabled adults and homecare workers employed by a local authority, and between disabled adults using direct payments to employ their own personal assistants. The research pays attention to the meanings attached to the concepts of independence and autonomy, with a model of autonomy applied to aid clarity and develop our understanding of complexities in support relationships. The research uses a grounded theory approach with qualitative interviews of matched samples of respondents, providing new evidence about the personalised relationship. Based on the research, we argue that direct employment of support workers appears to facilitate greater autonomy for disabled adults than traditional homecare relationships. However, the research goes on to suggest that greater autonomy for disabled adults may have a downside for support workers. (KJ)

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From : <http://bjsw.oxfordjournals.org>

doi: 10.1093/bjsw/bcp105

205/78

Financial management of personal budgets: challenges and opportunities for councils; by Audit Commission. London: Audit Commission, 2010, 56 pp (ref: HNR3661).

This report examines personal budgets in adult social care and considers the financial management and governance implications for councils. It reviews the approaches to transition from providing services to providing personal budgets, the choices for allocating money, and

how councils can plan for the financial implications. It also considers changes in social care commissioning and the governance arrangements needed for personal budgets. It is aimed at finance staff and staff in adult social care departments interested in personal budgets. The report includes a self-assessment checklist to help councils review progress in implementing personal budgets and identify areas for improvement. (KJ)

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From : <http://www.audit-commission.gov.uk/nationalstudies/localgov/personalbudgets/Pages/default.aspx>

Hard copy available, call 0800 50 20 30 or email : ac-orders@audit-commission.gov.uk

- 205/79 Making personalisation work for people with dementia; by David Moore, Kirsty Jones. Journal of Dementia Care, vol 19, no 1, January/February 2011, pp 26-28. Training and development officers from West Sussex County Council explain what the personalisation agenda means for people with dementia, and how the concept has been introduced in practice within the local authority. Personalisation, or self-directed support, enables service users to take control of the support that they need. (JL)
ISSN: 13518372
- 205/80 Personal budgets and the workforce implications for social care providers: expectations and early experiences; by Kate Baxter, Mark Wilberforce, Caroline Glendinning. Social Policy & Society, vol 10, pt 1, January 2011, pp 55-65. Explores the workforce-related impacts that adult social care providers envisage, and have so far experienced, from an increase in the number of people using personal budgets to purchase their social care support. Presents findings in relation to financial and workforce planning, care worker recruitment and retention, workforce training and service user-worker relations. Considers the potential implications for providers, care workers, service users and local authorities. (JL)
ISSN: 14747464 From : <http://www.journals.cambridge.org/sps>
- 205/81 Safeguarding in a personalised era; by Vern Pitt. Community Care, issue 1842, 4 November 2010, pp 22-23. The government's adult social care vision, due out shortly, is expected to be based around four Ps - partnership, prevention, personalisation and protection. The last two of these Ps have long been seen as being in tension. Personalisation is about allowing disabled and older people to make choices - and take risks - that others take for granted. Safeguarding is about preventing these same people coming to harm. The spectre of more disabled and older people receiving personal budgets, purchasing support not commissioned by the council, nor regulated by the Care Quality Commission, and handling money that may leave them open to abuse by carers, has obvious safeguarding implications. Action on Elder Abuse is advising the Department of Health on how safeguarding practice can be brought into line with this timetable. Meanwhile, councils have been developing ideas to ensure that personalisation and safeguarding are in step with each other, (examples in this article are given and include pre-paid cards by Barking and Dagenham Council; lone appointments by Kingston Council). (KJ)
ISSN: 03075508 From : www.communitycare.co.uk

PREVENTION

(See Also 205/45)

- 205/82 The association between graded physical activity in postmenopausal British women, and the prevalence and incidence of hip and wrist fractures; by Celia L Gregson, Claire Carson, Antoinette Amuzu (et al). Age and Ageing, vol 39, no 5, September 2010, pp 565-573. Physical activity is promoted for older women as a means of maintaining health and avoiding

falls and fractures. Findings relating physical activity of older women to risk of falls and fracture are contradictory. The association between level of physical activity and prevalent and incident hip and wrist fractures was examined in a large representative sample of postmenopausal British women. Data from the British Women's Heart and Health Study, a cohort study of 4286 postmenopausal women aged 60-79, from 23 UK towns were used. Information on physical activity, anthropometry, falls and hip and wrist fractures from baseline examination and questionnaire (1999-2001) and follow-up questionnaire (2007) were available. Cross-sectional baseline prevalence data were analysed using logistic regression and cohort incidence data using a Cox proportional hazards model examining the association of physical activity with fracture outcomes. Results: 3003 (70%) women, with complete baseline data, were studied. 13.6% had previously fractured a wrist and 1.3% a hip. Analyses unadjusted for confounders showed moderate protective associations between activity and fracture risk. After adjustment for confounders there was a weak trend towards fewer hip fractures and more wrist fractures, amongst most active compared with inactive women. The crude incidence rate of wrist and/or hip fracture was 7.0 [5.9, 8.2] per 1000 person-years. No evidence was found for an association between physical activity and combined incident hip and/or wrist fracture.

Conclusion: no clear associations between graded physical activity and hip/wrist fractures were seen but estimates were imprecise. Physical activities are heterogeneous and individual fracture types and mechanisms differ. Very large prospective observational studies are required to disentangle the precise effects of different activity patterns on different fracture types. (KJ)

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PUBLIC SERVICES

205/83

Climate change and sustainable public services: ILC-UK/British Society of Gerontology think piece; by Simon Evans, International Longevity Centre UK - ILC-UK; British Society of Gerontology.: International Longevity Centre UK - ILC-UK, March 2011, 9 pp.

Recent Government policy for the public sector has included a strong focus on addressing climate change and promoting sustainability in the commissioning and delivery of services. Public sector responses to climate change must address two issues _ (1) Adaptation, i.e. ensuring that services can be delivered effectively in the face of climate change; and (2) Mitigation _ i.e. reducing the extent to which services contribute towards climate change, largely through reducing carbon emissions. The report briefly presents some examples of good practice from England and Wales, highlighting in particular the economic case for greening public services. (JL)

From : Download report: http://www.ilcuk.org.uk/files/pdf_pdf_166.pdf

205/84

Delivering public services in the mixed economy of welfare: perspectives from the voluntary and community sector in England; by Irene Hardill, Peter Dwyer.

Journal of Social Policy, vol 40, part 1, January 2011, pp 157-172.

The voluntary and community sector in England is playing an increasingly important role in the delivery of public services to older adults and in doing so they rely on unpaid volunteers. This article draws on the findings of a recent qualitative study of the impact on the voluntary and community sector of delivering 'low-level' public services that promote independent living and wellbeing in old age. The fieldwork focused on services that help older adults aged 70 and above, and living in remote rural communities across three English regions. A total of 69 participants were interviewed, 25 of whom were key informants (paid staff, volunteers, and funders). The remaining 44 interviewees were older people who made use of one of the services. The results highlight two key challenges faced by the voluntary and community sector in delivering public services: managing precarious funding regimes from the public purse; and a reliance on an unpaid, volunteer workforce for the frontline delivery of many services. (JL)

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QUALITY OF LIFE

205/85

Fertility history and quality of life in older women and men; by Sanna Read, Emily Grundy. *Ageing and Society*, vol 31, part 1, January 2011, pp 125-145.

The study looked at associations between the fertility histories of older British women and men and their quality of life using data on a sample of individuals born between 1923 and 1949 drawn from the British Household Panel Survey (BHPS). Quality of life was measured using scores from the four subscales of the CASP-19 questionnaire: control, autonomy, pleasure and self-realisation. Fertility histories were derived using information on the births of children collected in all waves of the BHPS. The aspects of fertility history investigated were number of children born and parents' ages at birth of first and last child. Age, education, marital status, tenure status, smoking, co-residence with one or more children, perceived social support and health limitations were included as covariates. The results suggested that early entry to parenthood and to some extent high parity were related to poorer quality of life. These associations were mostly mediated by socio-economic, social support and health factors. Compared to women with two children, childless women expressed a higher level of autonomy, and both childless women and those with four or more children a higher level of self-realisation. Low parity was related to a lower level of pleasure, especially among men, but this relationship appeared weaker and among women was not significant when background factors were controlled. (JL)

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RELIGION AND SPIRITUALITY

(See Also 205/46)

205/86

Close companions at church, health and health care use in late life; by Neal Krause.

Journal of Aging and Health, vol 22, no 4, June 2010, pp 434-453.

This article studies whether there are age variations in the relationships between having a close companion friend at church, health, and outpatient physician visits. The data come from two waves of interviews in a nationwide survey of older adults. These data are analyzed with ordinary least squares multiple regression analyses. The findings reveal that older people who have a close companion friend in the place where they worship are more likely to rate their health in a favourable way over time. However, these health-related benefits emerge only among the oldest-old study participants. The data results further indicate that having a close friend at church is associated with fewer outpatient physician visits over time, but once again, the results are observed only among the oldest old. The results from this study provide preliminary insight into one way in which spiraling health care costs may eventually be curtailed. (KJ)

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205/87

Daily spiritual experiences in a biracial, community-based population of older adults; by Kimberly A Skarupski, George Fitchett, Denis A Evans (et al.): Taylor & Francis.

Ageing & Mental Health, vol 14, no 7, September 2010, pp 779-789.

The objectives of this study were to describe the levels of daily spiritual experiences (DSEs) in community-dwelling older adults, to compare the levels of spiritual experiences with the levels of prayer and religious service attendance, and to examine the demographic and psychosocial correlates of spiritual experiences. The data came from 6534 participants in the Chicago Health and Aging Project, an ongoing population-based, biracial (65% African American) study of the risk factors for incident Alzheimer's disease among older adults. A 5-item version of the Daily Spiritual Experiences Scale (DSES) was used in the study. Multivariable linear regression models were used to examine the relationship between sociodemographic and psychosocial factors and DSES scores. The majority of the participants reported having spiritual experiences at least daily. In the bivariate analyses, African Americans and women had higher DSES scores

than Whites and men, respectively. Prayer and worship were moderately associated with DSES scores. In the multivariable analyses, African American race, older age, female gender, better self-rated health, and greater social networks were associated with higher DSES scores, while higher levels of education and depressive symptoms were associated with lower DSES scores. The authors observed high levels of spiritual experiences and found that the DSES is related to, but distinct from the traditional measures of religiosity. We found associations between DSES, demographic, and psychosocial factors that are consistent with the findings for other religiosity and spirituality (R/S) measures. Future research should test whether DSES contributes to our understanding of the relationship between R/S and health in older adults. (KJ)

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DOI: 10.1080/13607861003713265

205/88

Spirituality and faith in dementia; by David Jolley, Susan Mary Benbow, Moni Grizzell (et al). *Dementia: the international journal of social research and practice*, vol 2, no 3, August 2010, pp 311-326.

This study used a standardized instrument, the Royal Free Interview for Religious and Spiritual Beliefs, to investigate the spirituality of a population of people with dementia who scored 12 or more on the Mini Mental State Examination and their carers, who were attending a West Midlands Memory Clinic. Study patients were more likely to be well preserved cognitively, be female, and to be living with their spouse at home, than the clinic population as a whole. The population was predominantly white British and Christian. Both patients and carers found the Royal Free Interview acceptable: they rated their beliefs as strong and considered practices associated with their beliefs to be very important. Both groups described spirituality as evident in everyday experiences and as supportive in relation to life stresses. Service providers should integrate questions about spirituality and faith into routine assessments and structure care plans to accommodate identified spiritual needs. (KJ)

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RESEARCH

(See Also 205/92)

205/89

Enhancing the contribution of research councils to the generation of evidence to inform policy making; by John Holmes, Bob Harris.

Evidence & Policy, vol 6, no 3, August 2010, pp 391-410.

Over the last 10 years, UK government funding for research channelled through the UK's seven research councils has substantially increased. Over the same time period there has been a renewed emphasis on the more effective use of evidence in UK policy making. Concerns remain, however, that these two initiatives have not been sufficiently well linked, and that the research councils could be more effective in supporting the development and communication of the evidence base for UK policy making. This paper examines the current 'state of play', concludes that many of the knowledge transfer initiatives that have been put in place do not reach sufficiently deeply into the research funding system, and recommends 10 changes to the planning, management and structure of research funding in order to enhance the policy value of UK research. A brief review of research funding issues in other countries points to the potential relevance of these conclusions and recommendations. (KJ)

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205/90

Promoting multi-disciplinary and inter-disciplinary ageing research in the United Kingdom; by Catherine Hagan Hennessy, Alan Walker.

Ageing and Society, vol 31, part 1, January 2011, pp 52-69.

Collaboration between disciplines is common practice in many areas of ageing research.

However, there remains much to be done to develop and support such work. This article reviews key developments in the promotion of multi-disciplinary science on ageing in the UK and highlights how this is being pursued in the New Dynamics of Ageing (NDA) Programme, a major cross-Research Council programme of multi-disciplinary research which spans the social, medical, biological and engineering sciences and the arts and humanities. Funding agencies, scientific associations and other stakeholders in ageing research are actively involved in establishing the methods and means to promote cross-disciplinary co-operation in the field. In the UK since the late 1990s, the statutory Research Councils with key interests in ageing and older people have been actively pursuing research programmes that feature multi- and inter-disciplinary activities. The National Collaboration on Ageing Research (NCAR), a partnership among four of the Research Councils to stimulate cross-disciplinary collaboration, worked with scientists, funding bodies, and research users to develop approaches to multi- and inter-disciplinary research, and this work informed the NDA. (JL)

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RESIDENTIAL AND NURSING HOME CARE

(See Also 205/62, 205/75)

205/91

A 'home for life' in residential homes for older people in England : exploring the enhancers and inhibitors; by Deidre Wild, Sara Nelson, Ala Szczepura.

Housing, Care and Support, vol 13, no 2, May 2010, pp 26-35.

A three-year in-depth study has examined three models to improve care in residential homes for older people in England. The study showed that each aimed to provide a 'home for life' for residents. Using multi-source data gained from a range of qualitative and quantitative methods involving residential home managers, care staff and extensive review of documentation related to key care functions, inhibitors and enhancers to the achievement of this aim were identified. Inhibitors were lack of available top-up funding to meet increased care needs, care staff's inadequate knowledge of behaviour-disordered residents, workload, cross-sector barriers and environmental problems. Among the enhancers were flexible regulation, up-skilling of care staff, care staff's achievement in palliative care, perceived avoidance of hospital admission, and sound practice-led relationships with nurses. The implications for practice are of relevance to policy makers, educators, community health and social care professionals, and older residents, their relatives and representative organisations. (KJ)

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doi: 10.5042/hcs.2010.0476

205/92

Identifying the clinical characteristics of older people living in care homes using a novel approach in a primary care database; by Sunil M Shah, Iain M Carey, Tess Harris (et al).

Age and Ageing, vol 39, no 5, September 2010, pp 617-623.

To enhance identification of older nursing and residential home residents in a national sample and describe their chronic disease prevalence. A cross-sectional analysis of an established primary care database (The Health Improvement Network) was used with 326 English and Welsh general practices. Subjects were 435,568 patients aged 65 or more. Care home residents were identified by either a Read code for care home residence or multiple care home residence markers (postcode linkage, household size identifier and location of consultation). Comparisons: nursing and residential home residents were compared with a community control group with no markers of care home residence using age and sex standardised chronic disease prevalence ratios. Main outcome measures: chronic disease prevalence using definitions from the national primary care contract. Results: 11,547 (2.7%) older people were identified as care home residents, of whom only 4,403 (38.1%) were directly identified by their primary care record. Mean age for nursing and residential homes was 84.9 and 86.1 years compared to 74.7 for controls. Prevalence ratios for dementia were 14.8 (95% CI 13.4-16.4) for nursing and 13.5 (12.4-14.8) for residential homes compared to controls. Stroke and severe mental illness were

commoner in nursing and residential homes but hypertension, respiratory and cancer diagnoses were slightly less common. Recorded disease prevalences in nursing and residential homes were similar. Conclusions reached were that the recording of care home residence is limited in primary care and this is a barrier to routine monitoring of this group. Higher dementia and stroke prevalence in care home residents confirms high clinical need, but the small differences in disease prevalence between nursing and residential homes have implications for delivering medical and nursing care to residential homes. Lower prevalence of some chronic diseases suggests incomplete recording or case finding. Routine flagging of care home residents in health care systems is a potential tool for improving monitoring and outcomes. (KJ)

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<http://www.bgs.org.uk> doi: 10.1093/ageing/afq086

205/93

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 bother 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)

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doi:10.1177/0898264310361368

RETIREMENT

(See Also 205/52)

205/94

Common health predictors of early retirement: findings from the English Longitudinal Study of Ageing; by Neil E Rice, Iain A Lang, William Henley, David Melzer.

Age and Ageing, vol 40, no 1, January 2011, pp 54-61.

The study aimed to identify common symptoms and conditions that predict early retirement. 1,693 male and female workers aged between 50 and retirement age (60 for women or 65 for men) took part in the study. When followed up four years later nearly 20% of the participants were found to have left employment before the statutory retirement age. Advancing age, female gender, partner retirement, greater pension wealth, high alcohol consumption and fair or poor self-rated health were all predictive of early work exit. Older workers reporting symptoms of depression or impaired physical mobility, especially with lower limb pain and shortness of breath, were particularly at risk. Suggests that health interventions targeting these conditions may enable older workers to remain in the workforce for longer. (JL)

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From : <http://ageing.oxfordjournals.org/>

<http://www.bgs.org.uk/>

SEXUALITY

- 205/95 No sex please! We're over 50; by Pete Smith, Josanne Cowell, Paul McGarry (et al). Working with Older People, vol 14, issue 3, September 2010, pp 40-43. Sexual health as a concept, particularly for the over 50s, is not seen as sexy. A large proportion of policy and subsequent resources are directed at young people, specifically around sexually transmitted infections (STIs) and preventing teenage pregnancy. Consequently, the sexual health needs of the over 50s are marginalised at best or at worst completely forgotten. This article describes the process behind developing a sexual health promotion campaign aimed at the over 50s in Manchester. (KJ)
ISSN: 13663666 From : <http://www.pierprofessional.com>
DOI: 10.5042/wwop.2010.0455

SOCIAL CARE

- 205/96 Better evidence for better commissioning : a study of the evidence base of generic social care commissioning guides in the UK; by Peter Huxley, Tracey Maegusuku-Hewett, Sherrill Evans (et al). Evidence & Policy, vol 6, no 3, August 2010, pp 291-308. Commissioning of services has become integral to the role of those in the health and social care profession and a plethora of guidance on commissioning exists to aid professionals in this strategic activity. As part of a study of the Care Services Improvement Partnership (CSIP), the evidence base of published generic social care commissioning guides, published between 2003 and 2008, was assessed. Guides that were intended for healthcare commissioning, and client group or diagnosis specific commissioning, were excluded. Within this paper we present our findings of four generic guides and, because of its direct relevance to social care commissioning, a further guide published after the data gathering period. Overall, all were reasonably clear and well written, but the evidence on which they were based drew most heavily on government documents and other practice guidance rather than research evidence. When empirical research was cited, samples and methods were not given in sufficient detail, and in a few instances findings were misinterpreted. This tendency to rely on government publications stands in marked contrast to the use of research evidence that underpins social care outcomes commissioning in the US and to some extent is a manifestation of the state of research capacity and literacy within the social care field. (KJ)
ISSN: 17442648 From : <http://www.policypress.org.uk>
DOI: 10.1332/174426410X524802

- 205/97 Smarter working in social and health care: professional perspectives on a new technology for risk appraisal with older people; by Jill Manthorpe, Kalpa Kharicha, Claire Goodman (et al). British Journal of Social Work, vol 40, no 6, September 2010, pp 1829-1846. There is growing emphasis on prevention, personalisation and self-care or active citizenship in England. This paper reports on the Smarter Working in Social care & Health (SWISH) study of the development of an information technology system that allows older people to assess their own health and to receive personalised feedback and considers the implications for social work practice and commissioning. The study took place in two London areas (2005-7). Its objectives were 1) to refine a method to improve access to information and services, and to identify older people at risk, and 2) to examine the potential of the method to enrich public sector information and to profile local populations to inform local commissioners. A multi-method approach consolidated findings from focus groups and interviews with older people and professionals. Under the first objective, views were mixed. The existing health risk assessment tool was seen as comprehensive, with the capacity to identify low-level risks to well-being, although possibly burdensome. Under the second objective, social workers and managers were uncertain how to make use of local population data and to the capacity of local resources to meet information needs. Messages for practitioners and managers are drawn. (KJ)
ISSN: 00453102 From : <http://bjsw.oxfordjournals.org>
doi: 10.1093/bjsw/bcp100

SOCIAL EXCLUSION

- 205/98 The role of telecare in overcoming social exclusion in older people; by Martin Jones, Chris Rowbottom.
Journal of Assistive Technologies, vol 4, no 3, September 2010, pp 54-59.
It is generally accepted that assistive technologies such as telecare will play an increasingly important role in managing the problems of supporting older people's independence. Some feel that this could increase social exclusion, resulting in many more people becoming lonely and depressed. This paper describes a number of ways that the technology can be used to help improve the quality of life of service users through increased interaction opportunities. Many of these initiatives will rely on the use of the TV as the interface for services and on a 24-hour monitoring centre for facilitating the services. (KJ)
ISSN: 17549450
From : <http://www.pierprofessional.com>
doi: 10.5042/jat.2010.0493

SOCIAL NETWORKS

- 205/99 'I feel less lonely': What older people say about participating in a social networking website; by Alison Ballantyne, Luke Trenwith, Samara Zubrinich (et al).
Quality in Ageing and Older Adults, vol 11, issue 3, September 2010, pp 25-35.
This paper presents the findings from a qualitative pilot project that implemented an internet social networking intervention and evaluated the effect it had on older people's experience of temporal loneliness. The project was implemented over a three-month period and utilised an in-home, one-on-one education strategy. Six older people aged 69 to 85 years were recruited from a community aged care programme in South Australia. All participants were connected to the internet and provided with one-on-one tutoring in how to use the social networking site. To evaluate the project, data were collected through in-depth interviews with older people at the commencement and completion of the project. An additional interview with the community programme co-ordinator was conducted at the completion of the project. Evaluation was also guided by data collected by the research team via reflective journals. The key findings to emerge from the inductive analysis of the data resulted in four major themes, these were: the participants' experience of loneliness; technology as an enabler; providing a supportive environment; connectivity. A case study is presented to provide in-depth understanding of how social networking can help reduce the participants' experience of loneliness. The findings from this project demonstrated that the utilisation of a social networking site has the potential to reduce loneliness in older people and therefore, based on these findings, recommendations for further research and practice implementation are made. In particular the project team recommends expanding the current pilot project into a larger scale project. (KJ)
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doi: 10.5042/qiaoa.2010.0526

- 205/100 Factors which enhance or inhibit social support: a mixed-methods analysis of social networks in older women; by Deirdre McLaughlin, Jon Adams, Dimitrios Vagenas, Annette Dobson.
Ageing and Society, vol 31, part 1, January 2011, pp 18-33.
Research indicates that older people with a strong perception of social support have lower mortality and morbidity and better self-rated health in later life. However, few studies have thoroughly examined the factors that inhibit or enhance social support. This study used both quantitative data and qualitative texts to explore older women's social networks. It used participants from the 1921-26 cohort of the Australian Longitudinal Study on Women's Health. Findings revealed that larger social networks associated with better mental health, widowhood, illness or death of a family member, and no mobility problems. Women who were not Australian-born, had sight problems, or had moved house, were more likely to have smaller social networks. The findings highlight the importance to older women of being able to access

their social networks to gain both psychological and emotional benefits. (JL)
ISSN: 0144686X
From : <http://www.journals.cambridge.org/aso>

- 205/101 Midlothian befrienders' cross-general networking across the school community divide to build social capital; by Mhairi Wier, Rae Goode, Andrew McDonald.: Routledge.
Journal of Intergenerational Relationships, vol 8, no 1, 2010, pp 69-78.
Social capital is a designer social science concept that is very much in academic and popular vogue. Indeed, in recent years there has been a proliferation of theoretical articles in academia lauding the veracity of social capital as a "silver bullet," explain all, cure all phenomena. However, it seems that little work has been undertaken on linking the theory of social capital to work in practice in the field of community learning and development. This article aims to redress the balance in some way by offering an analysis of social capital in terms of a "work in progress" at an intergenerational school/seniors' community project in Midlothian, Scotland, where the theory of social capital is informing practice and thinking of the staff of Midlothian Befrienders and vice versa. (KJ)
ISSN: 15350770 From : <http://www.informaworld.com>
DOI: 10.1080/15350770903520684

STROKE

(See Also 205/72)

- 205/102 Does telephone follow-up improve blood pressure after minor stroke on TIA?; by Katja Adie, Martin A James.
Age and Ageing, vol 39, no 5, September 2010, pp 598-602.
Hypertension is a common risk factor for stroke/transient ischaemic attack (TIA) and there is good evidence that blood pressure (BP) control prevents recurrent stroke. We investigated whether telephone follow-up (TFU) improved risk factor management in hypertensive patients after stroke/TIA. The researchers conducted a randomised controlled trial and assigned hypertensive patients within 1 month of stroke or TIA to receive usual care (n = 27) or usual care plus regular TFU (n = 29). Primary outcome was the difference in 12 h ambulatory systolic BP change from baseline to 6 months in both groups. TFU at 7 days, 1, 2 and 4 months included patient-focussed education and goal setting. In conclusion the study found TFU that promoted patient-led management of risk factors did not improve BP control over 6-month follow-up in primary care after stroke/TIA. (KJ)
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<http://www.bgs.org.uk> doi: 10.1093/ageing/afq085

SUICIDE

- 205/103 Intergenerational ambivalence, power and perceptions of elder suicide in rural Japan; by John W Traphagan.: Routledge.
Journal of Intergenerational Relationships, vol 8, no 1, 2010, pp 21-37.
This article explores perceptions of elder suicide by older Japanese and contextualizes these perceptions within the theoretical framework of intergenerational ambivalence theory. The examples discussed show how people can use perceptions related to intergenerational relationships and changing social structures and values to create explanatory models for suicidal behavior. In the cases discussed here, high elder suicide rates are seen as a product of conflicting family values and conflicting expectations about how power should be allocated within families. Suicide is one means by which actors negotiate contradictions in the surrounding social environment, contradictions that for many Japanese appear to be consistently evident in the context of multigenerational families where communication and interaction between younger and older generations is perceived as being difficult. (KJ)
ISSN: 15350770 From : <http://www.informaworld.com>
DOI: 10.1080/15350770903520643

- 205/104 Suicidality in the elderly; by Amit Kishore, Jason Raw.
GM (Geriatric Medicine), vol 40, no 9, September 2010, pp 483-487.
Elderly people have a higher risk of completed suicide than any other age group. While suicidality is multi-determined, mental health disorders, especially depression, have been consistently shown to have associations with suicidality in the older population group. Risk assessment is best accomplished through clinical interview of the patient; validated risk assessment scales have yet to be developed. While there are several measures that can be used to tackle this issue, identifying and treating depression are two key areas that could improve outlook. (KJ)
ISSN: 0268201X
From : <http://www.gerimed.co.uk>

TRANSPORT

- 205/105 Priorities for an age-friendly bus system; by Kieran Broome, Linda Worrall, Kryss McKenna (et al).
Canadian Journal on Aging, vol 29, no 3, September 2010, pp 435-444.
This article presents the results of a study on the barriers and facilitators to bus use for people aged 60 or older. Two complementary methodologies, nominal group technique and focussed ethnography, were used to identify barriers and facilitators and rank their importance. Two sample sites from Queensland, Australia, were selected, with 227 people participating in the nominal group technique and 40 people participating in the focussed ethnography component. Seven priorities for age-friendly bus systems emerged from the data: vehicle entrance/exit; bus driver friendliness and helpfulness; timetables and scheduling of buses; bus stop locations; pedestrian infrastructure; information and training for older people; and bus routes and destinations. These findings will assist researchers, policy makers, and transport providers to set evidence-based strategic directions for creating age-friendly bus systems. Both methods provide complementary perspectives on bus usability, which could not be gained from either method alone. (KJ)
ISSN: 07149808
From : <http://www.journals.cambridge.org/cjg>
doi: 10.1017/S0714980810000425
- 205/106 Transportation and driving in longitudinal studies on ageing; by Mairead Bartley, Desmond O'Neill.
Age and Ageing, vol 39, no 5, September 2010, pp 631-636.
The associations between transportation, driving and successful ageing are as yet poorly understood. As longitudinal studies are the best methodology for clarifying associations and relationships between health, ageing and environmental factors, the authors sought to determine how transportation is incorporated into longitudinal studies, and which aspects are assessed. Methods: of 55 longitudinal studies on ageing on the National Institute on Aging register, online survey instruments, where available, were scrutinised for references to transport. Where unavailable, principal investigators were contacted by mail/email/phone and asked to forward questions on transportation and driving. Questions were classified into (i) systems, (ii) resources, (iii) transport satisfaction and (iv) mobility needs.
Results: of 55 studies, the authors could review 36 questionnaires (28 personal replies, 9 accessible online survey instruments). Sixteen had no reference to driving or transportation, 20 (61%) had public transport components and 12 (31%) included questions about driving. Questions covered systems (17), transportation needs (12), transportation resources (11) and transportation satisfaction (4). In conclusion, transport is under-represented in ongoing longitudinal studies, with emphases on public transport, systems and resources, rather than driving and satisfaction. Future waves of studies could usefully review their survey instruments to better measure older people's preferences on transport options and satisfaction. (KJ)
ISSN: 00020729 From : <http://www.ageing.oxfordjournals.org>
<http://www.bgs.org.uk> doi: 10.1093/ageing/afq089