

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 218/105)

- 218/1 Adult safeguarding and the role of housing; by Imogen Parry.: Emerald. Journal of Adult Protection, vol 15, no 1, 2013, pp 15-25.
At present there is a dearth of literature on the role and potential of housing and adult safeguarding. The purpose of this paper was to identify and encourage good practice in adult safeguarding by housing providers, despite their unclear and largely unregulated role in this area. The author carried out a literature search on policy and research on the role of housing in adult safeguarding. A number of factors driving increased involvement in adult safeguarding by some housing providers were identified in the literature, including the impact of the Supporting People (SP) programme, the No Secrets consultation, the Equality and Human Rights Commission (EHRC, 2011) report on disability-related harassment and the broad policy agenda around crime reduction. The responses to the No Secrets consultation (Department of Health, 2009) highlighted good practice by some housing providers in engaging with adult safeguarding. There are many barriers to successful engagement and joint working between housing providers and adult social care. However despite the current weak incentives for housing providers to engage in adult safeguarding, some have done so effectively, overcoming these barriers. (JL)
ISSN: 14668203 From : www.emeraldinsight.com/jap.htm
- 218/2 Building a local response system to prevent elder mistreatment in Nepal; by Chhatra B Pradhan.: International Institute on Ageing (United Nations Malta). Bold, vol 23, no 1, November 2012, pp 2-4.
This paper was presented at the general meeting of the NGO Committee on Ageing held on June 14 2012, to mark the first UN World Elder Abuse Awareness Day, at the United Nations headquarters in New York. In recent years Nepal's elderly population has increased considerably and life expectancy is also on the increase. As a result there are fewer people at home to give care and support to older family members who are often subject to negligence and abuse. Nepal's old age homes are few and far between. In an effort to address these issues the National Senior Citizens Federation of Nepal (NASCIF) was created in order to lobby for the rights of older citizens and to prevent abuse. (JL)
ISSN: 10165177 From : <http://www.inia.org.mt/publications.html>
- 218/3 Court of Protection law reports: consolidated volume (2008-2011): [2011] COPLR Con Vol; by Eason Rajah, Victoria Butler-Cole, Alexander Ruck-Keene (eds). Bristol: Jordans, 2011, 1241 pp.
The Mental Health Act 2005 which came into effect on 1 October 2007 introduced fundamental changes in the law for the protection of persons lacking mental capacity. This preliminary volume brings together judgments on major cases on Deprivation of Liberty Safeguards (DOLS) and other relevant subjects health in the new statutory Court of Protection. The full text of every case published in Court of Protection Law Reports from 2008 to date is available on the Jordan Publishing website (www.jordanpublishing.co.uk). The editor-in-chief is the Hon Mr Justice Baker. (RH)
Price: £95.00
From : Jordan Publishing Ltd., 21 St Thomas Street, Bristol BS1 6JS. Website: www.jordanpublishing.co.uk Email: coplr@jordanpublishing.co.uk
- 218/4 Defining the "perpetrator": abuse, neglect and dignity in care; by Josie Dixon, Simon Biggs, Martin Stevens ... (et al): Emerald. Journal of Adult Protection, vol 15, no 1, 2013, pp 5-14.
The purpose of this paper was to set out and discuss findings from a developmental study, commissioned by the Department of Health and the charity Comic Relief, to clarify definitional issues and recommend ways of operationalising key concepts for a prospective survey of abuse, neglect and loss of dignity in the care of older people in residential care in the UK. As well as drawing upon their experience and expertise, the authors conducted a review of the literature, held consultation events with a range of stakeholders and undertook in-depth interviews with international academics and care home residents. Study findings revealed that existing definitions and descriptions vary widely in form and content, are commonly subjective and imprecise and frequently make reference to abstract

concepts which themselves need defining. Many of the concepts are also inherently evaluative, unspecific and open to interpretation. The study considered how, in this context, practical research definitions that are clear, unambiguous and widely acceptable to a range of stakeholders could be developed. The paper also identified key issues in defining the perpetrator. It focused on the concepts of trust and intentionality, the responsibilities of the care home and multiple perpetrators and made practical proposals for operationalising the 'perpetrator' in research. Recommendations from the study were positively received and have directly informed the Government-funded research programme in England. (JL)

ISSN: 14668203 [From : www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

218/5 Developing professional boundaries guidance for social workers; by Kerrin Clapton.: Emerald.

Journal of Adult Protection, vol 15, no 1, 2013, pp 37-44.

The purpose of this paper is to consider the approach taken by the General Social Care Council (GSCC) to developing professional boundaries guidance for social workers. Areas of tension or difficulty encountered in developing the guidance are highlighted and the reasons for the decisions taken in developing the guidance are discussed. The process of developing the guidance served to highlight a number of areas of disagreement regarding how the GSCC should act to address the issue of professional boundaries violations amongst social workers. These areas of disagreement, and how they were resolved within the scope of the guidance, are analysed. The paper provides an insight into the types of issues that a regulator confronts when acting to address behaviour amongst its registrants. The approach the GSCC took to professional boundaries issues amongst social workers _ producing an aid to reflection rather than a list of 'dos' and 'don'ts' _ and the process of developing the guidance will provide a useful reference point for other organisations confronting similar issues. (JL)

ISSN: 14668203 [From : www.emeraldinsight.com/jap.htm](http://www.emeraldinsight.com/jap.htm)

218/6 An educational program to assist clinicians in identifying elder investment fraud and financial exploitation; by Whitney L Mills, Robert E Roush, Jennifer Moye ... (et al.): Routledge.

Gerontology & Geriatrics Education, vol 33, no 4, October-December 2012, pp 351-363. Due to age-related factors and illnesses older adults may become vulnerable to elder investment fraud and financial exploitation (EIFFE). In this article the authors describe the development and preliminary evaluation of an educational programme to raise awareness and assist clinicians in identifying older adults at risk. 127 study participants gave high ratings for the programme, which included a presentation, clinician pocket guide and patient education brochure. 35 respondents returned a completed questionnaire at the six-month follow-up, with 24 of those indicating use of the programme materials in practice and also reporting having identified 25 patients they felt were vulnerable to EIFFE. These findings demonstrate the value of providing education and practical tools to enhance clinic-based screening of this underappreciated but prevalent problem. (JL)

ISSN: 02701960 [From : http://www.tandfonline.com/loi/wgge20](http://www.tandfonline.com/loi/wgge20)

218/7 Elder abuse and neglect in Canada: the glass is still half full; by Lynn McDonald.

Canadian Journal on Aging, vol 30, no 3, September 2011, pp 437-465.

This article reviews developments in the field of elder abuse and neglect since the publication of 'Elder abuse and neglect in Canada' (1991). The arguments made here are twofold. First, we have no idea of the size and nature of the problem of abuse and neglect in the community or in institutions. Second, we do not know how to solve these problems or their attendant issues that have been masked by rhetoric and the recycling of information for the past 20 years. It is time to move forward from the "awareness phase". What we must tackle in the future is as obvious now as 20 years ago. Our knowledge is incomplete (i.e. our glass remains half-full) because we lack the type of investigations we most urgently need: prevalence studies in the community and institutions, serious theory development, and randomised clinical trials (RCTs) to test our interventions both socially and legally. The article tabulates studies (various dates since 1989) of national estimates of prevalence of mistreatment in the community and in institutions in selected countries. (RH)

ISSN: 07149808 [From : www.journals.cambridge.org/cjg](http://www.journals.cambridge.org/cjg)

- 218/8 Exploring boundary attitude; by Peter Bates, Mark Lymbery, Eric Emerson.: Emerald. Journal of Adult Protection, vol 15, no 1, 2013, pp 26-36.
The paper explores an under-recognised issue in adult safeguarding, the personal 'boundary attitudes' of staff, and their impact on judgements that affect a range of professional decisions they take. There have been increased concerns about disciplinary procedures in relation to adult safeguarding. The purpose of this paper is to argue that the personal boundary attitude of workers is a strong component of their response to issues that have a safeguarding dimension. The study used an analysis of questionnaire responses and data generated from interactive training events. The data suggested that most workers adopt a personal stance or 'boundary attitude' that drives their response to many of the diverse circumstances they face at the interface of their professional and personal lives. The particular profession, stage in career development or work environment may affect staff responses and this needs further exploration. There are implications for how services identify the most effective workers and their least effective colleagues, as well as for staff selection and training. Improving our understanding of boundary attitude will help to protect vulnerable people from abuse whilst supporting them to have a full life. (JL)
ISSN: 14668203 From : www.emeraldinsight.com/jap.htm
- 218/9 Increasing surveillance and prevention efforts for elder self-neglect in clinical settings; by Jason Burnett, W Andrew Achenbaum, Leslie Hayes ... (et al).: Future Medicine. Aging Health, vol 8, no 6, December 2012, pp 647-655.
Self-neglect in older adults is a growing public health problem characterised by a complex network of biopsychosocial risk factors and predictors including medical comorbidities, non-adherence to medication, cognitive impairment, depression, impairments in ADLs (activities of daily living), social isolation and squalour. The lack of reliable and valid assessment criteria for identifying elder self-neglect during brief clinical visits often results in missed opportunities for reducing or preventing the negative health outcomes commonly associated with this geriatric condition. Knowing the most salient risk factors and predictors of self-neglect in older patients may help clinicians and other healthcare providers appropriately identify and prevent self-neglect and the associated negative health outcomes. This article discusses the salient factors that contribute to elder self-neglect and how they can be used to improve clinical surveillance and guide intervention and prevention efforts. (JL) ISSN: 1745509X
From : <http://www.futuremedicine.com/loi/ahe>
- 218/10 Inside the Court of Protection; by Alison Brammer.: Emerald. Journal of Adult Protection, vol 14, no 6, 2012, pp 297-301.
This paper aims to summarise the work of the Court of Protection, which was established under the Mental Capacity Act 2005. The Court in its current form is a significant decision-making body in the UK within adult safeguarding practice concerning adults whose decision-making capacity is impaired. The paper outlines the history and range of applications within the jurisdiction of the Court, drawing from the Mental Capacity Act and the Code of Practice. Reference is made to annual reports of the work of the court which profile its workload. Finally there is a review of a line of case law dealing with the question of media attendance and reporting of cases before the court. (JL)
ISSN: 14668203 From : www.emeraldinsight.com/jap.htm
- 218/11 Objection, purpose and normality: three ways in which the courts have inhibited safeguarding; by David Hewitt.: Emerald. Journal of Adult Protection, vol 14, no 6, 2012, pp 280-286.
This paper's aim was to consider three ways in which, recently, the English courts have sought to define deprivation of liberty (and, maybe, limit the effect of safeguards against it). Two significant decisions of the Court of Appeal were considered, together with one each of the House of Lords and the European Court of Human Rights. Consideration was also given to the context of those decisions, as disclosed in official policy documents and at least one piece of academic research. The decisions in question have limited the circumstances that will amount to deprivation of liberty and thereby reduced the scope of the Deprivation of Liberty Safeguards (DoLS). The English courts' understanding of false imprisonment is diverging from their understanding of deprivation of liberty. The English courts differ from the European Court of Human Rights in their understanding of the

relevance of 'purpose' to the question of deprivation of liberty. If the former are correct, the DoLS - and maybe even the Mental Health Act - are redundant. (JL)
ISSN: 14668203 From : www.emeraldinsight.com/jap.htm

AGEING (GENERAL)

218/12 Five hours a day: systemic innovation for an ageing population; by Halima Khan, Nesta (National Endowment for Science, Technology and the Arts). London: Nesta, February 2013, 66 pp.

As life expectancies increase by five hours a day and the baby boomer generation enters older age, our assumptions about ageing and who is 'old' are being challenged. This report sets out Nesta's early thoughts on the impact of ageing, suggesting that if society is to adapt to an ageing population, we need to innovate in creative ways, "to enable all of us to age better". It makes the case for a systematic look at how we live in the context of changing demographics, with a priority on those issues which have most impact on older people's lives. Older people want to have a purpose and a sense of well-being, and to feel at home and connected to others. The report asks why systems are important, and identifies four domains of system change: product and service innovation; political innovation; market innovation; and cultural innovation. Case studies both from the UK and other countries provide illustrative examples. Nesta's website (www.nesta.org.uk) refers to a complementary and related item, the living map of ageing innovations (at www.ageinginnovators.org): people and organisations are invited to contribute information and links about local initiatives. (RH)

From : NESTA, 1 Plough Place, London EC4A 1DE.

Weblink: http://www.nesta.org.uk/home1/assets/features/five_hours_a_day

AGEISM AND AGE DISCRIMINATION

218/13 Positive ageing: from the political to the personal; by Guy Robertson.: Emerald. Working with Older People, vol 16, no 4, 2012, pp 149-153.

The aim of this paper was to highlight the corrosive impact of ageism on the health and wellbeing of older people and to propose a practical methodology for addressing the psychological and emotional damage. The paper examines published research from social gerontology on the impact of negative attitudes on longevity and health and incorporates research from the realm of positive psychology to produce some practical personal development approaches based on a synthesis of the two. Study findings showed that negative attitudes, largely fed by societal ageism, can significantly reduce longevity. Altering a person's 'explanatory style' can produce significant health and wellbeing benefits. The latter is then proposed as a means of countering the former. Whilst each element is grounded in robust research evidence, there is as yet no dedicated research to show that the proposed 'combined intervention' will have the intended impact. A methodology is proposed for enabling individuals to examine their negative attitudes towards their own ageing and then use a variety of psychological techniques to ameliorate or replace them with more positive ones, which it is argued, will lead to greater health and wellbeing. (JL)

ISSN: 13663666

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

ASSISTIVE TECHNOLOGY

218/14 The lived experience of older people using assistive technology; by Marie McCaig, Anna Waugh, Tim Duffy, Colin R Martin.: Emerald. Working with Older People, vol 16, no 4, 2012, pp 170-174.

Little is known about the lived experience of the older user of assistive technology. The aim of this investigation was to gain an appreciation of the experience of assistive technology (AT) in older people. Qualitative phenomenology was conducted on individual interviews undertaken using a Husserlian phenomenological approach. The participants were six individuals aged 65 years or over who all lived in supported housing. Six key themes emerged from the interviews: being unsure, being old, being a bother, being on one's own, being neighbourly and being independent. Study findings showed that reactions to assistive technology are highly individualised and salient. In order to humanise the

technology it is necessary to understand the person who is using it. Further research in this area is a priority as AT evolves and matures. (JL)

ISSN: 13663666

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

- 218/15 The use of eHealth services in US nursing homes as an improvement of healthcare delivery to residents; by Jonathan Matusitz, Gerald-Mark Breen, Thomas T H Wan.: Future Medicine.

Aging Health, vol 9, no 1, February 2013, pp 25-33.

This article argues that greater and more frequent access to health information via the internet, using eHealth services, should lead to both improved performance in healthcare delivery and reduced deficiencies. eHealth refers to the use of information and communications technology (including the internet) to facilitate health care. It is a technological tool that health practitioners in nursing homes can easily use. As such, they can obtain the information they need to make solid decisions when directing care plans and delivery for residents. The rationale behind this analysis is based on the major care deficiencies that have pervaded US nursing homes. Although the mission of the Nursing Home Reform Act, a 1987 federal law, was to secure quality care in nursing homes, the Nursing Home Reform Act has clearly fallen short in its priority to offer adequate provisions. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

ATTITUDES TO AGEING

- 218/16 Aging and the body: a review; by Laura Hurd Clarke, Aleaxandra Korotchenko. Canadian Journal on Aging, vol 30, no 3, September 2011, pp 495-510.

The authors examine the existing sociocultural research and theory concerned with the ageing body. In particular, they review the body image and embodiment literature, and discuss what is known about how older people perceive and experience their ageing bodies. The authors analyse how body image is shaped by age, culture, ethnicity, gender, health status, sexual preferences and social class. Additionally, they critically elucidate the embodiment literature as it pertains to illness experiences, sexuality and everyday management of the ageing body, appearance work and embodied identity. By outlining the key findings, theoretical debates and substantive discrepancies within the body image and embodiment research and theory, they identify gaps in the literature and forecast future avenues of investigation. (RH)

ISSN: 07149808

From : www.journals.cambridge.org/cjg

- 218/17 Narratives at work: what can stories of older athletes do?; by Cassandra Phoenix, Meredith Griffin.: Cambridge University Press.

Ageing and Society, vol 33, no 2, February 2013, pp 243-266.

Previous research has shown that young adults tend to identify and reinforce negative stereotypes of growing older. They can express both fear and trepidation regarding the bodily changes that occur with advancing age. With this in mind, the authors draw upon the theoretical framework in A W Frank's 'Letting stories breathe: a socionaratology' (2010) to examine the work that stories can do. They take as a working example the impact that stories of ageing told by master athletes might have upon young adults, specifically, their perceptions of (self-)ageing. Three focus groups were carried out with the young adults to examine their perceptions of (self-)ageing prior to and following their viewing of a digital story portraying images and narratives of mature, natural ('drug-free') bodybuilders. The authors' analysis pointed to a number of specific capacities that stories of master athletes might have, namely the potential to re-open young adults' sense of narrative foreclosure, the stretching and expanding of existing imagined storylines, and the increasing availability of narrative options. They propose that understanding what stories can do, what they can do best, and the narrative environments that help and hinder this process are essential if programmes and policies are to produce the results that are wanted. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

BEREAVEMENT

(See 218/45)

BLACK AND MINORITY ETHNIC GROUPS

(See Also 218/65)

- 218/18 The accommodation experiences of older gypsies and travellers: personalisation of support and coalition policy; by Nicky Hodges, Sarah Cemlyn.: Cambridge University Press. *Social Policy and Society*, vol 12, no 2, April 2013, pp 205-219. This article reports on a study exploring the accommodation experiences of older Gypsies and Travellers and how specialist Supporting People services can enhance their wellbeing and social inclusion. The findings suggest that through development of pro-active, culturally appropriate services, flexible tailored support and joint working, these services have contributed to their users' wellbeing. Cuts to Supporting People funding pose a serious threat, especially in the context of loss of other services and changes to accommodation policy under the banner of localism. Targeted funding to sustain these specialist services could be important to redress risks of further marginalisation of Gypsy/Traveller communities. (JL)
ISSN: 14747464
From : <http://journals.cambridge.org/action/displayJournal?jid=SPS>

CARERS AND CARING

- 218/19 Carers and the Welfare Reform Act: how carers will be affected by planned changes to benefits; by Carers UK. London: Carers UK, January 2013, 20 pp (Frequently asked questions).
The Government is the process of making major changes to the benefits system, and is leading to uncertainty for many, particularly families affected by illness and disability who are dependent on benefits for their living costs. This 'Frequently asked questions' publication from Carers UK notes four key areas of the Government's plans as the affect carers: Universal Credit, which will replace most existing benefits and tax credits; carers' benefits; Disability Living Allowance (DLA); and other changes including "localising" Council Tax Benefit. Although Carer's Allowance is remaining as an independent benefit, working-age carers on means-tested benefits will move to the Universal Credit. DLA for working age people is being replaced by a new benefit called Personal Independence Payment (PIP), and the budget is being cut. In the light of these changes, Carers UK is working with other organisations in the Disability Benefits Consortium to lobby MPs, Peers and the Government. (RH)
From : Carers UK, 20 Great Dover Street, London SE1 4LX.
<http://www.carersuk.org>

- 218/20 Examining carer stress in dementia: the role of subtype diagnosis and neuropsychiatric symptoms; by David R Lee, Ian McKeith, Urs Mosimann ... (et al.): Wiley-Blackwell. *International Journal of Geriatric Psychiatry*, vol 28, no 2, February 2013, pp 135-141. Caring for people with dementia incurs significant stress for carers. Stress has been related to the duration of caring role, the number of weekly hours provided and severity of cognitive impairment. What remains less clear is the impact of neuropsychiatric symptoms and subtype of dementia on carer stress and this study aimed to examine these. Dementia carers were recruited for people with a range of dementia subtypes. Carers were interviewed using the Neuropsychiatric Inventory with the Carer Distress Scale. Cognitive fluctuations were assessed using the Dementia Cognitive Fluctuations Scale. All patients were also examined with The Cambridge Assessment for mental disorders in older people. Results showed that dementia diagnostic subtype, the presence of cognitive fluctuations and some neuropsychiatric symptoms (psychosis and mood disturbance) did predict carer stress but age, gender and severity of cognitive impairment did not. Carers of people with dementia with Lewy bodies (DLB) and Parkinson's disease dementia (PDD) experienced more stress than those caring for patients with Alzheimer's disease and vascular dementia. Carer stress was associated with higher levels of psychosis, mood disturbances, daytime

sleep and cognitive fluctuations in the person with dementia. This study identified the significant impact on carers of providing care for people with DLB and PDD dementia subtypes and also highlighted the significant impact of providing care for patients with high levels of psychosis, mood disturbances and cognitive fluctuations. (JL)
ISSN: 08856230

From : www.orangejournal.org

- 218/21 Who cares?: support for carers of people approaching the end of life; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2013, 19 pp.

There are at least half a million people currently caring for someone at the end of life. Carers are often an overlooked part of end of life care, who face difficulties in coping with complex needs and in coordinating care. In November 2012, the National Council for Palliative Care (NCPC), Carers Trust and partners held their first ever national conference focusing on the needs of carers of those approaching the end of life. This report explores five themes that emerged from the conference that carers have their own needs; are expert partners in care; need support in every setting; need to be acknowledged into bereavement; and that caring shouldn't be a fight. The report has been produced in partnership with Age UK, the Carers Trust, Carers UK, Help the Hospices, Macmillan Cancer Support, Marie Curie Cancer Care, and Sue Ryder. (RH)

ISBN: 1898915954

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.ncpc.org.uk/dementia

DEMENTIA

(See Also 218/20, 218/33, 218/41, 218/47, 218/82)

- 218/22 Cognitive stimulation therapy (CST) for people with dementia: who benefits most?; by E Aguirre, Z Hoare, A Streater ... (et al).: Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 3, March 2013, pp 284-290.

The efficacy of cognitive stimulation therapy (CST) has been demonstrated, but little is known about the characteristics of people with dementia, which may predict a more positive response to CST. This study sought to investigate which factors may predict response to CST. 272 participants with dementia took part in a seven-week CST intervention. Assessments were carried out pre-treatment and post-treatment. The results were compared with those of a previous comparable CST randomised controlled trial. A comparison of mean scores pre-CST and post-CST groups was undertaken, and contributing factors that predicted change in outcomes were examined. CST improved cognition and quality of life, and the results showed that the benefits of CST were independent of whether people were taking acetylcholinesteraseinhibitor (AChEI) medication. Increasing age was associated with cognitive benefits, as was female gender. Care home residents improved more than community residents on quality of life, but the community sample seemed to benefit more in relation to behaviour problems. These results demonstrate that CST improves cognition and quality of life for people with dementia including those already on AChEIs. Older age and being female were associated with increased cognitive benefits from the intervention. Consideration should be given to aspects of CST, which may enhance the benefits for people with dementia who are male and those younger than 80 years. (JL)

ISSN: 08856230

From : www.orangejournal.org

- 218/23 Communicating with patients who have advanced dementia: training nurse aide students; by Laura E Beer, Susan R Hutchinson, Kristine K Skala-Cordes.: Routledge.

Gerontology & Geriatrics Education, vol 33, no 4, October-December 2012, pp 402-420.

The increase of dementia in older adults is changing how medical care is delivered. Recognising symptoms of pain, managing behaviours and providing quality of life for people who have advanced dementia requires a new skill set for caregivers. Researchers in this study targeted nurse aide students to test an educational module's effect on students' perceptions of dementia and their ability to care for patients with dementia. The results indicated the training was effective regarding nurse aides' understanding of residual

cognitive abilities and need for meaningful contact among patients with advanced dementia. However the training was not successful in terms of nurse aides' comfort level or perceived skills in working with this population of patients. The findings suggest a need to transform how caregivers are trained in communication techniques. Incorporating this training into nurse aide education has the potential to increase quality of life for people with dementia. (JL) ISSN: 02701960
From : <http://www.tandfonline.com/loi/wgge20>

- 218/24 Difficult conversations: making it easier to talk to people with dementia about the end of life; by National Council for Palliative Care - NCPC; National End of Life Care Programme, NHS, Department of Health - DH. London: National Council for Palliative Care - NCPC, 2011, 22 pp.
This guidance aims to help carers and professionals caring for someone with dementia to open up conversations about end of life wishes and preferences. It is based on conversations with around fifty people affected by dementia, people with dementia, carers and former carers. The booklet also suggests other useful resources, and is part of a range of materials published as part of NCPC's role as lead organisation of the Dying Matters Coalition, which aims to raise awareness of dying, death and bereavement. (RH)
Price: £5.00 From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.ncpc.org.uk
- 218/25 The effects of dependence and function on costs of care for Alzheimer's disease and mild cognitive impairment in Ireland; by P Gillespie, E O'Shea, J Cullinan ... (et al): Wiley Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 3, March 2013, pp 256-264.
The aim of this study was to explore the incremental effects of patient dependence and function on costs of care for patients with Alzheimer's disease (AD) and amnesic mild cognitive impairment (MCI) in Ireland. Cost analyses were carried out based on reported resource use for a cross-section of 100 community-based people with AD and MCI. Formal care included general practice visits, hospitalisations, outpatient clinic consultations, accident and emergency visits, respite care, meals on wheels services and other health and social care professional consultations. Informal care included time input provided by caregivers. Resource unit costs were applied to value formal care and the opportunity cost method was used to value informal care. Patient dependence on others was measured using the Dependence Scale and patient functional capacity using the Disability Assessment for Dementia scale. Multivariate regression analysis was used to model the cost of care. Both dependence and function were independently and significantly associated with total formal and informal care cost: a one point increase in dependence was associated with a €796 increase in total cost and a one point improvement in function with a €417 reduction in total cost over six months. Patient function was significantly associated with formal care costs, whereas patient function and dependence were both significantly associated with informal care costs. The costs of care for patients with AD and MCI in Ireland are substantial. Interventions that reduce patient dependence on others and functional decline may be associated with important economic benefits. (JL)
ISSN: 08856230 From : www.orangejournal.org
- 218/26 How would I know? What can I do?: how to help someone with dementia who is in pain or distress; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2012, 15 pp.
'How would I know? What can I do?' provides practical guidance to help professionals and unpaid carers to understand whether someone with dementia is in pain or distress.
From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.ncpc.org.uk/dementia
- 218/27 Low expectations: attitudes on choice, care and community for people with dementia in care homes; by Chris Quince, Alzheimer's Society.: Alzheimer's Society, February 2013, 72 pp.
This report presents new evidence about experiences and views of people with dementia living in care homes. Evidence was drawn from surveys of family members of dementia sufferers, staff working in care homes and people with dementia themselves. Evidence from a YouGov poll of 2,060 adults into perceptions about care homes, carried out in

December 2012, was also presented. Analysis of recent studies suggests that more than 80% of care home residents have dementia or significant memory problems. So providing quality care to people with dementia must be a primary concern for the care home sector. However across all those responding to the surveys there were low expectations about the quality of life of people with dementia in care homes. 70% of the YouGov respondents said they would be scared about moving into a care home in the future. Views on the quality of care for dementia sufferers living in care homes were more positive but the financial pressure on the care sector raises concerns about ongoing investment in training. The process of finding information on care homes can be challenging, and people with dementia and their families need to be supported with information to help them assess quality of homes. (JL)

From : http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1628

- 218/28 Managing identity in early-stage dementia: maintaining a sense of being valued; by E Steeman, J Tournoy, M Grypdonck (et al).: Cambridge University Press.
Ageing and Society, vol 33, no 2, February 2013, pp 216-242.
Focusing on loss or maintenance of identity in persons with dementia may affect how they are approached and cared for. The authors performed a longitudinal study of 17 older people in Flanders, Belgium with early-stage dementia with the aim of exploring changes in the experience of living with dementia. The main theme - a struggle to be valued - was clearly present in follow-up interviews. However, the authors observed a gradual shift in the concept of being valued as a shift from 'being valued for what you do' toward 'being valued for who you are'. This progression represents a shift from performance-related core values of identity in those that are existentially related. These findings suggest that the self can be maintained by adjusting to loss. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso
- 218/29 Reaping the benefits of gardening for people with dementia; by Kim Grove.: UK Home Care Association.
Homecarer, January 2013, pp12-13.
This article looks at the value and benefits of gardening as a therapeutic activity for people with dementia. The importance of making the garden a safe physical environment is also emphasised. Some activities for the garden are suggested briefly, eg walking, reading, plant identification, flower arranging and entertaining. (JL)
From : <http://www.ukhca.co.uk/homecarer.aspx?1=1>
- 218/30 Rethinking a framework for dementia 2: a new model of care; by Edana Minghella, Kate Schneider.: Emerald.
Working with Older People, vol 16, no 4, 2012, pp 180-189.
This is the second of two papers that aim to propose a revised model of care for dementia based on the combined findings of a number of projects undertaken by the authors. The paper is a conceptual discussion based on the findings from a series of projects in which the key methodologies included listening to people with dementia and carers, non-participant observation of services, and reviews of good practice, policy and literature. The paper challenges traditional approaches to dementia services, and offers a radical new approach, based on a five-pronged model of care: guiding principles, the condition itself, the person with the condition, services and effectiveness. This paper also challenges commissioners and service planners to make a radical shift in their approach to dementia, people living with it and services and opportunities that should be in place. It proposes that dementia services should be delivered principally in the community, led by primary care, with opportunities for inclusion and social engagement. Specialist dementia services need to refocus on providing effective interventions, training, advice and support. People living with dementia have assets as well as needs, and this means changing practice to work alongside people as partners in care, nurture their capacity and capabilities and recognise and pre-empt increasing needs. This revised model of care implies a radically different approach to commissioning, designing and delivering services. It is a challenging but optimistic model, in which high quality, focused, cost-effective services and community developments could work together as a whole system to make living well with dementia a real possibility. (JL)
ISSN: 13663666
From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop>

- 218/31 Utility of the Addenbrooke's Cognitive Examination: revised for the diagnosis of dementia syndromes; by Zoe Terpening, Nicholas J Cordato, Ilana J Hepner (et al). Australasian Journal on Ageing, vol 30, no 3, September 2011, pp 113-118. The utility of the Addenbrooke's Cognitive Examination - Revised (ACE-R) as a screening tool for dementia was evaluated in a prospective audit of 122 patients (82 with dementia, 40 with no dementia) referred to a Sydney cognition clinic. An ACE-R cut-off score of 84/100 provided an optimal balance of sensitivity, specificity and positive predictive value (0.85, 0.80 and 0.90 respectively) in identifying patients with dementia. In this sample, the ACE-R was a superior tool to the Mini Mental State Examination (MMSE) in patients with higher levels of education (10 or more years of formal schooling) but not in patients with lower levels of education. Patients misclassified by the instrument had evidence of high levels of education, focal executive dysfunction, medical comorbidities, significant vascular disease and polypharmacology. The ACE-R is a useful screening tool for detecting the presence of dementia in a cognition clinic setting. However, caution may be warranted in some patient populations. (RH)
ISSN: 14406381
From : www.wileyonlinelibrary.com

DEPRESSION

- 218/32 Depressive symptoms among the medically hospitalized older individuals: a 1-year follow-up study; by Anne-Sofie Helvik, Knut Engedal, Geir Selbaek.: Wiley-Blackwell. International Journal of Geriatric Psychiatry, vol 28, no 2, February 2013, pp 199-207. The present study of older medically hospitalised patients from a rural area in Norway assessed the prevalence of depressive symptoms at one-year follow-up and also explored whether depressive symptoms were associated with change in the medical, functional or emotional situation between baseline and follow-up. Study participants were 363 older men and women with age ranges 65-98 years. Information was collected at baseline and follow-up using the Hospital Anxiety and Depression scale (HAD), the Mini-Mental State Examination, Lawton and Brody's scales for physical self-maintenance and performance of the instrumental activities of daily living. Results showed that the prevalence of depressive symptoms, as defined by a score ≥ 8 at HAD-D, was 10% at baseline and 7% at follow-up. Of those with depressive symptoms at baseline, 78% had experienced remission. The incidence of depressive symptoms at follow-up was 5%. In logistic regression analyses adjusted for age, gender, and depressive symptoms at baseline, becoming or being in need of assistance from nursing or social services, having a cognitive decline and exhibiting poorer physical self-maintenance, becoming vision impaired and with increased anxiety during follow-up was associated with depressive symptoms at follow-up. (JL)
ISSN: 08856230
From : www.orangejournal.org

- 218/33 The diagnosis of depression and use of antidepressants in nursing home residents with and without dementia; by Iris F M van Asch, Jasper Nuyen, Marjolein Veerbeek ... (et al).: Wiley Blackwell. International Journal of Geriatric Psychiatry, vol 28, no 3, March 2013, pp 312-318. The aim of this cross-sectional study was to compare the prevalence of diagnosed depressive disorders, depressive symptoms and use of antidepressant medication between nursing home residents with and without dementia. The study used Minimal Data Set of the Resident Assessment Instrument 2.1 data collected in seven nursing homes located in an urbanised region in the Netherlands. Trained nurse assistants recorded all medical diagnoses made by a medical specialist, including dementia and depressive disorder, and medication use. Depressive symptoms were measured with the Depression Rating Scale. Multivariate logistic regression analysis was used to compare data between residents with and without dementia. Included in the study were 1885 nursing home residents (aged 65 years or older), of which 837 had dementia. There was no significant difference in the prevalence of diagnosed depressive disorder between residents with (9.6%) and without dementia (9.8%). Residents with dementia (46.4%) had more depressive symptoms than residents without dementia (22.6%). Among those with depressive symptoms, residents with dementia had the same likelihood of being diagnosed with a depressive disorder as

residents without dementia. Among residents with a diagnosed depressive disorder, antidepressant use did not differ significantly between residents with dementia (58.8%) and without dementia (57.3%). The same holds true for residents with depressive symptoms, where antidepressant use was 25.3% in residents with dementia and 24.6% in residents without dementia. Findings of the study demonstrate that there is room for improvement not only for the detection of depression but also with regard to its treatment. (JL)

ISSN: 08856230

From : www.orangejournal.org

218/34

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

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

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

ISSN: 08856230

From : www.orangejournal.org

218/35

A randomized control trial to evaluate the beyondblue depression training program: does it lead to better recognition of depression?; by Marita P McCabe, Gery C Karantzas, Dejan Mrkic ... (et al.): Wiley Blackwell.

International Journal of Geriatric Psychiatry, vol 28, no 3, March 2013, pp 221-226.

The aim of this study was to determine whether a depression training programme could assist care staff to recognise depression among older people in residential care. The use of a 'paper trail' for a screening tool and a study champion in combination with this training was evaluated to determine whether this improved the level of detection of depression. The study took the form of a randomised controlled trial. 107 professional carers from residential aged care services in Melbourne, Australia, participated in the study. 34 carers were allocated to the training-only group and completed a six-session depression training programme, 35 carers were allocated to the training-plus-screening protocol group, and 38 carers were assigned to a wait-list control group. In total, 216 residents were screened for depression. Carers in all conditions were asked to identify those residents who they perceived to be depressed. Residents were independently assessed with the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) to determine their depression status. Trained staff were not found to be better at detecting depression than non-trained staff. Staff in the training-plus-screening condition correctly identified more residents as depressed, but also classified more non-depressed residents as depressed. The findings demonstrate the need for a greater focus on recognising depression among carers working in aged care facilities. Protocols should be developed to assist carers to detect, refer and monitor depression in residents. (JL)

ISSN: 08856230

From : www.orangejournal.org

DIGNITY

218/36

Dignity in care survey in North Wales; by Gareth Morgan.: Emerald.
Working with Older People, vol 16, no 4, 2012, pp 175-179.

This paper reports on a survey conducted within North Wales regarding the perceptions of older people on dignity in care issues in the services they received. Designed and delivered by the North Wales Dignity in Care Forum, the survey asked the question: what one change today could make a difference to you tomorrow? National Health Service and local authority organisations participated in the survey. In total 499 responses were received. Some key themes were identified, particularly relating to keeping independence, individual respect and personal care. National Health Service and local authority responses had some differences. In spite of the survey's overall limitations (eg. an absence of demographic data, an open sampling frame) it shows the value of a rapid and simple method of collecting information from older people accessing services. Findings may help in taking forward new models of working for older people, especially the most vulnerable. (JL)

ISSN: 13663666

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

DISABILITY

(See 218/34)

ECONOMIC ISSUES

(See Also 218/97, 218/98)

218/37

Understanding material deprivation among older people; by Anna Bartlett, Claire Frew, Jo Gilroy, Department for Work and Pensions - DWP.: Department for Work and Pensions, 2013, 45 pp (Department for Work and Pensions In-House research, no 14).

It is known that only a small proportion of pensioners living on a low income are materially deprived. This report is published alongside in-depth qualitative research which was commissioned by the Department for Work and Pensions (DWP) to understand more about the relationship between material deprivation and low income. It is based on data from a measure of pensioner material deprivation included in the Family Resources Survey (FRS) since May 2008 and reported in the Households Below Average Income (HBAI) report since 2009/10. It looks at the methodology behind the construction of the material deprivation indicator for older people, and the key characteristics of those in low income and material deprivation: 15 indicators relating to access to goods and services were identified by the FRS. The report analyses material deprivation in terms of type of deprivation (basic, financial, social and housing) and the reasons why people state that they lack an item or items. It considers the different depths of material deprivation that older people experience. (RH)

Price: download

From : <http://research.dwp.gov.uk/asd/asd5/ih-index.asp>

EDUCATION AND TRAINING

(See Also 218/23)

218/38

A community-based approach for integrating geriatrics and gerontology into undergraduate medical education; by Iveris L Martinez, Jorge Camilo Mora.: Taylor and Francis.

Gerontology and Geriatrics Education, vol 33, no 2, April-June 2012, pp 152-165.

Medical school accreditation requirements require educational opportunities in geriatrics. 26 minimum graduating competencies in geriatrics have recently been identified for medical students. The authors describe how these competencies are being integrated into a new medical curriculum through coursework and community-based experiences. This approach is intended to expose students to older adults from diverse communities and adequately prepare students to address the complex and individual needs of these patients. Initial results indicate proficiency in the minimum geriatric competencies covered. The

growth and diversity of the older adult population makes it important to integrate and evaluate geriatrics education in undergraduate medical education. (JL)
ISSN: 02701960 From : <http://www.tandfonline.com/loi/wgge20>

- 218/39 The current state and developments in higher education in gerontology in the Nordic countries; by Heidi Hietanen, Tiina-Mari Lyyra, Terttu Parkatti, Eino Heikkinen.: Taylor and Francis.
Gerontology and Geriatrics Education, vol 33, no 2, April-June 2012, pp 218-231.
The growing size of the older population challenges not only researchers but also higher education in gerontology. On the basis of an online survey the authors describe the situation of higher education in gerontology in the whole Nordic region in 2008 and 2009. Countries covered include Finland, Denmark, Iceland, Norway and Sweden. Some good examples of Nordic- and European-level collaboration are also given. The survey results showed that gerontological education was given in every Nordic country, in 31 universities and 60 other higher education institutions. Although separate ageing-related courses and modules were relatively numerous, programmes for majors were relatively few. Networking in the Nordic region offers a good example on how to further develop higher education in gerontology. Emphasis should be put on strengthening networking on the European and trans-Atlantic levels. (JL)
ISSN: 02701960 From : <http://www.tandfonline.com/loi/wgge20>
- 218/40 Engaged teaching for engaged learning: sharing your passion for gerontology and geriatrics; by Rona J Karasik.: Taylor and Francis.
Gerontology and Geriatrics Education, vol 33, no 2, April-June 2012, pp 119-132.
Gerontologists face a unique set of obstacles in attracting newcomers to the field. Despite demographic trends favourable to a wide range of employment opportunities and job security, ageing is rarely top of mind for many students when it comes to career choices. For most gerontologists ageing is their passion. In this article the author explores how gerontologists can best share that passion with others who have yet to discover its interdisciplinary opportunities, or who may be held at bay by negative stereotypes of ageing and older people. The article explores various approaches to enhance engaged teaching and engaged learning that can help personalise and contextualise the field so that educators and students at all levels and disciplines can find their passion for gerontology and geriatrics. (JL)
ISSN: 02701960 From : <http://www.tandfonline.com/loi/wgge20>
- 218/41 An evaluation of an online postgraduate dementia studies program; by Anthea Innes, Fiona Kelly, Louise McCabe.: Routledge.
Gerontology & Geriatrics Education, vol 33, no 4, October-December 2012, pp 364-382.
Education is key to addressing the challenges of providing high-quality care to the ever growing number of people with dementia. Although dementia education is required for multiple professions and disciplines working with people with dementia and their families and friends, there is a gap in knowledge of students' views about university-level online dementia education. This article reports on an evaluation, via an online questionnaire, of student views of the delivery modes and learning impact for the first online postgraduate programme in Dementia Studies worldwide. The majority of study respondents (65%) reported their participation in the Dementia Studies programme as broadening their thinking, with 61% reporting that it broadened their practice. Students also reported on the utility of initial face-to-face teaching and the extent to which they were able to apply their learning to practice. The article concludes by suggesting that a blended learning approach, comprising online and face-to-face teaching with an emphasis on reflexivity has the potential to meet the global demand for skilled dementia care practitioners and to create leaders in the dementia care field. (JL)
ISSN: 02701960 From : <http://www.tandfonline.com/loi/wgge20>
- 218/42 Globalization of gerontology education: current practices and perceptions for graduate gerontology education in the United States; by Samuel M Mwangi, Takashi Yamashita, Heidi H Ewen ... (et al).: Taylor and Francis.
Gerontology and Geriatrics Education, vol 33, no 2, April-June 2012, pp 198-217.
The purpose of this study was to document current practices and understandings about globalisation of gerontology education in the United States. Better understanding of ageing

requires international perspectives in global communities. However little is known about how globalisation of gerontology education is practiced in U.S. graduate-level degree programmes. The authors conducted qualitative interviews with representatives of the Association for Gerontology in Higher Education, the major national organisation supporting higher education in gerontology, graduate programme directors and students. Although all respondents expressed their interest in globalising gerontology education, actual practices are diverse. The authors discuss suggested conceptualisation and strategies for globalising gerontology education. (JL)

ISSN: 02701960

From : <http://www.tandfonline.com/loi/wgge20>

218/43

Training of home health aides and nurse aides: findings from national data; by Manisha Sengupta, Farida K Ejaz, Lauren D Harris-Kojetin.: Routledge.

Gerontology & Geriatrics Education, vol 33, no 4, October-December 2012, pp 383-401.

Training and satisfaction with training were examined using data from nationally representative samples of 2,897 certified nursing assistants (CNAs) from the National Nursing Assistant Survey and 3,377 home health aides (HHAs) from the National Home Health Aide Survey conducted in 2004 and 2007 respectively. This article focused on the commonalities and differences in the perceptions of CNAs and HHAs regarding the initial and continuing education they received to prepare them for their job. More than 80% of HHAs and all CNAs received some initial training. Of these significantly more HHAs compared to CNAs felt that training had prepared them 'very well' for their jobs. The two groups also differed in their assessments of the content of the initial training; for example, more CNAs believed that their training was 'excellent' in helping them address patients' limitations in activities of daily living compared to HHAs. The vast majority of HHAs and CNAs received continuing education, and about three fourths in each group assessed this training as being 'very useful'. In light of the increasing demands for HHAs and CNAs with the ageing of America, findings from these national studies could be used to inform educational and training initiatives for this critical workforce. (JL)

ISSN: 02701960

From : <http://www.tandfonline.com/loi/wgge20>

EMPLOYMENT

218/44

A means to many ends: older workers' experiences of flexible working; by Christopher Brooks, Age UK. London: Age UK, 2012, 51 pp.

Flexible working has a key role to play in meeting the Government's policy objective of extending working lives. This report uses case studies to illustrate the benefits older workers find from working flexibly, and by association the benefits for employers. It examines reasons for using flexible working such as caring responsibilities; older workers' experiences of accessing flexible working options; issues for employers, particularly the pros and cons of having formal or informal policies; and flexible working as a labour market tool, for example whether it can help reduce unemployment. The report draws on research by Elaine Alden, 'Flexible employment: how employment and the use of flexibility policies through the life course can affect later life occupation and financial outcomes' (Age UK, 2012) (http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Flexible_working_report_Alden.pdf?dtrk=true). It also includes analysis of the Labour Force Survey (LFS) conducted by Age UK. (RH)

From : Age UK, Tavis House, 1-16 Tavistock Square, London WC1H 9NA.
www.age.uk.org.uk

END-OF-LIFE CARE

(See Also 218/21)

218/45

Anticipatory grief therapy for older persons nearing the end of life; by Joanna O Y Cheng, Raymond S K Lo, Jean Woo.: Future Medicine.

Aging Health, vol 9, no 1, February 2013, pp 103-114.

Ageing brings about multiple and accumulating losses over a long trajectory of illness with deterioration in overall functioning with secondary losses in social and existential domains. The reality of anticipatory grief (AG) in older patients facing the end of life is

easily overlooked with little provision of psychosocial support, especially for those ageing in institutions without integrated palliative care services. This article discusses the challenges that AG poses for the older patients, as well as the desired therapeutic outcomes through using this approach. The evidence base for AG therapy has been limited. Beneficial therapeutic approaches for AG-related constructs are reviewed, with recommendations to design interventions that target the AG of older patients facing different advanced conditions. AG interventions successfully implemented in the end-of-life care pathway may ensure optimal palliative care for the family. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

218/46

The impact of the Marie Curie Nursing Service on place of death and hospital use at the end of life: research report; by Xavier Chitnis, Theo Georghiou, Adam Stevenson (et al), Nuffield Trust; Marie Curie Cancer Care. London: Nuffield Trust, November 2012, 62 pp (Evidence for better health care).

Although most people would prefer to die at home, more than half of all deaths in England and Wales are in hospital. The Marie Curie Nursing Service (MCNS) provides home-based end-of-life care to around 28,000 people at the end of life in the UK every year. Marie Curie Cancer Care commissioned the Nuffield Trust to evaluate the effect of its end of life home-based nursing service, by racking the experiences of more tha 29.000 people who received care from MCNS, comparing their outcomes to a "control" group of end of life patients with similar circumstances who had not received care from Marie Curie. This report outlines the study's methods and results. It found that whereas 76.7% of those who received MCNS care died at home and only 7.7% died in hospital, 35% of the "controls" died at home and 41.6% died in hospital. The report also presents results concerning the effect of the MCNS on hospital use and the impact of the service on hospital costs. There is evidence that home-based nursing care can reduce hospital use at the end of life and help more people to die at home. In a difficult financial climate, there is a compelling case for service models other than hospital care in the last stages of life. This report is also available as a download (<http://www.nuffieldtrust.org.uk/publications/marie-curie-nursing>). (RH)

Price: £5.00

From : The Nuffield Trust, 59 New Cavendish Street, London W1G 7LP. Website: <http://www.nuffieldtrust.org.uk>

218/47

Rising to the Prime Minister's challenge on dementia: a spotlight on end of life care: a National Council for Palliative Care briefing for delegates at the 7th Annual Conference on Dementia and End of Life Care, December 2012; by National Council for Palliative Care - NCPC. London: National Council for Palliative Care - NCPC, 2012, folded sheet. The Prime Minister launched his Challenge on Dementia on 26 March 2012. This leaflet suggests that achieving a good death for the person with dementia is possible, and cites three examples of good practice. It lists other resources on the topic. (RH)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. www.ncpc.org.uk

218/48

We are living well but dying matters: [DVD]; by National Council for Palliative Care - NCPC; National End of Life Care Programme; CHANGE. [Leeds]: CHANGE, 2011, 1 DVD (Dying Matters).

People with learning disabilities need to be able to acknowledge their loss and to mourn when someone close to them dies. They also need to be included in important decisions being made around their end of life care (especial;y their own). to be able to ask questions, and to have their emotional needs met and dying wishes recorded. This DVD was funded by the National Council for Palliative Care (NCPC) and the National End of Life Care Programme. In the DVD, people with learning disabilities tell their stories and share their wishes to support other people with learning disabilities to become more comfortable talking about dying, death and bereavement. (RH)

From : National Council for Palliative Care, The Fitzpatrick Building, 188-194 York Way, London N7 9AS. E-mail: enquiries@ncpc.org.uk Websites: www.ncpc.org.uk www.dyingmatters.org www.endiolifecareforadults.nhs.uk www.changepeople.co.uk

EXERCISE

(See Also 218/17)

- 218/49 How do older masters athletes account for their performance preservation?: a qualitative analysis; by Rylee A Dionigi, Sean Horton, Joseph Baker.: Cambridge University Press. *Ageing and Society*, vol 33, no 2, February 2013, pp 297-319.
The purpose of this study was to examine how older people make sense of their capacity to maintain sports performance. Performance maintenance is predominantly examined from a quantitative perspective, with little attention given to how people themselves account for it. The authors interviewed 44 competitors (23 females, 21 males; aged 56-90 years; mean age 72 years) from the 2009 Sydney World Masters Games. Four major themes emerge. First, 'Use it or lose it': performance preservation required specific 'training' and the continuation of general physical activity. Second, 'Adapt'/ 'modify', whereby participants compensated for their decline in speed, strength and endurance so they could continue competing in sport. Third, 'It's in my genes': participants attributed their 'family history' and/or innate 'determination' to performance maintenance. Lastly, 'I like to push myself': participants valued improved performance, pushing their bodies and winning which motivated them to continually train and compete. The findings are discussed within a framework of three key performance maintenance theories: preserved differentiation, selective maintenance, and compensation. Although compensation and continued training are effective ways to counter decline in later life, this study extends past research by showing how older athletes tend to combine and/or generalise stable and unstable attributes of performance preservation. In particular, this research highlights the importance individuals and Western society place on self-responsibility for health, competition and performance maintenance, which act as key motivating factors. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso
- 218/50 Physician-prescribed physical activity in older adults; by Nicole L Rogers, Jacie L Green, Michael E Rogers.: *Future Medicine*.
Aging Health, vol 8, no 6, December 2012, pp 601-624.
Research has shown that older people aged 65 and above are nearly three times more likely to be on prescription medication compared with younger adults aged 19-64 years, due largely to an increase in chronic diseases and disabling conditions. However in this article the authors argue that a different type of prescription should be written on physicians' prescription pads worldwide, one that could potentially lower the risk of diseases and disabling conditions altogether. This prescription is commonly referred to as an 'exercise prescription'. The overall intent of this paper is to discuss successful strategies implemented by physicians who have prescribed physical activity/exercise to their older adult patients and to help healthcare providers better understand and establish successful exercise prescription counselling habits. It is also aimed to shed light on the barriers facing primary care providers in an effort to help physicians overcome these barriers. Information regarding Exercise is Medicine and the Exercise is Medicine Credential programme for exercise specialists is provided. Older adult and public health advocates may also find this paper valuable in that they too could learn more about appropriate exercise and physical activity for their patients. (JL)
ISSN: 1745509X
From : <http://www.futuremedicine.com/loi/ahe>

FALLS

- 218/51 Managing falls in older patients with cognitive impairment; by Morag E Taylor, Kim Delbaere, Jacqueline C T Close, Stephen R Lord.: *Future Medicine*.
Aging Health, vol 8, no 6, December 2012, pp 573-588.
Research has shown that individuals with dementia fall twice as often as cognitively intact people and are more likely to have injurious falls. Higher morbidity and rates of mortality and institutionalisation after falls have also been reported in this group. In this article the authors categorise risk factors for falls within seven domains, namely psychosocial and demographic factors, medical factors, medication factors, balance and mobility factors, sensory and neuromuscular factors, neuropsychological factors and environmental factors.

Each factor is measured using a four-level rating system according to the strength of published evidence associating each factor with falls. The authors then argue that there is limited but emerging literature that is attempting to define and explain why fall risk is increased in this population. This will allow for targeted fall prevention programmes. Currently there are no published randomised controlled trials that have prevented falls in community-dwelling cognitively impaired older people, and conflicting evidence is reported in hospital and residential care trials. Recent exercise interventions have demonstrated significant benefits, such as improved gait speed, strength and balance in people with cognitive impairment/dementia, providing encouraging evidence for further research and clinical interventions. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

FAMILY AND INFORMAL CARE

- 218/52 Mapping the future of family care: receipt of informal care by older people with disabilities in England to 2032; by Linda Pickard, Raphael Wittenberg, Adelina Comas-Herrera ... (et al).: Cambridge University Press.
Social Policy & Society, vol 11, no 4, October 2012, pp 533-545.
Many long-term care systems in economically developed countries are reliant on informal care. However in the context of population ageing, there are concerns about the future supply of informal care. This article reports on projections of informal care receipt by older people with disabilities from spouses and adult children to 2032 in England. The current projections show that the relative numbers of older people with disabilities who have a child will fall by 2032, and that the extent of informal care in future may be lower than previously estimated. The policy implications for England are discussed. (JL)
ISSN: 14747464
From : <http://journals.cambridge.org/action/displayJournal?jid=SPS>
- 218/53 Residential proximity of nearest child and older adults' receipts of informal support transfers in Barbados; by Nekehia Quashie, Zachary Zimmer.: Cambridge University Press.
Ageing and Society, vol 33, no 2, February 2013, pp 320-341.
As in many countries of the developing world, older Barbadians receive much of their support from adult children. Population ageing, smaller family sizes and high rates of out-migration may be placing stress on systems of formal and informal support within the country. Yet, very little research has examined determinants of support within the Caribbean let alone Barbados, one of the most rapidly ageing countries in the region. This study assesses the probability that an older person in Bridgetown, Barbados receives financial, functional and/or material support from their adult children according to the proximity of their nearest child, adjusting for demographic and socio-economic factors. Data (N = 1,248) come from the 2000 Pan American Health Organization Survey on Health, Well-being and Ageing in Latin America and the Caribbean (SABE). Multivariate logistic regression analyses highlight the overwhelming importance of co-residence in the receipt of informal support transfers. Although there is a lower probability of receiving support as distance to nearest child increases, several indicators of vulnerability, such as having a disability, increases support probabilities among those whose nearest children live outside the neighbourhood. The results have implications for current and future cohorts of older adults in the region given the combination of declining fertility, persistent migration and population ageing within a broader context of social protection systems across the region. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso
- 218/54 Working in partnership with family carers: the importance of learning from carers' experiences; by Joy Watkins, Lorely Stanton, Barry Sannders (et al).: Emerald.
Quality in Ageing and Older Adults, vol 12, no 2, 2011, pp 103-108.
Working in partnership with carers is a key goal of policy and practice. This paper demonstrates how this can work in practice, by reference to examples of health and social care professionals working in partnership with family carers and the importance of learning from their experiences in designing and delivering support to themselves and people with dementia. Key issues are synthesized, drawing on the stories of three carers

who shared their stories as part of the original conference workshop on which the paper is based. Lessons for professionals about the nature of the dementia caring journey and dimensions of good practice are highlighted. (OFFPRINT). (RH)

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GOVERNMENT AND POLICY

(See 218/115)

HEALTH SERVICES

(See 218/72)

HISTORY OF AGEING

218/55 Renaissance treatises on 'successful ageing'; by Chris Gilleard.: Cambridge University Press.

Ageing and Society, vol 33, no 2, February 2013, pp 189-215.

Numerous treatises on 'successful ageing' were published during the late Renaissance. Gabriele Zerbi's 'Gerontocomia' and Luigi Cornaro's 'Trattato della Vita Sobria', in particular, have been considered as early precursors of modern gerontology. In this paper, the author revisits these two treatises, outlines their content and common themes, and sets them in the context of other literature written about ageing in this period. Among the factors that influenced this writing are the rise of civic humanism, increased access to classical texts on health and hygiene, and the emergence of environmental and public health concerns, particularly in the Italian city states. The powerful yet insecure position of older men in the upper ranks of Italian society gave the topic of 'seniority' added relevance. While their roots in the scholastic tradition prevent them from serving as forerunners of scientific gerontology, their humanist concern with 'lifestyle' succeeds in making them the prototypes of the 'do-it-yourself' manuals for successful ageing that now proliferate in our late modernity. (RH)

ISSN: 0144686X From : journals.cambridge.org/aso

HIV AND AIDS

218/56 The policy issues and social concerns facing older adults with HIV; by Daniel Tietz, Nathan Schaefer.

Public Policy & Aging Report, vol 21, no 3, Summer 2011, pp 30-33.

It is estimated that by 2015 1.2 million Americans will be living with HIV, and approximately half of this population will be aged 50 or older. This article summarises research and policy initiatives in the U.S. that aim to address the problem of the ageing population infected with HIV/AIDS. (JL)

ISSN: 10553037 From : www.agingsociety.org

HOME CARE

(See Also 218/43, 218/80, 218/81)

218/57 Not just a number: home care inspection programme: summary; by Care Quality Commission - CQC. London: Care Quality Commission - CQC, February 2013, 7 pp.

The number of people being cared for in their own homes is increasing. As a consequence, the provision of home care services has grown significantly over the past few years. This summary outlines the main points and quotes presented in the national overview report as to what worked well and what needs to improve.

It highlights the major problems found: late or missed calls; lack of consistency of care workers; lack of support staff to deal with problems such as travel time; poor care planning and lack of regular review of care needs; and staff's understanding of safeguarding. (RH)

From: http://www.cqc.org.uk/sites/default/files/media/documents/9332-cqc-home_care_summary-tagged.pdf

- 218/58 Not just a number: home care inspection programme: national overview; by Care Quality Commission - CQC. London: Care Quality Commission - CQC, February 2013, 55 pp. The number of people being cared for in their own homes is increasing. As a consequence, the provision of home care services has grown significantly in recent years. Between April and November 2012, the Care Quality Commission (CQC) carried out a themed inspection programme of the quality of care provided to older people in their own homes. 250 home care services of different sizes, providing care to more than 26,000 people were inspected. The report presents findings on: respecting and involving people who use services; the care and welfare of people who use services; safeguarding people who use services from abuse; how providers support their staff; and how providers assess and monitor the quality of the services they deliver. Included are examples of good practice from individual inspection reports, and the characteristics of services in meeting a standard being discussed. Overall, the inspections demonstrate that many agencies are providing a service to people in their own homes with which they are content and they value. The report makes recommendations in respect of: late or missed calls; lack of consistency of care workers; lack of support staff to deal with problems such as travel time; poor care planning and lack of regular review of care needs; and staff's understanding of safeguarding. (RH)
From : http://www.cqc.org.uk/sites/default/files/media/documents/9331-cqc-home_care_report-web_0.pdf
- 218/59 Testing the methods: a report on the methodology for the home care inspection programme; by Care Quality Commission - CQC. London: Care Quality Commission - CQC, February 2013, 13 pp.
 This report sets out the reasons why the Care Quality Commission (CQC) wanted to test a range of methods for the inspection of home care services, how these approaches were tested, the lessons learned, and the implications for future inspection of these and other community-based services. Included are some of the interim analysis of feedback from inspectors and Experts by Experience collected as part of the overall evaluation for 'Not just a number: home care inspection programme', the overview report. 'Testing the methods' covers selecting the sample, and which Regulations in the Health and Social Care Act 2008 were to be inspected. Among methods tested were: unannounced inspections and their effect on selecting people who use services to interview; the questionnaires used; the role of Experts by Experience; the home visit; and the Short Observational Framework for Inspection (SOFI) developed with Bradford University. (RH)
From: http://www.cqc.org.uk/sites/default/files/media/documents/20121102_-_methods_report_final.pdf
- 218/60 Your home care and human rights; by Equality and Human Rights Commission - EHRC; Independent Age. London: Equality and Human Rights Commission - EHRC, August 2012, 39 pp.
 The Equality and Human Rights Commission (EHRC) has found that some older people receive inadequate or poor quality home care, and feel unable to complain about or change it. Independent Age has assisted the EHRC in writing this guide, which explains how the Human Rights Act helps to protect people when using home care services and where to find help. The guide therefore aims to help people to use their rights to ensure they receive a good quality service. (RH)
From : www.equalityhumanrights.com/homecareinquiry

HOSPITAL CARE

(See Also 218/32)

- 218/61 Time to listen in NHS hospitals: dignity and nutrition inspection programme 2012 [national overview]; by Care Quality Commission - CQC.: Care Quality Commission - CQC, March 2013, 33 pp.
 In October 2011, the Care Quality Commission (CQC) published its first report on 100 unannounced inspections of NHS trusts, looking at standards of dignity and nutrition on wards caring for older people. This is a report on a further review of 50 NHS hospitals, some of which raised concerns in 2011 and a new sample including some NHS mental

health trusts. Hospitals were inspected against five standards overall: respecting and involving people; meeting their nutritional needs; safeguarding them from abuse; staffing; and records. 33 hospitals met all five standards; 5 met four of the standards; 7 met three of the standards; 3 met two of the standards; 1 met only one of the standards; and 1 hospital was not meeting any of the standards. The report describes how the inspections were carried out, including the use of an observation tool, the Short Observational Framework. The findings include extracts from inspection reports to illustrate what worked well and what needs to improve. As with the previous report, common areas of concern included a lack of support for those who needed help eating, poor hygiene, patients' privacy not being respected, and patients being spoken to in a condescending or dismissive way.

Reports for each of the hospitals inspected are on the CQC website (at www.cqc.org.uk/DANI). (RH)

From: http://www.cqc.org.uk/sites/default/files/media/documents/time_to_listen_-_nhs_hospitals_main_report_tag.pdf

HOUSING

- 218/62 Assessing current and future housing and support options for older LGB people; by Sarah Carr, Paul Ross, Social Care Institute for Excellence - SCIE; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2013, 24 pp.
This paper is designed to contribute to the emerging knowledge on choice of housing and support for older lesbian, gay and bisexual (LGB) people. It is written by two younger LGB people who examine future possibilities and the perspectives of their generation. They look at the potential of personalisation in improving choice and control, and the importance of LGB people feeling safe to share their identity and life history, particularly for dementia. This paper is part of the Joseph Rowntree Foundation (JRF) Better Life research programme, which examines what needs to change so that older people, especially those with high support needs, can have 'a better life'. (RH)
From: (<http://www.jrf.org.uk/publications/housing-and-support-older-lgb-people>) Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life
- 218/63 Preparing to grow old together; by Victor Forrest, Brixton Housing Co-op (BHC); Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2013, 20 pp.
How can housing co-operatives best support their older residents? The Brixton Housing Co-op (BHC) have recently started working towards improving their organisation for older people. Together they aim to: improve their chances of staying out of residential care; combat loneliness; promote positive day-to-day social interaction in later life; and improve the quality of relationships and support for (current and future) well-being. This Viewpoint details Brixton Housing Co-op's (BHC's) experiences of working together to improve member's chances of staying out of residential care, counteracting loneliness in later life, and improving support. This Viewpoint details Brixton Housing Co-op's (BHC's) experiences of working together to improve member's chances of staying out of residential care, counteracting loneliness in later life, and improving support. This paper is part of the Joseph Rowntree Foundation (JRF) Better Life research programme, which examines what needs to change so that older people, especially those with high support needs, can have 'a better life'. (RH)
From: (<http://www.jrf.org.uk/publications/preparing-grow-old-together>) Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life
- 218/64 Senior cohousing communities: an alternative approach for the UK?; by Maria Brenton, UK Co-Housing Network; Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2013, 21 pp (JRF programme paper: a Better Life) (Ref: 2784).
Is cohousing an option for older people? This paper outlines its potential and benefits at a time when the typical housing 'menu' available to older people is still very limited. Support often amounts to domiciliary care (until needs become too intensive), followed by sheltered or extra care housing (if available locally) and/or a place in a care home. This

paper draws on successful cohousing examples from Germany, Denmark and The Netherlands, and outlines the growing movement in the USA. The report also draws on discussions at two events in Spring 2012. The first, in York, brought together people aged over 50, mainly from existing or recently formed groups interested in cohousing. The second, in Dunfermline, included representatives of local authorities and housing associations with people aged over 50. The aim of both events was to consider the lessons to be drawn from the UK and abroad in developing the Senior Cohousing Community as a model. This paper is part of the Joseph Rowntree Foundation (JRF) Better Life research programme, which examines what needs to change so that older people, especially those with high support needs, can have 'a better life'. (RH)

From : (<http://www.jrf.org.uk/publications/senior-cohousing-communities>)

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

INEQUALITY AND HUMAN RIGHTS

(See Also 218/60)

- 218/65 Diversity in older people and access to services: an evidence review; by Jo Moriarty, Jill Manthoroe, Age UK.: Age UK, 2012, 97 pp.
Age UK commissioned the Social Care Workforce at King's College London to complete a literature review on equality and diversity issues relevant to older people and access to services in the UK. The review was structured around the experiences of older people in terms of their protected characteristics as defined by the Equality Act 2010. The report covers the following service areas: falls prevention, home from hospital services, handyperson schemes, befriending and day opportunities. Each service area looks at equalities legislation and discrimination in relation to age and ageism, disability, gender reassignment, race, religion, gender and sexual orientation. The key conclusion of this scoping review is that despite the longstanding nature of equalities legislation in terms of sex, race and disability, the number of studies specifically designed to measure inequality in terms of these characteristics remains small. (JL)
From: http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Equalities_Evidence_Review_Moriarty_2012.pdf?dtrk=true

INFORMATION

- 218/66 The best of the UK? A report on the value and future of UK databases in the health and social care fields: a systematic map protocol; by Chris Cooper, Alison O'Mara-Eves, Morwenna Rogers (et al).
BMJ Open, 2012, 5 pp.
This protocol covers the first part of a two-part project funded by the Health Libraries Group and the University Health and Medical Librarians Group. It details the proposed methodology for a systematic map of the literature relating to UK bibliographic databases in the fields of health and social care. The aim of this mapping exercise is to consider ways in which UK bibliographic databases are described, considered and discussed in the published and unpublished literature. In doing so, the authors hope to gain a clearer sense of the ways in which UK bibliographic databases are used and viewed by the research community. It also enables the identification of any gaps in the literature for further research and discussion. This topic is important, because UK databases are generally underused by researchers in the UK, and some databases are at risk of closure. A lack of access to UK databases means that researchers may miss relevant UK evidence when identifying an evidence base.
From : <http://www.bmjopen.bmj.com/content/2/3/e001411.abstract>
doi:10.1136/bmjopen-2012-001411
- 218/67 Some useful sources; by Jens O Zinn, Simon Biggs, Dina Bowman ... (et al).: Cambridge University Press.
Social Policy and Society, vol 12, no 2, April 2013, pp 335-341.
This list of bibliographical references and internet resources concludes a themed section of this journal issue entitled 'Risk, social inclusion and the life course'. Here a number of resources have been arranged that allow quick access to key debates and available policy

resources in the different domains covered by the contributions. The resources focus largely on the Australian context and cover the following themes: social exclusion and inclusion, youth studies, employment and work-life balance, ageing, social work and community care. (JL)

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

INFORMATION AND COMMUNICATION TECHNOLOGY

218/68 Ageing and the need of e-learning in Tehran, Iran: a sociological appraisal of elder development; by Mohammad Taghi Sheykhi.: International Institute on Ageing (United Nations Malta).

Bold, vol 23, no 1, November 2012, pp 8-14.

This paper explores ways in which modern e-communications such as the Internet and mobile phones can improve the quality of life among older citizens in Iran. People born in the 1940s are now entering their old age and are largely lagging behind in the digital era. Social technology and e-learning can go a long way in mitigating the effects of loneliness and change the way society cares for an ageing generation.. (JL)

ISSN: 10165177

From : <http://www.inia.org.mt/publications.html>

INTERGENERATIONAL ISSUES

(See Also 218/17, 218/74)

218/69 Intergenerational shared sites: policy and practice developments in the UK; by Julie Melville, Miriam Bernard.

Journal of Intergenerational Relationships, vol 9, no 3, 2011, pp 237-249.

Recently, intergenerational activities have become increasingly well established across the UK and Europe as policymakers struggle with a steadily ageing population and its impacts on public services and finances. This article documents how the UK's national policy agenda has begun to recognise and acknowledge intergenerational practice in general and the potential of intergenerational shared sites (IGSS) in particular, where young people and older adults receive services at the same facility and typically share space and resources. The authors highlight major policy drivers, document previous policy developments and provide an overview of current practice in the field. (JL)

ISSN: 15350770

From : <http://www.tandfonline.com/toc/wjir20/current>

INTERNATIONAL AND COMPARATIVE

(See Also 218/2, 218/7, 218/39, 218/53, 218/68, 218/99)

218/70 Caring for and treating the elderly in the Philippines; by Christopher Ian B Cabalza.: International Institute on Ageing (United Nations Malta).

Bold, vol 23, no 1, November 2012, pp 21-23.

This article describes programmes by government and non-government organisations in the Philippines that are working to improve the health and quality of life of its older citizens. In particular the study highlights the work of the Saint Francis of Assisi Medical and Surgical Clinic (SFAMSC) in providing cost-effective medical and health services to older people in that country. (JL)

ISSN: 10165177 From : <http://www.inia.org.mt/publications.html>

218/71 Country report: Republic of Moldova; by Natalia Zarbailov, Angela Alexeiciuc.: International Institute on Ageing (United Nations Malta).

Bold, vol 23, no 1, November 2012, pp 15-20.

This article looks at some of the challenges of population ageing in Moldova, one of the newest countries in Europe. These challenges include income security, older persons in the labour market, social assistance and services, family and ageing, health, capacity on ageing and social policy and processes. (JL)

ISSN: 10165177 From : <http://www.inia.org.mt/publications.html>

- 218/72 Health care workforce development in rural America: when geriatrics expertise is 100 miles away; by Nina Tumosa, Kathy J Horvath, Terri Huh ... (et al).: Taylor and Francis. Gerontology and Geriatrics Education, vol 33, no 2, April-June 2012, pp 133-151. The Geriatric Scholar Program (GSP) is a Department of Veterans Affairs' (VA) workforce development programme to infuse geriatrics competencies in primary care. This multimodal educational programme is targeted to primary care providers and ancillary staff who work in VA's rural clinics. GSP consists of didactic education and training in geriatrics and gerontology and in quality improvement (QI) and support to implement a local QI project; in addition, elective options include webinars, audio conferences, clinical practica, and mentoring. The programme is effective in improving core competencies in geriatrics and in improving clinical care for older veterans who receive health care in rural clinics. (JL)
ISSN: 02701960 From : <http://www.tandfonline.com/loi/wgge20>

LEGAL ISSUES

(See 218/90)

LIFE-LONG LEARNING

- 218/73 Learning and wellbeing trajectories among older adults in England; by Andrew Jenkins, Tarek Mostafa, Institute of Education, University of London; Department for Business, Innovation and Skills - BIS. London: Department for Business, Innovation and Skills - BIS, November 2012, 48 pp (BIS Research paper, no 92).
There is substantial evidence of the benefits of adult learning, but there has been relatively little research on the outcomes of learning for older adults. The project reported on used data for 2009 from Wave 4 of the English Longitudinal Study of Ageing (ELSA), a large-scale, continuing survey of older adults, their mental and physical health, well-being, quality of life, and economic and social circumstances. A range of different types of learning were investigated, including obtaining qualifications, vocational courses, informal learning, evening classes, and gym or exercise classes. This research project considered only those adults aged 50 to 69 years. To measure well-being, the researchers used the CASP-19 instrument, a subjective well-being measure which was designed specifically for older adults and is available at all waves of the ELSA survey. After controlling for a range of other factors, learning was found to be associated with higher well-being. The researchers' models distinguished between formal and informal learning; and they found evidence that informal learning was associated with higher well-being. (RH)
From : Department for Business, Innovation and Skills, 1 Victoria Street, London SW1H 0ET.
<https://www.gov.uk/government/publications/learning-and-wellbeing-outcomes-among-older-adults-in-england>

- 218/74 Lifelong learning in intergenerational settings: the development of the Swedish granddad program from project to national association; by Ann-Kristin Bostrom. Journal of Intergenerational Relationships, vol 9, no 3, 2011, pp 293-306.
This paper develops the subject of intergenerational learning as a form of lifelong learning. The project in focus was originally called 'More men into the schools', a support programme for children attending compulsory school. It was initiated as a pilot project in the Autumn of 1996 as the result of the interest shown by a male senior citizen in assisting a handicrafts teacher in school on a voluntary basis. The project, as it has been initiated in Sweden, is based on the understanding that those senior citizens who wish to do so ought to be given the opportunity to work in schools in order to improve the quality of their lives through this engagement and the network in which they thereby participate. The results show that the work of the class granddad, both together with the teacher and outside during the breaks, also influences in a positive way the social capital between the pupils and the teacher. The work of the teacher is greatly influenced by the relationships between the pupils in the group. The recent situation is that one national organisation and ten regional associations support about 1,000 men working all over Sweden. The authors describe the development and implementation of this model, from 1996 to 2011. (JL)
ISSN: 15350770 From : <http://www.tandfonline.com/toc/wjir20/current>

- 218/75 Older people's learning in 2012: a survey; by Stephen McNair, NIACE - National Institute of Adult Continuing Education. Leicester: NIACE, 2013, 51 pp.
This report is based on a survey of 4601 people aged 50+ in Great Britain, which was carried out in Spring 2012. It finds that around one older person in five reported some form of learning in the previous three years. Among significant developments in learning are the role of computing and online learning, also the importance of learning for work-related reasons. Older people's motivations for learning now and in the future are examined. The survey found that more than half of all older people say that nothing would make learning more attractive to them. Indeed, most non-learners do not know where to go for advice about learning. The study suggests that the benefits both to individual and society from older people's learning are substantial; and some priorities for policy are suggested accordingly. (RH)
From : NIACE, 21 De Montfort Street, Leicester LE1 7GE. Website: www.niace.org.uk
- 218/76 The relationship between adult learning and wellbeing: evidence from the 1958 National Child Development Study; by Kathryn Duckworth, Olga Cara, Institute of Education, University of London; Department for Business, Innovation and Skills - BIS. London: Department for Business, Innovation and Skills - BIS, November 2012, 48 pp (BIS Research paper, no 94).
Previous research shows that lifelong learning yields significant wider benefits for individuals, including their health and well-being. The authors use the most recent waves of longitudinal data from the 1958 National Child Development Study to examine patterns of participation in different forms of lifelong learning, the characteristics of learners, and whether qualifications were gained and at what level. The data from this cohort study enable the effects of lifelong learning on individual well-being and health to be estimated by examining the contribution of learning in one period on outcomes in the next. The authors also modelled the effect of participation in different types of lifelong learning on individual well-being and health-related outcomes. In particular, they looked at life-satisfaction, self-efficacy, depression, smoking, alcohol consumption and exercising. Consistent with previous literature on the wider benefits of lifelong learning, the findings show that it is those who already have good levels of education who engage in adult education. Much of participation in lifelong learning then is for the sake of learning itself, rather than for progression or up-skilling. (RH)
From : Department for Business, Innovation and Skills, 1 Victoria Street, London SW1H 0ET.
<https://www.gov.uk/government/publications/the-relationship-between-adult-learning-and-wellbeing-evidence-from-the-1958-national-child-development-study>
- 218/77 Review and update of research into the wider benefits of adult learning; by Paul Dolan, Daniel Fujiwara, Robert Metcalfe, Institute of Social and Economic Research (ISER); Department for Business, Innovation and Skills - BIS. London: Department for Business, Innovation and Skills - BIS, November 2012, 46 pp (BIS Research paper, no 90).
Good quality adult learning generates a range of possible benefits. This research project seeks to develop the knowledge base of the wider impacts of adult learning through reviews of the literature since 2008 and new data analysis. Using human capital theory as the starting point, it finds that adult learning has its greatest impact on the domains of health and well-being; the impacts on civic participation, attitudes and behaviours are less pronounced. This analysis was conducted using data from the British Household Panel Survey (BHPS) collected by the Institute of Social and Economic Research (ISER). (RH)
From : Department for Business, Innovation and Skills, 1 Victoria Street, London SW1H 0ET.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/34671/12-1243-review-wider-benefits-of-adult-learning.pdf

LONELINESS AND SOCIAL ISOLATION

- 218/78 Loneliness in care homes: a neglected area of research?; by Christina R Victor.: Future Medicine.
Aging Health, vol 8, no 6, December 2012, pp 637-646.
Research has shown that approximately 5% of older people aged 65 years and over in

developed countries live in care homes and these represent the frailest and most vulnerable members of this population group. Levels of morbidity, especially dementia and cognitive impairment, are high, making it challenging to conduct research with these groups. Loneliness is a debilitating condition with important negative outcomes in terms of both quality of life and wider health outcomes. The prevalence of severe loneliness among older people living in care homes is at least double that of community-dwelling populations: 22_42% for the care population compared with 10% for the community population. However the evidence base for the care home group is tentative as it is based upon a very limited empirical base of only five studies. This review failed to identify compelling evidence for the effectiveness of interventions to remediate loneliness in care home populations. (JL)

ISSN: 1745509X From : <http://www.futuremedicine.com/loi/ahe>

LONG TERM CONDITIONS

218/79

'You learn to live with all the things that are wrong with you': gender and the experience of multiple chronic conditions in later life; by Laura Hurd Clarke, Erica Bennett.: Cambridge University Press.

Ageing and Society, vol 33, no 2, February 2013, pp 342-360.

This article examines how older adults experience the physical and social realities of having multiple chronic conditions in later life. The authors draw on data from in-depth interviews with 16 men and 19 women in Canada aged 73+ who had between three and 14 chronic conditions, to examine three research questions. What is it like to have multiple chronic conditions in later life? How do older men and women 'learn to live' with the physical and social realities of multiple morbidities? How are older adults' experiences of illness influenced by age and gender norms? Participants experienced their physical symptoms and the concomitant limitations to their activities to be a source of personal disruption. However, they normalised their illnesses and made social comparisons, in order to achieve a sense of biographical flow in distinctly gendered ways. Forthright in their frustration over their loss of autonomy and physicality, but resigned and stoic, the men's stories reflected masculine norms of control, invulnerability, physical prowess, self-reliance and toughness. The women were dismayed by their bodies' altered appearances and concerned about how their illnesses might affect their significant others, thereby responding to feminine norms of selflessness, sensitivity to others and nurturance. The findings are discussed in relation to the competing concepts of biographical disruption and biographical flow, as well as successful ageing discourses. (RH)

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From : journals.cambridge.org/aso

218/80

Widening choices for older people with high support needs: [full report]; by Helen Bowers, Sian Lockwood, Anita Eley (et al), National Development Team for Inclusion (NDTi); Community Catalysts (CC); Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2013, 95 pp.

Not A One Way Street was a collaborative research project designed to better understand the various ways in which older people with high support needs take up active roles within support arrangements based on mutuality and reciprocity. This report presents the findings of the project, which was funded by the Joseph Rowntree Foundation (JRF) and undertaken by the National Development Team for Inclusion (NDTi) and Community Catalysts (CC). The focus was on arrangements where older people were living in their own home and did not need to move 'into care' to access support. The key issue for this study was that the individuals concerned were living in a domestic household they regarded as their own. More than 70 older people with high support needs shared their experiences across four fieldwork sites: Dorset, Swansea & Gower, Leeds and Oxford. Another 50 people took part in six in-depth case studies examining the design, experiences and outcomes of specific models, including Time Banks (in Bromley and an initiative across Northern Ireland), senior co-housing (in Fife and Glasgow), mutually supportive communities (in Suffolk), and self help networks (in Cambridge). A literature search and open call provided evidence, lessons and insights from further afield. The report provides detailed information about the research design and methods, including how participants were involved, and the different sources of information gathered and analysed. Among key findings are that support based on mutuality and reciprocity makes a positive difference;

asset-based and community-led approaches matter; resources and resourcefulness are important; problem solving is a central, sustaining feature; and there are challenges of scale and replication. Decision-makers must pay particular attention to dispelling negative attitudes about and narrow perceptions of older age. This report is part of the Joseph Rowntree Foundation (JRF) Better Life research programme, which examines what needs to change so that older people, especially those with high support needs, can have 'a better life'. (RH)

From : (<http://www.jrf.org.uk/publications/widening-choices-high-support-needs>) Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life

218/81

Widening choices for older people with high support needs: [summary]; by Helen Bowers, Joseph Rowntree Foundation - JRF. York: Joseph Rowntree Foundation - JRF, January 2013, 8 pp.

Older people with high support needs want greater choice and control over their lives and a wider range of options. This paper summarises the findings from a two-year study of support options, which identifies the benefits and potential of options based on mutuality (people supporting each other) and/or reciprocity (people contributing to individual and group well-being). The focus was on arrangements where older people were living in their own home and did not need to move 'into care' to access support. One or more of those involved may have moved house or shared their home as part of the arrangement. The key issue for this study was that the individuals concerned were living in a domestic household they regarded as their own. More than 70 older people with high support needs shared their experiences across four fieldwork sites: Dorset, Swansea & Gower, Leeds and Oxford. Another 50 people took part in six in-depth case studies examining the design, experiences and outcomes of specific models, including Time Banks (in Bromley and an initiative across Northern Ireland), senior co-housing (in Fife and Glasgow), mutually supportive communities (in Suffolk), and self help networks (in Cambridge). A literature search and open call provided evidence, lessons and insights from further afield. A detailed, full report (95 pp) is also available at the weblink given. This paper is part of the Joseph Rowntree Foundation (JRF) Better Life research programme, which examines what needs to change so that older people, especially those with high support needs, can have 'a better life'. (RH)

From : (<http://www.jrf.org.uk/publications/widening-choices-high-support-needs>) Joseph Rowntree Foundation, The Homestead, 40 Water End, York YO30 6WP. Weblink: www.jrf.org.uk/better-life

MEDICATION

218/82

Antipsychotic prescribing in dementia: are we solving the problem?; by Carl R Schneider, Julie Brooks, Ian Maidment.: Future Medicine.

Aging Health, vol 9, no 1, February 2013, pp 69-71.

Brief editorial looking at the potentially inappropriate prescribing of antipsychotic drugs for the treatment of behavioural and psychological symptoms associated with dementia (BPSD). Research has demonstrated an association between the long-term use of antipsychotic medication in older patients with dementia with an increase in morbidity as well as a decrease in lifespan. In order to optimise the treatment of patients with BPSD, greater use could be made of person-centred care as an alternative, more holistic strategy that is considered good practice in the field of dementia care. Person-centred care focuses on the individual and their specific needs. Such care could help identify any associated trigger factors for challenging behaviours in individuals to see whether they can be addressed with alternative strategies, thus limiting the use of antipsychotics. In addition pharmacists could perform a useful role in advising on the appropriate use of medication such as antipsychotics for the treatment of BPSD. (JL)

ISSN: 1745509X

From : <http://www.futuremedicine.com/loi/ahe>

MENTAL HEALTH

- 218/83 Prevalence, presentation and prognosis of delirium in older people in the population, at home and in long term care: a review; by E de Lange, P F M Verhaak, K van der Meer.: Wiley-Blackwell.
International Journal of Geriatric Psychiatry, vol 28, no 2, February 2013, pp 127-134. The aim of this study was to provide an overview of prevalence, symptoms, risk factors and prognosis of delirium in primary care and institutionalised long-term care. The method used was a systematic PubMed search and literature review. Study results showed that the prevalence of delirium in the population among older adults aged 65 years and above is 1-2%. Prevalence rises with age: 10% among a 'general' population aged 85 years and above. Prevalence rises up to 22% in populations with higher percentages of people with dementia. In long-term care, prevalence ranges between 1.4% and 70%, depending on diagnostic criteria and on the prevalence of dementia. There is a significant increase of the risk of delirium with age and cognitive decline in all groups. Concerning prognosis, most studies agree that older people who previously experienced delirium have a higher risk of dementia and a higher mortality rate. Population and long-term care studies show the same tendency.
The study concludes that delirium in a non-selected population aged 65 years and above is uncommon. However prevalence rises very quickly in selected older groups. Primary care doctors should be aware of a relatively high risk of delirium among older people in long-term care, those older than 85 years and those with dementia. (JL)
ISSN: 08856230 From : www.orangejournal.org
- 218/84 A review of cognitive and other non-motor problems in Parkinson's disease; by Audrey McKinlay.: Future Medicine.
Aging Health, vol 9, no 1, February 2013, pp 89-102.
Until recently, much of the research regarding Parkinson's disease had focused on motor problems. However, over the last two decades, there has been an increasing focus on the non-motor symptoms that accompany this disorder. Problems such as anxiety and depression are often comorbid with Parkinson's disease. Difficulties with aspects of cognition are also frequently present and may include deficits in executive function, working memory, planning and visuospatial problems. There is an extensive body of research that has examined the range of cognitive problems that emerge early in the disease process and often progress to dementia. More recently, research in this area has focused on identifying a stage referred to as preclinical dementia or mild cognitive impairment. There are still a number of difficulties that prevent accurate classification of patients with Parkinson's disease who will experience cognitive problems. However, identifying a period of preclinical dementia offers an opportunity to intervene to stop or slow the progression to dementia for this group. (JL)
ISSN: 1745509X
From : <http://www.futuremedicine.com/loi/ahc>

NEIGHBOURHOODS AND COMMUNITIES

(See Also 218/69)

- 218/85 Older adults' satisfaction with the Neighbors Helping Neighbors program; by Nancy Kelley-Gillespie, Frances Wilby, O William Farley.: Emerald.
Working with Older People, vol 16, no 4, 2012, pp 154-169.
The purpose of this US-based study was to examine the satisfaction of older adults in the services they received from the Neighbors Helping Neighbors (NHN) programme, designed to assist older adults to remain independent in their homes and communities. A questionnaire examining various domains of service was developed and administered to 49 older adults who had been receiving assistance from NHN for at least six months. Study findings revealed that 41 of the 48 participants (87%) were satisfied with services and believed that NHN helped them remain independent in the community. These findings may have implications for developing sustainable home- and community-based support programmes for older adults. The paper shows that the NHN model is innovative in its use of students, community-building approaches and volunteers in meeting the needs of older adults. The NHN programme provides an innovative model that can be replicated by other

universities or other community-based organisations elsewhere. (JL)
ISSN: 13663666
From : <http://www.emeraldinsight.com/products/journals/journals.htm?id=wwop>

NURSING

(See 218/43)

OLDER OFFENDERS

- 218/86 Older people in prison: a monitoring guide for IMBs; by Nick Le Mesurier, Age UK. London: Age UK, July 2011, 10 pp.
Independent Monitoring Boards (IMBs) are groups of ordinary members of the public who are independent, unpaid and work two or three days a month. Their role is to monitor day-to-day life in their local prison or removal centre, to ensure that proper standards of care and decency are maintained. This guide draws attention to the role of the Older People in Prison Forum (OPIPF), which Age UK supports and brings together interested parties from the statutory and voluntary sectors. It provides a monitoring checklist for IMBs and examples of good practice for older people in prison - and how good practice can be recognised. It also includes information about organisations that can provide help directly to older people in prison. (RH)
From : Age UK, Tavis House, 1-16 Tavistock Square, London WC1H 9NA.
www.age.uk.org.uk
- 218/87 Supporting older people in prison: ideas for practice: examples of regional and local Age UK services; by Nick Le Mesurier, Age UK. London: Age UK, June 2011, 32 pp (Expert series).
This document provides information on how Age UK can assist the prison service and health and social care providers for older people to fulfil their duties under the Equality Act 2010, and Her Majesty's Inspectorate of Prisons (HMIP) review, 'Time out of cell'. It presents a range of services for older people in prison that local Age UK organisations provide in partnership with prisons and providers of prison health and social care services. It includes examples of local Age UK branches working with older people in prison to: provide information, advice and advocacy; support health and well-being; through-the-gate services; and participation of senior forums in the prison regime. (RH)
From : Age UK, Tavis House, 1-16 Tavistock Square, London WC1H 9NA.
www.age.uk.org.uk

PARTICIPATION

- 218/88 On the track of evaluated programmes targeting the social participation of seniors: a typology proposal; by Emilie Raymond, Andree Sevigny, Andre Tourigny (et al.): Cambridge University Press.
Ageing and Society, vol 33, no 2, February 2013, pp 267-296.
Nowadays, the social participation of seniors represents a central challenge for both individuals and collectivities. The participative perspective is indeed present in most of the contemporary discourses on ageing, and is viewed both as a way to manage the current demographic juncture as a promising direction for enhancing seniors' well-being and achievements. This article examines 32 programmes aimed at fostering the social participation of seniors that were both implemented and evaluated, and whose results were published between January 1970 and August 2011. Based on each programme's approach, a typology of social programmes is proposed. The programmes are grouped in five categories, ranging from programmes offering an individualised approach to sociopolitical programmes. Classification is based on the various ways the concept of social participation is defined and acted upon in the reviewed programmes. Far from being neutral, each category suggests a specific representation of seniors' social roles. In addition, the paper discusses how the proposed typology can guide both policy and practice, linking identity and agency issues to organisational and structural considerations. Three uses for the typology are suggested: as a policy-making support, as an evaluative framework, and as an experimental space for community practice. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

- 218/89 Supporting user participation in local policy development: the Fife dementia strategy; by Louise McCabe, Brittany Ellis Bradley.: Cambridge University Press. Social Policy & Society, vol 11, no 2, April 2012, pp 157-169. The Fife Dementia Strategy was driven by services managers looking to improve dementia care across Fife, Scotland, and to plan for future increases in numbers of people with dementia. This article reviews the consultation process during the development of this initiative. The processes of involvement by the range of stakeholders involved and how their different views shaped the strategy are considered. A range of techniques were adopted to encourage participation in the consultation. A document was prepared and made available in different forms and people were asked to respond. Posters were placed in public places such as GP surgeries and post offices. It was felt to be particularly important to involve people with dementia, so a series of group interviews were held with people with dementia, other service users and carers. The formal consultation took place over a six week period. In total 97 written and verbal responses were received from a broad range of stakeholders, including GPs, carers, social workers, nurses, people with dementia, and other people using the services. This article demonstrates the value of including a wide range of stakeholders in the development of local policy and the importance of involving people with dementia themselves. (JL)
ISSN: 14747464
From : <http://journals.cambridge.org/action/displayJournal?jid=SPS>

PENSIONS AND BENEFITS

(See Also 218/19)

- 218/90 Draft Pensions Bill: presented to Parliament by the Secretary of State for Work and Pensions; by Department for Work and Pensions - DWP. London: TSO, January 2013, 114 pp (Cm 8529).
In April 2011, the Government published a Green paper, 'A state pension for the 21st century' (Cm 8053), which consulted on two broad options for reforming the state pension system for future pensioners. The Government has now published a White Paper, 'The single-tier pension: a simple foundation for saving' (Cm 8528) and a draft Pensions Bill. This draft Bill contains provisions to introduce a single-tier pension which will, for future pensioners, replace the current basic State Pension and additional State Pension with a single component flat-rate pension that is set above the basic level of means-tested support. The enacted Bill will bring forward the increase in the State Pension age to 67 by eight years (as announced in November 2011), meaning that the State Pension age will gradually rise from 66 to 67 between 2026 and 2028. Other provisions include measures to reform the current suite of Bereavement Benefits through the introduction of Bereavement Support Payment. Provisions relating to private pensions mostly clarify existing legislation about automatic enrolment or the Pensions Regulator; also the power to prohibit offer of incentives to transfer pension rights. This document includes Explanatory notes (24 pp) which provide an outline of the effect of each clause in the draft Bill, and are intended to be read alongside it. The draft Bill is being submitted for formal pre-legislative scrutiny by the Work and Pensions Select Committee, which will be issuing a call for evidence (see website, www.parliament.uk/workpencom). The DWP also seeks comments on this Draft Bill by 22 March 2013 (contact: Pensions Bill Team, Department for Work and Pensions, 1st Floor, Caxton House, Tothill Street, London SW1H 9NA. Email: pensions.bill@dpw.gsi.gov.uk). This publication can be accessed online (at www.dwp.gov.uk/draft-pensions-bill).
From : Download: <http://www.official-documents.gov.uk/document/cm85/8529/8529.pdf>
- 218/91 Jam tomorrow?: the next 20 years of savings policy; by Nigel Keohane, Social Market Foundation - SMF. London: Social Market Foundation, 2012, 83 pp.
There is widespread recognition that UK households have saved insufficiently in the past: it has been estimated that nine million people are under-saving for their retirement. Tackling the UK's low savings problem is a long-term challenge.
This report of a Social Market Foundation (SMF) scenario-planning exercise considers the need to take a long-term approach to resolving this problem. The report highlights important emerging tensions that policy-makers will need to address - now and in the

coming decades - to re-build households' financial resilience, and to ensure that individuals save adequately for later life. (RH)
ISBN: 1904899781 Price: £10.00 From : SMF, 11 Tufton Street, London SW1P 3QB.
<http://www.smf.co.uk/research/financial-services/jam-tomorrow-the-next-20-years-of-savings-policy/>

218/92 Minimum income standards and older pensioners' needs; by Yvette Hartfree, Donald Hirsch, Liz Sutton.: Joseph Rowntree Foundation - JRF, January 2013, 34 pp (JRF programme paper: Minimum Income Standards).

The Minimum Income Standard (MIS) defines how much income people need in order to reach a minimum acceptable standard of living in the UK today. However the rapid increase in the population of older pensioners makes it particularly salient to ask whether the current MIS for pensioner households is adequate for meeting the needs of this group. The research set out to explore whether different needs among older pensioners may alter significantly the income they need for an acceptable standard of living, and if so the nature and rationale for this difference. In particular it looked at how health changes and cognitive impairment impact on people's lives in later old age; how the scope of an MIS for older pensioners may be defined; and how the needs of older pensioners differ. A key finding from the research was that older pensioners do not have fewer needs compared to younger pensioners. When discussing a minimum acceptable standard of living older pensioners did not need less and there was no evidence that they had lower expectations, or that there were spending economies from life being less 'full'. (JL)

From : <http://www.jrf.org.uk/publications/minimum-income-standards-pensioners>

218/93 The single-tier pension: a simple foundation for saving: presented to Parliament by the Secretary of State for Work and Pensions; by Department for Work and Pensions - DWP. London: TSO, January 2013, 108 pp (Cm 8528).

In April 2011, the Government published a Green paper, 'A state pension for the 21st century' (Cm 8053), which consulted on two broad options for reforming the state pension system for future pensioners. There was a consensus that the state pension system needs to be simplified, and around three-quarters of the organisations responding supported the concept of a single-tier pension.

The Government has now published this White Paper and a draft Pensions Bill. The White Paper explains the context for reform: that the decline in the relative value of the basic State Pension, resultant growth of means-tested support, and a move towards additional state earnings-related pension provision have made the state pension system increasingly complex. Against a backdrop of increasing longevity and with the introduction of automatic enrolment in pension schemes, current generations of workers will have to take greater personal responsibility for saving to achieve the level of retirement income they are likely to expect. Also described are: the single-tier pension; managing the end of contracting out; the transition to the single-tier pension; sustainability and assumptions; and longer-term sustainability regarding State Pension age (SPA). A few simplified case studies illustrate the transition process for people in different circumstances at implementation. Annexes include a brief history of the state pension; features of the single-tier pension and specific transitional arrangements; an example State Pension statement' and proposed timetable for implementing the increase in State Pension age to 67. (RH)

From : Download: <http://www.official-documents.gov.uk/document/cm85/8528/8528.pdf>

PERSON CENTRED CARE

218/94 Making better use of older people's narratives; by Bob Price.

Nursing Older People, vol. 23, no 6, July 2011, pp 31-37.

For some nurses, conversations with an older patient are simply the backdrop to caregiving _ they represent social pleasantries that help to dignify the sometimes intimate work of the nurse. However the narratives that patients share through conversations and the way in which feelings are expressed can provide valuable additional information that can be used to improve care. This article explores what analysis of narratives has to offer the care of older people and a way of nursing that works more closely with patients' experience of illness, treatment and support. Narrative analysis is portrayed as one means to make nursing care more patient centred. (JL)

ISSN: 14720795 From : www.nursingolderpeople.co.uk

PERSONALISATION

- 218/95 Improving personal budgets for older people: a research overview; by Sarah Carr, Social Care Institute for Excellence - SCIE.: Social Care Institute for Excellence - SCIE, January 2013, 25 pp (Adults' services SCIE report 63).
The report is an evidence overview of key pieces of UK research undertaken between 2007 and 2012 which focused on the implementation and uptake of personal budgets and direct payments (including those with dementia) in England. Some key themes examined in the literature overview included system and culture change in older people's independent living, choice and decision making, information and advice, direct payment support services, understanding allowance and spend, budget management, monitoring and review, risk management and contingency planning, time, continuity and consistency, and data and systems for older people living with dementia. The report concludes that older people and their families can benefit from personal budgets and direct payments if they have the information, advice and support they require to empower them to use their budgets to exercise greater degrees of choice and control over their care and support. (JL)
From : Download report: <http://www.scie.org.uk/publications/reports/report63.asp>
- 218/96 Improving personal budgets for older people: a review: phase one report; by Martin Routledge, Sarah Carr.: Social Care Institute for Excellence - SCIE; Think Local Act Personal - TLAP, January 2013, 38 pp.
First stage of a report requested by ADASS (Association of Directors of Adult Social Services) in order to explore challenges, identify positive practice and make recommendations for government action. The report drew on two surveys, namely the ADASS personalisation survey (2012) and the TLAP National Personal Budgets Survey (2011) as well as a review of relevant literature. The literature review identified challenges and potential solutions largely consistent with, and building on previous research. Key issue areas identified were: understanding what independent living means for older people; making choices and decisions; information and advice; direct payments support; understanding how PBs can be spent; budget management; monitoring and review; risk management and contingency planning; time issues (for decisions and planning, delays in process); continuity and consistency. (JL)
From : http://www.thinklocalactpersonal.org.uk/_library/PersonalBudgets/TLAPImprovingPersonal_BudgetsforOlder_PeoplePhaseOne_D4.pdf

POVERTY

- 218/97 Understanding the relationship between pensioner poverty and material deprivation: a synthesis of findings; by Mehul Kotecha, Sue Arthur, Steven Coutinho (et al), National Centre for Social Research - NatCen; Department for Work and Pensions - DWP. London: Department for Work and Pensions - DWP, 2013, 5 pp (Department for Work and Pensions Research summary).
Although income is an important factor in determining living standards, other non-financial factors can affect living standards. The Department for Work and Pensions (DWP) publishes statistics on pensioners living on low incomes in the annual Households Below Average Income (HBAI) series. Since 2009/10, HBAI has also included a measure of pensioner material deprivation (from the Family Resources Survey - FRS), which helps broaden the analysis of poverty beyond income. In 2010/11, 1.2 million people aged 65+ (12% of pensioners) were living on a low income; a further 7% (600,000 individuals) were materially deprived; and 2% (200,000 individuals) were both materially deprived and living on a low income. The vast majority (around 80%) do not experience low income or material deprivation. This summary presents synthesised findings from two recent research reports which explored material deprivation among older people. It identifies four types of deprivation (social, financial, housing and basic); the relationship between low income and material deprivation; and the depth of material deprivation. While the research concludes that low income does not automatically result in a pensioner living in material deprivation, it confirms the need for a broader poverty measure which looks beyond low income. (RH)
From : http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_827.asp

218/98 Understanding the relationship between pensioner poverty and material deprivation: a report of research carried out by NatCen on behalf of the Department for Work and Pensions; by Mehul Kotecha, Sue Arthur, Steven Coutinho, National Centre for Social Research - NatCen; Department for Work and Pensions - DWP. London: Department for Work and Pensions - DWP, 2013, 77 pp (Department for Work and Pensions Research report, no 827).

The National Centre for Social Research (NatCen) was commissioned by the Department for Work and Pensions (DWP) to provide qualitative insight into poverty and material deprivation among older people. The research is based on data from a measure of pensioner material deprivation included in the Family Resources Survey (FRS) since May 2008 and reported in the Households Below Average Income (HBAI) report since 2009/10.

This data provides knowledge about older peoples' living standards, but other areas merit further exploration. This report examines the impact of key factors on material deprivation: housing; financial and material support; health and material circumstance; and financial management. Attitudes around living on a low income had a significant effect on how materially deprived individuals felt and also how they prioritised and organised their spending. The research took as its starting point a sample of respondents defined by the FRS as being in one of four groups: low income and materially deprived; low income and not materially deprived; just above low income and materially deprived; and just above low income and not materially deprived. Case studies illustrate some of the individual circumstances. (RH)

From : http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_827.asp

QUALITY OF LIFE

218/99 Quality of life in Europe: impacts of the crisis: executive summary [of the 3rd European Quality of Life Survey [EQLS]]; by Robert Anderson, Hans Dubois, Tadas Leoncikas (et al), European Foundation for the Improvement of Living and Working Conditions (Eurofound). Dublin: European Foundation for the Improvement of Living and Working Conditions, 2012, 2 pp (Quality of life in Europe).

What determines life satisfaction and happiness?

The Foundation conducted its third European Quality of Life Survey (EQLS) in 2011, for which 35,500 Europeans in all 27 European Union (EU) Member States were interviewed. This executive summary outlines the policy context and methodology used, and summarises the key findings and policy pointers of the main report. While overall life satisfaction levels have not changed much, optimism about the future and trust in institutions have declined markedly in those countries most affected by the downturn. Groups that were already vulnerable - the long-term unemployed, older people in central and eastern Europe, and single parents - report the highest levels of material deprivation and dissatisfaction with their life situation. The Survey (main report 168 pp) gives an authentic picture of living conditions and the social situation in the EU, enabling a comparison of experiences and conditions across the Member States. The profound economic and social changes occurring in Europe between the second EQLS in 2007 and the third EQLS are reflected in the later survey, enabling Eurofound to reveal some preliminary indications of key changes in the overview report. The EQLS not only contributes to monitoring the changes in society, but can also pinpoint emerging trends and concerns for the future. (RH)

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

<http://www.eurofound.europa.eu/publications/htmlfiles/ef1264.htm>

REABLEMENT AND REHABILITATION

218/100 Reablement: a cost-effective route to better outcomes; by Jennifer Francis, Mike Fisher, Deborah Rutter, Social Care Institute for Excellence - SCIE.: Social Care Institute for Excellence - SCIE, April 2011, 19 pp (Research briefing, 36).

Reablement is generally designed to help people learn or relearn the skills necessary for daily living which may have been lost through deterioration in health and/or increased support needs. A focus on regaining physical ability is central, as is active reassessment. This research briefing is based on a scoping study carried out from September to November 2010, and is one of a series about preventive care and support for adults. It

finds that compared with conventional home care, reablement is significantly associated with better health-related quality of life and social care outcomes. Service users and carers generally view reablement in a positive light: they welcome the improved independence and the increase in confidence which reablement can bring. This briefing considers what people will do differently as a result of reablement, along with the organisational and cost implications. It also notes gaps in, and limitations of, the research evidence. (RH)

From : SCIE, Fifth floor, 2-4 Cockspur Street, London SW1Y 5BH.

www.scie.org.uk/publications

RELATIONSHIPS (PERSONAL)

(See 218/108)

RELIGION AND SPIRITUALITY

(See Also 218/65)

218/101 Faith-based organisations and UK welfare services: exploring some ongoing dilemmas; by Sheila Furness, Philip Gilligan.: Cambridge University Press.

Social Policy & Society, vol 11, no 4, October 2012, pp 601-612.

In the United Kingdom faith-based organisations (FBOs) have delivered services to vulnerable people for many years. They are frequently characterised by values also to be found within social work, notably a commitment to social justice. FBOs are increasingly called-upon to tender for and volunteer to provide public services, including 'social work'. In the UK, religious beliefs are central to how many people conduct themselves, especially in response to personal crises and challenges. However, the authors argue that evaluations need to consider the effectiveness, appropriateness, 'costs' and 'benefits' of individual faith-based services in their particular contexts, and that their contribution needs to be analysed in relation to the varied nature and variable impact of such services. (JL)

ISSN: 14747464

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

RESIDENTIAL AND NURSING HOME CARE

(See Also 218/15, 218/33, 218/78, 218/108)

218/102 The changing role of care homes: with a historical perspective by Eric Midwinter; by Nat Lievesley, Gillian Crosby, Clive Bowman, Centre for Policy on Ageing - CPA; Bupa. London: Centre for Policy on Ageing, January 2011, 45 pp.

Bupa commissioned the Centre for Policy on Ageing to conduct this research. Eric Midwinter prefaces this report with an overview recent trends in the development of residential and nursing home care in the UK. Analysis of results from the 2009 Bupa census of residents in its care homes in the UK, Australia, New Zealand and Spain indicates that: nearly three-quarters of residents in Bupa care homes in the UK are receiving 'nursing care'; but there is considerable overlap between the profiles of residents receiving 'nursing' and 'residential' care. Residents aged 65+ account for 93% of the Bupa care home population in New Zealand, 94% in the UK, 95% in Australia and 97% in Spain. 90% of Bupa care home residents in the UK have 'high support needs', just under 70% experience some form of incontinence, and nearly one half (47.6%) have severe mobility problems. Three quarters of Bupa UK care home residents experience some form of neurological or mental disorder. A trend is observed of a declining length of stay, likely to be less than one year by 2015, and an increasing proportion of people with dementia, just under 44% in 2009. (RH)

From : <http://www.cpa.org.uk/information/reviews/changingroleofcarehomes.pdf>

218/103 A profile of residents in Bupa care homes: results from the 2012 Bupa census; by Centre for Policy on Ageing - CPA. London: Centre for Policy on Ageing, November 2012, 23 pp.

Bupa carried out a census of the population of its care homes in the UK, New Zealand, Australia and Spain in 2009 and 2012. A similar census of Bupa UK homes was carried out in 2003 and of Bupa and non-Bupa UK care homes in 2006. For the 2012 census, Bupa asked the Centre for Policy on Ageing (CPA) to update its analysis of the profile of

Bupa care home residents from the 2009 census published in 'The changing role of care homes' by Lievesley, Crosby, Bowman and Midwinter (2011).

The 2012 Bupa census revealed an increase in the proportion of males in the care home population who are younger on average than in 2009. Also of note is that the past decline in length of stay may be slowing or have ended. The rise in the proportion of residents with dementia continues, as does the existence of the counterintuitive phenomenon that residents aged 95+ are often healthier than those in the 65-94 age group. (RH)

From : <http://www.cpa.org.uk/information/reviews/Bupa-Census-2012.pdf>

RISK

218/104

Review article. Risk, social inclusion and the life course: review of developments in policy and research; by Jens O Zinn.: Cambridge University Press.

Social Policy and Society, vol 12, no 2, April 2013, pp 319-333.

'Risk', 'social inclusion' and the 'life course' have become key notions in social policy after the Golden Age of welfare capitalism. This article reviews some of the key debates and developments in Australian social policy and research that underpin the contributions to the themed section of this journal issue - 'Risk, social inclusion and the life course'. From 'new social risks' to 'the great risk shift' and the broader debates about the 'risk society' and 'governmentality', it reviews debates about social inclusion and the individualisation of risk, the risk shift in service delivery and the understanding and researching of the new life course. It concludes with suggestions for more community based research to inform social policy.

ISSN: 14747464

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

218/105

The right to take risks; by Alison Faulkner.: Emerald.

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

This article summarises a consultation by the Joseph Rowntree Foundation (JRF) that aimed to explore the views of disabled people, mental health service users and other vulnerable adults about risk. The consultation reached nine individuals and one focus group, reaching a total of 17 disabled people and service users. Their views were supplemented by the literature. Findings of the study showed that the landscape of risk and rights is highly complex. Disabled people and service users have quite different concerns about risk to those of the professionals and the regulatory bodies acting on their behalf. Many people talked of the fear of losing their independence, of asserting their rights and the fear of powerlessness in the face of bureaucracy and (sometimes) uncaring staff. The profile of rights needs to be raised in an accessible and acceptable way - it is necessary to make the language of rights more commonplace. Raising awareness among professionals and policy makers about the risks that service users themselves fear and experience should demonstrate how important it is that the people whose risk is under consideration are involved in the process. The full report from which this paper is adapted is available on the JRF website at www.jrf.org.uk/publications. (JL)

ISSN: 14668203

From : www.emeraldinsight.com/jap.htm

SEXUALITY

(See Also 218/62, 218/65)

218/106

How health care reform will help LGBT elders; by Kellan Baker, Jeff Krehely.

Public Policy & Aging Report, vol 21, no 3, Summer 2011, pp 19-23.

Older lesbian, gay, bisexual and transgender (LGBT) Americans face many barriers in accessing health and social care including social stigma and prejudice, lack of informal or family care and other safety net programmes and laws. Specific health challenges that this group face include inability to access affordable health insurance, lack of culturally competent health services, HIV/AIDS risk, mental health and chronic health conditions. The Affordable Care Act (ACA), which became law in the U.S. in March 2010, is the most significant and far-reaching reform of America's health system since the 1960s and will hopefully go a long way in helping older LGBT people. (JL)

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From : www.agingsociety.org

- 218/107 Improving the lives of transgender older adults; by Harper Jean Tobin.
Public Policy & Aging Report, vol 21, no 3, Summer 2011, pp 12-13.
Like all older adults, older transgender people face many challenges as they age. Transgender people in general experience high levels of discrimination, poverty and victimisation but little is known about this group as they grow older. Some older transgender women and men transitioned from one gender to another at a time when trans people were largely invisible and legal rights were nonexistent. Even today transgender older adults face numerous obstacles to accessing adequate health care. There is much to be done if the lives of trans older adults are to be improved. (JL)
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- 218/108 Older people in care homes: sexuality and intimate relationships; by Hazel Heath.
Nursing Older People, vol. 23, no 6, July 2011, pp 14-20.
The Royal College of Nursing has developed guidance to help nurses and care staff work effectively with issues of sexuality, intimate relationships and sex, particularly for older people living in care homes. This article looks at the barriers to ensuring the sexual rights and freedoms of care home residents are protected and suggests how the new guidance might help. (JL)
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From : www.nursingolderpeople.co.uk
- 218/109 Resilience and disparities among lesbian, gay, bisexual, and transgender older adults; by Karen I Fredriksen-Goldsen.
Public Policy & Aging Report, vol 21, no 3, Summer 2011, pp 3-7.
Recent research by the Institute of Medicine has revealed that lesbian, gay, bisexual and transgender (LGBT) older adults are one of the least understood groups in terms of their health and ageing-related needs. This article sets out what is known about health disparities among the older LGBT community, and outlines risk and protective factors impacting the health of LGBT older adults including discrimination and victimisation, other obstacles to health care and support networks. Some policy implications for moving forward are then discussed including service and intervention developments. (JL)
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- 218/110 Safe spaces?: the need for LGBT cultural competency in aging services; by Hilary Meyer.
Public Policy & Aging Report, vol 21, no 3, Summer 2011, pp 24-27.
Describes the work of the U.S. Administration on Aging (AoA) in creating the National Resource Center for LGBT Aging in 2010. The main objectives of the Center are to provide culturally-competent services to lesbian, gay, bisexual and transgender (LGBT) older adults as well as providing information, assistance and resources for LGBT organisations and individuals. (JL)
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SOCIAL CARE

- 218/111 Policy statement on care and support funding reform and legislative requirements; by Department of Health - DH.: Department of Health, [February 2013], 16 pp.
Following the recommendations made in 2011 by the Commission on Funding of Care and Support (chaired by Andrew Dilnot), the Government has announced how it intends to implement a new funding model for adult social care. This undated document sets out further detail on what the new system will mean and how it may be legislated for. Section 1 describes the case for change, and the Government's objectives in bringing forward these proposals for a reformed system. It is envisaged that the new funding model will provide greater fairness and certainty for people faced with the costs of care, either now or in the future. Section 2 describes how this would work for individuals and the changes that might be provided for in legislation, including where revisions might be required to the proposals set out in the draft Care and Support Bill. Provisions to enact these reforms would be included when legislation is introduced: it is proposed that the new system will come into effect from April 2017. (RH)
From : <http://www.dh.gov.uk/health/files/2013/02/Policy-statement-on-funding-reform.pdf>

SOCIAL INCLUSION

(See Also 218/104)

- 218/112 Exploring community perceptions of the relationship between age and social exclusion in rural areas; by Eamon O'Shea, Keiran Walsh, Tom Scharf.: Emerald. Quality in Ageing and Older Adults, vol 13, no 1, March 2012, pp 16-26. This research lays the foundations for understanding the lived experiences of older people in the Republic of Ireland and Northern Ireland and the pathways for their inclusion and exclusion in diverse rural areas, as seen through the lens of community stakeholders. The paper builds on learning from a previous baseline cross-border rural ageing study, and draws its methodology from a broader ecological multi-level approach. The research was conducted through focus groups with community stakeholders, which were undertaken in ten communities in different rural settings (village, near-urban, island, dispersed, and remote) in both the Republic of Ireland and Northern Ireland. Four interconnecting thematic areas emerged as important in determining exclusion or inclusion for older people living in rural areas: place, economic circumstances, social provision, and social connectedness. Within these themes, various tipping points emerged as important for pathways into and out of exclusion, most notably local systems of social support and the mind-set of older people themselves in relation to participation. (OFFPRINT). (RH) ISSN: 14717794 From : www.emeraldinsight.com/journals
- 218/113 Is social exclusion still important for older people?: executive summary; by Dylan Kneale, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK, September 2012, 12 pp. The concept of social exclusion among older people is examined using data from the English Longitudinal Study of Ageing (ELSA), and supported by Age UK as part of a three-year programme of work. The author adopts a cross-sectional and longitudinal approach in analysing data collected in 2002 and 2008, and builds on Matt Barnes and colleagues' 2006l work, 'The social exclusion of older people: evidence from the first wave of the English Longitudinal Study of Ageing (ELSA)'. The author measures exclusion from the following domains: social relationships; cultural activities; civic activities and access to information; local amenities; decent housing and public transport; common consumer goods; and financial products. He suggests how policy-makers should respond to the problems, for example in relation to widowhood or carers. (RH) From : ILC-UK, 11 Tufton Street, London SW1P 3QB. Download from: <http://www.ilcuk.org.uk/index.php/publications/year/2012>
- 218/114 Social inclusion and individualised service provision in high risk community care: balancing regulation, judgment and discretion; by Anne-Maree Sawyer, David Green.: Cambridge University Press. Social Policy and Society, vol 12, no 2, April 2013, pp 299-308. In recent decades, health and welfare policy in Australia and the UK has focused on enhancing the freedom, life choices and participation of service users. Public policy, based on the construct of social inclusion, requires greater individualisation of services, active engagement with service users and innovative partnerships between different providers. At the same time however, the management of risk through a range of compliance procedures can discourage the exercise of discretion by workers, limit the participation of their clients and reduce incentives for innovative cooperation between services. Drawing on in-depth interviews with community care professionals and their managers engaged in high risk social care in Australia, this article gives particular attention to the relevance of risk to social inclusion and individualised service provision. (JL) ISSN: 14747464 From : <http://journals.cambridge.org/action/displayJournal?jid=SPS>

SOCIAL POLICY AND THEORY

(See 218/16)

STATISTICS

(See 218/102, 218/103)