

New Literature on Old Age

EDITOR

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ABUSE, SAFEGUARDING AND PROTECTION

(See Also 222/80)

- 222/1 Addressing elder abuse: review of societal responses in India and selected Asian countries; by Mala Kapur Shankardass.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 8, August 2013, pp 1229-1234.
In India significant developments in societal responses to address elder abuse have recently emerged. There is greater emphasis on recognising that older people may be subjected to abuse and neglect by family members as well as the community. Although there is growing interest in the collection of valid statistics on the incidence and prevalence of elder abuse, there is still a need for bringing better clarity on the conceptual understanding and refining definitions of elder abuse. The government, academic community and civil society are working toward understanding the underlying causes of elder abuse and neglect and are focusing on appropriate interventions to address it. This paper notes the developments in recognising elder abuse and reviews the responses in addressing the issue from a legal, social and public health perspective in India compared with some of the Asian countries, namely China, Hong Kong, Philippines, Singapore and Thailand. While the paper highlights the Indian experience it is also put in an Asian context where emerging demographics are raising many concerns related to the ageing of the population, and the new dynamics of relationships at the family, community and societal levels demand fresh approaches and thoughts toward improving the quality of life of older people and reducing their vulnerability toward the risk of abuse and neglect. (JL)
ISSN: 10416102 [From : journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)
- 222/2 Cultural diversity and the mistreatment of older people in black and minority ethnic communities: some implications for service provision; by Alison Bowes, Ghizala Avan, Sherry Bien Macintosh.: Taylor and Francis.
Journal of Elder Abuse and Neglect, vol 24, no 3, July/September 2012, pp 251-274.
Previous research on mistreatment of older people in black and minority ethnic communities has identified limited service responses and the need to consider mistreatment as an issue not only for individuals but also for families, communities and institutions. This study included qualitative interviews conducted with 28 service providers and with 58 people from a wide range of BME communities in Scotland. Following analysis of these interviews, a series of 7 focus groups involving community members and one involving service providers were conducted to explore the fit and gaps between the service providers' views and the community experiences. The findings show that clear gaps exist between service provision and people experiencing mistreatment due to structural and contextual factors; cultural factors had a relatively minor impact. (RH)
ISSN: 08946566
[From : http://www.tandfonline.com](http://www.tandfonline.com)
- 222/3 The dark side of family communication: a communication model of elder abuse and neglect; by Mei-Chen Lin, Howard Giles.: Cambridge University Press.
International Psychogeriatrics, vol 25, no 8, August 2013, pp 1275-1290.
To further address the potential factors that lead up to abuse of older people in domestic settings, this paper proposes a model from a communication approach to explain dyadic influences between the family caregiver and the older care receiver that give rise to the abuse. That is, dysfunctional communication between the caregivers and care receivers may increase the likelihood of abuse. Grounded in Bugental and her colleagues' work (1993, 1999, 2002) on child abuse, the authors propose a power-oriented communication model based, in part, on research in the fields of family violence and intergenerational communication to explain the likelihood of occurrence of elder abuse in family caregiving situations. It is argued that certain risk factors pertaining to caregivers' characteristics _ those who perceive high stress in caregiving, have mental health issues, have a history of substance abuse and/or display verbal aggressiveness _ may be more likely to attribute considerable power to those older people under their custodianship. At the same time such caregivers tend to feel powerless and experience loss of control when interacting with their older counterparts. When an older care receiver displays noncompliant behaviours, caregivers may be prone to employ abusive behaviours (in this model it refers to physical abuse, verbal abuse or communication neglect) to seek such compliance. Consequences of such abuse may result in lower self-esteem or lower confidence in one's ability to manage his/her life. It is suggested that researchers and practitioners investigate both parties' interactions closely and the role of older care receivers in order to detect, intervene and prevent abuse. (JL)
ISSN: 10416102 [From : journals.cambridge.org/ipg](http://journals.cambridge.org/ipg)
- 222/4 Elder abuse in India: extrapolating from the experiences of seniors in India's "pay and stay" homes; by Jyotsna M Kalavar, Duvvuru Jamuna, Farida Kassim Ejaz.
Journal of Elder Abuse and Neglect, vol 25, no 1, January-February 2013, pp 3-18.
Primary research on the issue of elder abuse and neglect in India is limited, due to tremendous reluctance to discuss intergenerational conflicts. Nevertheless, researchers are beginning to identify collective voices of perceptions of abuse and neglect that are more rampant than individuals may directly admit. In this study of senior residents living in India's "pay and stay" homes, 150 individuals were interviewed in order to understand their relocation experience.

Results suggest that challenges in interpersonal family relationships, conflicts in values and perceptions - particularly with regard to neglect and abandonment - are evident in descriptions of the relocation experience. (RH)
ISSN: 08946566
From : <http://tandfonline.com>

222/5

Elder abuse through a life course lens; by Lynn McDonald, Cynthia Thomas.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 8, August 2013, pp 1235-1243.

This paper presents findings from a large pilot study, Defining and Measuring Elder Abuse and Neglect, a precursor to a national prevalence study to be conducted in Canada beginning in September 2013. One purpose of this study and the focus of this paper was to determine whether a life course perspective would provide a useful framework for examining elder abuse. The two-year pilot study, which took place from 2009-2011, examined the prevalence of perceptions of abuse at each life stage by type of abuse, the importance of early life stage abuse in predicting types of elder abuse and early life stage abuse as a risk factor for elder abuse. A sample of 267 older adults aged 55 years or over completed a cross-sectional telephone survey comprising measures of five types of elder abuse (neglect, physical, sexual, psychological, and financial) and their occurrence across the life course: childhood (17 years or below), young adulthood (18-24 years) and older adulthood (5 to 12 months prior to the interview date). Data analyses included descriptive statistics, bivariate correlations for abuse at the various life stages and the estimation of logistic regression models that examined predictors of late life abuse, and multinomial logistic regression models predicting the frequency of abuse. Results showed that 55% of the sample reported abuse during childhood and 34.1% reported abuse during young adulthood. 43% said they were abused during mature adulthood and 24.4% said they were abused since age 55 but prior to the interview date of the study. Psychological (42.3%), physical (26.6%) and sexual abuses (32.2%) were the most common abuses in childhood while psychological abuse was the most common type of abuse at each life stage. When the risk factors for abuse were considered simultaneously including abuse during all three life stages, only a history of abuse during childhood retained its importance. Abuse in childhood increased the risk of experiencing one type of abuse relative to no abuse, but was also unrelated to experiencing two or more types of abuse compared to no abuse. These results suggest that a life course perspective provides a useful framework for understanding elder abuse and neglect. The findings indicate that a childhood history of abuse in this sample had a deciding influence on later mistreatment, over and above what happens later in life. (JL)

ISSN: 10416102 From : journals.cambridge.org/ipg

222/6

Elder mistreatment, ageism, and human rights; by Simon Biggs, Irja Haapala.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 8, August 2013, pp 1299-1306.

Elder mistreatment, social ageism and human rights are increasingly powerful discourses in positioning older people in society, yet the relationship between them has rarely been subjected to critical investigation. This perceived relationship will have implications for how mistreatment is understood and responded to. Reports of public attitudes toward mistreatment suggest that it is thought to be more common than scientific evidence would suggest, however reporting is much lower than prevalence. While the discourse over mistreatment has tended to focus on interpersonal relationships, ageism has emphasised social attitudes, and human rights have concentrated on relations between the state and the individual. In this paper a series of models are examined which mark a tendency to restrict and then attempt to reintegrate individual, interpersonal and social levels of analysis. It is concluded that a focus on the processes of transaction across boundaries rather than contents would facilitate both integrative modelling and deeper understanding of the qualities of abusive situations. (JL)

ISSN: 10416102 From : journals.cambridge.org/ipg

222/7

Financial exploitation of older persons in adult care settings: comparisons to physical abuse and the justice system's response; by Brian K Payne, Sheryl M Strasser.: Taylor and Francis.

Journal of Elder Abuse and Neglect, vol 24, no 3, July/September 2012, pp 231-250.

The characteristics of elder financial exploitation cases perpetrated against older people receiving long term care are investigated. This study also distinguishes between how elder financial exploitation cases by the criminal justice system and those of elder physical abuse are processed in the US. A sample of 242 elder financial abuse cases and 314 elder physical abuse cases handled by Medicaid Fraud Control Units were selected and analysed. The results show that while the characteristics of elder financial abuse are similar in terms of the gender of the offender and victim, victims tend to be older, and offenders tend to come from a broader range of occupations. Four aspects of elder financial exploitation make it particularly troublesome: multiple victims, health issues, offence duration, and lack of witnesses. Comparison of the criminal penalties applied shows that the justice system views financial offences equally serious to, if not more serious than, physical abuse cases. Implications for policy, practice and research are provided. (RH)

ISSN: 08946566 From : <http://www.tandfonline.com>

- 222/8 Framing abuse: explaining the incidence, perpetuation, and intervention in elder abuse; by Yuliya Mysyuk, Rudi G J Westendorp, Jolanda Lindenberg.: Cambridge University Press. International Psychogeriatrics, vol 25, no 8, August 2013, pp 1267-1274. The role of individual characteristics in incidences of elder abuse has long been highest on research and policy agendas. Now it is timely to discuss factors that go beyond victim and perpetrator. Environmental factors also play an important role in elder abuse. In this paper the authors address the framing of elder abuse as a social and health problem. Attention is paid to the factors that influence societal context and the healthcare system, its organisation, structure and principles. Focus groups and in-depth semi-structured interviews were held with different professionals and older people themselves. Qualitative analysis of focus groups and interview transcripts were performed to analyse how different professional groups and older persons themselves view elder abuse, to determine opinions and attitudes toward elder abuse and the necessary actions that should be taken to prevent or intervene in the problem. Two main explanatory frameworks emerged in the discourse of older persons and care professionals: social arrangements and healthcare system. The themes within the social arrangements included social taboo, social control and responsibility, and institutional cultures. The fragmentation of care and changes in the financing of healthcare were two aspects distinguished within the framework of the healthcare system. Two explanatory frameworks showed elder abuse as both a social and health problem. The environmental factors through social arrangements and healthcare system have an influence on framing of abuse. The different ways of framing abuse impact the understanding of abuse, ways of intervention and prevention measures. (JL)
ISSN: 10416102 From : journals.cambridge.org/ipg
- 222/9 Mistreatment and self-reported emotional symptoms: results from the National Elder Mistreatment Study; by Josh M Cisler, Angela M Begle, Ananda B Amstadter, Ron Acierno.: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 24, no 3, July/September 2012, pp 216-230. Many American older people living in the community report past year mistreatment; hitherto, though, little is known about mental health correlates of abuse. This study investigated whether a recent history of emotional, physical, or sexual abuse is associated with self-reported emotional symptoms (e.g. anxiety, depression) among older adults. Data was drawn from the US National Elder Mistreatment Study, a telephone survey of a representative sample of 5,777 American older people aged 60+. Results demonstrate that each type of abuse increased the likelihood of reporting emotional symptoms. However, when other known correlates (such as social support and physical health) were controlled, only emotional abuse remained a significant predictor. Additional study of mistreatment-related correlates of depression and anxiety is needed, with a focus on the often overlooked category of emotional mistreatment. (RH)
ISSN: 08946566 From : <http://www.tandfonline.com>
- 222/10 The relationship between older people's awareness of the term elder abuse and actual experiences of elder abuse; by Corina Naughton, Jonathan Drennan, Imogen Lyons, Attracta Lafferty.: Cambridge University Press. International Psychogeriatrics, vol 25, no 8, August 2013, pp 1257-1266. Awareness and experiences of elder abuse have been researched as separate entities. This study examined the relationship between awareness of elder abuse, disclosure of abuse and reporting of abuse among people aged 65 years or older. A national cross-sectional survey of a random sample of 2,012 community-dwelling older people was carried out in Ireland. People described their understanding of the term elder abuse followed by their experiences of mistreatment. Descriptive statistics and logistic regression were used with frequency, percentage, odds ratios (OR), and 95% confidence intervals (CI) presented. The prevalence of elder abuse (including stranger abuse) since 65 years of age was 5.9%. Overall 80% of the population demonstrated some understanding of the term elder abuse. Older people who experienced physical and/or psychological abuse were significantly more likely than older people who had not experienced mistreatment to relate the term elder abuse to their personal experiences. There was no association between experiences of financial abuse or neglect and awareness of the term elder abuse. These findings show that there was a relatively high level of awareness of the term elder abuse. However a substantial proportion of people could not readily associate abusive behaviours within their personal lives with elder abuse. Public information campaigns need to move beyond simple awareness raising to enable people to bridge the gap between a theoretical understanding of elder abuse and recognising inappropriate behaviour in their own circumstances. (JL)
ISSN: 10416102
From : journals.cambridge.org/ipg
- 222/11 Screening for elder abuse in hospitalized older adults with dementia; by Leslie D Pisani, Christine A Walsh.: Taylor and Francis. Journal of Elder Abuse and Neglect, vol 24, no 3, July/September 2012, pp 195-215. When older people with dementia are hospitalised for psychiatric treatment, which elder abuse screen to use is open to question. This article reviews screens to identify desirable characteristics. For clinician completion, the Elder Assessment Instrument and the Brief Abuse Screens for the Elderly are recommended. For the older adult, the brief Hwalek-Sengstock Elder Abuse Screening Test is suitable. The Modified Conflict Tactics Scale, which can be used by both the older adult

and the nonprofessional caregiver, has many of the recommended characteristics. The article concludes that research is necessary in the application of these screens within hospitals to detect elder abuse within this specialised population. (RH)

ISSN: 08946566

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

222/12

The social construction of social problems: the case of elder abuse and neglect; by Zvi Eisikovits, Chaya Koren, Tova Band-Winterstein.: Cambridge University Press.

International Psychogeriatrics, vol 25, no 8, August 2013, pp 1291-1298.

The purpose of the present study is to reconsider the ways in which researchers, professionals, family members and older people themselves construct elder abuse and neglect. The authors use a social constructionist perspective in order to describe how specific events and constructed into abuse and/or neglect based on how each of the protagonists involved (researchers, professional workers, family members and older people themselves) make sense of abuse and neglect. The paper aims to explore the social and psychological construction of elder abuse and neglect and to illustrate the theoretical constructs using case material and its application to the field. (JL)

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222/13

Using qualitative methods to develop a measure of resident-to-resident elder mistreatment in nursing homes; by Mildred Ramirez, Beverly Watkins, Jeanne A Teresi ... (et al):. Cambridge University Press.

International Psychogeriatrics, vol 25, no 8, August 2013, pp 1245-1256.

Despite expansion of research on elder mistreatment, limited attention has been paid to the development of improved measurement instruments. This gap is particularly notable regarding measurement of mistreatment in long-term care facilities. This paper demonstrates the value of qualitative methods used in item development of a Resident-to-Resident Elder Mistreatment (R-REM) measure for use in nursing homes and other care facilities. It describes the development strategy and the modification and refinement of items using a variety of qualitative methods. A combination of qualitative methods was used to develop close-ended items to measure R-REM, including review by a panel of experts, focus groups and in-depth cognitive interviews. Information gathered from the multiple methods aided in flagging problematic items, helped to highlight the nature of the problems in measures and provided suggestions for item modification and improvement. Overall findings showed that the method employed is potentially useful for future attempts to develop better measures of elder mistreatment. The employment of previously established measurement items drawn from related fields, modified through an intensive qualitative research strategy, is an effective strategy to improve elder mistreatment measurement. (JL)

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ACTIVE AGEING

(See Also 222/60)

222/14

Managing the working body: active ageing and limits to the 'flexible' firm; by Elizabeth Brooke, Philip Taylor, Christopher McLoughlin, Tia Di Biase.: Cambridge University Press.

Ageing and Society, vol 33, no 8, November 2013, pp 1295-1314.

Workforce ageing is considered in the context of four Australian employing organisations which are each in the process of change. In these organisations, perceptions regarding the relationship between the declining body and productivity led to a depreciation on the value of the older workers and their consignment to less productive edges of organisations. While this was viewed as benefiting older workers, it was also acknowledged that workforce ageing will place severe constraints on the use of such practices, already regarded with suspicion by operational managers responsible for cost containment. By way of supporting individual functional capacity and health, workplace design and ergonomics, and developing the work community, the authors advocate policies which aim to restrain biological and psychological decline. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

AGEISM AND AGE DISCRIMINATION

222/15

Everyday discrimination in the work place, job satisfaction and psychological wellbeing: age differences and moderating variables; by Philip Taylor, Christopher Mcloughlin, Denny Meyer, Elizabeth Brooke.: Cambridge University Press.

Ageing and Society, vol 33, no 7, October 2013, pp 1105-1138.

This article explores the importance of 'everyday discrimination' and other psycho-social variables for psychological wellbeing in the context of the workplace, considering differences according to age, gender and socio-economic position. Using employee survey data collected within Australian organisations the study looks at a statistically reliable model of the relationship between aspects of the psycho-social work environment, psychological wellbeing and job satisfaction. The

employee survey was carried out in two phases during mid-2007 and mid-2008 in a national representative sample of Australian organisations. Structural Equation Modelling was used to configure a model including psycho-social factors: respect, support, training, job insecurity and personally meaningful work. Everyday discrimination and consultation with supervisor were considered in terms of their direct effect on psychological wellbeing and job satisfaction and their indirect effect via the psycho-social factors enumerated above. Importantly, this generalised model attempts to describe the interrelations of these factors effectively for various age groups, gender and socio-economic position. The study identifies age, gender and socio-economic differences in the strength and relative importance of these relationships. A further validation study with an independent sample will be required to verify the model proposed in this article. The implications for the design of workplace interventions concerned with age discrimination are discussed. (JL) ISSN: 0144686X [From : journals.cambridge.org/aso](http://journals.cambridge.org/aso)

222/16

A prescriptive intergenerational tension ageism scale: succession, identity, and consumption (SIC); by Michael S North, Susan T Fiske.

Psychological Assessment, vol 25, no 3, September 2013, pp 706-713.

The authors introduce a novel ageism scale, focusing on prescriptive beliefs concerning potential intergenerational tensions: active, envied resource succession, symbolic identity avoidance, and passive, shared-resource consumption (SIC). Four studies (2,010 total participants) were used to develop the scale. Exploratory factor analysis formed an initial 20-item, 3-factor solution (Study 1). The scale converges appropriately with other prejudice measures and diverges from other social control measures (Study 2). It diverges from anti-youth ageism (Study 3). The Study 4 experiment yielded both predictive and divergent validity apropos another ageism measure. Structural equation modelling confirmed model fit across all studies. In respect of an intergenerational-tension focus., younger people consistently scored the highest. As generational equity issues intensify, the scale provides a contemporary tool for current and future ageism research. (OFFPRINT). (RH)

ALCOHOL AND DRUG MISUSE

222/17

Could more than three million older people in England be at risk of alcohol-related harm?: a cross-sectional analysis of proposed age-specific drinking limits; by Craig S Knott, Shaun Scholes, Nicola J Shelton.: Oxford University Press.

Age and Ageing, vol 42, no 5, September 2013, pp 598-603.

The objective of the present study was to determine the impact of recently proposed age-specific alcohol consumption limits on the proportion and number of older people classified at risk of alcohol-related harm. The study used nationally representative cross-sectional population data from the Health Survey for England (HSE). Participants were adults with valid alcohol consumption data, comprising 14,718 individuals from 2003 and 14,939 from 2008. The main outcome measure was the prevalence of alcohol consumption in excess of existing and recently proposed consumption limits, plus associated population estimates. Study findings showed that the number of individuals aged 65 or over and drinking in excess of daily recommended limits would have increased 2.5-fold to over 3 million in 2008 under age-specific recommendations proposed in a report from the Royal College of Psychiatrists, equating to an at-risk population 809,000 individuals greater than found within the 16-24 age group during the same year. Suggested revisions to existing binge drinking classifications would have defined almost 1,200,000 people aged 65 or over as hazardous consumers of alcohol in 2008 - a 3.6-fold increase over existing definitions. Age-specific drinking recommendations proposed in the Royal College of Psychiatrists Report would increase the number of older drinkers classified as hazardous alcohol consumers to a level greater than found among young adults aged 16-24. (JL)

ISSN: 00020729 [From : www.ageing.oxfordjournals.org](http://www.ageing.oxfordjournals.org)

ASSISTIVE TECHNOLOGY

(See 222/27)

ATTITUDES TO AGEING

222/18

Sex, skydiving and tattoos: the end of retirement and the dawn of a new old age?; by Emma Lindley, Steve Broome, Royal Society of Arts; Hanover. Staines: Hanover, 2013, 26 pp (The hanover@50debate, 4).

This is the fourth in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. The authors warn that language about ageing shapes negative attitudes that are damaging to older people and to society. Ageist language and attitudes deprive older people of the opportunity to contribute to their communities. The RSA argues that western society should 'retire retirement' and develop new language, as well as models of care that value the experience and wisdom of older people. This would form part of a comprehensive re-branding of ageing and older people. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)

[From : http://www.hanover50debate.org.uk/debates/think-piece-4-the-rsa-sex-skydiving-and-tattoos](http://www.hanover50debate.org.uk/debates/think-piece-4-the-rsa-sex-skydiving-and-tattoos)

BLACK AND MINORITY ETHNIC GROUPS

(See 222/2, 222/20, 222/38)

CARERS AND CARING

(See Also 222/32, 222/68)

- 222/19 Characteristics and contributions of non-kin carers of older people: a closer look at friends and neighbours; by Tracey A Lapierre, Norah Keating.: Cambridge University Press. Ageing and Society, vol 33, no 8, November 2013, pp 1442-1468.
Research on informal care-giving has largely neglected the contributions of non-kin carers. This paper investigated the characteristics and contributions of non-kin who care for older adults with a long-term health problem. and investigated friends and neighbours as distinct categories of care providers. Using data from 324 non-kin carers in the 1996 General Social Survey of Canada, this study compared individual and relationship characteristics, care tasks and amount of care provided for the two groups. Interpersonal and socio-demographic characteristics were investigated as mediators of potential differences between friends and neighbours in patterns of care. Results demonstrate that friend and neighbour carers differed on age, marital status, geographical proximity and relationship closeness. Friends were more likely than neighbours to assist with personal care, bills and banking, and transport. Neighbours were more likely to assist with home maintenance. Friends provided assistance with a greater number of tasks and provided more hours of care per week, suggesting a more prominent role in the care of non-kin than neighbours. Age, income, a minor child in the household, proximity and relationship closeness significantly predicted the amount of care provided. Relationship closeness largely explained differences between friends and neighbours. Future research on informal care-giving can build on the findings that distinguish friend and neighbour carers to further discriminate the dynamics of non-kin care. (RH)
ISSN: 0144686X
From : journals.cambridge.org/aso

- 222/20 Coping strategies and social support-seeking behaviour among Chinese caring for older people with dementia; by Alma Au, Steven M Shardlow, Yue Teng (et al): Cambridge University Press. Ageing and Society, vol 33, no 8, November 2013, pp 1422-1441.
The study reviewed coping and help-seeking behaviour among Hong Kong Chinese family care-givers of older people diagnosed with dementia. A convenience sample of those caring for family members with dementia (N=11) was recruited in Hong Kong. Semi-structured interviews were conducted, transcribed and analysed using NVivo. The study found evidence of distinct Chinese coping strategies that focused on internal self-regulation, forbearance and family obligations. In terms of help-seeking behaviour, these care-givers expressed great concern about bothering their family members. When there is a desperate need for help, they turn to community services. Results are discussed in the context of both traditional Chinese cultural values as well as the modern transformations of Chinese society. In particular, Eastern philosophical teachings tend to focus on changing personal inner perception and thoughts rather than attempting to change the environment. Although family obligations have been traditionally upheld, many parts of modern Chinese society are undergoing social and demographic changes, resulting in marked decline in multi-generational households. These findings can have applications not only for Chinese cities, but also may have implications to the West as strong well-established Chinese communities are widespread. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

COUNSELLING

- 222/21 'When I get off the phone I feel like I belong to the human race': evaluation of the Silver Line Helpline pilots; by Samantha Callan, Centre for Social Justice - CSJ; Silver Line UK. London: Centre for Social Justice, November 2013, 59 pp.
The purpose in setting up the Silver Line Helpline was to tackle loneliness and isolation. This report's introduction outlines the Helpline's aims and objectives, also the processes that support it, followed by the parameters of the evaluation. The findings cover Silver Line's reach; the effectiveness of the Helpline's referral function; the difference Silver Line has made, to date, to the lives of older people; and the skills and values that staff, volunteers and callers consider essential. Emerging patterns in how the Silver Line is working, in process terms, are also examined. Among key learning points discussed are to: provide a referral service to link older people to the many and varied services that exist around the country; deliver a telephone befriending service to combat loneliness; and identify those who are particularly vulnerable and may be suffering abuse or neglect and, when appropriate, refer them to specialist services. (RH)
Price: £15.00
From : Centre for Social Justice, 4th Floor, Victoria Charity Centre, 11 Belgrave Road, London SW1V 1RB.
Download: <http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/silver.pdf>

DEMENTIA

(See Also 222/11, 222/20, 222/71)

- 222/22 The dementia guide: living well after diagnosis; by Alzheimer's Society. London: Alzheimer's Society, 2013, 129 pp (Product code 872).
This guide for people with dementia and their carers is the first of its kind to be made available across the whole of the UK. It offers advice to help people come to terms with their diagnosis, and to plan ahead and enable them to live well with the condition. The guide, which has been produced by Alzheimer's Society and part-funded by the Department of Health (DH), is designed for frontline healthcare professionals to offer to people recently diagnosed with dementia. It includes sections focusing on the emotional impact of a diagnosis; drug treatments that are available; signposting to services available through the NHS; social services, charities and private organisations; and support for carers. The guide has been endorsed by the Royal College of Psychiatrists (RCP), the Royal College of General Practitioners (RCGP) and the Association of Directors of Adult Social Services (ADASS). (RH)
Price: FOC
From : Alzheimer's Society, Devon House, 58 St Katharine's Way, London E1W 1JX. Website: alzheimers.org.uk/dementiaguide Tel 0300 303 5933
Download: http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2230
- 222/23 Dementia pathways: summary of documents; by Jason Codner, Gemma Murphy, Sarah Dexter-Smith, Faculty for the Psychology of Older People (FPOP), British Psychological Society. Leicester: British Psychological Society, 2013, 17 pp.
This document is the first of a number of pieces of work carried out by the Dementia Work Stream of the Faculty of the Psychology of Older People (FPOP, formerly PSIGE) between 2011 and 2012. The paper is a compilation of previously published documents which could help Faculty members and others to inform a dementia care pathway. (RH)
Price: £4.80 (non-members)
From : The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Website: www.bps.org.uk
- 222/24 Design for people with dementia: an overview of building design regulators; by Alison S Smith, Dementia Services Development Centre - DSDC, University of Stirling. Stirling: Dementia Services Development Centre, University of Stirling, 2013, 41 pp (Dementia design series).
This report is specific to Scotland. It provides a briefing on key legislation, regulation, standards and guidance, with associated inspection and enforcement powers, relating to building design matters, including external spaces, for people with dementia. The Dementia Services Development Centre (DSDC) is currently working on a version for England. (RH)
From : www.dementia.stir.ac.uk
Download: <http://www.dementiashop.co.uk/products/design-people-dementia-overview-building-design-regulators-free-download>

DEMOGRAPHY AND THE DEMOGRAPHICS OF AGEING / AGEING (GENERAL)

- 222/25 Global ageing: implications for individuals and societies: 42nd Annual Conference, British Society of Gerontology, 11th-13th September 2013: conference programme and book of abstracts; by British Society of Gerontology - BSG; Oxford Institute of Population Ageing, University of Oxford. Oxford: Oxford Institute of Population Ageing, University of Oxford, 2013, 151 pp.
Abstracts of papers presented at the conference are organised in alphabetical order of (first named) author; also brief details of poster presentations. The conference covered a wide range of topics under the main global ageing theme. (RH)
From : Oxford Institute of Population Ageing, University of Oxford
website: www.ageing.ox.ac.uk/bsg2013

DISABILITY

(See Also 222/29)

- 222/26 Exploring the relationships between choice and independence: experiences of disabled and older people; by Parvaneh Rabiee.: Oxford University Press.
British Journal of Social Work, vol 43, no 5, July 2013, pp 872-888.
Extending choice and control to the users of publicly-funded services is a cornerstone in the personalisation agenda, which was central to the previous Labour government's policies in England (from 2006) and is supported by the Coalition Government. It is assumed that giving service users greater choice and control will promote their independence. As service users are increasingly given the responsibility to determine their support, social work practitioners need to work differently with service users, in order to provide personalised support in exercising choice. This requires practitioners to have a nuanced understanding of people's concepts of independence, how people make choices about support services, and how those choices can affect their perceived

independence in the longer term. This paper reports new findings from a longitudinal qualitative study of choice and control over the life course in England. Semi-structured interviews were carried out with 50 adults and older people experiencing fluctuating support needs and/or a sudden deterioration in health. The paper discusses the relationships between choice and independence as experienced by disabled and older people. The findings show that independence is not a fixed concept, but is relative and multidimensional. There are multiple relationships between the choices people make and the consequences of those choices for people's subjective views of their independence. The paper concludes by highlighting the implications of findings for the role of social work practitioners. (RH)

ISSN: 00453102 From : www.bjsw.oxfordjournals.org

222/27

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

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

From : http://www.careandrepair-england.org.uk/pdf/dfg_good_practice_guide_2013.pdf

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

222/28

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

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

Evidence is examined in respect of the relationships of disability with age from midlife to old age in the US and four European regions (England, Northern and Western Europe, Southern Europe, and Eastern Europe) including their wealth-related differences, using a flexible statistical approach to model the age-functions.

The authors used data from three studies on ageing, with nationally representative samples of adults aged 50 to 85 from 15 countries (N=248225): the US-American Health and Retirement Study (HRS), the English Longitudinal Study of Ageing (ELSA), and the Survey of Health, Ageing and Retirement in Europe (SHARE). Outcomes were mobility limitations and limitations in instrumental activities of daily living (IADLs). They applied fractional polynomials of age to determine best fitting functional forms for age on disability in each region, while controlling for socio-demographic characteristics and important risk factors (hypertension, diabetes, obesity, smoking, physical inactivity). Findings showed high levels of disability in the US, with small age-related changes between 50 and 85. Levels of disability were generally lower in Eastern Europe, followed by England and Southern Europe and lowest in Northern and Western Europe. In these latter countries age-related increases of disability, though, were steeper than in the US, especially in Eastern and Southern Europe. For all countries and at all ages, disability levels were higher among adults with low wealth compared to those with high wealth, with largest wealth-related differences among those in early old age in the USA. This paper illustrates considerable variations of disability and its relationship with age. It supports the hypothesis that less developed social policies and more pronounced socioeconomic inequalities are related to higher levels of disability and an earlier onset of disability. (OFFPRINT). (RH)

From : www.plosone.org

ECONOMIC ISSUES

222/29

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

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

On an individual level lower income has been associated with disability, morbidity and death. On a population level the relationship of economic indicators with health is unclear. The purpose of this study was to evaluate relative fitness and frailty in relation to national income and healthcare spending, and their relationship with mortality. The study used secondary analysis of data from the Survey of Health, Ageing and Retirement in Europe (SHARE), a longitudinal

population-based survey which began in 2004. A total of 36,306 community-dwelling people aged 50 and older (16,467 men and 19,839 women) from the 15 countries which participated in the SHARE comprised the study sample. A frailty index was constructed as the proportion of deficits present in relation to the 70 deficits available in SHARE. The characteristics of the frailty index examined were mean, prevalence of frailty and proportion of the fittest group. Study findings showed that the mean value of the frailty index was lower in higher-income countries than in lower-income countries; the overall mean frailty index was negatively correlated with both gross domestic product and health expenditure. Survival in non-frail participants at 24 months was not associated with national income, whereas survival in frail people was greater in higher-income countries. A country's level of frailty and fitness in adults aged 50 years and over is strongly correlated with national economic indicators. In higher-income countries, not only is the prevalence of frailty lower, but frail people also live longer. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

222/30

Small-area measures of income poverty; by Alex Fenton, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, May 2013, 37 pp (CASEpaper 173).

This is the first of a series of papers arising from a programme of research called Social Policy in a Cold Climate, which examines the effects of the major economic and political changes in the UK since 2007, particularly their impact on the distribution of wealth, poverty, inequality and spatial difference. The analysis includes policies and spending decisions from the last period of the Labour government (2007-2010), including the beginning of the financial crisis, as well as those made by the Coalition government since May 2010. This paper considers techniques for measuring the prevalence of income poverty within small areas, or "neighbourhoods", in Britain. Some general criteria for small-area poverty measures are set out; and two broad methods, poverty proxies and modelled income estimates, are identified. Empirical analyses of the validity and coverage of poverty proxies derived from UK administrative data, such as social security benefit claims, are presented. The concluding section assesses a new poverty proxy that will be used within a wider programme of analysis of the spatial-distributional effects of tax and welfare changes and of economic trends in Britain from 2000 to 2014. Particular attention is paid to the relationship between the proxy values and other local poverty measures in different kinds of places. These suggest that the proxy is an adequate, albeit imperfect, tool for investigating changes in intra-urban distributions of poverty. (RH)

From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>

EMPLOYMENT

(See Also 222/15, 222/67)

222/31

Older job seekers' job search intensity: the interplay of proactive personality, age and occupational future time perspective; by Hannes Zacher.: Cambridge University Press.

Ageing and Society, vol 33, no 7, October 2013, pp 1139-1166.

Long-term unemployment of older people can have severe consequences for individuals, communities and ultimately economies, and is therefore a serious concern in countries with an ageing population. However the interplay of chronological age and other individual difference characteristics in predicting older job seekers' job search is so far not well understood. This study investigated relationships among age, proactive personality, occupational future time perspective (FTP) and job search intensity of 182 job seekers between 43 and 77 years in Australia. Results were mostly consistent with expectations based on a combination of socio-emotional selectivity theory and the notion of compensatory psychological resources. Proactive personality was positively related to job search intensity and age was negatively related to job search intensity. Age moderated the relationship between proactive personality and job search intensity, such that the relationship was stronger at higher compared to lower ages. One dimension of occupational FTP (perceived remaining time left in the occupational context) mediated this moderating effect, but not the overall relationship between age and job search intensity. Implications for future research, including the interplay of occupational FTP and proactive personality, and some tentative practical implications are discussed. (JL)

ISSN: 0144686X

From : journals.cambridge.org/aso

222/32

The sandwich generation: older women balancing work and care; by Dalia Ben-Galim, Amna Silim, Institute for Public Policy Research - IPPR. London: Institute for Public Policy Research - IPPR, 2013, 39 pp (Condition Britain).

Balancing care responsibilities and work is becoming increasingly difficult, particularly for older women. A "sandwich generation" is emerging, whose members are caught between providing care for both grandchildren and ageing parents, often while continuing to earn and pursue their career. This report provides an overview of the trends in work and caregiving that are affecting older women's lives. While focused on their position and experiences in the workplace, and the

influence that the economic crisis has had on their lives, the report also examines the inequalities that underlie the way that older women are - or rather, are not - represented in politics, business and the media. The authors consider how more progressive policies on parental leave and flexible working, and innovative reciprocal time-banking schemes, could enable older women (and men) to balance a longer and a more fulfilling working life with better-supported caring responsibilities. (RH)

From: <http://www.ippr.org/publication/55/11168/the-sandwich-generation-older-women-balancing-work-and-care>

222/33

Working longer: an EU perspective; by David Sinclair, Jessica Watson, Brian Beach, International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK, September 2013, 60 pp.

The report sets out the context of an ageing society across Europe. It considers the case for extending working lives, and the role of European Union (EU) institutions in this. In order to achieve this, these challenges must be overcome: gender equality; adding to the skills of the older workforce; supporting older people in the recession; matching the demand and supply of older workers; tackling ageism; and improving health. Using examples from the country profiles (available in a separate appendix), the authors have identified a number of themes for the EU and Member State policymakers to consider. The report concludes with a set of recommendations for policy-makers across Europe: taking a life course approach; better use of fiscal incentives; creating more, better and appropriate jobs; tackling inequalities; and a targeted research agenda. (RH)

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

Download from: http://www.ilcuk.org.uk/index.php/publications/publication_details/working_longer_an_eu_perspective

END-OF-LIFE CARE

222/34

Ways and means; by Ally Paget, Claudia Wood, Demos. London: Demos, 2013, 150 pp.

The quality of care experienced at the end of life is frequently characterised by delays, a lack of information and insufficient consideration given to the wishes of patient and family to achieve "a good death". This report was developed by Demos for Sue Ryder, to explore the quality of the patient experience of end of life care services, and what can be done to improve this journey through the different fields of health and social care from the patient's perspective. Early diagnosis, a high level of personalisation and ongoing seamless support are crucial to delivering a good service and reducing inequalities in end of life care. (Note: On title page: "People's final journey must be one of their choosing ...") (RH)

From : Download: http://www.demos.co.uk/files/Ways_and_Means_-_web.pdf?1371658165

EPIDEMIOLOGY

(See 222/28)

FALLS

222/35

Cost-utility analysis of a shock-absorbing floor intervention to prevent injuries from falls in hospital wards for older people; by Nicholas Latimer, Simon Dixon, Amy Kim Drahota, Martin Severs.: Oxford University Press.

Age and Ageing, vol 42, no 5, September 2013, pp 641-645.

Hospital falls place a substantial burden on healthcare systems. There has been limited research into the use of hospital flooring as an intervention against fall-related injuries. The objective of this study was to assess the cost-effectiveness of shock-absorbing flooring compared with standard hospital flooring in hospital wards for older people. A cost-utility analysis was undertaken drawing upon data collected in a pilot cluster randomised controlled trial and the wider literature. The trial included eight hospital sites across England. Four sites installed shock-absorbing flooring in one bay, and four maintained their standard flooring. Falls and resulting injuries and treatment were reported by hospital staff. Data on destination of discharge were collected. Patients were followed up at three months and further resource use data were collected. Health-related quality of life was assessed, allowing quality-adjusted life years (QALYs) to be estimated. The incremental cost-effectiveness ratio of the shock-absorbing flooring was assessed compared with the standard hospital flooring. In the base case, the shock-absorbing flooring was cost saving, but generated QALY losses due to an increase in the faller rate reported in the intervention arm. Scenario analysis showed that if the shock-absorbing flooring did not increase the faller rate it was likely to represent a dominant economic strategy generating cost savings and QALY gains. The study concludes that the shock-absorbing flooring intervention has the potential to be cost-effective but further research is required on whether the intervention flooring results in a higher faller rate than standard flooring. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

222/36 Exploring the system-wide costs of falls in older people in Torbay; by Yang Tian, James Thompson, David Buck (et al), Kings Fund. London: Kings Fund, 2013, 12 pp.
One in three people aged 65+, and half of those aged over 80, fall at least once a year. Falls cost the NHS more than £2 billion per year. With the number of people aged 65+ predicted to increase by 2 million by 2021, the costs incurred of treating patients across health, community and social care services are set to rise further. This paper uses Torbay's unique patient-level linked data set to explore the NHS and social care costs of the care pathway for older people in the 12 months before and after being admitted to hospital as a result of a fall. On average, these costs for each patient who fell were almost four times as much in the 12 months after admission for a fall as the costs of the admission itself. Over the 12 months that followed admission for falls, costs were 70% higher than in the 12 months before the fall. Comparing the 12 months before and after a fall, the most dramatic increase was in community care costs (160%), compared to a 37% increase in social care costs and a 35% increase in acute hospital care costs. While falls patients in this study accounted for slightly more than 1% of Torbay's over-65 population, in the 12 months that followed a fall, spending on their care accounted for 4% of the whole annual inpatient acute hospital spending, and 4% of the whole local adult social care budget. The authors discuss how linked health and social care data can be used to inform policy and practice. The findings strengthen the case for an integrated response for frail older people at risk of falls. However, to allow comparison of different models of care, other localities need to emulate Torbay's recording and analysis of whole-system data at the patient level - which, to the authors' knowledge, is the first time that such detailed analysis of the costs in the health and social care system has been carried out in relation to falls patients in England. (RH)
From : http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug13.pdf

222/37 Pilot cluster randomised controlled trial of flooring to reduce injuries from falls in wards for older people; by Amy Kim Drahota, Derek Ward, Julie E Udell ... (et al): Oxford University Press. Age and Ageing, vol 42, no 5, September 2013, pp 633-640.
Falls disproportionately affect older people who are at increased risk of falls and injury. This pilot study investigated the effectiveness of shock-absorbing flooring for fall-related injuries in wards for frail older people. A non-blinded cluster randomised trial was conducted in eight hospitals in England between April 2010 and August 2011. Each site allocated one bay as the 'study area', which was randomised via computer to intervention (8.3-mm thick Tarkett Omnisports EXCEL) or control (2-mm standard in situ flooring). Sites had an intervention period of one year. Anybody admitted to the study area was eligible. The primary outcome was the fall-related injury rate. Secondary outcomes were injury severity, fall rate and adverse events. During the intervention period 226 participants were recruited to each group (219 and 223 were analysed in the intervention and control group respectively). Of 35 falls (31 fallers) in the intervention group, 22.9% were injurious, compared with 42.4% of 33 falls (22 fallers) in the control group. There were no moderate or major injuries in the intervention group and six in the control group. Staff at intervention sites raised concerns about pushing equipment, documenting one pulled back. The study concludes that future research should assess shock-absorbing flooring with better 'push/pull' properties and explore increased faller risk. It is estimated that a future trial would need 33,480 to 52,840 person bed-days per arm. (JL)
ISSN: 00020729 From : www.ageing.oxfordjournals.org

FAMILY AND INFORMAL CARE

(See Also 222/19)

222/38 Australian-Chinese families caring for elderly relatives; by Lia Bryant, Suzane Lim.: Cambridge University Press.
Ageing and Society, vol 33, no 8, November 2013, pp 1401-1421.
Caring for older relatives has predominately been explored from the standpoint of the needs and experiences of the hegemonic culture in multicultural countries like Australia, Canada and the United States of America. Australia, in particular, has paid scant attention to cultural and linguistically diverse groups in relation to caring for the aged. In this paper, the authors focus on Chinese-Australian families caring for ageing relatives. They explore the traditional value of filial piety which is said to underpin social norms and beliefs about caring for aged parents in Chinese cultures. Specifically, they draw on four in-depth interviews with Chinese-Australian care-givers of older relatives to identify meanings of filial piety and practices of filial piety. Findings indicate that while filial piety is still an important value in caring for the aged, meanings about how to practise filial piety are changing and vary across families. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

GERONTOLOGY (GENERAL)

222/39 Re-spacing and re-placing gerontology: relationality and affect; by Gavin J Andrews, Joshua Evans, Janine L Wiles.: Cambridge University Press.
Ageing and Society, vol 33, no 8, November 2013, pp 1339-1373.
This paper describes how space and place have been understood in gerontology as phenomena that

are both physical and social in character, yet are relatively bounded and static. The argument is posed as to how, following recent developments in human geography, a relational approach might be adopted. Involving a twist in current thinking, this would instead understand space and place each as highly permeable, fluid and networked at multiple scales. Moreover, it is proposed that the concept of 'affect' might also be insightful, recognising space and place as being relationally configured and performed, possessing a somatically registered energy, intensity and momentum that precedes deep cognition. Three vignettes illustrate the relationalities and affects in the lives and circumstances of older people, and how focusing more explicitly on them would allow for a richer understanding of where and how they live their lives. The paper ends with some thoughts on future theoretical, methodological and disciplinary considerations. (RH)
ISSN: 0144686X From : journals.cambridge.org/aso

GOVERNMENT AND POLICY

222/40

Caring for an ageing population: points to consider from reform in Japan: research report; by Natasha Curry, Holly Holder, Linda Patterson, Nuffield Trust. London: Nuffield Trust, November 2013, 42 pp (Evidence for better health care).

As an ageing population and funding cuts squeeze social care in England, this Nuffield Trust report examines how radical reforms in Japan provided universal coverage to older people at a time of major financial constraints. In 2000, the Japanese Government introduced a system of long-term care insurance which offers access to social care to all those aged 65+ on the basis of need alone. The report provides an overview of the social care system in Japan; and considers the successes and challenges of long term care insurance that are pertinent to England. It examines two models of provision, one being an attempt to provide comprehensive and integrated services to whole populations; the other being how the system has responded to the specific needs of people with dementia. Given that reform of social care in England is high on the political agenda, the findings provide useful learning points for policy-makers. It concludes with points to consider from the Japanese experience. (RH)

From: http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/131127_caring_for_an_ageing_population_0.pdf

HIV AND AIDS

222/41

Ageing with HIV/AIDS: a scoping study among people aged 50 and over living in Quebec; by Isabelle Wallach, Shari Brotman.: Cambridge University Press.

Ageing and Society, vol 33, no 7, October 2013, pp 1212-1242.

The population aged 50 and over represents a significant proportion of people living with HIV in Western nations. While the number of older people living with HIV is rapidly increasing in Canada, research originating in that country remains relatively scarce. This article aims to describe the impact of the intersection of HIV and ageing on the identities and lived experiences of people living with HIV aged 50 and over (PLHIV50+), both on an individual and social level, in order to offer a picture of their lived experience. Using a phenomenological approach, nine semi-structured individual interviews with PLHIV50+ (men and women) were undertaken. Data analysis identified several central themes which constituted the essence of their experience of the intersection of HIV and ageing, such as the experience of premature ageing, the impact of HIV on intergenerational relationships, the shrinking of one's social network, rejection experienced by the older population, a difficult return to work and a deterioration in living conditions. The results of this research highlight the many challenges faced by PLHIV50+, on physical, relational, work and economic levels. Even though some of the problems faced by PLHIV50+ were related to the experience of corporal changes and a deterioration of health, this study was able to highlight the societal and structural factors underlying the stigma of HIV and ageing. (JL)

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

HOSPITAL CARE

(See Also 222/35, 222/37)

222/42

Six-month outcomes following an emergency hospital admission for older adults with co-morbid mental health problems indicate complexity of care needs; by Lucy E Bradshaw, Sarah E Goldberg, Sarah A Lewis ... (et al.): Oxford University Press.

Age and Ageing, vol 42, no 5, September 2013, pp 582-588.

Two-thirds of older patients admitted as an emergency to a general hospital have co-existing mental health problems including delirium, dementia and depression. This study describes the outcomes of older adults with co-morbid mental health problems after an acute hospital admission. This was a follow-up study of 250 patients aged over 70 admitted to one of 12 wards (geriatric, medical or orthopaedic) of an English acute general hospital with a co-morbid mental health problem and followed up at 180 days. 27% of patients did not return to their original place of residence after the hospital admission. After 180 days 31% had died, 42% had been readmitted and 24% of community residents had moved to a care home. Only 31% survived without being readmitted or moving to a care home. However 16% spent more than 170 of the 180 days at home. Significant predictors for poor outcomes were co-morbidity, nutrition, cognitive function,

reduction in activities of daily living ability prior to admission, behavioural and psychiatric problems and depression. Only 42% of survivors recovered to their pre-acute illness level of function. Clinically significant behavioural and psychiatric symptoms were present at follow-up in 71% of survivors with baseline cognitive impairment and new symptoms developed frequently in this group. The variable but often adverse outcomes in this group imply a wide range of health and social care needs. Community and acute services to meet these needs should be anticipated and provided for. (JL)

ISSN: 00020729 From : www.ageing.oxfordjournals.org

HOSPITAL SERVICES

(See Also 222/56)

- 222/43 After Francis: making a difference: the Government response to the House of Commons Health Committee third report of session 2013-14: presented to Parliament by the Secretary of State for Health; by Department of Health - DH. London: TSO, 2013, 42 (Cm 8755).
The Mid Staffordshire NHS Foundation Trust Public Inquiry, led by Robert Francis QC, reported in February 2013. This is one of four documents which build on the Government's initial response to the Inquiry, 'Patients first and foremost' (published March 2013). It answers questions raised by the Health Committee in its report 'After Francis: making a difference', and seeks to describe how the Government intends to build on the rapid early progress. It is published alongside, and reflects the Government's full response to the Inquiry ('Hard truths: the journey to putting patients first'), which responds to all 290 of the Inquiry's recommendations, the overwhelming majority of which are accepted. (RH)
From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259650/34661_Cm_8755_Accessible.pdf
- 222/44 After Francis: making a difference: third report of session 2013-14: report, together with formal minutes and oral and written evidence; by Health Committee, House of Commons. London: TSO, 2013, 184 pp (HC 657; incorporating HC 982-i-iv, session 2012-13).
The Health Committee gives its view on the principal recommendations of the report of the public inquiry into the Mid Staffordshire NHS Foundation Trust undertaken by Robert Francis QC. The Committee considers the need for an open and transparent NHS. It comments on Robert Francis' recommendations for imposition of a statutory obligation to observe a duty of candour; for all directors of healthcare organisations to be truthful in any information given to a healthcare regulator or commissioner; and that it should be made a criminal offence for any registered medical practitioner, nurse, allied health professional or director of an authorised or registered healthcare organisation to provide information that knowingly misleads or is dishonest to patients, nearest relatives, regulator or commissioner (i.e. the Care Quality Commission, CQC). The Committee discusses concerns about whistleblowers and compromise agreements at the CQC; also the case of Gary Walker, formerly Chief Executive of United Lincolnshire Hospitals NHS Trust, who had been prevented from discussing public issues relating to patient safety. Other sections of the report consider the NHS and its patients; nursing healthcare assistant staff and the NHS; and the future of regulation, including the role of the CQC and a Chief Inspector of Hospitals, and death certificate reform. Robert Francis recommended that the Committee should, through its programme of regular accountability hearings, monitor the implementation of his recommendations and the development of cultural change in the NHS. Legislation proposed by the Government in response to certain of his recommendations is contained in Part 2 of the Care Bill. The Committee recommends that the Government respond to its report in good time for the response to be discussed at that Bill's Second Reading in the House of Commons. (RH)
From : <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhealth/657/657.pdf>
- 222/45 Hard truths: the journey to putting patients first: Volume two of the Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry; presented to Parliament by the Secretary of State for Health; by Department of Health - DH. London: TSO, 2013, 248 pp (Cm 8754-II).
The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC (February 2013) called for a 'fundamental culture change' across the health and social care system to put patients first at all times. This is one of four documents which build on the Government's initial response, 'Patients first and foremost' (published March 2013). It provides responses to each of the 290 recommendations made by the Public Inquiry, in respect of accountability, roles and responsibilities in patient care. (RH)
From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259649/34659_Cm_8754_Vol_2_accessible.pdf
- 222/46 Hard truths: the journey to putting patients first: Volume one of the Government response to the Mid Staffordshire NHS Foundation Trust Public Inquiry; presented to Parliament by the Secretary of State for Health; by Department of Health - DH. London: TSO, 2013, 137 pp (Cm 8754-I).
The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC (February 2013) called for a 'fundamental culture change' across the health and social care system to put patients first at all times. This is one of four documents which build on the Government's initial response, 'Patients first and foremost' (published March 2013). This response

begins with a statement of common purpose signed by the Chairs or Chief Executives of key health and care organisations, in which they renew and reaffirm their personal commitment and their organisations' commitment to the values of the NHS and its Constitution. It sets out how the whole health and care system will prioritise and build on recommendations made in six further reports commissioned by the Government that considered key issues identified by the Inquiry (findings and recommendations summarised in Annexes A-F). These include "major new action on the following vital areas": transparent reporting on ward-by-ward staffing levels; how patients and their families can raise concerns or complain; a statutory duty of candour; legislation on wilful neglect; a fit and proper person's test which will act as a barring scheme; and a new Care Certificate for Healthcare Assistants and Social Care Support Workers. The Care Bill will introduce a new criminal offence applicable to care providers who supply or publish certain types of information which is false or misleading, where that information is required to comply with a statutory or other legal obligation. Chapters cover: preventing problems; detecting problems quickly; taking action promptly; ensuring robust accountability; and ensuring staff are trained and motivated. Each chapter sets out themes and issues raised in the Inquiry report. Case studies illustrate instances of failings in patient care, examples of hospitals which have adopted procedures that are patient focused, and innovations of benefit to service users.

From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259648/34658_Cm_8754_Vol_1_accessible.pdf

222/47

Hard truths: the journey to putting patients first: equality analysis; by Department of Health - DH. London: TSO, 2013, 14 pp.

This is one of four documents which build on the Government's initial response, 'Patients first and foremost' (published March 2013) to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC (February 2013). It sets out the Government's assessment of the impact that it expects that the measures outlined in the response to the Inquiry might have on people who share protected characteristics (disability, age, race, gender, etc.) and the opportunities that are offered to advance both equality of access and equality of opportunity. It highlights the equality issues that have been identified relating to each of the protected characteristics, and notes the Department of Health's responsibility to tackle inequality. (RH)

From : https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259651/34660_2901463_Equality_Impact_Assessment_accessible.pdf

HOUSING

(See Also 222/18, 222/55)

222/48

Accommodating our extended middle age; by Richard Best, Hanover. Staines: Hanover, 2013, 15 pp (The hanover@50debate).

This is the last in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. Lord Best, Chair of Hanover, summarises and draws on all of the Hanover at 50 Debate think pieces. He argues that too much emphasis is placed on the years in which we are more vulnerable. Housing ourselves well in our extended middle age is the key to addressing income and care issues. He makes recommendations for all of us, for government and for housing providers in relation to attitudes to age, services for older people, and "the housing offer". Downloads of this full "thinkpiece" or a summary are also available (see: <http://www.hanover50debate.org.uk/debates/new-thinkpiece-from-lord-best-accommodating-our-extended-middle-age>). (RH)

From : Hanover, Hanover House, 1 Bridge Close, Staines TW18 4TB.

222/49

Ageing in the middle: implications for housing and attitudes towards age equality; by Andrew Harrop, Fabian Society; Hanover. Staines: Hanover, 2013, 16 pp (The hanover@50debate, 1).

This is the first in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. The author calls for a 'presumption of equality' across all age groups. He identifies a disconnect between our attitudes and assumptions about older people, and the reality of their economic position. His research demonstrates that 'middle income' pensioners are almost as well off as middle-income people of working age. Older age is no longer a proxy for poverty: there should be a presumption of equality across age groups, including sharing the pain of deficit reduction. Older people on middle incomes should pay tax at the same rate as working people on similar incomes. High levels of home ownership among this group pose a threat to intergenerational fairness, as younger people cannot afford to buy a new home. Rising house prices help neither older people who rarely unlock the equity or downsize nor younger people who are priced out. More new homes, including better options to tempt would-be downsizers and a property tax, would restrain house price rises. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)

From : <http://www.hanover50debate.org.uk/debates/debate-item-2>

- 222/50 Downsizing in later life and appropriate housing size across our lifetime: how an unholy trinity of ageism, self-denial and misinterpretation are shaping housing policies for older people; by International Longevity Centre - UK (ILC-UK); Hanover. Staines: Hanover, 2013, 24 pp (The hanover@50debate 6).
 This is the sixth in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. Authors from the International Longevity Centre-UK (ILC-UK) call for a fresh look at under-occupation and housing in later life. Asking older people alone to downsize is ageist: we should be discouraging under-occupation through life. Older people will move, if they are offered housing options that will improve their quality of life and potentially improve their health and social care outcomes in later years. Local authorities have seen retirement housing as largely for those with existing care needs, exacerbating the sector's image problem. We need to build more homes if we want to encourage downsizing. Otherwise we could make things worse for first-time buyers if they and older people are chasing similar smaller homes. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)
 From : <http://www.hanover50debate.org.uk/debates/think-piece-6-ilc-uk-downsizing-in-later-life-and-appropriate-housing-size-across-our-lifetime>
- 222/51 Housing and intergenerational fairness: encouraging understanding between young and old by building more and better homes for all; by Alex Morton, Policy Exchange; Hanover. Staines: Hanover, 2013, 18 pp (The hanover@50debate, 2).
 This is the second in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. The author calls for more high quality housing for all, without antagonising local people. High house prices and rents are making home ownership the preserve of older people and the wealthy, hitting economic performance and entrenching inequality between and within generations. Although this is a national problem, high housing costs are already threatening London's ability to attract and keep the best young talent. A dysfunctional planning system has failed to deliver the numbers of homes we need, or the type of housing that would encourage downsizing. The country needs to build more homes that people - particularly older people - want to live in and that blend in with existing communities and countryside. The community infrastructure levy paid by housing associations building homes for older people could fund the care and support of their residents. The two measures above would reduce nimbysism, forming part of a grand bargain between the generations - more affordable housing for younger people whose tax helps fund our ageing society. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)
 From : Downloads at: <http://www.hanover50debate.org.uk/debates/debate-item-1>
- 222/52 Perspectives on ageing and housing: insights by leading UK think tanks; by Hanover. Staines: Hanover, 2013, 196 pp (The hanover@50debate).
 This is a compilation of the ten think pieces from leading UK think tanks from across the political spectrum to mark Hanover's 50th year in providing high quality housing and related services for older people. Contributors to the Hanover at 50 represent the Fabian Society, Policy Exchange, the Smith Institute, the Royal Society of Arts, Demos, International Longevity Centre UK (ILC-UK), ResPublica, the Centre for Social Justice, the Institute for Public Policy Research (IPPR), and Hanover. They examine, respectively: attitudes towards age equality; intergenerational fairness; equity release; the end of retirement and a new interpretation for old age; sociable housing in later life; downsizing in later life and appropriate housing across our lifetime; personalisation; strengthening relationships to prevent isolation and loneliness in old age; and migration trends in later life. The concluding contribution discusses and how we can "accommodate" an extended middle age. Items in this series are also available as separate publications. The individual items are also available as downloads on the Hanover@50 debate section of the Hanover website (<http://www.hanover50debate.org.uk/debate>). (RH)
 From : Hanover, Hanover House, 1 Bridge Close, Staines TW18 4TB.
- 222/53 Selling off the family silver: can releasing equity from poorer, older homeowners deliver a better housing deal?; by Paul Hackett, Paul Hunter, Smith Institute; Hanover. Staines: Hanover, 2013, 18 pp (The hanover@50debate, 3).
 This is the third in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. The authors argue that equity release may become a mainstream product in the future out of sheer necessity. Many asset-rich, income-poor older homeowners are living in inappropriate or 'non-decent' homes, but cannot afford to refurbish or adapt them, or buy somewhere better. Although equity release provides a homeowner with cash in exchange for some or all of the value of their home, the sector continues to have an image problem. Housing associations seem reluctant to offer equity release themselves, but facilitating access could help their residents to release money to fund additional care and support. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)
 From : Downloads at: <http://www.hanover50debate.org.uk/debates/debate-number-3>

INCOME AND PERSONAL FINANCE

(See Also 222/30, 222/85)

222/54

Labour's record on cash transfers, poverty, inequality and the lifecycle, 1997-2010; by John Hills, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, July 2013, 51 pp (CASEpaper 175).

Cash transfers (benefits and tax credits) are crucial to how inequalities develop over time. This paper looks at how the 1997-2010 Labour government's aims, policies and achievements on poverty and inequality related to its reforms of and spending on cash transfers. Labour's aims for poverty and inequality were selective. "Equality of opportunity" was the stated aim, rather than equality of outcome - with a focus on lifting the lowest incomes, not reducing the highest ones. Labour gave priority to reducing child and pensioner poverty, through a series of reforms. It increased the share of national income provided through cash transfers to children and pensioners, and increased the value of their cash transfers relative to the poverty line. By contrast, spending on other transfers to working-age adults fell as a share of national income from the level Labour inherited, while benefits for those without children fell further below the poverty line. By the end of the period, both child poverty and pensioner poverty had fallen considerably, in circumstances where child poverty would have risen without the reforms (and pensioner poverty would have fallen less far). However, poverty for working-age adults without children increased. The risks of poverty converged between children, their parents, pensioners, and other working age adults. Being a child or a pensioner no longer carried a much greater risk of living in poverty than for other age groups. Overall, income inequality was broadly flat, comparing the start and end of Labour's term in office. But differences in net incomes between age groups were much lower. The smoothing of incomes that occurred across the life cycle could be seen as a striking, if unremarkable, achievement. (RH)

From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>

222/55

The mortgage debt of older households and the effect of age: an analysis using the Wealth and Assets Survey 2008-10; by Personal Finance Research Centre (PFRC), University of Bristol; International Longevity Centre UK - ILC-UK. London: International Longevity Centre UK, September 2013, 12 pp.

As people aged 50+ get older, they are less likely to have a mortgage, and the amount they owe decreases. However, 21% of all households headed by someone aged 50+ had outstanding mortgage borrowing on their main home in 2008-10. Among the over 50s with outstanding mortgages, the mean average owed was £62,200; and 13% of all older mortgaged households were struggling to repay their mortgage. This report examines research on three key areas: the effect of age in predicting mortgage borrowing in older households; the relationship between age and heavy mortgage borrowing; and the likelihood of older mortgaged households having difficulties in meeting their monthly mortgage payments. This working paper by the Personal Finance Research Centre under its financial well-being in older age programme of work, was carried out in collaboration with the International Longevity Centre UK (ILC-UK) and funded by the ESRC Secondary Data Analysis Initiative (SDAI). It is also available on the PFRC website (see: <http://www.bris.ac.uk/geography/research/pfrc/esrc/outputs/the-mortgage-debt-of-older-households.html>). (RH)

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

Download from: http://www.ilcuk.org.uk/index.php/publications/publication_details/the_mortgage_debt_of_older_households_and_the_effect_of_age

INEQUALITY AND HUMAN RIGHTS

(See 222/49, 222/61)

INFORMATION AND COMMUNICATION TECHNOLOGY

(See 222/62)

INTEGRATED CARE

222/56

Acute care for older people: introducing interface geriatricians in Leeds; by Gillian Fox, Alison Cracknell, Sadia Ismail, Eileen Burns.: British Geriatrics Society.

BGS Newsletter, no 44, August 2013, pp 12-14.

Increasing numbers of frail, older people with multiple long-term conditions are living in the community and at risk of multiple hospital attendances. Such situations are contributing to the pressures described in the 'Hospitals on the edge' from the Royal College of Physicians (London). Innovative multi-professional solutions are needed to cross traditional boundaries and deliver person-centred care in the right place at the right time. The authors describe the integrated acute care model that has been introduced at Leeds Teaching Hospitals NHS Trust, in which interface geriatricians cover three areas of interface - community, the primary care access line (PCAL), and

the Emergency Department (ED). Early assessment of frail older people has led to reduced admissions and length of hospital stay. (RH)
ISSN: 17486343
From : www.bgsnet.org.uk

222/57 Joint health and social care budgets: a pot of gold or a bubbling cauldron?; by Matt Sweeting.: British Geriatrics Society.
BGS Newsletter, no 44, August 2013, pp 1-4.
In the recent health and social care budget (June 2013), George Osborne announced the creation of a joint health and social care budget to improve efficiency and outcomes by collaborative working. Given their involvement with discharge planning and admission avoidance, this should be of interest to medical professionals working with older people and to BGS. There is also the opportunity to work with social care colleagues to produce models of integrated health and social care that are useful and cost-effective.
ISSN: 17486343
From : www.bgsnet.org.uk

222/58 The seamless discharge: a bit more needlework needed?; by Grace Walker, Matt Sweeting.: British Geriatrics Society.
BGS Newsletter, no 44, August 2013, pp 15-18.
Joint health and social care budgets are to become a reality: £3.8 billion has been set aside for this scheme from 2014/15.
ISSN: 17486343 From : www.bgsnet.org.uk

INTERNATIONAL AND COMPARATIVE

(See Also 222/1, 222/4, 222/38, 222/40, 222/68)

222/59 Being old and healthy in Japan; by International Longevity Center, Japan - ILC-Japan.: International Longevity Center, Japan - ILC-Japan, 2013, 30 pp.
The real image of Japanese older people is presented in facts and figures. (RH)
From : International Longevity Center, Toranomon 33 Mori-building, 3-8-21 Toranomon, minatoku, Tokyo, Japan.
<http://www.ilc-japan.org> email: ilc-japan@mba.sphere.ne.jp

222/60 Excellent innovation for ageing: a European guide: reference sites; by European Innovation Partnership on Active and Health Ageing. Brussels: European Commission, 2013(?), 39 pp.
A collection comprising information about 32 Reference Sites in 12 EU Member States (Czech Republic, Denmark, Finland, France, Germany, Ireland, Italy, Portugal, Spain, Sweden, the Netherlands and the UK), which are exemplars variously of integrated care, independent living or age friendly environments. These reference sites have found out what ageing people need to stay, active, independent and healthy for as long as possible. They also have good ideas for how to innovate in systems for health and social care in such a way as to cater to real needs in a more effective and efficient way. (RH)
From : <http://www.eugms.org/docs/ExcellentInnovationforAgeing.pdf>

LEGAL ISSUES

222/61 Older Europeans and the European Court of Justice; by Israel Doron.: Oxford University Press. Age and Ageing, vol 42, no 5, September 2013, pp 604-608.
The European Court of Justice (ECJ) is considered to be the most important judicial institution of the European Union today. Despite the potential importance and relevance of ECJ rulings to the lives and rights of older Europeans, no research has attempted to analyse or to study the ECJ rulings in this field. The objective of the present study was to describe ECJ case law in the field of elder rights. Using a computerised search of the ECJ database between 1994 and 2010, 123 cases directly dealing with the legal rights of older people were analysed. On average, only 1-2% of the annual ECJ caseload were found to address the rights of older people. Unlike the clear trend in the increase of the total ECJ caseload, there was no similar trend of increase in the number of cases directly involving older people's rights. However in the majority of the elder-rights cases, the ECJ decision was in support of the older person's rights. The ECJ can potentially serve as an important protector of the rights of older Europeans, if and to the extent that these cases reach its jurisdiction. (JL)
ISSN: 00020729
From : www.ageing.oxfordjournals.org

LIFE-LONG LEARNING

222/62 Outcomes from a peer tutor model for teaching technology to older adults; by Amanda Toler Woodward, Paul P Freddolino, Dona J Wishart (et al.): Cambridge University Press.
Ageing and Society, vol 33, no 8, November 2013, pp 1315-1338.
A key component of social work ethics is social justice and equitable access to resources. This

study addresses issues related to the 'digital divide' by testing a peer tutor model (Technology and Aging Project, TAP2) to teach adults aged 60+ how to use information and communication technologies (ICTs) such as email, the internet, online chat rooms and discussion groups, internet-based support groups, and voice technology and webcams. Participants from the control group of a previous programme, TAP1 (N=19) took part in a six-month computer training programme. Six participants who had successfully completed the TAP1 training were selected to be peer tutors. Data were collected from tutors and learners at baseline, three months, six months and nine months (three months after the end of training). The current study reports on learner outcomes only. Measures include computer, social support, and mental health-related outcomes. Learners reported a significant and consistent increase over time in their confidence completing certain computer-related tasks and their overall use of ICTs. Mental health and social support outcomes did not change. Overall, the peer tutor model appeared to be at least as effective as the previous staff-directed model. (RH)

ISSN: 0144686X

From : journals.cambridge.org/aso

LONELINESS AND SOCIAL ISOLATION

222/63

Preventing social isolation in later life: findings and insights from a pilot Queensland intervention study; by Helen Bartlett, Jeni Warburton, Chi-Wai Lui, Linda Peach, Matthew Carroll.: Cambridge University Press.

Ageing and Society, vol 33, no 7, October 2013, pp 1167-1189.

The isolation of older people is recognised as a major social problem in contemporary Western society. While the risk factors and social or health outcomes of isolation and loneliness in later life are well documented, evidence regarding the effectiveness of programmes aimed at reducing social isolation in older people remains inconclusive. This paper reports on the challenges of attempting to undertake a rigorous evaluation of three demonstration pilot projects targeting older people at risk of social isolation, conducted within different social settings in Queensland, Australia. The demonstration projects were part of the Queensland Cross-Government Project to Reduce Social Isolation in Older People (CGPRSIOP) led by the Office for Seniors within the Queensland Department of Communities. In the absence of good evaluation of programmes aimed at social isolation, this government-run programme incorporated validated psychological measures to evaluate the effectiveness of interventions. While use of these measures suggested some promising results, the focus of this paper is on the methodological and practical challenges associated with utilising evaluation measures in community-based interventions. The detailed consideration of the methodological issues involved in this programme highlights some key lessons and offers new insights into evaluating interventions for reducing social isolation. (JL)

ISSN: 0144686X

From : journals.cambridge.org/aso

222/64

Strengthening relationships to prevent isolation and loneliness in old age; by Samantha Callan, Centre for Social Justice; Hanover. Staines: Hanover, 2013, 20 pp (The hanover@50debate 8). This is the eighth in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. The author laments that 'fairness' in older age is often expressed as 'a spreadsheet'. She argues that we should look more broadly at how loneliness and isolation can blight older people's health and well-being. Ultimately, she suggests, we need to address societal and family breakdown and ameliorate its impact - particularly on the poorest - in older age. Although welcome, additional social care funding will be swallowed up by the vast increase in the numbers eligible for free social care. This paper suggests that community-based approaches, such as 'buddying' schemes, can replicate care previously provided by family and friends, and bridge the gap between professional and personal relationships. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)

From : <http://www.hanover50debate.org.uk/debates/think-piece-8-the-centre-for-social-justice-strengthening-relationships-to-prevent-isolation-and-loneliness-in-older-age>

LONG TERM CARE

222/65

Assisted living platform: the long term care revolution: a study of innovatory models to support older people with disabilities in the Netherlands; by Anthea Tinker, Jay Ginn, Eloi Ribe, Institute of Gerontology, King's College London; Housing Learning and Improvement Network - Housing LIN.: Housing Learning and Improvement Network - Housing LIN, September 2013, 36 pp (Case study 76).

This study was undertaken to see what can be learned from the Netherlands regarding long term care in that country, in order to inform UK policy, research and practice. The comprehensive analysis of the two countries has also been used to help the Technology Strategy Board's project - the Long Term Care Revolution - with examples of innovation and best practice in adult social care provision in a country that is similar to the UK in many ways. Of particular interest is that while the two countries are very similar in demographic profile and the experiences of the older generation, it is notable that, according to official statistics, older individuals remain disability-free for nearly half a decade longer in the Netherlands than in the UK. (RH)

From : <http://housinglin.org.uk/Topics/browse/HealthandHousing/LongTermConditions/?&msg=0&parent=8692&child=8932>

222/66

Assisted living platform: the long term care revolution; by Anthea Tinker, Leonie Kellaher, Jay Ginn (et al), Institute of Gerontology, King's College London; Housing Learning and Improvement Network - Housing LIN.: Housing Learning and Improvement Network - Housing LIN, September 2013, 71 pp.

Written for the Technology Strategy Board, this report outlines the case for a revolution in long term care, and captures some of the supporting material that has aided the development of the Board's 'long term care revolution' programme. It includes evidence about the views of older people and their carers in the UK, lessons from abroad, the implications for care industry or providers, and makes recommendations to government and industry leaders. The authors identify practical evaluated examples of care provision; examine the extent to which older people can be at the heart of any decisions on their care; and discuss vignettes which describe levels of disability and care needs. (RH)

From : <http://housinglin.org.uk/Topics/browse/HealthandHousing/LongTermConditions/?&msg=0&parent=8692&child=8932>

MEDICATION

(See 222/69)

MENTAL HEALTH

222/67

Ageing, cognitive disorders and professional practice; by Deirdre Fitzgerald, Ruth-Anne Keane, Alex Reid, Desmond O'Neill.: Oxford University Press.

Age and Ageing, vol 42, no 5, September 2013, pp 608-614.

The workforce is ageing, and currently almost one in 10 of the population over 65 in the UK now continue in employment. The occupational health profiles of this group differ from those of younger workers. The aim of the present study was to establish whether consideration has been given by regulatory and professional bodies of the impact of ageing-related conditions such as dementia on professional practice. A questionnaire was e-mailed to 22 regulatory and professional bodies in the UK and the Republic of Ireland asking whether there were supports for their practitioners should they develop age-related diseases (particularly cognitive disorders), whether the body considered that the practitioner was responsible for their own health, and whether the body had resources to arrange for medical review for their professionals if concerns arose regarding competence. Where bodies did not respond, information relating to the questions was extracted from their on-line resources. Of the 13 bodies who responded, none had specific supports to assist older workers. Some knew of other supports (occupational health, employee assistance supports, benevolent funds or counselling services). All of the bodies who responded either had or were developing structures to deal with concerns regarding their practitioners. Overall findings of the study show that the absence of specific policies for age-related diseases (particularly dementia) among professional and regulatory bodies is a challenge for an ageing workforce in the liberal professions. Closer working between geriatric medicine, old age psychiatry, occupational health and professional bodies is recommended to develop age-attuned policies and systems which protect the public while supporting the professionals in both work and timely transition from work. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

222/68

Burden of caregivers for patients with mild cognitive impairment in Japan; by Satoshi Hayashi, Seishi Terada, Shigeto Nagao ... (et al).: Cambridge University Press.

International Psychogeriatrics, vol 25, no 8, August 2013, pp 1357-1363.

Caregivers of patients with mild cognitive impairment (MCI) already experience a need for increased services comparable to that of individuals caring for Alzheimer's disease patients. However there have been only a few studies on MCI caregiver burden. The aim of the present study was to examine MCI caregiver burden in a larger number of consecutive outpatients in Japan. 104 consecutive caregivers of people with MCI participated in the study. The caregiver burden was evaluated by the short version of the Japanese version of the Zarit Burden Interview (sZBI). Results showed that about 20% of the caregivers reported a clinically significant burden. The multiple linear regression analysis showed that the caregiver burden was significantly associated with neurobehavioral symptoms and memory problems of the patient. The study concludes that caregiver burden of MCI patients should be given more attention. The management of neurobehavioral symptoms may be important to reduce the burden on caregivers of MCI patients. (JL)

ISSN: 10416102

From : journals.cambridge.org/ipg

MENTAL ILLNESS

222/69

Alternatives to antipsychotic medication: psychological approaches in managing psychological and behavioural distress in people with dementia; by Brian Brechin, Gemma Murphy, Ian Andrew James, Jason Codner, Faculty for the Psychology of Older People (FPOP), British Psychological Society. Leicester: British Psychological Society, March 2013, 38 pp (Briefing paper).

The Department of Health (dh) has stated that the use of antipsychotic medication for people with dementia needs to be reduced to limit the risk of harm in this group of people. The question is whether there are any alternatives, and whether these can be effective in reducing reliance on antipsychotic medication. As a partner organisation within the Dementia Action Alliance (DAA), the British Psychological Society committed to reviewing the evidence for evidence-based non-pharmacological alternatives to antipsychotic medication. The Faculty of the Psychology of Older People (FPOP, formerly PSIGE) has brought together an expert reference group to review the relevant literature. This work demonstrates that there are evidence-based alternatives to antipsychotic medication for people with dementia. This document presents a stepped care model of assessment and intervention that will assist commissioners and providers of care when considering how to care for people with dementia, particularly when their well-being is compromised and/or there are difficulties in managing aspects of a person's behaviour. The document is intended for use across the UK as a whole, although there are areas in which different policy and guidance are relevant for different nations. (RH)

From : The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR. Website: www.bps.org.uk

MIGRATION

(See Also 222/90)

222/70

Moving on: migration trends in later life; by Jenny Pennington, Institute for Public Policy Research - IPPR; Hanover. Staines: Hanover, 2013, 28 pp (The hanover@50debate 9).

This is the ninth in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. This paper from the Institute for Public Policy Research (IPPR) considers the reality, challenges and opportunities of mobility in later life. It explores migration trends of older people within England in the context of wider migration trends. It uses data to corroborate these trends, and the challenges that movement can present. It sets out the lessons that these insights give for policymakers, local areas and care providers, and the steps that should be taken in order to meet the needs of this large age group. It finds that there is some truth in the stereotype that older people move to areas where there is already a large proportion of older people, particularly coastal areas; and that they move from urban areas to small rural destinations. However, the data is also clear that movement patterns are more varied, suggesting that older people also move to areas without a history of older in-migration. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)

From : <http://www.hanover50debate.org.uk/debates/think-piece-9-ippr-moving-on-migration-trends-in-later-life>

OLDER OFFENDERS

222/71

Losing track of time: dementia and the ageing prison population: treatment challenges and examples of good practice; by Adam Moll, Mental Health Foundation. London: Mental Health Foundation, 2013, 40 pp.

Dementia presents a looming problem for prisons responsible for a rapidly growing population of older people, yet to date it remains largely overlooked. While there has been increased academic interest in the impact of this demographic shift on a criminal justice system designed to house younger people, dementia has attracted little attention. This report aims to scope existing research on treating and managing male offenders with cognitive impairment, to identify and share examples of good practice employed by a handful of prisons around the globe. Each establishment identified was invited to complete a comprehensive survey detailing their policies and provisions in the following areas: screening, diagnosing and referral processes; specialist staff training; collaboration with specialist external agencies and voluntary sector organisations; prisoner carer or buddy programmes; alternative activities and services for the cognitively impaired; older prisoner forums and centres; and desired additional resources to better manage prisoners with dementia. (RH)

From : www.mentalhealth.org.uk

222/72

Older prisoners: fifth report of Session 2013-14: Vol II: Additional written evidence; by Justice Committee, House of Commons. London: TSO, 2013, 68 pp.

This supplementary volume includes written evidence from a number of prisoners, a prisoner's spouse, and organisations and academics with an interest in prison reform. (RH)

From : <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/89vw.pdf>

222/73

Older prisoners: fifth report of Session 2013-14: Vol I: Report, together with formal minutes, oral and written evidence; by Justice Committee, House of Commons. London: TSO, 2013, 144 pp (HC 89; incorporating HC 1100 i-iii).

Older prisoners are the fastest growing group within the prison population. Between 2002 and 2013, the number of those aged over 60 grew by 120% and those aged 50-59 by 100%. Among reasons for this increase are that prisoners are serving longer sentences. More are now being convicted and sentenced to custody at an older age, including for historic offences that took place more than 20 twenty ago. Older prisoners are most likely to be serving sentences for sexual offences, which is reflected in the long sentences being served. In this report, the Justice Committee considers the characteristics of older prisoners; suitability of the prison estate and regimes; health and social care; and resettlement. The Committee recommends that older and disabled prisoners should no longer be held in institutions which are not able to meet their needs, or are unsuitable environments. The report highlights some of the excellent regimes that have specific activities for older prisoners who do not, or cannot, work. The Committee also identifies these problems: lack of communication between prison staff and health care, resulting in delays in accessing health services; an absence of basic personal social care; the poor basic skills of this prisoner group that are not recognised in their resettlement needs. The chapter, 'A national strategy for older prisoners?' notes that there is currently is no specific strategy for older prisoners apart from national guidance in the Department of Health's 'A pathway To care For older prisoners (2007), which recommended the introduction of an older prisoner policy in every prison. The report notes reluctance on the part of the Ministry of Justice which argued that a strategy was unnecessary, whereas Nick Hardwick, HM Chief Inspector of Prisons and his predecessors had been advocating such a policy since 2004. Additional written evidence (to the oral and written evidence in this volume) is contained in Volume II, available on the Justice Committee website (at www.parliament.uk/justicecttee). (RH)

Price: £17.50

From : <http://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/89.pdf>

222/74

Older prisoners: Government response to the Justice Committee's fifth report of Session 2013-14: presented to Parliament by the Lord Chancellor and the Secretary of State for Justice; by Ministry of Justice - MoJ. London: TSO, 2013, 17 pp (Cm 8739).

While the Ministry of Justice works with the devolved administrations to ensure a coordinated approach to the care and management of prisoners in all areas of the UK, this response starts by noting that devolved powers apply to responsibilities such as health and social care.

The Lord Chancellor and the Secretary of State for Justice states that he has considered the Committee's recommendation to develop a strategy for older prisoners. He accepts the suggestion that a national, consistently applied approach is needed across prisons and prison staff. He suggests that the needs of older prisoners should be addressed by prisons as part of a wider approach to supporting all those with health and social care needs, for example to include younger prisoners with disabilities. His responses to the Justice Committee's main recommendations include much acceptance and agreement. (RH)

Price: £6.25

From : Download: <http://www.official-documents.gov.uk/document/cm87/8739/8739.pdf>

222/75

Social and custodial needs of older adults in prison; by Adrian J Hayes, Alistair Burns, Pauline Turnbull, Jenny J Shaw.: Oxford University Press.

Age and Ageing, vol 42, no 5, September 2013, pp 589-593.

Older prisoners are a fast-growing group but there is limited evidence for how well their needs are being met. The objective of the present study was to quantify the social and custodial needs of older prisoners and suggest improvements for service provision. This was a cross-sectional study of twelve prisons holding adult males in North West England. Study participants were 262 prisoners, 97 aged between 50 and 59 and 165 aged 60 and over. The study used interview and case-note review for issues of social and custodial need and quality of life in prison, including Forensic Camberwell Assessment of Need and Lubben Scale for social networks. Study findings showed that many participants had problems mixing with younger prisoners, accommodation and activities, and limited contact with friends and family. A small group had personal care needs which were not well managed in prison. The study concludes that older prisoners have distinct social and custodial needs which need to be addressed by a national strategy for their care and management. (JL)

ISSN: 00020729

From : www.ageing.oxfordjournals.org

OLDER WOMEN

222/76

Has the Sisterhood forgotten older women?: a compendium of essays; by Sally-Marie Bamford, Jessica Watson (eds), International Longevity Centre UK - ILC UK. London: International Longevity Centre UK - ILC UK, March 2013, 131 pp.

As men and women age, they share many of the same needs. However, it is acknowledged that in many parts of the world, older women are not only subject to specific challenges, it is often overlooked that they also contribute significantly to their family, communities and wider society. Furthermore, it has been recently argued feminism has tended to neglect the subject of older

women, and has been more focused on advancing the rights of younger women. This collection draws together 38 essays by some high profile authors, including politicians, policy-makers, academics and campaigners. Launched to mark International Women's Day 2013, the essays highlight the challenges and opportunities of ageing for women.

The compilation is arranged in ten themed chapters covering: personal views on feminist treatment of older women; the invisibility of older women; work and finances; social isolation and loneliness; care and carers; care homes; health and well-being; relationships and intimacy; gender and development; and the future research agenda. Contributors are united by a widespread dissatisfaction with the status quo. In response to the evident need for more work on this theme, ILC-UK is establishing an Older Women's Policy and Research Action Alliance, to create a "roadmap" for future research and policy priorities. (RH)

From : http://www.ilcuk.org.uk/index.php/publications/publication_details/has_the_sisterhood_forgotten_older_women

PARTICIPATION

222/77

Coproduction?: Working with existing older people's groups; by Josie Tetley, Jacqueline H Watts, Jill Reynolds (eds), Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing - CPA, 2013, 72 pp (The representation of older people in ageing research series, no 11).

The rewards of working with enthusiastic and engaged older people as volunteer researchers, keen to learn new skills and extend their knowledge, are many and varied. There are also a number of challenges, especially in regard to ethical conduct, in ensuring the non-exploitative participation of older people as volunteer researchers. The papers in this volume illustrate how working with older people's organisations can enhance the capacity of older people in different ways. Each of the projects featured demonstrate how working with existing organisations and older people to develop and undertake social research is a complex process that requires sensitivity, flexibility and clarity of purpose on the part of the 'professional' researcher or research team. Each paper highlights the different ways in which organisations can provide researchers with easy, but potentially selective, access to large numbers of older people. The context of each study is different, and the tasks undertaken by the participants are diverse. Older people contribute variously to project design, data collection and the dissemination of findings. One project is about ageism and age discrimination in everyday life. The last two papers demonstrate the value of joint participation in European research: one on a lifelong learning project, the other working with a local older people's forum on a research project. A theme throughout all the accounts is the older people's sense of commitment to this work. The papers are revisions of those first presented at a Centre for Policy on Ageing (CPA) and Open University Centre for Ageing and Biographical Studies (CABS) seminar in May 2008. (RH)

Price: £10.00 + p&p

From : Central Books, 99 Wallis Road, London E9 5LN.

PENSIONS AND BENEFITS

222/78

A cap that fits: the 'capped cost plus' model; by James Lloyd, Strategic Society Centre. London: Strategic Society Centre, September 2013, 76 pp.

In its report, 'Fairer care funding' (2011), the Commission on Funding of Care and Support, chaired by Andrew Dilnot, proposed a 'capped cost' model of long-term care funding in England. The government has committed to implementing reform of care funding in England in April 2016. With less than three years until the reforms are due to be implemented, this report examines in detail the issues facing the 'capped cost' model, and identifies options for policymakers to fix these problems. These issues are organised sequentially relating to when, leading up to and beyond 2016, they are likely to be widely acknowledged, such as the non-availability of insurance products in relation to the £72,000 'liability'. The report examines issues around the operation of the reforms, such as the exclusion of private expenditure on Moderate needs. It explores why the 'cap' is not a cap, what the risks arising from this are, and what the government can do. The report concludes by assembling a range of options into an alternative package of measures that could be implemented in April 2016: the 'capped cost plus' model. (RH)

From : <http://www.straticsociety.org.uk/wp-content/uploads/2013/09/A-Cap-that-Fits.pdf>

222/79

Pensions Bill briefing; by National Pensioners Convention - NPC. London: National Pensioners Convention, 2013, 2 pp.

The Pensions Bill currently going through Parliament (session 2013/14) proposes to introduce a new single tier state pension of £146 a week (at 2013 prices) for those reaching state pension age (SPA) after April 2016. This paper outlines the main proposals, the effect on existing pensioners, the future of means testing, and the Bill's defects. The National Pensioners Convention (NPC) is campaigning to include all existing pensioners that currently receive a state pension (basic and second) to be included in the proposals. (RH)

From : National Pensioners Convention, Walkden House, 10 Melton Street, London NW1 2EJ.
Website: www.npcuk.org

PERSON CENTRED CARE

(See 222/43, 222/44, 222/45, 222/46, 222/47)

PERSONALISATION

222/80

Inherently risky? Personal budgets for people with dementia and the risks of financial abuse: findings from an interview-based study with adult safeguarding coordinators; by Jill Manthorpe, Kritika Samsi.: Oxford University Press.

British Journal of Social Work, vol 43, no 5, July 2013, pp 889-903.

The shift within publicly funded social care towards personal budgets (PBs) and Direct Payments may present some risks as well as advantages to people with dementia. Following earlier surveys of Adult Safeguarding Coordinators, 15 ASCs were interviewed in 2011. Thematic analysis was used to identify three main consistencies in response. Most participants saw personal budgets as potentially risky, but outlined ways in which these risks could be minimised. They felt that the principles of risk empowerment could be used by practitioners to support people with dementia, carers and care staff and enable greater protection against financial abuse. Principles of the Mental Capacity Act 2005 were seen as offering some safeguards for when an individual lacks capacity, but not when vulnerable, mildly confused and less vigilant. Alongside a need for social work practitioners to be more alert to signs and risks of financial abuse, safeguarding practitioners urged regular reviews and monitoring that flag up inconsistencies in spending patterns. If not, system neglect may add to individual cases of abuse. (RH)

ISSN: 00453102

From : www.bjsw.oxfordjournals.org

222/81

Putting people into personalisation: relational approaches to social care and housing; by Alex Fox, ResPublica; Hanover. Staines: Hanover, 2013, 27 pp (The hanover@50debate 7).

This is the seventh in a series of ten think pieces from leading UK think tanks to mark Hanover's 50th year in providing high quality housing and related services for older people. The author argues that traditional care services are impersonal, disempowering, and increasingly rationed. He proposes that relational and 'asset based' models characterised by mutuality and micro-scale are the best way to meet care, support and inclusion needs - and offer the best value. This paper attempts to put people back into personalisation, and explores the various ways in which human needs can be met and their skills harnessed by existing and new models of support. 'Demand side' reforms such as Direct Payments do not on their own result in a change of provision in the care and support market. It asks what 'supply-side' reforms might be needed in order to bring real choice - the choice about the shape of their lives - to those newly 'empowered consumers'. This item is also a chapter in 'Perspectives on ageing and housing: insights by leading UK think tanks' (RH)

From : <http://www.hanover50debate.org.uk/debates/thinkpiece-7-respublica-putting-people-into-personalisation>

POLITICS AND CAMPAIGNING

(See 222/54)

PREVENTION

222/82

The billion dollar question: embedding prevention in older people's services - ten 'high-impact' changes; by Kerry Allen, Jon Glasby.: Oxford University Press.

British Journal of Social Work, vol 43, no 5, July 2013, pp 904-924.

With ageing populations, social changes and rising public expectations, many countries are exploring ways of developing a more preventative approach within their health and social care services. In England, this has become a growing priority over time - made even more significant by recent economic change, and by the urgent need to reduce public sector spending. However, a key dilemma for policy makers and managers is the patchy nature of the evidence base. Added to this dilemma is a lack of certainty over how to reform services or to prioritise spending in order to develop a more genuinely preventative approach. Against this background, this commentary reviews national and international evidence around ten policy measures and interventions: promoting healthy lifestyles; vaccination; screening; falls prevention; housing adaptations and practical support; telecare and technology; intermediate care; re-ablement; partnership working between health and social care; and personalisation. The commentary highlights some of the most promising approaches, as well as the fragmented and contested nature of the evidence base. The authors recommend referral to the 2009 national evaluation of the Partnerships for Older People Projects (POPPs) and a national evaluation of the Health Action Zones (2005): these evaluations shed light on some key challenges and opportunities when developing preventative approaches. (RH)

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From : www.bjsw.oxfordjournals.org

QUALITY OF LIFE

(See 222/91)

RELIGION AND SPIRITUALITY

222/83

Older adults' spirituality and life satisfaction: a longitudinal test of social support and sense of coherence as mediating mechanisms; by Sean Cowlshaw, Sylvia Niele, Karen Teshuva, Colette Browning, Hal Kendig.: Cambridge University Press.

Ageing and Society, vol 33, no 7, October 2013, pp 1243-1262.

Spirituality is proposed to be a component of successful ageing and has been shown to predict wellbeing in old age. There has been conceptual discussion of possible mechanisms that link spirituality with positive psychological functioning in older adults but few empirical examinations of these linking mechanisms over time. The current study examined the role of Antonovsky's Sense of Coherence (SOC) and social support in mediating the effects of spirituality on life satisfaction in older participants over a four-year period. The study used a cross-lagged panel analysis to evaluate longitudinal mediation within a path analysis framework. Results showed that the meaningfulness dimension of SOC mediated the influence of spirituality on life satisfaction over time, suggesting that spirituality may influence older adults' experience and perception of life events, leading to a more positive appraisal of these events as meaningful. Social support was not found to mediate the pathway between spirituality and life satisfaction. This study may be the first to examine the link between spirituality, sense of coherence, social support and wellbeing, as measured by life satisfaction, using longitudinal data from a community sample of older adults. The study provides evidence for the positive role of spirituality in the lives of older people. This is an area that requires further examination in models of successful ageing. (JL)

ISSN: 0144686X

From : journals.cambridge.org/aso

RESEARCH

(See Also 222/77)

222/84

Secondary analysis and re-using archived data in the context of ageing and biography; by Joanna Bornat, Julia Johnson, Jill Reynolds (eds), Centre for Policy on Ageing - CPA; Centre for Ageing and Biographical Studies (CABS), Open University. London: Centre for Policy on Ageing - CPA, 2013, 88 pp (The representation of older people in ageing research series, no 12).

The link between secondary analysis and research in ageing is novel and represents an attempt to crystallise issues in the re-use of archived data, both qualitative and quantitative, around a particular topic. The re-use of another researcher's qualitative data - be it interviews, photographs or audio recordings - is presenting new and exciting challenges for social science researchers to answer new research questions. The contributors to this collection have all re-used quantitative and qualitative archived data; and the chapters in this collection draw on their experiences. Among the major sources discussed are the Economic and Social Data Service (ESDS) led by the UK Data Archive, University of Essex; official statistics, including the Census; studies and surveys by researchers such as Michael Young and Peter Wilmott; Mass Observation social research archive at the University of Sussex; and Margot Jeffries' interviews with the Pioneers of Geriatric Medicine (1990-91). With a focus on ageing, the editors have been able to draw on the work of contributors who are linked by a shared interest: ageing and the experience of later life. The papers are revisions of those first presented at a Centre for Policy on Ageing (CPA) and Open University Centre for Ageing and Biographical Studies (CABS) seminar in December 2008. (RH)

Price: £10.00 + p&p

From : Central Books, 99 Wallis Road, London E9 5LN.

RESIDENTIAL AND NURSING HOME CARE

222/85

Care home top-up fees: the secret subsidy; by Anna Passingham, James Holloway, Simon Bottery, Independent Age. London: Independent Age, 2013, 30 pp.

Councils are required to check that "top-up payments" - paid by relatives to improve the quality of council-funded care - are voluntary, and that families can afford to pay them. In this report, Independent Age uses responses to Freedom of Information requests it made to all English councils with adult social services responsibilities about third party top-up fees for council-funded care home residents. It found that of the 129 councils (out of 152) responding, only 36 (28%) provided complete data, a further 36 (28%) did not provide any data at all, and 57 (44%) provided only incomplete data, or provided data that suggested they were not compliant with regulations. In addition, the top two concerns affecting callers to Independent Age's advice service in 2012 were care home funding and third party top-ups. Findings from a joint survey with the English Community Care Association (ECCA) report the views of care homes that reinforce the FOI findings: top-up payments are being paid by relatives, because the care home fees paid by councils are too low. The report summarises requirements made in the two main pieces of guidance from the Department of Health: Local Authority Circular LAC (2004)20: Guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992; and Charging for Residential

Accommodation Guide (CRAG). The report concludes that the evidence suggests that top-up fees have become a "secret subsidy paid in many "areas by families of the poorest care home residents to support the low level of care home funding that councils are willing or able to provide. A supplementary sheet summarises how Independent Age rated the local councils who responded to the FOI request. (RH)

From : Independent Age, 6 Avonmore Road, London W14 8RL.

SOCIAL CARE

222/86

A fresh start for the regulation and inspection of adult social care: working together to change how we inspect and regulate adult social care services; by Care Quality Commission - CQC. Newcastle upon Tyne: Care Quality Commission, 2013, 30 pp.

New plans to monitor, inspect and regulate care homes and other social care services are proposed by the Care Quality Commission's Chief Inspector of Adult Social Care, Andrea Sutcliffe. This document follows on from the CQC's 'A new start: consultation on changes to the way CQC regulates, inspects and monitors care'. It sets out the programme of work, and describes how the CQC is going to work in partnership to develop its proposals and ensure they are the right ones. It explains the Chief Inspector's five initial priorities, which are to: develop changes to how the CQC monitors, inspects and regulates adult social care services; develop a ratings system; develop an approach to monitoring the finances of some adult social care providers; support CQC staff to deliver; and build confidence in the CQC. It also lists the CQC's top 10 changes: more systematic use of people's views and experiences, including complaints; inspections by expert inspectors, with more Experts by Experience and specialist advisors; tougher action in response to breaches of regulations, particularly when services are without a registered manager for too long; checking providers who apply to be registered have the right values and motives, as well as ability and experience; ratings to support people's choice of service and drive improvement; frequency of inspection to be based on ratings, rather than annually; better data and analysis to help CQC target its efforts; new standards and guidance to underpin the five key questions we ask of services (are they safe, effective, caring, responsive and well-led?), with personalisation and choice at their heart; avoiding duplicating activity with local authorities; and focus on leadership, governance and culture, with a different approach for larger and smaller providers. In order to ensure that the CQC's regulatory approach is truly personalised, then for every service looked at, the question should be asked, "Is this good enough for my Mum (or any other member of my family)?" The proposed timeline for changes for the adult social care sector is provided in an annex.

From : http://www.cqc.org.uk/sites/default/files/media/documents/20131013_cqc_afreshstart_2013_final.pdf

SOCIAL NETWORKS

222/87

Social networks and subjective wellbeing among older Europeans: does age make a difference?; by Howard Litwin, Kimberly J Stoeckel.: Cambridge University Press.

Ageing and Society, vol 33, no 7, October 2013, pp 1263-1281.

This inquiry examined whether social networks are associated with wellbeing among older-old people in the same way that they are among younger-old persons. The study focused on family respondents, aged 60 and older, from the second wave of the Survey of Health, Ageing and Retirement in Europe. The statistical analysis regressed two wellbeing measures (the CASP quality of life scale and life satisfaction) on a range of social network variables from three domains: family structure and interaction, social exchange and social engagement. In addition, the inquiry viewed these associations through the lens of age-based interaction terms, controlling for background characteristics, health status and region. The analysis revealed that the associations between subjective wellbeing and social network vary according to age. Among younger-old respondents, aged 60-79, more significant associations were found between social network variables and wellbeing outcomes in comparison to older-old respondents, aged 80 or older. Differences between age groups also emerged with the direction of the associations between social network variables and subjective wellbeing. The study results reveal that social networks do matter in very old age, but not in the same way as among younger-old persons. This finding is one indication of the differences that may emerge between third-age adults and those approaching the fourth age.

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From : journals.cambridge.org/aso

SOCIAL POLICY AND THEORY

(See Also 222/26, 222/40)

222/88

Public policy and inequalities of choice and autonomy; by Tania Burchardt, Martin Evans, Holly Holder, ESRC Centre for Analysis of Social Exclusion - CASE, Suntory-Toyota International Centres for Economics and Related Disciplines - STICERD, London School of Economics and Political Science. London: STICERD, May 2013, 24 pp (CASEpaper 174).

"Choice" has been promoted in social policy across many developed welfare states, often on the grounds that it is instrumentally valuable: choice by service users is said to incentivise providers

to enhance quality and efficiency. But egalitarian and capability-based theories of social justice support the idea that choice - understood in the deeper sense of autonomy - has an intrinsic value. This paper explores the conceptualisation of choice as autonomy using three components - self-reflection, active decision-making, and quality and range of options - and investigates empirical inequalities in autonomy, using newly-collected data for the UK. The empirical findings indicate that disabled people are most likely to experience constrained autonomy in all respects, while being from a low socio-economic group and/or lacking educational qualifications is a risk factor across several components. The fact that limited autonomy maps onto existing socio-economic disadvantage is not surprising, but points to the importance of taking into account underlying inequalities when developing choice-based policies. The authors conclude that improving the "choice" agenda for policy requires opportunities for people to reflect on their objectives throughout the life course and that the removal of barriers to active decision-making would require effective support and advocacy, especially for disabled people. The authors suggest that major structural inequalities associated with restricted autonomy should be addressed - poverty, ill health and geographical inequality - because they place significant restrictions on the autonomy of those who are already disadvantaged, as well as their immediate effects on living standards and quality of life. (RH)

From : Centre for Analysis of Social Exclusion, London School of Economics, Houghton Street, London WC2A 2AE. <http://sticerd.lse.ac.uk/case>

TRANSPORT

222/89

Transport resources, mobility and unmet transport needs in old age; by Randi Hjorthol.: Cambridge University Press.

Ageing and Society, vol 33, no 7, October 2013, pp 1190-1211.

Previous research has shown that mobility and the ability to leave the home are among the essential aspects of older people's quality of life. However surveys of older people's access to transport resources and the impact of mobility on welfare and wellbeing are few. Many previous studies are based on small samples or qualitative data. The questions addressed in this paper are how transport resources are distributed among different groups of older people, to which degree the transport needs of these groups are met and how this is related to their wellbeing. The empirical analysis is based on a Norwegian nationwide survey among 4,723 respondents aged 65 years and older. The respondents were asked about their access to transport resources, both private and public, health problems connected to use of transport modes, their daily activities and mobility, their uncovered transport needs and the importance of different activities for their life quality. The analysis reveals great differences between groups, especially between men and women, but also between different age groups and by different place of living. The special transport offered by the local authorities is seen as insufficient, and with increasing age a great deal of older people have low mobility and an uncovered transport need that reduces their life quality. (JL)

ISSN: 0144686X

From : journals.cambridge.org/aso

VOLUNTEERING

222/90

Volunteering in retirement migration: meanings and functions of charitable activities for older British residents in Spain; by Heiko Haas.: Cambridge University Press.

Ageing and Society, vol 33, no 8, November 2013, pp 1374-1400.

Volunteering is a ubiquitous and distinct feature of the British retired community in Spain. For many older migrants, volunteering constitutes a significant part of their post-retirement life abroad. Voluntary organisations have come to play a crucial role not only for the British community but also for the Spanish host society and public health-care system - especially in the management and organisation of health and age-related problems. Furthermore, volunteering represents a valuable sphere of activity, which offers personal benefits for those who are actively engaged. This paper is based on ethnographic fieldwork conducted in a charity organisation in the province of Alicante on the northern Costa Blanca. It examines the extensive functions that volunteering and charitable activities can offer British older migrants. The implementation of voluntary work within the specific context of retirement migration is identified as a multi-functional individual and societal resource. Volunteering for the retirees is described as a true means of adaptation to a new life context, and as a highly reflexive strategy of risk minimisation and self-realisation. This implies individual benefits and opens up possibilities of active ageing. Volunteering is analysed as a performative expression of transmigrants' cultural bifocality, reflecting both a high level of commitment to Spain as well as a specific feature of British community spirit and traditionalism. (RH)

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From : journals.cambridge.org/aso

WELLBEING

(See Also 222/83, 222/87)

222/91

A good life in old age?: Monitoring and improving quality in long-term care; by Organisation for Economic Co-operation and Development - OECD; European Commission. Paris: Organisation for Economic Co-operation and Development, June 2013, 265 pp (OECD health policy studies). With the ageing populations and growing costs, ensuring and improving the quality of long-term care (LTC) services has become an important policy priority across OECD countries. The share of those aged 80 years and over is expected to increase from 4% in 2010 to nearly 10% in 2050, while in 2010 OECD countries allocated 1.6% of gross domestic product (GDP) to public spending on LTC, on average. The goal of good quality care is to maintain or, when feasible, to improve the functional and health outcomes of frail older people, the chronically ill and the physically disabled, whether they receive care in nursing homes, assisted living facilities, community-based or home care settings. This report is the outcome of a two-year collaboration between the OECD Health Division and the Directorate General for Employment, Social Affairs and Inclusion of the European Commission. It was developed by Francesca Colombo, who led the project, and Yuki Murakami, from the OECD Secretariat. It contains written contributions from experts and academics from countries across Europe, Canada and the United States. The report discusses the importance of developing metrics for measuring safe, effective and responsive long-term care services, and looks at on-going country initiatives to improve the quality of life of frail older people, as well as the technical and broader challenges to measurement and improvement. The report focuses on three aspects generally accepted as critical to quality care: effectiveness and care safety; patient-centredness; and responsiveness and care co-ordination. The report is organised in three parts: measuring quality in long-term care; policies to drive the quality in long-term care; and case studies: Europe and the United States.

